EXPLANATORY STATEMENT FOR DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS BILL, 2027

SUMMARY OF BUDGET ESTIMATES AND COMMITTEE RECOMMENDATIONS

For fiscal year 2027, the Committee recommends total budget authority of $1,787,319,422,000 for the Departments of Labor, Health and Human Services, and Education, and Related Agencies. This amount includes $209,947,000,000 in current year base discretionary funding consistent with the subcommittee's allocation. In addition, the bill includes $3,182,000,000 in program integrity allocation adjustments and $1,000,000,000 in emergency supplemental discretionary funding for the Low Income Home Energy Assistance Program.

Fiscal year 2026 levels cited in this explanatory statement reflect the enacted amounts in Public Law 119–75, the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2026, adjusted for comparability where noted.

BILL–WIDE DIRECTIVES

The Labor, Health and Human Services, and Education, and Related Agencies [Labor-HHS-Education] appropriations bill constitutes the largest share of non-defense discretionary funding and supports critical investments in a wide range of areas including early learning, substance use and mental health, biomedical research, public health and preparedness, elementary and secondary education, higher education, workforce development, and social security, among many others.

This explanatory statement provides direction and specificity on the uses of funds provided in this bill. During fiscal year 2027, for the purposes of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended, with respect to appropriations contained in the accompanying bill, the terms "program, project, and activity" [PPA] shall mean any item for which a dollar amount is contained in appropriations acts (including joint resolutions providing continuing appropriations) or accompanying reports of the House of Representatives and Senate Committees on Appropriations, or accompanying conference reports and joint explanatory statements of the committee of conference. The Committee expects agencies to submit any reprogramming or transfer requests in compliance with requirements of this act and to provide a thorough explanation of the proposed reallocations, including a detailed justification of increases and reductions. The Committee expects each agency to manage the expenditures of its programs and activities to remain within the amounts appropriated by Congress.

The Committee also continues the longstanding requirement that each agency submit an operating plan to the House and Senate Committees on Appropriations not later than 45 days after enactment of this act, in order to establish the baseline for application of reprogramming and transfer authorities provided in this act. The operating plan should include at minimum funding for PPAs as specified above.

The Committee continues to appreciate the close working relationship with the various budget offices of the agencies funded in this bill. Maintaining these relationships is critical for the Committee to perform its duties in both developing these funding requirements and recommendations and providing oversight over the execution of funds.

Finally, each reference to the Committee or Committee on Appropriations in this explanatory statement, unless otherwise noted, is to the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies.

Agency Performance Reports.—The Committee looks forward to receiving the fiscal year 2026 Agency Performance Reports from the departments and agencies funded in this act. Not later than 45 days after enactment of this act, the Committee directs the departments and agencies funded in this act to provide a briefing on their strategic plan goals for fiscal year 2027 and the actions the departments and agencies have taken or plan to take to meet those goals, including through any planned workforce, programmatic (including planned programmatic reviews), and organizational changes and how the departments and agencies determined those changes would improve direct services and grantee oversight and support.

Budget Submission.—As part of the President's Budget Request, each department is directed to provide the Committee in electronic format, a table that corresponds with every program line found in the detailed table at the end of this explanatory statement. Such a table shall include a column for the most recently enacted appropriation, the current year, and the budget year, assuming current law.

In addition, the Committee continues to expect delivery of all congressional justifications [CJ] and budget summary documents no later than the day of the President's Budget Appendix publication online. The department shall notify the Committee 24 hours in advance of any anticipated delay.

As part of the CJs submitted to the Committee, each department and agency is directed to include a table, for each program funded in the most recently enacted full year appropriation or proposed for funding or elimination in the budget request, that includes the following: last year of authorization; authorization level; appropriations in the last year of authorization (if applicable); appropriations in the most recently enacted full year appropriation (if applicable); amount proposed in the budget request (if applicable).

Congressional Reports.—Each department or agency is directed to provide the Committee, within 30 days from the date of enactment of this act, and quarterly thereafter, a summary describing each requested report to the Committee along with related actions completed in the current and prior quarters and planned actions to

be completed in future quarters. Such a summary shall be cumulative for all fiscal years for which any report remains outstanding.

Consultation and Briefing Requirement.—The Committee directs the departments and agencies funded in this act to consult with the Committee on any actions expected to significantly increase or decrease current or future costs of programs they administer. In addition, the Committee directs the departments and agencies funded in this act to consult with the Committee on any execution action related to any program or activity for which a directive is included in this explanatory statement not later than 4 weeks prior to a public announcement related to such action. Further, the Committee directs the departments and agencies funded in this act to brief the Committee on any action covered by this consultation requirement, including consideration and incorporation of feedback during such initial consultation, not later than 1 week prior to a public announcement related to such action. This paragraph does not replace a more specific directive for a program or activity included in this explanatory statement.

Final Spend Report.—The Committee directs the departments and agencies funded in this act to submit a report to the Committee at the conclusion of the fiscal year providing details on all entities awarded funding, selection criteria used, and the funding amount for each grant or contract awarded for each competitive grant program funded under this act.

Grant Continuation Cost Estimates.—As part of the fiscal year 2028 CJ, each department or agency funded in this act with discretionary budget authority for competitively awarded grants shall include the expected cost of continuation awards for each competitively awarded grant and any amount the department or agency would seek to issue a new competitive funding opportunity announcement for such grant in the fiscal year 2028 CJ. In addition, each department shall include the anticipated number of awards and average anticipated award for such year.

Grant Process.—The departments and agencies funded in this act provide grants that support important activities—from biomedical research to workforce training to substance use treatment services to education for students with disabilities—that touch the lives of millions of Americans in communities across the country. Accordingly, it is critical that the Federal grant making process is implemented in a timely, efficient, and consistent manner. The Committee directs the departments and agencies funded in this act to ensure that funding opportunity announcements are posted, noncompeting continuation awards are made, new grants are awarded, and funding is disbursed all in a timely, efficient, and consistent manner.

The Committee directs the departments and agencies funded in this act to post publicly on their Website a listing of all of the notices of funding opportunities they plan to announce for the subsequent 6 months and the estimated award date of funding under those notices and update such information no less than monthly thereafter. The Committee also directs the departments and agencies funded in this act to adjust internal competitive grant timelines as necessary to ensure when funding opportunities are announced and when funding is awarded aligns with a program's

purpose, for example that Department of Education funding generally aligns with school years, and to the extent practicable provide applicants with a minimum of 60 days to apply for most funding opportunities. The Committee also directs the departments and agencies funded in this act to provide a report to the Committee listing all grants during the previous month for which a scheduled non-competing continuation award was not made within 14 days of the end of the previous period of performance, including an explanation for the delay. Finally, the Committee directs the departments and agencies funded in this act to ensure grant recipients do not experience unjustified delays in drawing down grant funds.

Lifesaving Safety Stations.—The Committee is encouraged by the General Services Administration's Bulletin FMR C–2024–01, "Safety Station Program Guidelines in Federal Facilities" that was issued on December 21, 2023. The Committee encourages all departments covered in this act to implement these guidelines and establish safety stations in each public building that include automated external defibrillators, opioid reversal agents, and hemorrhagic control programs and requests a briefing from each department within 90 days of enactment of this act on progress towards implementing these guidelines.

Trust and Treaty Responsibilities.—The Committee reminds departments and agencies funded by this act of their obligation to uphold the Federal trust and treaty responsibilities to Tribes and Federal obligations to the Native Hawaiian Community. This includes upholding treaty and reserved rights, and any other rights and obligations under Federal law; supporting self-determination efforts by Native communities; fulfilling obligations under Presidential Memoranda and Executive Orders; and conducting early and robust government-to-government consultation with Tribes, and meaningful outreach and engagement with Native Hawaiians. Within 60 days of enactment of this act, the Committee directs each department to provide a briefing regarding the agency's efforts to ensure that all programs for which there are funding opportunities for Tribes and all policies with Tribal implications are implemented with a focus on Tribal sovereignty, the Nation-to-nation relationship, Tribal treaties, and reserved rights.

National Strategy to Counter Antisemitism.—The Committee directs the Secretary of Education, Secretary of Health and Human Services, and Secretary of Labor to release public reports detailing how the Departments are addressing antisemitism, including by implementing the National Strategy to Counter Antisemitism.

Timely Access for Inspectors General.—The Committee reminds departments and agencies funded by this act that the Inspector General Act of 1978 (Public Law 95–452) authorizes the Offices of the Inspector General funded by this act "to have timely access to all records, reports, audits, reviews, documents, papers, recommendations, or other materials available" related to "programs and operations" and expects such departments and agencies to meet this requirement and not impede the work of Inspectors General to carry out their statutory responsibilities.

TITLE I

DEPARTMENT OF LABOR

Any references in this title of the explanatory statement to the "Secretary" or the "Department" shall be interpreted to mean the Secretary of Labor or the Department of Labor, respectively, unless otherwise noted.

EMPLOYMENT AND TRAINING ADMINISTRATION

TRAINING AND EMPLOYMENT SERVICES

Appropriations, 2026	$3,981,588,000
Committee recommendation	3,963,662,000

The Training and Employment Services [TES] account provides funding primarily for activities under the Workforce Innovation and Opportunity Act [WIOA] (Public Law 113–128), and is a decentralized, integrated system of skill training and related services designed to enhance the employment and earnings of economically disadvantaged and dislocated workers. Funds provided for many training programs for fiscal year 2027 will support the program from July 1, 2027, through June 30, 2028. A portion of this account's funding, $1,772,000,000, becomes available on October 1, 2027, for the 2027 program year.

Advanced Robotics Manufacturing.—The Committee recognizes the need for workforce training and certificate programs targeting collaborative robotics and additive manufacturing to adequately prepare the current and future workforce for the challenges of tomorrow. The Committee encourages the Department to appropriately address this need through the prioritization of such programs, with an emphasis on programs that re-skill incumbent manufacturing workers.

Advanced Workforce Development Innovation.—The Committee encourages the Department to accelerate the development of evidence-based workforce development strategies by leveraging investments in high-impact, scalable solutions intended to improve outcomes for workers by investing in emerging technologies, new pedagogical approaches, and innovative learning and training models, and supporting rigorous evaluation of such technologies, approaches, and models.

Alaska Pipeline Construction Training Program.—The Committee recognizes the important role Alaska plays in supporting the Nation's energy security and natural gas infrastructure. The Committee further recognizes the importance of developing a skilled domestic workforce capable of supporting the construction, operation, and maintenance of major energy infrastructure projects. The Committee notes the Secretary's responsibilities under section 720k of the Alaska Natural Gas Pipeline Authorization Act of 2004 (Public

Law 108–324) and urges the Secretary to promptly carry out such responsibilities in coordination with the State of Alaska and the Department of Energy, as appropriate.

Apprenticeship Grants.—The Committee supports the expansion of apprenticeship opportunities and notes that they can often provide more affordable pathways to high-paying jobs. Not later than 180 days after the enactment of this act, the Department shall publicly disclose on its Web site grantees receiving funding under the Apprenticeship Program from the previous program year, the number of apprentices attributable to each grantee, and the respective employment and earnings outcomes of program participants as required under section 116(b)(2)(A)(i) of WIOA. The Committee directs the Department to provide information related to apprenticeship grants, including all currently active grants and contracts, and data dashboards that allow for search and comparison of such data, including data on credentials earned through or as a result of apprenticeships. The Committee further directs the Department to provide the following information by occupation either on existing dashboards or through a new dashboard for Registered Apprenticeship programs: expected time for completion, actual average time for completion; actual minimum time for completion; and actual maximum time for completion. The Department shall make updates to apprenticeship.gov at least quarterly and shall include up to date information on grants and contracts. The Committee directs the Department to brief the Committee on a quarterly basis on the status of apprenticeship funding and initiatives.

Communities Affected by Substance Use.—The Committee continues to encourage the Secretary to prioritize funding for grants to serve or retrain workers in communities impacted by the health and economic effects of widespread substance use, including methamphetamine use, addiction, and overdose.

Creative Economy.—The Committee recognizes that the creative economy was severely impacted by COVID–19 and encourages the Department to partner with the National Endowment for the Arts and the National Endowment for the Humanities to explore the feasibility and expansion of Registered Apprenticeship programs for creative workers who previously received income through creative, cultural, or artistic-based pursuits to produce ideas, content, goods, and services, without regard to whether such income is earned through employment as an independent contractor or as an employee for an employer.

Health Care Workforce Development.—The Committee urges the Department to support scalable, employer-led healthcare apprenticeships and training models that address critical staffing shortages in rural and medically underserved areas.

Immersive Technology.—The Committee encourages the Department to support the use of immersive technology such as augmented reality, virtual reality, and mixed reality tools so long as such technology has the same workforce development outcomes as current programs and does not reduce or replace any required on-the-job [OTJ] training hours or other requirements of Registered Apprenticeship programs. The use of immersive technologies can expedite training processes, increase skills retention, and reduce employee turnover. Immersive technologies can also help expand

access to remote training opportunities, which is particularly beneficial for individuals living in rural areas or individuals with disabilities that have different access needs.

Improving Access to Available Benefits.—The Committee recognizes that one-stop customers often face significant barriers to pursuing training and employment, including lack of access to quality childcare, food and nutrition, and medical services. Further, the Committee is concerned that the complexity of supportive services, program eligibility requirements, and application processes may discourage enrollment. To optimize use of Federal funds, the Committee encourages the Department, in coordination with the Department of Education and the Department of Health and Human Services, to provide guidance on informing one-stop center customers about the availability, including eligibility requirements, of supportive services or assistance, including Medicaid, the Supplemental Nutrition Assistance Program, the Earned Income Tax Credit, the Child Tax Credit, and the Temporary Assistance for Needy Families Program, and on referring customers to such services or assistance. Further, guidance should clarify how one-stops can assist customers in establishing eligibility for financial aid assistance programs related to education and training programs that are funded outside of WIOA.

Interconnected Workforce Development Technology.—The Committee encourages the Department to consider a unified approach to workforce development by encouraging States to develop digital, interconnected systems of technologies, maintained by State workforce agencies, to support the growth of skills-based hiring and competency-based education in order to increase credential completion and labor force participation.

Laboratory Technicians.—The Committee is concerned by the Nationwide shortage of trained laboratory technicians. BLS projects 12,000 new medical laboratory technicians are needed each year to meet growing demand. According to the American Society for Clinical Laboratory Science, programs currently graduate just 5,000 laboratorians each year. The Committee encourages the Secretary to make funding available to increase the number of qualified laboratory technicians through workforce development.

Maritime Workforce Development.—The Committee encourages the Secretary to prioritize maritime workforce development focused on advanced shipbuilding training methods and technologies, including augmented reality and virtual reality welding and painting applications, to support the modernization of the U.S. shipbuilding workforce and strengthen domestic competitiveness.

Modernizing Workforce Development Programming and Serving Underemployed Workers.—The Committee encourages ETA to collaborate with State workforce agencies to modernize workforce development programming. The Committee is concerned about the continued difficulty of underemployed workers transitioning to full employment and encourages ETA to explore new avenues for training, including the use of virtual resources without interfering with current apprentice-journeyman ratios or OTJ requirements or jobs that require in-person training, such jobs in hazardous fields. As part of this effort, ETA should consider the time constraints of underemployed workers who may work multiple jobs or have care-

taking responsibilities that limit their ability to utilize the existing resources provided by ETA. Finally, the Committee further encourages the Department to develop a comprehensive long-term strategy for the delivery of online training and development programming.

Nuclear Workforce Development.—The Committee is concerned regarding the continued shortage of skilled workers for civilian nuclear power systems, including certified electrical workers. Registered Apprenticeship programs can offer the resources and expertise needed to meet workforce capacity needs. However, these programs and associated training centers face additional resource and technical barriers when training employees to work safely on these systems. The Committee encourages the Department to prioritize nuclear workforce development programs, including in coordination with Registered Apprenticeship programs, and to coordinate with the Department of Energy on nuclear-specific training standards.

Opportunity Youth.—The Committee continues to encourage the Department to use funds provided to carry out sections 168(b) and 169(c) of WIOA, which may be used for technical assistance and demonstration projects, which may be used to support demonstration programs that allow at-risk youth who are out-of-school, have limited work experience, and live in communities experiencing high rates of unemployment and high rates of community violence, to participate in the workforce, including programs that provide such youth with mentoring services.

Public Libraries.—The Committee continues to encourage ETA to expand its collaborative work with the Institute of Museum and Library Services [IMLS] to help States and local boards integrate the education, employment, and training services provided by public libraries into the workforce development system. Libraries can play a critical role in helping people access benefits and get back to work, and the Committee continues to encourage ETA to work with IMLS to identify barriers to libraries participating in programs funded under WIOA and to develop a plan to address those barriers.

Pursue Workforce Data Linkages.—The Committee looks forward to receiving the report as directed in Senate Report 119–55 on how to improve data infrastructure and data collection for workforce development programs.

Railroad Workforce Development.—The Committee remains concerned about the workforce needs in the railroad and transit sectors. The Committee encourages the Department to expand workforce development opportunities to address the growing need for additional workers in the railroad and transit sectors. The Committee urges the Department to work with the Department of Transportation and other Federal agencies to support educational opportunities and workforce training opportunities for high-skill, high-wage, and high-growth railroad and transit jobs in economically disadvantaged areas.

Small Businesses.—The Committee encourages the Department to support the employment needs of small businesses and entrepreneurial skills training through WIOA programs, particularly in underserved, disadvantaged communities.

Submarine Construction Workforce.—The Committee continues to encourage ETA to collaborate with the Departments of Defense and Education to address critical workforce needs in the submarine construction pipeline.

Technology Investments for Workforce Development.—The Committee recognizes the importance of leveraging technology to improve workforce readiness and employment outcomes. The Committee encourages ETA to collaborate with State workforce agencies to encourage them to prioritize investments in technology solutions that support job seekers, including digital interview preparation, resume-building platforms, and related services. These investments should prioritize partnerships with providers that deliver scalable, evidence-based solutions proven to accelerate job placement, reduce unemployment duration, and expand access for individuals facing persistent barriers to employment.

Water and Wastewater Operators.—The Committee continues to be concerned by the Nationwide shortage of water and wastewater operators, particularly in rural areas, and continues to strongly urge the Secretary to make funding available through workforce development and apprenticeship activities funded under this bill for registered apprenticeship programs consistent with National Guideline Standards of Apprenticeship for Water and Wastewater System Operations Specialists and WIOA. The Committee continues to direct the Department to highlight the availability of funding opportunities that may support such activities, and to provide technical assistance and outreach to potential grantees with an emphasis on sectors that are underrepresented in the apprenticeship program and that have demonstrated shortages of workers.

Workforce Reskilling for Critical Industries.—The Committee encourages ETA to prioritize reskilling and upskilling to meet employer demand in critical industries, including advanced manufacturing, shipbuilding, defense supply chain, energy production, and information technology. The Committee encourages ETA to partner with industry, community-based organizations, and faith-based workforce providers to design and deliver training programs that connect workers to high-demand occupations, support long-term economic productivity, and advance national security workforce objectives.

Grants to States

The Committee provides $2,889,332,000 for Training and Employment Services Grants to States.

Under WIOA, a local board is given up to 100 percent transfer authority between Adult and Dislocated Worker activities upon approval of the Governor.

Adult Employment and Training.—The Committee provides $860,649,000 for adult employment and training. Formula funding is provided to States and further distributed to local workforce investment areas through one-stop centers. The program provides employment and training services to disadvantaged, low-skilled, unemployed, and underemployed adults, including veterans.

Funds are made available in this bill for adult employment and training activities in program year 2027, which occurs from July 1, 2027, through June 30, 2028. The bill provides that $148,649,000

is available for obligation on July 1, 2027, and that $712,000,000 is available on October 1, 2027. Both categories of funding are available for obligation through June 30, 2028.

Dislocated Worker Assistance.—The Committee provides $1,095,553,000 for dislocated worker assistance. This program is a State-operated effort that provides training services and support to help permanently separated workers reskill to return to productive unsubsidized employment. In addition, States must use statewide reserve funds for rapid response assistance to help workers affected by mass layoffs and plant closures. States must also use these funds to carry out additional statewide employment and training activities, such as providing technical assistance to certain low-performing local areas, evaluating State programs, and assisting with the operation of one-stop delivery systems. States may also use funds for implementing innovative training programs.

Funds made available in this bill support activities in program year 2027, which occurs from July 1, 2027, through June 30, 2028. The bill provides that $235,553,000 is available for obligation on July 1, 2027, and that $860,000,000 is available on October 1, 2027. Both categories of funding are available for obligation through June 30, 2028.

Timely Disbursement of Formula Funds.—The Committee notes the importance of grant recipients receiving timely access to formula funds. Therefore, the Committee directs the Department to obligate formula funding in a timely manner, following the agency's historical timelines for such funds.

Youth Training.—The Committee provides $933,130,000 for youth training. The purpose of this program is to provide low-income youth who are facing barriers to employment with services, including wrap-around support services, that prepare them to succeed in the knowledge-based economy. Funds are made available for youth training activities in program year 2027, which occurs from April 1, 2027, through June 30, 2028.

National Programs

Dislocated Worker Assistance National Reserve

The Committee provides $300,859,000 for the Dislocated Worker Assistance National Reserve, which is available to the Secretary for activities such as responding to mass layoffs, plant and/or military base closings, and natural disasters, as well as for technical assistance, training, and demonstration projects.

Funds made available for the National Reserve in this bill support activities in program year 2027. The bill provides that $100,859,000 is available for obligation on July 1, 2027, and that $200,000,000 is available on October 1, 2027. Both categories of funding are available for obligation through September 30, 2028.

Automation Impacted Industries.—The Committee continues to support funding to support demonstration and pilot projects relating to the training needs of workers who are, or are likely to become, dislocated as a result of automation.

Career Pathways for Youth Grants.—The Committee continues to recognize that multiple career pathways should be available to young people. The Committee also recognizes the need for early

workforce readiness, employment, and training opportunities that help youth develop soft skills, such as responsibility, organization, and time management, as well as the need to learn workplace safety. The Committee provides $20,000,000 to utilize the demonstration grant authority under the dislocated worker national reserve for grants to support national out-of-school time organizations that serve youth and teens, and place an emphasis on age-appropriate workforce readiness programming to expand job training and workforce pathways for youth and disconnected youth. This programming includes soft skill development, career exploration and guidance, mentoring, job readiness and certification, summer jobs, year-round job opportunities, and apprenticeships. Funding will also support partnerships between workforce investment boards and youth serving organizations. Additionally, the Committee encourages the Department to determine the feasibility of utilizing the existing one-stop infrastructure to develop and execute career pathways for youth at the local or regional level.

Dislocated Worker National Reserve Grantee Performance Reporting.—Consistent with the requirements of section 116(b)(2)(A)(i) of WIOA (29 U.S.C. 3141), the Committee directs the Department to require that all grantees receiving awards funded through the Dislocated Worker National Reserve report on the employment, earnings, and credential attainment outcomes of program participants. The Committee further directs ETA to include program participant outcomes disaggregated by grantee on its Web site.

Employee Ownership Initiative.—The Committee provides $2,000,000 for grants authorized by section 346(d) of the SECURE 2.0 Act of 2022. Funds will be used to establish and expand employee ownership programs authorized by such section. The Committee directs the Employee Benefits Security Administration to provide subject matter assistance to ETA as it develops and administers this grant program.

Multi-State National Dislocated Coal Miners Assistance Grant Program.—The Committee is aware of the difficulties experienced by dislocated coal miners as a result of energy sector restructuring. The Committee continues to strongly support funding for non-profit organizations that provide employment and training assistance, as well as related supportive services, to individuals who are dislocated by coal plant closures or substantial layoffs at coal mine operations and their immediate family.

Strengthening Community College Training Grants [SCCTG].—The Committee provides $70,000,000 for SCCTG. This program builds the capacity of community colleges to address workforce development needs in in-demand industries and career pathways leading to quality jobs and to expand evidence-based solutions to addressing such needs.

Workforce Opportunity for Rural Communities.—The Committee provides $60,000,000 for the Workforce Opportunity for Rural Communities program, to provide enhanced worker training in the Appalachian, Delta, and Northern Border regions. These funds provide reemployment and training assistance to dislocated workers in rural areas to help them adapt existing skills and learn new ones demanded by growing industries. The Committee strongly encourages the Department to develop funding opportunity announce-

ments and make grant awards in coordination with the Appalachian Regional Commission [ARC], Delta Regional Authority [DRA], and Northern Border Regional Commission [NBRC], for which each award shall not exceed $1,500,000. Within the total, the Committee provides $24,500,000 for grants in areas served by the ARC, $24,000,000 for areas served by the DRA, and $11,500,000 for areas served by the NBRC.

Indian and Native American Programs

The Committee provides $62,500,000 for Indian and Native American Programs. These programs are designed to improve the academic, occupational, and literacy skills of Native Americans, Alaskan Natives, and Native Hawaiians to aid the participants in securing permanent, unsubsidized employment. Allowable training services include adult basic education, general educational development attainment, literacy training, English language training, remedial education, and career and technical education.

The Committee notes that section 166(i)(4) of WIOA requires the Secretary to establish the Native American Employment and Training Council [NAETC] to provide advice on the operation and administration of the Indian and Native American programs. The Committee directs the Department to continue NAETC activities, take steps to fill any vacancies expeditiously, and to integrate NAETC recommendations for the agency's implementation of these programs.

Migrant and Seasonal Farmworker Programs

The Committee provides $92,396,000 for migrant and seasonal farmworkers programs, which serve members of economically disadvantaged families whose principal livelihood is derived from migratory and other forms of seasonal farm work, fishing, or logging activities. Enrollees and their families are provided with employment, training, and related services intended to prepare them for stable, year-round employment within and outside of the agriculture industry.

The Committee provides that $86,134,000 be used for State service area grants. The Committee also provides bill language directing that $5,591,000 be used for migrant and seasonal farmworker housing grants, of which not less than 70 percent shall be for permanent housing. The principal purpose of these funds is to continue the network of local farmworker housing organizations working on permanent housing solutions for migrant and seasonal farmworkers. The Committee also provides $671,000 to be used for training, technical assistance, and related activities, including funds for migrant rest center activities under section 167 of WIOA.

YouthBuild

The Committee provides $105,000,000 for YouthBuild, which helps provide disconnected youth with work readiness and industry-driven credential attainment opportunities.

The Committee encourages the Department to ensure YouthBuild grants reach geographically diverse areas, including rural areas.

The Committee supports the current Federal-to-local grant structure administered by ETA. The Committee directs the Secretary to brief the Committee 30 days in advance of the issuance of any notice inviting applications that would change any element of this current Federal-to-local grant structure.

Reentry Employment Opportunities [REO]

The Committee provides $90,000,000 for the REO program, including $30,000,000 for national and regional intermediaries. The REO program provides current or formerly incarcerated youth and adults involved in the justice system with occupational skills training that leads to industry-recognized credentials and apprenticeships leading to employment in good, well-paying jobs and careers with opportunities for advancement. Programs are carried out directly through State and local governmental entities and community-based organizations, as well as indirectly through intermediary organizations.

The Committee directs the Department to ensure grantees establish formal partnerships with employers and that program participants receive industry-recognized credentials and training in fields that prepare them for successful reintegration, including ensuring participants receive training and credentials in fields where their record is not a barrier to entry or continued employment. The Committee also directs the Department to consider the needs of communities that have recently experienced significant unrest.

Apprenticeship Grants

The Committee provides $305,000,000 for Apprenticeship Grants.

The Committee continues to support the prioritization of funding to expand registered apprenticeships into new industries and for underserved or underrepresented populations. The Committee supports the use of apprenticeship grants that provide worker education in in-demand and emerging fields, including first responder; disaster resilience, response, and recovery; utility (energy and water) and resource management; transportation and infrastructure; goods movement sectors such as global logistics, rail and other freight-related employment; and technology and outdoor recreation economy-related employment. The Committee encourages the Department to expand support for degree-connected Registered Apprenticeships that are integrated with postsecondary education and career pathways, including teacher licensures. The Committee also encourages the Department to support apprenticeship opportunities that incorporate non-traditional industries, while providing appropriate flexibility for such industries without altering current standards that ensure quality training. Further, the Committee encourages the Department to fund apprenticeship opportunities in local communities that have high rates of unemployment and high rates of community violence.

Pay for Performance Incentive Payments Program.—The Committee directs the Department to provide to the Committee quarterly reports and an annual report on the implementation progress of the Pay for Performance Incentive Payments program, including its impact on the growth of Registered Apprenticeship programs,

the number of active apprentices, and completion rates of apprentices.

Program Types.—The Committee directs the Department to update its apprenticeship "shot clock" website by including, for each program under review, the type of program (competency-based, time-based, or hybrid) under review and the proposed length of the program for time-based and hybrid programs and as applicable, for competency-based programs.

School Administrator Apprenticeships.—The Committee is encouraged by the Department's decision to make school administrators eligible for apprenticeship training and assistance. The Department should provide additional funding to further establish and implement a leadership development apprenticeship program to help educators advance their careers, address school principal and superintendent shortages, and meet growing demand.

State Apprenticeship Agencies.—The Committee directs the Department to submit a report not later than 180 days after enactment on State Apprenticeship Agency [SAA] compliance with DOL Circular 2026–02. Such report shall include an assessment of each SAA's compliance status; identification of SAAs determined to be non-compliant and the areas of non-compliance; and a description of any corrective actions taken or planned to be taken to address SAA non-compliance.

Workforce Data Quality Initiative

The Committee provides $6,000,000 for the Workforce Data Quality Initiative, which provides competitive grants to support States in developing, connecting, and enhancing their longitudinal data systems that integrate education and workforce data. This supports evaluation and research on the effectiveness of education and workforce programs, and helps provide consumer-friendly information so that individuals can select the programs that best meet their needs.

Workforce Data Innovation and Transparency.—The Committee recognizes the need to encourage innovation at the State level to improve data collection and accuracy. The Committee supports the work of the Workforce Data Quality Initiative to increase data transparency, enhance workforce delivery services, and help connect individuals to careers.

Congressionally Directed Spending

The Committee provides $112,575,000 for the projects, and in the amounts, specified in the table at the end of this explanatory statement.

Within 60 days of enactment of this act and every 60 days thereafter, the Committee directs the Department to provide a report detailing the status of CDS funding for fiscal year 2027. Such a report shall be presented in Excel format and include a project description, requestors, the type of award, total obligations, total disbursements, and the percent disbursed.

JOB CORPS

Appropriations, 2026	$1,760,155,000
Committee recommendation	1,760,155,000

The Committee provides $1,603,325,000 for operations of Job Corps centers.

The Committee provides $33,830,000 for administrative costs.

The Committee provides a total of $123,000,000 in construction, renovation, and acquisition [CRA] funds. This amount is available from July 1, 2027, to June 30, 2030. The Committee continues bill language allowing the Secretary to transfer up to 15 percent of CRA funds, if necessary, to meet the operational needs of Job Corps centers or to achieve administrative efficiencies. The bill continues to require the Secretary to notify the Committee at least 15 days in advance of any transfer. Any such notification shall include a justification.

Alignment with Defense Industrial Base and Veterans' Health Workforce Needs.—The Committee urges the Department to work with the Department of Defense and the Department of Veterans Affairs to improve Job Corps hiring, internships, and Registered Apprenticeship pipelines to meet workforce shortages in the defense industrial base and the veterans' health system.

Background Checks.—The Committee is encouraged that background checks have resumed and new students are being enrolled in Job Corps. The Committee continues to direct the Department to issue interim guidance authorizing Job Corps center operators to utilize alternative background check and vetting services that meet the requirements of 29 U.S.C. 3195(b)(1)(C) in order to enroll students and, if necessary, to expedite student enrollment. The Committee looks forward to the report on the steps taken to implement this authority as directed by Senate Report 119–55.

Continuous Campus Improvement.—The Committee encourages the Department to develop a process involving Job Corps youth service providers for setting achievable campus performance expectations in order to more effectively drive continuous improvement in student outcomes.

Financial Reporting.—The Committee directs the Department to provide quarterly financial reports that identify projected program year obligations at current enrollment levels and at full enrollment levels and that detail the obligations in the Job Corps operations account that are not direct center costs or national training contracts.

Homeless Youth.—The Committee continues to strongly encourage the Department to streamline application requirements for homeless youth in Job Corps.

Maximizing Employer Partnerships.—The Committee applauds the Department's efforts to develop relationships between Job Corps and employers associated with our Nation's strategic priorities including infrastructure, advanced manufacturing, and the defense industrial base. The Committee encourages the Department to fully leverage section 158(f) of WIOA to maximize the resources available to campuses to develop these partnerships and meet employers' needs.

Rural Training Sites.—The Committee encourages the Department to support and incentivize high quality center operators to develop and enhance partnerships with existing rural training sites to enhance opportunities and work experiences for students in underserved rural or remote communities. Such rural partnerships

should use student-focused industry-backed curricula, prepare students for employment in high-demand fields, offer students the opportunity to take coursework leading to college credit, and demonstrate strong employer partnerships within the region in which the center is located. Such partnerships will also promote the ability of Job Corps centers to meet local workforce and cultural needs in communities far removed from their locations.

COMMUNITY SERVICE EMPLOYMENT FOR OLDER AMERICANS

Appropriations, 2026	$395,000,000
Committee recommendation	370,000,000

Community Service Employment for Older Americans [CSEOA] provides part-time employment in community service activities and work-based training for unemployed, low-income persons aged 55 and older to help increase the number of such persons who obtain unsubsidized employment. The Committee provides $370,000,000 for CSEOA.

The Committee encourages the Department to reserve amounts proportionate to the Pacific Islander and Asian American and the Indian populations for national grants to national Pacific Island and Asian American and Indian aging organizations who have a track record of reaching, in a linguistically and culturally competent manner, this underserved population of older workers across the country with significant barriers to employment. The Committee also directs the Department to provide an update in the fiscal year 2028 CJ on how recipients of funding under title V of the Older Americans Act of 1965 [OAA] are serving older individuals who are Native American and Pacific Islander and Asian American with such funding.

FEDERAL UNEMPLOYMENT BENEFITS AND ALLOWANCES

Appropriations, 2026	$50,300,000
Committee recommendation	28,800,000

The Committee provides mandatory funds for the Federal unemployment benefits and allowances program that assists workers who have been adversely affected by international trade by retraining for new careers and updating their skills. The Trade Adjustment Assistance program provides benefits and services to help participants find a path back into middle-class jobs, improve earnings, and increase credential and education rates. TAA provides benefits and services to those who qualify, to include job training, job search and relocation allowances, and wage supplements for workers age 50 and older.

The Committee notes that while the Department may not issue any determinations and may not accept any new petitions or requests for reconsideration, workers who were certified and separated from their job on or before June 30, 2022, may still be eligible for benefits and services.

STATE UNEMPLOYMENT INSURANCE AND EMPLOYMENT SERVICE OPERATIONS

Appropriations, 2026	$4,074,890,000
Committee recommendation	4,124,390,000

The Committee provides $4,050,084,000 authorized to be drawn from the Employment Security Administration account of the Unemployment Trust Fund and $74,306,000 to be provided from the general fund of the Treasury.

The funds in this account are used to provide administrative grants and assistance to State agencies that administer Federal and State unemployment compensation laws and operate the public employment service.

Unemployment Insurance

The Committee provides a total of $3,276,635,000 for Unemployment Insurance [UI] activities. For UI State operations, the Committee provides $2,750,635,000.

The Committee provides $517,000,000 for Reemployment Services and Eligibility Assessments, to expand intensive, individualized reemployment assistance, and to help address and prevent long-term unemployment, and reduce improper payments. This includes $117,000,000 in base funding and $400,000,000 in allocation adjustment funding. The Committee also provides $9,000,000 for the UI Integrity Center of Excellence, including supporting an integrated data hub, training modules, and data analytics capacity to help States reduce fraud.

Finally, the Committee provides $18,000,000 for UI national activities, which will support activities that benefit the entire Federal-State UI system, including supporting the continuation of IT upgrades and technical assistance.

The Committee looks forward to receiving the report evaluating state unemployment insurance offices for program integrity and efficiency as directed by Senate Report 119–55.

Employment Service

For the Employment Service allotments to States, the Committee provides $675,052,000. This amount includes $21,413,000 in general funds together with an authorization to spend $653,639,000 from the Employment Security Administration account of the Unemployment Trust Fund.

The Committee also provides $15,000,000 for Employment Service national activities.

Foreign Labor Certification

For carrying out the Department's responsibilities related to foreign labor certification activities, the Committee provides $63,528,000. In addition, 5 percent of the revenue from H–1B fees is available to the Department for costs associated with processing H–1B alien labor certification applications, and $23,282,000 is available for related State grants.

Prompt Processing of H–2B Visas.—The Committee continues to strongly encourage the Department to take steps to ensure prompt processing of H–2B visa applications and to minimize future interruptions to the H–2B visa program.

Timely Processing of Permanent Labor Certification Applications.—The Committee encourages the Department to utilize existing authority and resources to improve the permanent labor certification application processing timelines to provide certainty to em-

ployers that rely on these visa programs. Within 60 days of enactment, the Department shall provide a report to the Committee detailing efforts being taken to improve processing timeframes, including the expansion of concurrent processing between DOL's labor certification functions and DHS visa application processing, launching a fee-based premium processing option for interested stakeholders, and stronger interagency coordination between DOL to DHS to bolster our Nation's security.

One-Stop Career Centers/Labor Market Information

For one-stop career centers and labor market information, the Committee provides $52,893,000 for assisting States with collecting and producing workforce and labor market information and to improve the ability of job seekers to obtain information about programs of study funded with Federal workforce training funds.

The Committee is encouraged by progress made through the Department's efforts to incentivize States to reduce barriers to entry into licensed occupations and increase license portability to facilitate mobility of workers in such occupations, with an emphasis on transitioning service members, veterans, and military spouses. The Committee encourages the Department to expand on these past efforts to encourage occupational licensing reform, which could include grants to States, and associations of States, to review, eliminate and reform licensing requirements, and to promote portability of State licenses. Grant funding would support institutions of higher education and occupational licensing partners to address barriers to licensure for veterans and transitioning service members, immigrants with work authorization, individuals with a criminal history, and dislocated, low-wage workers. The Department, in consultation with the Departments of Defense and Veterans Affairs, is also encouraged to improve the information made publicly available on credentials and licenses that facilitate entry into or advancement in occupations.

ADVANCES TO THE UNEMPLOYMENT TRUST FUND AND OTHER FUNDS

The Committee bill continues language providing such sums as necessary in mandatory funds for this account. The appropriation is available to provide advances to several accounts for purposes authorized under various Federal and State unemployment compensation laws and the Black Lung Disability Trust Fund, whenever balances in such accounts prove insufficient.

PROGRAM ADMINISTRATION

Appropriations, 2026	$158,433,000
Committee recommendation	153,433,000

The Committee provides $153,433,000 for program administration, including $99,527,000 in general funds and $53,906,000 from the Employment Security Administration account of the Unemployment Trust Fund.

General funds in this account pay for the Federal staff needed to administer employment and training programs under WIOA, OAA, the Trade Act of 1974 (Public Law 93–618), and the National Apprenticeship Act. Trust funds provide for the Federal adminis-

tration of employment security, training and employment, and executive direction functions.

VETERANS' EMPLOYMENT AND TRAINING

Appropriations, 2026	$335,341,000
Committee recommendation	335,341,000

The Committee provides $335,341,000 for the Veterans' Employment and Training Service [VETS], including $65,500,000 in general revenue funding and $269,841,000 to be expended from the Employment Security Administration account of the Unemployment Trust Fund.

This account provides resources for VETS to maximize employment opportunities for veterans and transitioning service members, including protecting their employment rights. VETS carries out its mission through a combination of grants to States, competitive grants, and Federal enforcement and oversight.

The Committee provides $185,000,000 for the Jobs for Veterans State Grants [JVSG] program. This funding will enable Disabled Veterans' Outreach Program specialists and Local Veterans' Employment Representatives to continue providing intensive employment services to veterans and eligible spouses; transitioning service members early in their separation from military service; wounded warriors recuperating in military treatment facilities or transition units; and spouses and family caregivers to help ensure the family has income to provide sufficient support. The Committee maintains language providing authority for JVSG funding to be used for data systems and contract support to allow for the tracking of participant and performance information. The Committee continues to include language providing authority for JVSG funding to be used to support surviving spouses of service members.

The Committee provides $34,379,000 for the Transition Assistance Program [TAP] to support apprenticeship opportunities and employment workshops at military installations, and in virtual classrooms, worldwide for exiting service members and spouses.

The Committee provides $47,048,000 for Federal administration costs. This funding level will support oversight and administration of the VETS grant programs, TAP employment workshops, and compliance and enforcement activities.

The Committee provides $65,500,000 for the Homeless Veterans' Reintegration Program [HVRP] to help homeless veterans attain the skills they need to gain meaningful employment. The bill allows Incarcerated Veterans' Transition funds to be awarded to serve veterans who have recently been released from incarceration but are at risk of homelessness.

The Committee provides $3,414,000 for the National Veterans' Training Institute, which provides training to Federal staff and veteran service providers.

The Committee provides $500,000 to support the HIRE Vets Medallion program.

Career-Driven Employment Outcomes Evidence.—The Committee emphasizes the importance of enabling veterans to thrive in careers after service. Studies indicate there is lack of evidence demonstrating if existing veteran transition programs have an effective

impact on career outcomes. The Committee urges the Department to work with employer-focused organizations to measure the effectiveness of Federal veteran employment transition programs on career outcomes to better inform program impacts and design best practices to equip veterans with a more seamless transition geared toward gainful civilian employment.

Technology Integration in TAP Employment Workshops.—The Committee encourages VETS to integrate voluntary digital interview preparation and career coaching tools—such as AI enabled mock interviews, resume development support, and job readiness coaching modules—into TAP employment workshops to strengthen job search readiness and improve employment outcomes. This integration shall be offered on a voluntary, opt-in basis and shall not replace or supplant existing TAP instruction or counseling services.

EMPLOYEE BENEFITS SECURITY ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2026	$191,100,000
Committee recommendation	181,100,000

The Committee bill includes $181,100,000 for the Employee Benefits Security Administration [EBSA]. EBSA is responsible for the enforcement of title I of the Employee Retirement Income Security Act [ERISA] in both civil and criminal areas and for enforcement of sections 8477 and 8478 of the Federal Employees' Retirement Security Act of 1986 (Public Law 99–335). EBSA administers an integrated program of regulation, compliance assistance and education, civil and criminal enforcement, and research and analysis. Bill language continues to allow EBSA to obligate up to $3,000,000 for 2 fiscal years for the expert witness program. The authority is needed for services on cases extending beyond fiscal year limitation.

The Committee directs DOL to include long-standing budget activity detail, including on workload and performance, staffing and spending, in future CJs as provided in the fiscal year 2025 and prior CJs.

Adequate Consideration Guidance.—The Committee notes that the SECURE 2.0 Act of 2022 also directs the Department to issue formal guidance on the adequate consideration exemption, as defined in section 407(d)(6) of ERISA. The Committee continues to urge the Department to prioritize a timely, formal notice and comment rulemaking on the adequate consideration exemption that ensures taxpayers benefit from stakeholder input and experience, consistent with congressional intent.

ERISA Requirements.—The Committee notes that firms domiciled in or otherwise controlled by the People's Republic of China can be opaque in their auditing and accounting work and practices. The Committee encourages EBSA to consider whether these transparency risks have any implications for requirements on plan fiduciaries under ERISA.

Implementation of Employee Ownership Initiative.—The Committee directs $2,000,000 within ETA for the grant program authorized section 346(d) of the SECURE 2.0 Act of 2022 to help establish and expand employee ownership programs. The Committee

directs EBSA to provide subject matter assistance to ETA as it develops and administers this grant program.

Mental Health Parity.—The Committee supports additional efforts directed toward systemic and targeted audits of healthcare coverage provided through ERISA plans, to ensure parity between mental and physical healthcare coverage as required by current law.

PENSION BENEFIT GUARANTY CORPORATION

Appropriations, 2026	$494,264,000
Committee recommendation	484,264,000

The Pension Benefit Guaranty Corporation's [PBGC] estimated obligations for fiscal year 2027 include single-employer benefit payments of $8,377,000,000, multi-employer financial assistance of $130,000,000, Investment Management Fees Program of $139,800,000, Custodian Bank Fees of $4,000,000, and consolidated administrative expenses of $484,264,000 including no less than $7,397,000 available for the Office of Inspector General. The program amount for Custodian Bank Fees was included in prior year administrative expenses. Administrative expenses are comprised of three activities: pension insurance activities, pension plan termination expenses, and operational support. These expenditures are financed by permanent authority. PBGC also anticipates obligations of $29,909,000 for Special Financial Assistance and $32,000,000 for related administrative expenses from the American Rescue Plan act of 2021.

Previously, the Committee accepted the PBGC's proposal to reform the administrative apportionment classifications from three budget activities to one budget activity to make operations more efficient and improve stewardship of resources. That consolidated approach for the three activities is continued, but the PBGC is directed to continue providing detail every year on the three activities in its annual CJ.

The PBGC is a wholly owned Government corporation established by ERISA. The law places it within DOL and makes the Secretary the chair of its board of directors. The Corporation receives its income primarily from insurance premiums collected from covered pension plans, assets of terminated pension plans, collection of employer liabilities imposed by the act, and investment earnings. The primary purpose of the PBGC is to guarantee the payment of pension plan benefits to participants if covered defined benefit plans fail or go out of existence.

The bill continues authority for a contingency fund for the PBGC that provides additional administrative resources when the number of new plan participants in terminated plans exceeds 100,000. When that threshold is reached, an additional $9,200,000 becomes available through September 30, 2031, for every 20,000 additional participants in terminated plans. The bill also continues authority allowing the PBGC additional obligation authority for unforeseen and extraordinary pre-termination expenses, after approval by the Office of Management and Budget and notification to the Committee. Finally, the bill includes authority for PBGC to expend not more than an additional $100 per affected person for credit or iden-

tity monitoring to individuals upon suffering a security incident or privacy breach in the event PBGC's costs exceed $250,000. Those funds are available for obligation through September 30, 2031.

WAGE AND HOUR DIVISION

SALARIES AND EXPENSES

Appropriations, 2026	$260,000,000
Committee recommendation	260,000,000

The Committee bill includes $260,000,000 for the Wage and Hour Division [WHD].

WHD is responsible for administering and enforcing laws that provide minimum standards for wages and working conditions in the United States. The Fair Labor Standards Act [FLSA] (Public Law 75–718), employment rights under the Family and Medical Leave Act (Public Law 103–3), and the Migrant and Seasonal Agricultural Worker Protection Act (Public Law 97–470) are several of the important laws that WHD is charged with administering and/or enforcing.

WHD administers and enforces laws covering more than 165 million workers in 11 million workplaces in the United States and its territories. The Committee supports WHD in its efforts to be more strategic in enforcement activities, which can lead to more significant results for workers at an industry-level and deter employers from violating the law, particularly in key areas of protecting the rights and wages of workers, ensuring prevailing wage protections, and combatting exploitative child labor.

Enforcement of Child Labor Restrictions.—The Committee recognizes the WHD's mission to protect the safety, health, education, and well-being of minors in the workplace by enforcing Federal child labor laws under the FLSA. Accordingly, the Department shall submit a report to the Committee, not later than 180 days after the date of enactment of this act, detailing the number of complaints received and the current number of WHD investigators assigned to child labor enforcement compared to each of the prior five fiscal years.

OFFICE OF LABOR-MANAGEMENT STANDARDS

SALARIES AND EXPENSES

Appropriations, 2026	$48,515,000
Committee recommendation	48,515,000

The Committee bill includes $48,515,000 for the Office of Labor-Management Standards [OLMS].

OLMS administers the Labor-Management Reporting and Disclosure Act of 1959 [LMRDA] (Public Law 86–257) and related laws. These laws establish safeguards for union democracy and financial integrity. They also require public disclosure by unions, union officers, employers, labor relations consultants and others. In addition, the Office administers employee protections under federally sponsored transportation programs.

OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2026	$100,976,000
Committee recommendation	90,976,000

The Committee bill includes $90,976,000 for the Office of Federal Contract Compliance Programs [OFCCP].

This Office protects workers and potential employees of Federal contractors from employment discrimination prohibited under section 503 of the Rehabilitation Act of 1973 and the Vietnam Era Veterans' Readjustment Assistance Act of 1974. These prohibitions make it unlawful for contractors and subcontractors doing business with the Federal Government to discriminate in employment because of disability or status as a protected veteran.

Veterans Affairs Health Benefits Program [VAHBP] Enforcement Moratorium.—The Committee notes that OFCCP Directive 2021–01 Revision 2 indicates OFCCP's intent to exercise prosecutorial discretion with regard to the affirmative obligations of VAHBP providers until May 2027. The Committee encourages OFCCP to work with stakeholders and lawmakers to ensure appropriate implementation of OFCCP programs and robust access to care for veterans and their families.

OFFICE OF WORKERS' COMPENSATION PROGRAMS

SALARIES AND EXPENSES

Appropriations, 2026	$122,705,000
Committee recommendation	122,705,000

The Committee bill includes $122,705,000 for the Office of Workers' Compensation Programs [OWCP]. This includes $2,205,000 from the special fund established by the Longshore and Harbor Workers' Compensation Act. In addition, $49,984,000 is available by transfer from the Black Lung Disability Trust Fund.

OWCP administers four distinct compensation programs: the Federal Employees' Compensation Act [FECA], the Longshore and Harbor Workers' Compensation Act (Public Law 69–803), the Black Lung Benefits programs, and the Energy Employees Occupational Illness Compensation Program Act (Public Law 106–398). In addition, OWCP houses the Division of Information Technology Management and Services.

SPECIAL BENEFITS

Appropriations, 2026	$1,298,385,000
Committee recommendation	1,508,251,000

The Committee bill includes $1,508,251,000 for this account. This mandatory appropriation, which is administered by OWCP, primarily provides benefits under FECA.

The Committee continues to provide authority to require disclosure of Social Security numbers by individuals filing claims under FECA or the Longshore and Harbor Workers' Compensation Act (Public Law 69–803) and its extensions.

The Committee continues language that provides authority to use FECA funds to reimburse a new employer for a portion of the

salary of a newly reemployed injured Federal worker. FECA funds will be used to reimburse new employers during the first 3 years of employment, not to exceed 75 percent of salary in the worker's first year, and declining thereafter.

The Committee continues language that allows carryover of unobligated balances to be used in the following year and provides authority to draw such sums as needed after August 15 to pay current beneficiaries. Such funds are charged to the subsequent year's appropriation.

The Committee continues language to provide authority to deposit into the special benefits account of the employees' compensation fund those funds that the Postal Service, the Tennessee Valley Authority, and other entities are required to pay to cover their fair share of the costs of administering the claims filed by their employees under FECA.

Finally, the Committee maintains language consistent with longstanding interpretations and implementation of this appropriation stating that, along with the other compensation statutes already specifically enumerated, the appropriation is used to pay obligations that arise under the War Hazards Compensation Act (Public Law 77–784), and the appropriation is deposited in the Employees' Compensation Fund and assumes its attributes, namely availability without time limit as provided by 5 U.S.C. section 8147.33.

SPECIAL BENEFITS FOR DISABLED COAL MINERS

Appropriations, 2026	$30,585,000
Committee recommendation	27,985,000

The Committee bill includes a mandatory appropriation of $22,085,000 in fiscal year 2027 for special benefits for disabled coal miners. This is in addition to the $5,900,000 appropriated last year as an advance for the first quarter of fiscal year 2027, for a total program level of $27,985,000 in fiscal year 2027.

These mandatory funds are used to provide monthly benefits to coal miners disabled by black lung disease, their widows, and certain other dependents, as well as to pay related administrative costs.

The Committee bill also includes an advance appropriation of $5,450,000 for the first quarter of fiscal year 2028. These funds will ensure uninterrupted benefit payments as promised to coal miners, their widows, and dependents.

ADMINISTRATIVE EXPENSES, DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION

Appropriations, 2026	$68,148,000
Committee recommendation	66,138,000

The Committee bill includes $66,138,000 for the Division of Energy Employees Occupational Illness Compensation Program [EEOICP]. This is a mandatory appropriation for administrative expenses for administration of Part B of the Energy Employees Occupational Illness Compensation program.

The Division administers the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] (Public Law 106–398), which provides benefits to eligible employees and former employees

of the Department of Energy, its contractors and subcontractors, or to certain survivors of such individuals. The mission also includes delivering benefits to certain beneficiaries of the Radiation Exposure Compensation Act (Public Law 106–245). The Division is part of OWCP.

Information and Outreach.—The Committee is encouraged by the Department's efforts to provide information and outreach to claimants seeking to apply for EEOICPA benefits. The Committee encourages the agency to study the feasibility of establishing a toll-free number that current or former employees of the Department of Energy, or current or former Department of Energy contractor employees, may use in order to receive information regarding: (1) the compensation program under subtitle B or E; (2) information regarding the process of submitting a claim under either compensation program; (3) assistance in completing the occupational health questionnaire required as part of a claim under subtitle B or E; and (4) the next steps to take if a claim under subtitle B or E is accepted or denied.

BLACK LUNG DISABILITY TRUST FUND

Appropriations, 2026	$477,295,000
Committee recommendation	496,011,000

The bill provides an estimated $496,011,000 as requested for this mandatory appropriations account. This estimate is comprised of $89,799,000 for administrative expenses and an estimated $406,212,000 for benefit payment and interest costs.

The bill continues to provide indefinite authority for the Black Lung Disability Trust Fund to provide for benefit payments. The Trust Fund pays all black lung compensation/medical and survivor benefit expenses when no responsible mine operation can be assigned liability or refuses to pay for such benefits, as well as all administrative costs that are incurred in administering the benefits program and operating the trust fund. As proposed in the President's budget, the bill provides for transfers from the trust fund for administrative expenses for the following Department agencies: up to $49,984,000 for the part C costs of the Division of Coal Mine Workers' Compensation Programs; up to $39,086,000 for Departmental Management, Salaries and Expenses; and up to $373,000 for Departmental Management, Inspector General. The bill also allows a transfer of up to $356,000 for the Department of the Treasury.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2026	$629,309,000
Committee recommendation	626,109,000

The Committee bill includes $626,109,000 for the Occupational Safety and Health Administration [OSHA], which is responsible for enforcing the Occupational Safety and Health [OSH] Act of 1970 (Public Law 91–596) in the Nation's workplaces.

The Committee continues bill language to allow OSHA to retain course tuition and fees for training institute courses used for occu-

pational safety and health training and education activities in the private sector. The cap established by the bill is $499,000 per year, consistent with current law.

The Committee also continues bill language to exempt farms employing 10 or fewer people from the provisions of the OSH Act, with the exception of those farms having a temporary labor camp. The exemption of small farming operations from OSHA regulation has been in place since 1976. OSHA clarified the limits of its authority under the appropriations rider to conduct enforcement on small farms in July 2014, particularly regarding post-harvest activities of a farming operation. It is also important the Department of Agriculture and National Institute for Occupational Safety and Health [NIOSH] are consulted in any future attempt by OSHA to redefine or modify any aspect of the small farm exemption. The Committee also continues language exempting employers with fewer than 10 employees in industry classifications having a lost workday injury rate less than the National average from general schedule safety inspections, except for the small farms covered by the broader exemption.

Compliance Assistance.—The Committee bill includes language requiring OSHA to dedicate not less than $3,500,000 for administering the Voluntary Protection Program [VPP] in its Federal Compliance Assistance budget. OSHA shall not reduce funding levels or the number of employees administering the VPP, the Safety and Health Achievement Recognition Program, or Federal Compliance Assistance, and shall not collect any monies from participants for the purpose of administering these programs.

Smoke-Related Health Issues for Workers.—The Committee directs the Department to work with NIOSH and other relevant agencies to gather evidence on best practices and make recommendations that protect workers from the consequences of long-term exposure to adverse air. Further, the Committee looks forward to the briefing requested in Senate Report 119–55 on their joint efforts with NIOSH supporting vulnerable workers, particularly those exposed to adverse air, which is expected to be provided before September 30, 2026.

State Plan States.—The Committee bill includes $120,000,000 for grants to States under section 23(g) of the Occupational Safety and Health Act (Public Law 91–596). These funds primarily are provided to States that have taken responsibility for administering their own occupational safety and health programs for the private sector and/or the public sector. State plans must be at least as effective as the Federal program and are monitored by OSHA. The bill continues language that allows OSHA to provide grants of up to 50 percent for the costs of State plans approved by the agency.

Susan Harwood Training Grants.—The Committee bill also includes $12,787,000 for the OSHA Susan Harwood Training Grant program. The program provides disadvantaged, underserved, low-income, or other hard-to-reach, at-risk workers with training to protect them from on-the-job hazards as well as informs workers of their rights and employers of their responsibilities under the OSH Act. The Committee supports the longstanding practice of competitively awarding these funds through the timely issuance of notices of funding opportunities, including for capacity building grants.

Workplace Violence in Healthcare and Social Services.—The Healthcare and Social Assistance industry sector includes nearly 21 million employees, and these workers face an increased risk of workplace violence that is nearly six times that of workers in all other industries. This violence dramatically impacts nurse well-being and burnout. It exacerbates the nurse staffing crisis and affects the quality of patient care. The Committee continues to urge OSHA to explore steps the agency can take to ensure that healthcare and social services workers are protected from violence in the workplace.

MINE SAFETY AND HEALTH ADMINISTRATION

SALARIES AND EXPENSES

Appropriations, 2026	$387,816,000
Committee recommendation	387,816,000

The Committee bill includes $387,816,000 for the Mine Safety and Health Administration [MSHA].

MSHA enforces the Federal Mine Safety and Health Act (Public Law 91–173) by conducting inspections and special investigations of mine operations, promulgating mandatory safety and health standards, cooperating with the States in developing effective State programs, and improving training in conjunction with States and the mining industry.

The Committee continues language authorizing MSHA to use up to $2,000,000 for mine rescue and recovery activities. It also retains the provision allowing the Secretary to use any funds available to the Department to provide for the costs of mine rescue and survival operations in the event of a major disaster. To prepare properly for an emergency, the Committee also directs MSHA to continue to devote sufficient resources toward a competitive grant activity for effective emergency response and recovery training in various types of mine conditions.

In addition, bill language continues to allow the National Mine Health and Safety Academy to collect not more than $750,000 for room, board, tuition, and the sale of training materials to be available for mine safety and health education and training activities. Bill language also allows MSHA to retain up to $2,499,000 from fees collected for the approval and certification of equipment, materials, and explosives for use in mines, and to utilize such sums for these activities.

The Committee continues to emphasize the importance of mine safety enforcement and instructs MSHA to fully implement the requirements of section 103 of the Federal Mine Safety and Health Act of 1977 (Public Law 91–173). MSHA shall make inspections of each underground coal or other mine in its entirety at least four times a year and each surface coal or other mine in its entirety at least two times a year. Further, MSHA shall fully and effectively enforce the Final Rule Reducing Miners' Exposure to Coal Dust and should not use any funds to weaken or eliminate the Final Rule Lowering Miners' Exposure to Respirable Coal Mine Dust.

BUREAU OF LABOR STATISTICS

SALARIES AND EXPENSES

Appropriations, 2026	$708,500,000
Committee recommendation	711,500,000

The Committee bill includes $711,500,000 for the Bureau of Labor Statistics [BLS]. This amount includes $68,000,000 from the Employment Security Administration account of the Unemployment Trust Fund and $643,500,000 in Federal funds.

BLS is the principal fact-finding agency in the Federal Government in the broad field of labor economics. The Committee recognizes that the Nation requires current, accurate, and detailed workforce statistics for Federal and non-Federal data users as provided by BLS.

Artificial Intelligence [AI].—The Committee notes the need for additional data to understand how AI is changing job performance, creating new jobs, or displacing existing jobs in order to inform policy decisions. The Committee requests BLS describe in its fiscal year 2028 CJ steps it can or will take on this issue.

Current Population Survey.—The Committee remains concerned by declining response rates facing all survey programs and other challenges which necessitate actions by BLS and the Census Bureau to modernize the operations of the Current Population Survey [CPS] and maintain this resource. The Committee understands work on an Internet self-response mode and other improvements are underway. The Committee continues to encourage BLS to take actions as laid out in the CPS modernization plan in response to Senate Report 119–55.

National Longitudinal Survey of Youth [NLSY].—The Committee continues to recognize the importance of the NLSY, which provides valuable information about labor market trends across different generations and spans multiple decades, and encourages the Department to continue fielding the NLSY79 and NLSY97 cohorts in their current design, methodology, and data quality and continue development of the new NLSY27 cohort.

OFFICE OF DISABILITY EMPLOYMENT POLICY

Appropriations, 2026	$43,000,000
Committee recommendation	43,000,000

The Committee bill includes $43,000,000 for the Office of Disability Employment Policy [ODEP] to provide leadership, develop policy and initiatives, support technical assistance and implementation, and award grants, cooperative agreements, and contracts furthering the objective of eliminating physical and programmatic barriers to the training, labor force participation and employment of people with disabilities and to design and implement research and technical assistance grants and contracts that support the transition to competitive, integrated employment for youth and adults with disabilities. The bill also includes language continuing to allow not less than $9,000,000 to be used for research and demonstration projects related to testing effective ways to promote greater labor force participation of people with disabilities. These funds may be transferred to the "State Unemployment Insurance

and Employment Service Operations" account for such purpose. The Committee requests notification at least 14 days prior to any such transfer.

Apprenticeships.—The Committee encourages the Secretary to take actions to increase the numbers of apprentices with disabilities in high-growth, high-demand fields, including the healthcare and technology sectors. Furthermore, to ensure new technologies, including artificial intelligence, can be used by and benefit the employment of people with disabilities, the Committee urges the Secretary to continue initiatives that promote the employment, retention and career advancement of people with disabilities through the development, adoption, and promotion of accessible technology policy.

DEPARTMENTAL MANAGEMENT

SALARIES AND EXPENSES

Appropriations, 2026	$363,185,000
Committee recommendation	357,366,000

The Committee bill includes $357,366,000 for the Departmental Management, Salaries and Expenses account. Of this amount, $357,058,000 is available from general funds and $308,000 is available by transfer from the Employment Security Administration account of the Unemployment Trust Fund. In addition, $39,086,000 is available by transfer from the Black Lung Disability Trust Fund.

The Departmental Management, Salaries and Expenses appropriation pays the salaries and related expenses of staff responsible for formulating and overseeing the implementation of departmental policy and management activities in support of that goal. In addition, this appropriation includes a variety of operating programs and activities that are not involved in departmental management functions, but for which other appropriations for salaries and expenses are not suitable.

Bill-Wide Directives.—The Committee notes the inclusion of a bill-wide directives section of this explanatory statement. This section contains requirements which apply to all agencies funded by this act.

Bureau of International Labor Affairs [ILAB].—The Committee bill includes $111,125,000, of which $76,725,000 is available for obligation through December 31, 2027, for ILAB to carry out its statutory responsibilities. These funds are in addition to the supplemental appropriations for ILAB in Public Law 116–113, the United States-Mexico-Canada Agreement Implementation Act, for its responsibilities under that law.

ILAB's appropriation is available to help improve working conditions and labor standards for workers around the world by carrying out ILAB's statutory mandates and international responsibilities, including in promoting the elimination of the worst forms of child labor and forced labor. ILAB works to ensure workers and businesses in the United States are not put at a competitive disadvantage by trading partner countries not adhering to their labor commitments under trade agreements and trade preference programs.

The bill continues language setting aside funding for grants, contracts and other arrangements for technical assistance on worker

rights and for combatting child labor, with no less than $30,175,000 available for worker rights programs and no less than $30,175,000 for combatting exploitative child labor internationally. This flexibility will allow ILAB to target additional resources where conditions on the ground and other factors create the greatest opportunities to make significant progress on these issues and maintain a robust level of support for both critically important activities. The Committee directs ILAB to use available funds for monitoring, oversight, and technical assistance in support of the United States-Mexico-Canada Agreement Implementation Act. The Committee directs the Department to include information on how all available funds are being used for the purposes of such act, including Mexico's implementation of nationwide labor reforms and compliance with labor obligations, in the fiscal year 2028 CJ.

The Committee continues to support the critical role ILAB plays in working to eradicate child labor, forced labor, and human trafficking, including through its research and reporting in its Findings on the Worst Forms of Child Labor, List of Goods Produced by Child Labor or Forced Labor, and List of Products Produced by Forced or Indentured Child Labor. The appropriation will support continued publication of these important reports, including the tracking of goods through supply chains and identifying inputs made with child and forced labor.

Finally, the Committee encourages ILAB to intensify its efforts to timely and effectively develop and update the UFLPA Entity List for priority sectors and to strengthen interagency enforcement strategies.

Communications With the Committee.—The Committee relies on its relationship with the Office of Congressional and Intergovernmental Affairs [OCIA] and the Departmental Budget Center [DBC] to make decisions about how to best allocate budget resources and provide oversight over how taxpayer dollars are spent. OCIA has a responsibility to ensure that the Committee receives accurate and timely information including by ensuring that program offices provide program-specific information in a timely manner upon request. The Committee appreciates OCIA's efforts to improve the quality and timeliness of the information it provides. The Committee directs OCIA to continue to improve on these efforts, including by reforming and streamlining internal clearance processes, and allowing DBC to communicate directly with the Committee as they have done historically.

Evaluation, Evidence-Building, and Use.—The Committee bill includes $4,281,000 for program evaluation and allows these funds to be available for obligation through September 30, 2028. The Committee bill also continues the authority of the Secretary to transfer these funds to any other account in the Department for evaluation purposes. The Committee bill continues authority to use up to 0.75 percent of certain Department appropriations for evaluation activities identified by the chief evaluation officer. The Committee also includes new language in this set-aside, which expands use of funds to support data collection activities at BLS. The Department shall notify the Committee of the planned uses of funds derived from this authority.

Foundations for Evidence-Based Policymaking Act.—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Therefore, the Committee directs the Department to continue to include in the fiscal year 2028 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years. These updates shall describe important changes being made by agencies using research findings, evaluation and evidence to improve their operations.

Occupational Bereavement Exposure and Workforce Health.—The Committee is concerned that workers routinely exposed to death and dying—including first responders, military personnel and veterans, emergency medical personnel, and healthcare workers—face compounding health, social, and workforce risks not adequately characterized in Federal data systems or addressed through existing policy. The Committee directs the Secretary, in coordination with the Secretary of Health and Human Services, to submit a report to the Committee no later than 1 year after enactment and to post on a publicly available Web site. The report shall include: (1) statistics on the health and economic outcomes of workers in industries and occupations with unaddressed occupational bereavement exposure, including effects on behavioral health, substance misuse, disability claims, workforce attrition, suicide, and premature death; (2) an inventory of existing Federal programs, workplace protections, leave policies, and employee assistance resources addressing bereavement; (3) whether existing programs are evidence-based, adequately scaled, and have any gaps in policy, employer supports, and workforce capacity for high-exposure populations; and (4) recommendations for legislative or administrative action, including any cross-agency coordination mechanisms warranted.

Paid Family Leave.—The Committee is particularly supportive of the Women's Bureau's work and dedication to supporting paid leave programs as part of their mission to support women's workforce participation. In order to study best practices in paid leave programs, the Women's Bureau is encouraged to request data from State paid leave programs in order to publish a report about usage rates and distribution of paid leave at the State level as well as steps State paid leave programs are taking to support the full range of businesses and entrepreneurs.

Payment Management System [PMS].—The Committee directs the Department to immediately notify the Committee of any PMS outages or technical problems exceeding 48 hours, and any payment delays or disruptions in the PMS distribution of funds exceeding 14 days for individual payees.

Staffing Report.—The Committee continues to direct the Department to provide the Committee with an operating plan identifying the total FTE and non-personnel allocations supported by each appropriation provided by this act and FTE and non-personnel allocations for each office supported by each of these appropriations provided in this act. In addition, the Department shall continue to provide on a monthly basis the number of on-board staff, attrition, ap-

proved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each office supported by, and in total for, the each appropriation provided by this act. The monthly reports should be detailed by competitive (including career SES) and excepted (including non-career, limited term SES, and Schedule P/C) service staff. The Department shall also continue to provide the Committee on a biannual basis an excel file containing the names, titles, grades, program office, and date of hire of all of the political appointees that were employed by the Department during the previous 180 days.

Shipbuilding Grants.—The Committee commends ILAB for releasing the funding opportunity, "Revitalizing Domestic Manufacturing by Developing the Next Generation of America's Shipbuilders through International Partnerships" (FOA–ILAB–25–45). The Committee encourages ILAB to support additional funding opportunities and make grant awards consistent with that purpose in order to strengthen partnerships between U.S. training institutions and allied counterparts and expand the pipeline of skilled U.S. shipbuilding workers.

WIOA Waivers.—The Committee recognizes the value of WIOA waivers in allowing States and local workforce systems to respond to regional workforce needs and implement innovative service delivery strategies. The Committee directs the Department to post approved waivers on the Department's website within 30 days of approving a waiver and provide quarterly briefings to the Committee on any such approved waivers.

Women's Bureau.—The Committee bill includes $23,000,000 for the Women's Bureau. The Committee continues bill language allowing the Bureau to award grants, including not less than $5,000,000 for grants authorized by the Women in Apprenticeship and Nontraditional Occupations Act.

INFORMATION TECHNOLOGY MODERNIZATION

Appropriations, 2026	$6,889,000
Committee recommendation	6,889,000

The Committee bill includes $6,889,000 for the Information Technology [IT] Modernization account for support systems and modernization.

Agile Software Development.—To align Federal technology procurement with modern standards, the Committee urges the Chief Information Officer of the Department, in coordination with the Chief Acquisition Officer and Senior Procurement Executive, when procuring or updating software systems, to base oversight and contract design on high-level objectives, testing the software product with end-users throughout the development cycle, and funding development teams to improve the product over time, as user needs shift.

Status Report.—The Committee continues to request that the Department submit a report to the Committee not later than 90 days after enactment of this act that provides an update on projects to be funded, planned activities and associated timelines, expected benefits, and planned expenditures. The report should also include completed activities, remaining activities and associated timelines, actual and remaining expenditures, explanation of any cost over-

runs and delays, and corrective actions, as necessary, to keep the project on track and within budget.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2026	$97,028,000
Committee recommendation	97,028,000

The Committee bill includes $97,028,000 for the DOL Office of Inspector General. The bill includes $91,187,000 in general funds and authority to transfer $5,841,000 from the Employment Security Administration account of the Unemployment Trust Fund. In addition, an amount of $373,000 is available by transfer from the Black Lung Disability Trust Fund. The bill continues to allow up to $2,000,000 of the appropriation to be available until expended.

Through a comprehensive program of audits, investigations, inspections, and program evaluations, the Inspector General attempts to reduce the incidence of fraud, waste, abuse, and mismanagement, and to promote economy, efficiency, and effectiveness.

GENERAL PROVISIONS

Section 101. The bill continues a provision limiting the use of Job Corps funding for compensation of an individual that is not a Federal employee at a rate not to exceed Executive Level II.

Section 102. The bill continues a provision providing for general transfer authority.

Section 103. The bill continues a provision prohibiting funding for the procurement of goods and services utilizing forced or indentured child labor in industries and host countries already identified by the Department in accordance with Executive Order 13126.

Section 104. The bill continues a provision requiring that funds available under section 414(c) of the American Competitiveness and Workforce Improvement Act (Public Law 106–313) may only be used for competitive grants that train individuals over the age of 16 who are not enrolled in school, in occupations and industries for which employers are using H–1B visas to hire foreign workers.

Section 105. The bill continues a provision limiting the use of ETA funds by a recipient or subrecipient for compensation of an individual at a rate not to exceed Executive Level II.

Section 106. The bill continues a provision regarding transfer authority related to funds for technical assistance and program integrity.

Section 107. The bill modifies a provision to allow up to 0.75 percent of discretionary appropriations provided in this act for all Department agencies to be used by the Office of the Chief Evaluation Officer for evaluation purposes or by the Bureau of Labor Statistics for data collection activities consistent with the terms and conditions in this act applicable to such office and bureau.

Section 108. The bill makes permanent a provision regarding the application of the Fair Labor Standards Act (Public Law 74–718) after the occurrence of a major disaster.

Section 109. The bill continues a longstanding provision that provides flexibility with respect to the crossing of H–2B nonimmigrants.

Section 110. The bill continues a provision related to the wage methodology under the H–2B program.

Section 111. The bill continues a provision regarding the three-fourths guarantee and definitions of corresponding employment and temporary need for purposes of the H–2B program.

Section 112. The bill continues a provision providing authority related to the disposition of excess property related to the training of apprentices.

Section 113. The bill continues a provision related to Job Corps property.

Section 114. The bill continues a provision related to Job Corps Centers.

Section 115. The bill modifies a provision rescinding funds from the H–1B program.

Section 116. The bill includes a new provision rescinding certain funds available to ETA.

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Any references in this title of the explanatory statement to the "Secretary" or the "Department" shall be interpreted to mean the Secretary of HHS or the Department of HHS, respectively, unless otherwise noted.

HEALTH RESOURCES AND SERVICES ADMINISTRATION

The Health Resources and Services Administration [HRSA] activities support programs to provide healthcare services to disadvantaged, medically underserved, and special populations; mothers and infants; the elderly and homeless; and rural communities. HRSA supports cooperative programs in maternal and child health, AIDS care, healthcare provider training, and healthcare delivery systems and facilities.

PRIMARY HEALTH CARE

Appropriations, 2026	$1,858,772,000
Committee recommendation	1,863,772,000

Health Centers

The Committee provides $1,863,772,000 for the Bureau of Primary Health Care. Within the funds provided, the Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Addressing Intimate Partner Violence and Project Catalyst	$2,000,000	$2,000,000
Alcee L. Hastings Program for Advanced Cancer Screening	10,000,000	10,000,000
Early Childhood Development	30,000,000	30,000,000
Ending the HIV/AIDS Epidemic Initiative	157,250,000	157,250,000
Native Hawaiian Health Care	27,000,000	27,000,000
Papa Ola Lokahi	*10,000,000*	*10,000,000*
School-Based Health Centers	55,000,000	55,000,000

Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. The Committee continues to support the ongoing effort to increase the number of people who have access to medical services at health centers. Health centers play a vital role in ensuring access to primary care in underserved areas of the country, including urban, rural, and frontier areas.

In addition, within the amount provided, the Committee provides up to $120,000,000 under the Federal Tort Claims Act [FTCA] (Public Law 102–501 and Public Law 104–73), available until expended. These funds are used to pay judgments and settlements,

occasional witness fees and expenses, and related administrative costs. The Committee intends FTCA coverage funded through this bill to be inclusive of all providers, activities, and services included within the health centers' federally approved scope of project.

Addressing Intimate Partner Violence and Project Catalyst.—The Committee continues to provide no less than $2,000,000 for the HRSA Strategy to Address Intimate Partner Violence.

Base Grant Adjustments.—The Committee recognizes that health center costs have increased significantly and that it has been more than a decade since the last base grant adjustment. The Committee encourages HRSA to consider the needs of existing health centers in relation to their current base grants when allocating health center funding.

Brain Health Access Initiative.—The Committee supports HRSA's efforts to integrate screenings for Alzheimer's Disease and Alzheimer's Disease-Related Dementias [AD/ADRD] into the Health Center Program, as well as the agency's technical assistance activities that help support health centers' ability to meet the healthcare needs of older Americans. The Committee encourages HRSA to continue utilizing the AD/ADRD screening measure reporting requirement to promote increased access to cognitive assessments across the Health Center Program. The Committee also encourages data collection on generalized sources of care by setting, which would include those served by Federally Qualified Health Centers [FQHCs] and Look-Alikes, for individuals at all stages of AD/ADRD detection and treatment.

Early Childhood Development.—The Committee continues no less than $30,000,000 to further integrate early childhood development services and expertise, including by hiring or contracting for early childhood development specialists.

Ending the HIV/AIDS Epidemic Initiative.—The Committee provides $157,250,000 within the Health Centers Program for the Ending the HIV/AIDS Epidemic Initiative. The initiative provides funding to health centers in high-need jurisdictions to increase prevention and treatment services for people at high risk for HIV transmission, including pre-exposure prophylaxis [PrEP] related services, outreach, and care coordination through new grant awards in areas currently served by health centers.

FQHC Look-Alike Participation.—The Committee notes that certain health centers throughout the country are ineligible to apply for supplemental funding awards because of their status as an FQHC Look-Alike. The Committee remains interested in ways in which the FQHC Look-Alike program could be better utilized as a pipeline into the section 330 Health Center Program.

Free Clinics Medical Malpractice.—The Committee provides $1,000,000 for payments of claims under the FTCA to be made available for free clinic health professionals as authorized by section 224(o) of the PHS Act (Public Law 104–73). This appropriation extends FTCA coverage to medical volunteers in free clinics to expand access to healthcare services for low-income individuals in medically underserved areas.

Health Center Controlled Networks [HCCNs].—The Committee recognizes the value of HCCNs, which support nationwide virtual infrastructure that enables real-time performance tracking, inter-

operability, and digital connectivity to advance healthcare modernization. The Committee encourages HRSA to prioritize continued investment in HCCNs as a driver of cost-effective, technology-forward, community-based care.

Hepatitis B and C.—The Committee continues to encourage HRSA to support health center grantees' adoption of the necessary practices and policies to comply with the November 2021 Advisory Committee on Immunization Practices [ACIP] recommendation that all adults between ages 19 and 59 be vaccinated and the March 2023 ACIP recommendation that all adults between ages 19 and 59 be screened for hepatitis B. To implement these policies, the Committee further encourages HRSA to ensure that health centers screen patients aged 19–59 for hepatitis B, offer to immunize all non-infected patients in the 19–59 age cohort, and navigate infected individuals into care. The Committee requests an update from HRSA before the end of fiscal year 2027 on its progress to meet this goal, including the number of individuals screened and number of individuals vaccinated for hepatitis B at HRSA-funded health centers.

Further, the Committee recognizes the value of point of care diagnostics for hepatitis C and supports efforts by HRSA to adopt practices and policies to test for hepatitis C. The Committee further encourages HRSA to ensure that health centers have access to and utilize available point of care diagnostic tests to adequately test the populations they serve.

High Quality Community-Based Care for Seniors.—Within 180 days of enactment of this act, the Committee requests a report on the need for comprehensive, coordinated, community-based care among seniors with multiple chronic conditions living in rural and medically underserved areas. The report may identify opportunities to expand access to such care, including through FQHCs, as well as avenues for increasing health professions and nursing training opportunities in such sites.

Native Hawaiian Health Care.—The Committee affirms the Federal trust responsibility to Native Hawaiians, and further that the provision of healthcare and the betterment of health conditions of Native Hawaiians as directed in 42 U.S.C. 11705 is key to advancing the Federal trust responsibility of the United States and increasing access to care for rural communities in Hawaii. The Committee includes no less than $27,000,000 for the Native Hawaiian Health Care Program. Of the total amount appropriated for the Native Hawaiian Health Care Program, not less than $10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including to coordinate and support healthcare service provision to Native Hawaiians and Hawaii residents and strengthen the capacity of the Native Hawaiian Health Care Systems to provide comprehensive health education and promotion, disease prevention services, traditional healing practices, and primary health services.

School-Based Health Centers [SBHCs].—The Committee includes $55,000,000 for awards to health centers operating school-based service sites under section 330 of the PHS Act to increase their capacity to meet the increasing demand for health services, including mental health services.

Syphilis Testing and Treatment.—The Committee is concerned about the continued rise in syphilis infections in the United States, including congenital syphilis, and the impact on underserved communities. The Committee recognizes that FQHCs play a critical role in providing services to individuals at increased risk for sexually transmitted infections and encourages increased testing and treatment for syphilis, including prenatal syphilis screening to prevent congenital syphilis. The Committee also encourages HRSA to support technical assistance and training to FQHCs on implementation of screening protocols and coordination with State and local public health departments.

Technical Assistance.—The Committee believes funding for the training and technical assistance available for health centers through National and State cooperative agreements and grants is critical to the successful operation and expansion of the Health Centers Program. Funds are available within the amount provided to enhance technical assistance and training activities and further quality improvement initiatives that improve health outcomes.

Trauma Services in Frontier Clinics.—The Committee recognizes that Community Health Centers [CHCs] in frontier areas face non-reimbursed emergency trauma service pressures and encourages HRSA, in coordination with CMS, to identify allowable mechanisms to sustain essential trauma response capacity in qualifying CHCs. The Committee directs HRSA, working with CMS, to provide a report on options and guardrails within 120 days of enactment of this act.

Type I Screenings.—The Committee supports efforts to increase type 1 diabetes screenings at CHCs, particularly among high-risk populations, especially given the advances in treatments that now can delay onset of the disease for several years if caught early enough. The Committee looks forward to the publicly available report HRSA will be releasing, as required in Senate Report 119–55, on the agency's efforts to increase screening for type 1 diabetes at CHCs, including the feasibility, cost estimate, and timeline for expanding such screenings.

Women's Preventive Services Initiative.—The Committee notes that the Women's Preventive Services Initiative [WPSI] developed evidence-based guidelines for use in standard clinical settings, including CHCs, to provide preventive services and screenings to improve women's health throughout their lifespan. The Committee supports continued access to preventive screenings at CHCs, including for patients in rural areas. Within 180 days of enactment of this act, the Committee directs HRSA to provide an update on the extent to which FQHCs have adopted WPSI guidelines and what barriers exist to clinics providing services, including in rural areas.

HEALTH WORKFORCE

Appropriations, 2026	$1,413,776,000
Committee recommendation	1,446,776,000

The Bureau of Health Workforce provides policy leadership and grant support for health professions workforce development. The mission of the Bureau is to identify shortage areas while working to make them obsolete. Programs are intended to ensure that the

Nation has the right clinicians, with the right skills, working where they are needed.

The Committee also encourages HRSA to conduct outreach, provide technical assistance, and give priority in awarding cooperative agreements and grants to entities in high poverty areas and underserved communities. The Committee encourages HRSA to work with these communities to develop their mental health workforce and requests an update in the fiscal year 2028 CJ on best practices and strategies to attract mental healthcare practitioners to these disproportionately impacted communities.

Residency Report.—The Committee recognizes the proliferation of residency tracks and pathways as an effective method to recruit high-quality residents to high-need, high-priority specialties, including pediatrics, emergency medicine, family medicine, internal medicine, OB/GYN, and psychiatry. The Committee directs the Bureau to issue a report within 1 year of enactment of this act that assesses the distribution of such track and pathway programs and conduct surveys, focus groups, or other techniques to ascertain feedback on the effectiveness of these strategies to recruit residents in high-priority medical fields.

Workforce Shortages.—The Committee appreciates HRSA's efforts to tackle healthcare workforce shortages across the country, particularly in rural areas. The Committee supports the expansion of the physician, nursing, and pharmacy workforce to meet the growing health needs of our population. The Committee encourages HRSA to consider ways to expand these efforts and directs HRSA to include in the fiscal year 2028 CJ information on steps the agency is taking to address health professions shortages, including efforts to ensure the State Loan Repayment Program is supporting all healthcare professions.

National Health Service Corps [NHSC]

The Committee provides $133,000,000 for the NHSC. The Committee recognizes the success of the NHSC program in building healthy communities in areas with limited access to care. The program has shown increases in retention of healthcare professionals located in underserved areas.

Within this total, the Committee continues support for access to quality opioid and substance use disorder [SUD] treatment in rural and underserved areas nationwide. The Committee continues language that expands eligibility for loan repayment awards through the NHSC to include SUD counselors. The Committee also continues bill language to modify the rules governing the NHSC to allow 60 days for every NHSC member to cancel their contract. Further, the Committee encourages HRSA to explore opportunities to provide incentives for individuals working in their home State or the State in which they received their education.

Correctional Facilities.—While Federal and State correctional facilities are eligible for NHSC scholarships and loan repayment, a 1989 Federal regulation narrowed eligibility for NHSC scholarships to exclude county jails. The Committee notes that county jails in large metropolitan areas are often the biggest correctional facilities in an area and encourages HRSA to work with Congress and rel-

evant stakeholders on access to necessary medical services in these facilities.

Freely Associated States.—The Committee is concerned that the NHSC and Commissioned Corps of the U.S. Public Health Service do not currently operate in the Freely Associated States despite significant workforce shortages in these areas. The Committee requests a briefing within 90 days of enactment of this act on the challenges associated with implementing these programs in the Freely Associated States and proposed strategies to mitigate.

Maternity Care Health Professional Target Areas.—The Committee recognizes HRSA's progress in determining Maternity Care Health Professional Target Areas [MCTAs] in order to begin making loan repayment awards to maternal health practitioners, such as OB/GYNs and certified nurse midwives, who agree to serve in MCTAs. Within the total for the NHSC, the Committee includes not less than $8,000,000 to support loan repayment and scholarships for maternity care health services in health professional shortage areas [HPSA]. The Committee requests that HRSA provide a briefing on this effort within 120 days of enactment of this act.

Rural Health.—The Committee recognizes the importance of the NHSC Scholarship Program, especially in combatting the rural healthcare provider shortage, and encourages HRSA to increase the number of scholarships provided. Providing NHSC scholarships, particularly to students from rural communities, will increase access to medical school and help to solve the rural provider workforce shortages throughout the United States.

Health Professions Training

The Committee supports programs that increase the healthcare workforce. These programs help advance patient care and ensure opportunity for all healthcare providers.

Centers of Excellence

The Committee provides $25,422,000 for the Centers of Excellence [COE] program. This program provides grants to health professions schools and other institutions to serve as resource and education centers for the recruitment, training, and retention of underrepresented minority students and faculty. The Committee notes that COEs educate a disproportionate share of health professionals from minority and underserved backgrounds and address the need for a diverse and culturally competent healthcare workforce.

Health Careers Opportunity Program

The Committee includes $15,000,000 for the Health Careers Opportunity Program [HCOP]. The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds with navigating careers into health professions.

Faculty Loan Repayment

The Committee provides $2,310,000 for the Faculty Loan Repayment Program. This program provides loan repayment to health

profession graduates from disadvantaged backgrounds who serve as faculty at eligible health professions academic institutions.

Scholarships for Disadvantaged Students

The Committee provides $55,014,000 for Scholarships for Disadvantaged Students. This program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who have financial need. The Committee recognizes the success of the program and encourages HRSA to prioritize institutions with a proven record of training diverse practitioners and placing practitioners in low-income communities.

Midwifery Training.—The Committee continues $5,000,000 to support grants to educate midwives to address the National shortage of maternity care providers. The Committee encourages HRSA to award robust funding to increase and diversify the number of certified nurse midwives, particularly in rural and underserved communities.

Primary Care Training and Enhancement

The Committee provides $49,924,000 for the Primary Care Training and Enhancement program to support the expansion of training in internal medicine, family medicine, and pediatrics. Funds may be used to develop training programs or provide direct financial assistance to students and residents.

Administrative Academic Units.—The Committee supports the inclusion of administrative academic units within medical schools under this program.

Community-Based Clinical Rotations for Medical Students.—The Committee recognizes that patient care is frequently provided in a range of community-based settings and that providing outpatient training opportunities in underserved areas encourages long-term, sustainable physician practice in high-need areas. The Committee encourages HRSA to evaluate and facilitate opportunities for medical schools to partner with FQHCs, Rural Health Clinics, or other healthcare facilities located in medically underserved communities to increase medical school clinical rotations in rural and underserved areas.

Oral Health Training

The Committee provides $43,673,000 for Training in Oral Health Training programs, which includes not less than $13,500,000 for General Dentistry Programs and not less than $13,500,000 for Pediatric Dentistry Programs and not less than $15,000,000 for State Oral Health Workforce grants. This funding supports a grant competition in fiscal year 2027 for multi-year awards. The Committee directs HRSA to provide continuation funding for section 748 postdoctoral training grants, predoctoral dental grants, and dental faculty loan repayment program [DFLRP] grants. The Committee directs HRSA to initiate a new DFLRP grant cycle in fiscal year 2027 with a preference for pediatric dentistry faculty supervising dental students or residents and providing clinical services in dental clinics located in dental schools, hospitals, and community-based affiliated sites.

Medical Student Education

The Committee provides $65,000,000 to support colleges of medicine at public universities located in the top quartile of States projected to have a primary care provider shortage.

Interdisciplinary Community-Based Linkages

Area Health Education Centers

The Committee provides $48,000,000 for Area Health Education Centers [AHECs]. The program links university health science centers with community health service delivery systems to provide training sites for students, faculty, and practitioners. The program supports three types of projects: core grants to plan and implement programs; special initiative funding for schools that have previously received AHEC grants; and model programs to extend AHEC programs with 50 percent Federal funding.

Community Academic Health Systems.—The Committee recognizes the important role that community hospitals, health centers, physician offices, and other local healthcare facilities play when they partner with accredited medical schools and graduate medical education programs to provide clinical education to medical students and residents. These community academic health systems are a consortium of medical schools and local healthcare facilities partnering to strengthen physician workforce pipelines, particularly in rural and underserved areas, and expand access to primary and preventive care. The Committee encourages HRSA to support the establishment and sustainability of community academic health systems through new and existing programs.

Health Care Simulation Labs.—The Committee provides no less than $3,000,000 to continue competitive grants for AHEC recipients to expand experiential learning opportunities through simulation labs designed to educate and train healthcare professionals serving rural, medically underserved communities. HRSA shall include as an allowable use the purchase of simulation training equipment.

Behavioral Health Workforce Education and Training

The Committee provides $114,000,000 for the Behavioral Health Workforce Education and Training [BHWET] program. This program establishes and expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas.

Addiction Medicine Fellowship [AMF] Program.—Within the total for BHWET, the Committee includes $25,000,000 for AMF to foster robust, community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors.

Community-Based Settings.—The Committee encourages HRSA to work with grantees to use BHWET funds to support individuals providing care in community-based settings while completing clinical training requirements for licensure. This flexibility would allow

for improved access to behavioral health services in rural and underserved communities across America.

Peer Support Specialists.—Within BHWET, the Committee includes $15,000,000 to fund training, internships, and certification for mental health and substance use peer support specialists to create an advanced peer workforce prepared to work in clinical settings.

Provider Distribution.—The Committee recognizes that some communities may disproportionately experience a high prevalence of substance use disorders, high suicide rates, and high poverty rates, combined with severe mental health provider shortages. The Committee encourages HRSA to assess the distribution of behavioral health students and providers who have participated in behavioral health workforce development programs and examine best practices to support healthcare and mental health providers serving in such communities.

Geriatrics Programs

The Committee provides $50,245,000 for the Geriatrics Programs, including the Geriatrics Workforce Enhancement Program [GWEP] and the Geriatrics Academic Career Awards Program. These programs support training to integrate geriatrics into primary care delivery and develop academic, primary care, community-based partnerships to address gaps in healthcare for older adults.

Certified Nursing Assistants [CNAs].—The Committee recognizes the role of CNAs in the delivery of geriatrics care and the need to ensure proper training of these providers in the types of care and services specific to geriatric patients. The Committee provides $2,000,000 for current GWEPs that have demonstrated capacity and experience in developing curricula to train CNAs on age-friendly care, dementia care, and services that allow seniors to maintain their independence and that utilize a credentialing program to certify these providers as geriatric specialists. The Committee directs HRSA to fund existing GWEPs with the funds provided and to prioritize programs located in rural States with high prevalence of geriatric patient populations.

Mental and Behavioral Health

The Committee includes $45,053,000 for Mental and Behavioral Health programs.

Graduate Psychology Education [GPE].—Within the total for Mental and Behavioral Health programs, the Committee includes $26,000,000 for the inter-professional GPE program to increase the number of health service psychologists trained to provide integrated services to high-need, high-demand populations in rural and urban communities. The Committee recognizes the growing need for highly trained mental and behavioral health professionals to deliver evidence-based behavioral interventions for pain management in addressing the opioid epidemic. The Committee also notes continued mental health needs among youth and adolescents and urges HRSA to strengthen investments in the training of health service psychologists to help meet these demands.

Substance Use Disorder Treatment and Recovery Loan Repayment Program

The Committee provides $40,000,000 for the Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment Program. This program addresses shortages in the SUD workforce by providing for the repayment of education loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health Professional Shortage Area or a county where the overdose death rate exceeds the National average. The Committee also encourages HRSA to actively recruit SUD counselors to take advantage of its STAR Loan Repayment Program, so that underserved communities may benefit from the presence of these professionals.

Workforce Information and Analysis

The Committee provides $5,663,000 for health professions workforce information and analysis. This program provides for the collection and analysis of targeted information on the Nation's healthcare workforce, research on high-priority workforce questions, the development of analytic and research infrastructure, and program evaluation and assessment.

Real-Time Data to Improve U.S. Healthcare Workforce.—The Committee recognizes the benefit of using real-time information in order to assess whether such programs are leading to improved physician supply in medically underserved areas. The Committee supports development of a data dashboard for all graduate medical education training position participants to include real-time information on residency applications, interviewee demographics, and residency fulfillment rates. The Committee looks forward to receiving HRSA's professional judgment estimate for the development of such a data dashboard, and any potential barriers, as requested in Senate Report 119–55.

Public Health and Preventive Medicine Programs

The Committee provides $18,000,000 for Public Health Workforce Development. This program, also called Public Health and Preventive Medicine, funds programs that are authorized in titles III and VII of the PHS Act (Public Law 111–148) and supports awards to schools of medicine, osteopathic medicine, public health, and integrative medicine programs.

Nursing Workforce Development Programs

The Committee provides $316,472,000 for Nursing Workforce Development Programs. These programs provide funding to address all aspects of nursing workforce demand, including education, practice, recruitment, and retention. The Committee recognizes the severe nursing shortage facing our country and the challenges this shortfall poses to our healthcare system's ability to meet increasing demand. The Committee encourages the agency to engage with stakeholders to assess current and projected shortages; identify best practices and innovative strategies at the Federal, State, and local levels; and make recommendations to strengthen the nursing workforce pipeline.

Palliative Care Nursing Workforce.—Palliative care is patient and family-centered care, involving the support of an inter-professional team of doctors, nurses, social workers, and other providers and specialists who provide care for people with serious illnesses. As the healthcare needs of the Nation evolve and grow in complexity, the Committee encourages HRSA to expand opportunities to train and strengthen the palliative care nursing workforce through existing programs and activities.

State-Based Nursing Workforce Centers.—The Committee notes interest in State-based nursing workforce centers. Such centers can collect local workforce research data, conduct strategic nursing workforce planning and program development, support programs to decrease workplace violence against nurses, develop programs to increase the recruitment and retention of nurses, and coordinate nurse leadership development programs. The Committee encourages HRSA to work with Congress and stakeholders to examine ways to establish new or enhance existing State-based nursing workforce centers to advance training.

Nurse Faculty Shortages.—The Committee recognizes the critical role nurse faculty plays in the development of a highly qualified nursing workforce. The Committee is concerned about the persistent and worsening nurse faculty shortage impacting nursing schools' ability to meet current and projected nursing workforce demand. The Committee urges HRSA to ensure support for the recruitment and retention of nurse faculty within the Title VIII Nursing Workforce Development Programs as a key means of supporting our Nation's nursing workforce.

Partnerships with Community Colleges.—The Committee encourages HRSA to prioritize investments that expand the pipeline of nursing educators and strengthen partnerships between hospitals and community colleges. Such partnerships could provide shared clinical training opportunities, support joint faculty appointments, and leverage hospital expertise to supplement academic instruction. The Committee further encourages the development of programs that enable practicing nurses to transition into educator roles. The Committee supports initiatives that integrate academic instruction with hands-on clinical experience through coordinated hospital-community college partnerships. These efforts would help increase student enrollment and completion, improve workforce readiness, and alleviate staffing shortages in hospitals and community health settings. By strengthening educator capacity and aligning training with workforce needs, these investments would help ensure that hospitals are able to adequately staff beds, reduce unnecessary patient transfers, and improve health outcomes in communities across the country.

Advanced Nursing Education

The Committee provides $89,581,000 for Advanced Nursing Education programs, which increase the number of qualified nurses in the workforce by improving nursing education through curriculum and faculty development. The Committee recognizes the importance of strengthening the primary care workforce and training providers to work in community-based settings, particularly by funding Advanced Nursing Education and Residency Programs.

Certified Nurse Midwives.—The Committee includes $8,000,000 to grow and diversify the maternal and perinatal nursing workforce by increasing and diversifying the number of certified nurse midwives with a focus on practitioners working in rural and underserved communities. The program awards scholarships to students and registered nurses [RNs] to cover the cost of tuition for the duration of the nurse midwifery program.

Sexual Assault Nurse Examiners Program.—The Committee provides $15,000,000 to support training and certification of RNs, advanced practice registered nurses, and forensic nurses to practice as sexual assault nurse examiners.

Nurse Education, Practice, Quality, and Retention

The Committee includes $70,413,000 for competitive grants within the Nurse Education, Practice, Quality, and Retention program to enhance nurse education and strengthen the nursing workforce through the expansion of experiential learning opportunities. Within this total, the Committee continues no less than $10,750,000 for grants to enhance nurse education through the expansion of experiential learning opportunities. HRSA is directed to ensure that these grants include as an allowable use the purchase of simulation training equipment.

RN Shortages.—The Committee continues funding to increase the supply of RNs. Further, the Committee directs HRSA to give priority in new funding announcements to public entities for training additional RNs, specifically for long-term and acute care settings, and to give priority to applicants in States listed by HRSA as having the greatest shortages.

Traineeships to Address the Nursing Shortage and Prepare Academic Faculty.—The National Academies of Science, Engineering, and Medicine [NASEM] issued a report that provided recommendations to Congress to ease the nursing shortage in America. The Committee recognizes the urgent need to address the nursing shortage existing in all parts of the United States and grow the pipeline of nurse educators to meet the demand to grow the workforce. Therefore, within the funds provided, the Committee encourages HRSA to provide new traineeships and fellowships, including stipends, for eligible entities at both public and private institutions to expand opportunities that prepare individuals for careers in nursing.

Nurse Practitioner Optional Fellowship Program

The Committee provides $7,000,000 for grants to community-based nurse practitioner residency and fellowship training programs that are accredited, or in the accreditation process, for practicing postgraduate nurse practitioners in primary care or behavioral health, where supported education and training specialties will include family, adult family, adult gerontology, pediatric, women's healthcare, nurse midwife, and psychiatric mental health. The Committee is concerned that the Nation remains unprepared to address healthcare provider shortages and recognizes the importance of preparing primary care and behavioral health providers to manage clinical and social complexities. The Committee directs HRSA

to give preference to FQHCs, as defined by Section 1861(aa)(4) of the Social Security Act, in awarding grants.

Nurse Corps Scholarship and Loan Repayment Program

The Committee includes $97,635,000 for Nurse Corps. This program supports scholarships and loan repayment assistance for nurses and nursing students committed to working in communities with inadequate access to care.

Nurse Corps Pathway for RNs.—The Committee notes a critical need in workforce development for RNs, particularly those who serve in the long-term care workforce. The Committee directs HRSA to allocate not less than 5 percent of the funds provided for this program to establish and support a Nurse Corps pathway for RNs who commit to practice in skilled nursing facilities, assisted living communities, and other long-term care settings.

Nurse Faculty Loan Program

The Committee includes $29,500,000 for the Nurse Faculty Loan Program to expand the number of qualified nursing faculty nationwide by providing low interest loans for individuals studying to be nurse faculty and loan cancellation for those who then go on to work as faculty. Within 180 days of enactment of this act, the Committee requests that HRSA provide a briefing on the status of the Nurse Faculty Loan Repayment funding opportunity announcement and timeline for award.

Nursing Workforce Development

The Committee includes $22,343,000 for the Nursing Workforce Development program, formerly the Nursing Workforce Diversity program, to increase nursing education opportunities for individuals from disadvantaged backgrounds by providing student stipends, scholarships, and preparation and retention activities.

Children's Hospitals Graduate Medical Education

The Committee provides $400,000,000 for the Children's Hospitals Graduate Medical Education [CHGME] program. The Committee strongly supports the CHGME program, which provides support for graduate medical education training programs in both ambulatory and inpatient settings within freestanding children's teaching hospitals. CHGME payments are determined by a per-resident formula that includes an amount for direct training costs added to a payment for indirect costs. Payments support training of resident physicians as defined by Medicare in both ambulatory and inpatient settings.

Pediatric Specialty Loan Repayment

The Committee recognizes that significant shortages of pediatric medical subspecialists, pediatric surgical specialists, child and adolescent psychiatrists, and other pediatric mental health professionals are impeding access to care for children and adolescents in underserved areas. The Committee includes $10,000,000 for section 775 of the PHS Act. The Committee understands that high student loan debt is a significant barrier to providers choosing to complete training that would enable them to provide specialized care to chil-

dren with special needs. The Committee continues to direct HRSA to work with stakeholders with expertise in pediatric specialty care to ensure that the program and application process reflects the unique nature of pediatric specialty care, including ensuring that any clinical and service hour requirements and service site eligibility criteria are consistent with pediatric specialty practice and reflect the regionalization of pediatric specialty care.

Access to Care.—The Committee is concerned about gaps in access to care for children, especially access to pediatric specialty care. Within 1 year of enactment of this act, the Committee directs HRSA to provide a report to Congress on the changing demands and needs for pediatric primary and subspecialty care, status of access to that care in rural and urban communities, and disparities in receipt of those services. This report should include information on the pediatric generalist and subspecialist workforce broadly and should include recommended additional authorities or financial resources needed to bolster the pediatric workforce and pipeline.

Mental Health and Resiliency for Healthcare Professionals

The Committee includes $5,000,000 for activities authorized by the Dr. Lorna Breen Health Care Provider Protection Act (Public Law 117–105). Specifically, grants may be used to support institutions in their quest to establish, improve, or expand upon evidence-informed programs to improve mental health and resiliency for healthcare professionals.

Bio-Preparedness Workforce Pilot

The Committee includes $5,000,000 for the Bio-Preparedness Workforce Pilot Program, as authorized in the PREVENT Pandemics Act, which was included in the Consolidated Appropriations Act, 2023 (Public Law 117–328). To qualify, healthcare professionals with infectious diseases or emergency preparedness and response expertise must work in a Federal health facility; a nonprofit health facility located in a HPSA, frontier health professional shortage area, or medically underserved community; a Ryan White HIV/AIDS Program clinic; a health facility operated by a Tribal organization; or another relevant entity determined by the Secretary. The Committee requests an update on implementation of this program within 180 days of enactment of this act.

National Practitioner Data Bank

The Committee provides $43,000,000 for the National Practitioner Data Bank. As mandated by the Health Care Quality Improvement Act (Public Law 99–660), the National Practitioner Data Bank does not receive appropriated funds but instead is financed by the collection of user fees.

The National Practitioner Data Bank collects certain adverse information, medical malpractice payment history, and information related to healthcare fraud and abuse. The data bank is open to healthcare agencies and organizations that make licensing and employment decisions.

Appropriations, 2026	$1,181,680,000
Committee recommendation	1,200,330,000

The mission of the Maternal and Child Health Bureau is to improve the physical and mental health, safety, and well-being of the Nation's women, infants, children, adolescents, and their families. This population includes fathers and children with special healthcare needs.

Maternal and Child Health Services Block Grant

The Committee provides $825,700,000 for the Maternal and Child Health [MCH] Services Block Grant, which provides a flexible source of funding that allows States to target their most urgent maternal and child health needs. Within this total, the Committee also includes funding for a number of special projects to address the Nation's rising rate of maternal mortality. The program supports a broad range of activities, including providing prenatal care, well-child services, and immunizations; reducing infant mortality; preventing injury and violence; expanding access to oral healthcare; addressing racial and ethnic disparities; and providing comprehensive care through clinics, home visits, and school-based health programs.

Indian Health Service Facilities.—The Committee encourages HRSA to ensure the services offered through the MCH Services Block Grant are provided at Indian Health Service facilities, Tribally operated health programs, and Urban Indian Health programs.

Genetic Screening Pilot Programs.—The Committee is concerned by incomplete diagnosis and delays in initiating treatment for early onset genetic conditions that are rapidly progressing or are characterized by life-threatening episodes or limited treatment windows. The Committee recognizes that third-party sponsored genetic testing programs and the NIH-funded Building Evidence and Collaboration for GenOmics in Nationwide Newborn Screening initiative are helping to address these gaps, but more can be done. The Committee understands that newborn screening activities are an allowable use of MCH Services Block Grant funds and encourages HRSA to update its materials and guidance to States to clarify that State-sponsored genetic screening pilot programs are also eligible. Such pilot programs could provide newborns and children with genetic screening and counseling for a number of conditions, including autism spectrum disorders, epilepsy, metabolic disorders, neuromuscular disorders, and skeletal dysplasia.

Special Projects of Regional and National Significance

The Committee provides $221,116,000 for Special Projects of Regional and National Significance [SPRANS]. The Committee includes funding for the following activities in the following amounts and directs HRSA to provide a spend plan for the unspecified portions of SPRANS funding within 30 days of enactment of this act:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Early Childhood Development Expert Grants	$10,000,000	$10,000,000
Epilepsy	3,642,000	3,642,000

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Fetal Alcohol Syndrome	1,000,000	1,000,000
Fetal Infant and Child Death Review	5,000,000	5,000,000
Hereditary Hemorrhagic Telangiectasia	3,000,000	5,000,000
Infant-Toddler Court Teams	20,000,000	20,000,000
Maternal Produce Prescriptions	15,000,000	15,000,000
Minority-Serving Institutions	10,000,000	10,000,000
Newborn Essentials Support Tookits	5,000,000	6,000,000
Oral Health	5,250,000	5,250,000
Regional Pediatric Prevention Network	25,000,000	27,000,000
Sickle Cell Disease	7,000,000	7,000,000
State Maternal Health Innovation Grants	55,000,000	55,000,000
Stillbirth Prevention Technical Assistance	.....	1,000,000

Congenital Syphilis [CS].—The Committee is concerned by reports of record high cases of CS, which is preventable during pregnancy and can result in bone deformities, deafness, blindness, stillbirth or death. The Committee encourages HRSA to expand efforts to increase prenatal screening and testing throughout pregnancy and to implement proper education for pregnant women and providers on screening, diagnosis, and treatment of CS.

Crisis Nurseries.—The Committee notes that crisis nurseries are a lifeline for the Nation's most vulnerable families to support maternal and infant health and offer a vital family preservation service by providing emergency childcare and direct care services for infants and young children when a parent experiences a crisis. The Committee directs HRSA to identify opportunities within its maternal and child health programs to provide wraparound direct care services to support maternal and infant health, specifically when a mother is in crisis or experiencing a physical or mental health challenge. The Committee further directs HRSA to identify States utilizing existing MCH Services Block Grant funding to support crisis nurseries. The Committee requests an update in the fiscal year 2028 CJ detailing these findings.

Early Childhood Development Expert Grants.—The Committee provides $10,000,000 to continue support for placements of early childhood development experts in pediatric settings with a high percentage of Medicaid and Children's Health Insurance Program patients.

Father Involvement in Maternal Health Care.—The Committee recognizes the value of father engagement in improving maternal healthcare, addressing maternal mortality and morbidity, and promoting the healthy development of children. The Committee encourages HHS to examine how States can educate health practitioners about the benefits of engaging fathers in the pregnancy, birth, and postpartum process when appropriate, including how health practitioners can conduct mental health screenings for fathers and inform them about maternal health warning signs, the postpartum recovery process, baby care, and child development.

Hemophilia Programs.—The Committee strongly supports and maintains funding for the Regional Hemophilia Network Program, which provides grant funds to the National network of 140 Hemophilia Treatment Centers [HTCs]. The Committee recognizes the importance of the program's work in supporting HTCs and the model comprehensive and multi-disciplinary care they offer, including physical therapy assessments, social work, and case manage-

ment, which are vital to managing this complex, vulnerable, and rare bleeding disorders patient community.

Infant-Toddler Court Teams.—The Committee includes $20,000,000 to continue and expand research-based Infant-Toddler Court Teams to change child welfare practices to improve well-being for infants, toddlers, and their families.

Maternal Produce Prescriptions.—The Committee includes $15,000,000 for grants to community-based organizations to develop produce prescription interventions for maternal populations at risk of poor health outcomes due to nutrition insecurity and other health-related factors. These produce prescription interventions should serve maternal populations in low-income and underserved urban and rural areas and demonstrate improvements in fruit and vegetable intake; household food security; and health outcomes, such as gestational weight gain, overall physical and mental health, and well-being for a cohort of pregnant women, as well as positive birth outcomes.

Minority-Serving Institutions.—The Committee continues $10,000,000 for a research network that is comprised of and supports minority-serving institutions to study health disparities in maternal health outcomes and develop curricula for training health professionals to identify and address the risks that environmental factors pose for vulnerable mothers and women who plan to become pregnant.

Newborn Essentials Support Toolkits.—The Committee continues to provide $6,000,000 for the Newborn Essentials Support Toolkits program and directs HRSA to make contracts, grants, or enter into cooperative agreements with eligible entities to procure supply kits for new mothers through partnerships with local entities such as hospitals, health centers, community-based organizations, or other organizations serving mothers and infants.

Oral Health.—The Committee includes $5,250,000 to continue demonstration projects to increase the implementation of integrating oral health and primary care practice. The projects should model the core clinical oral health competencies for non-dental providers that HRSA published and initially tested in its 2014 report, Integration of Oral Health and Primary Care Practice.

Regional Pediatric Prevention Network.—The Committee provides $27,000,000 to continue work among the Nation's pediatric hospitals and their communities to prepare for and coordinate research-informed responses to emerging epidemics and other global health threats. The Committee encourages HRSA to issue awards as expeditiously as possible.

Sickle Cell Disease.—The Committee continues to provide $7,000,000 to support sickle cell disease community-based organizations across the United States. The Committee directs HRSA to release a new grant mechanism for fiscal year 2027 and to work closely with grantees and other sickle cell experts to assure that the data collection requirements are relevant to the work of the community-based organizations and meaningful to the sickle cell disease community.

State Maternal Health Innovation Grants.—The Committee provides $55,000,000 to support innovation among States to improve maternal health outcomes and address disparities in maternal

health. With this funding, States collaborate with maternal health experts to implement State-specific action plans in order to improve access to maternal care services, identify and address workforce needs, and support postpartum and inter-conception care services.

Stillbirth Prevention Technical Assistance.—The Committee is encouraged by HRSA's efforts to update its materials and guidance to clarify that stillbirth prevention activities are an allowable use of funds under the MCH Services Block Grant program. The Committee provides $1,000,000 for HRSA to continue to provide ongoing technical assistance and other activities to support States' stillbirth prevention activities. Within 180 days of enactment of this act, the Committee directs HRSA to provide a report to the Committee on: (1) HRSA's ongoing activities to provide technical assistance to States on stillbirth prevention; and (2) the needs of the agency to carry out this technical assistance and other activities to support States' stillbirth prevention activities.

Maternal and Child Health Programs

Sickle Cell Disease

The Committee provides $8,205,000, which supports regional sickle cell disease [SCD] centers in the provision of coordinated, comprehensive care to people with SCD and increases the number of providers with SCD expertise and knowledge of treatment methods to increase patient access to specialists and the latest treatment options following evidence-based guidelines.

Autism and Other Developmental Disabilities

The Committee provides $58,344,000 for the Autism and Other Developmental Disabilities program. The program supports surveillance, early detection, education, and intervention activities for autism and other developmental disorders, as reauthorized in the Autism Collaboration, Accountability, Research, Education and Support Act of 2024 (Public Law 118–180).

The Committee provides not less than $39,245,000 for the Leadership Education in Neurodevelopmental and Related Disabilities [LEND] programs and directs HRSA to ensure timely release of funds in fiscal year 2027 to provide certainty to programs. LEND programs are uniquely positioned to provide innovative strategies to integrate and enhance existing investments, including translating research findings on interventions, guidelines, tools, and systems management approaches to training settings, to communities, and into practice, and to promote life-course considerations-from developmental screening in early childhood to transition to adulthood issues. The funding is critical to the LEND's role in providing direct clinical assessment and evidence-based interventions. Additionally, this workforce development funding is essential to increasing the number of providers with advanced interdisciplinary training in a broad array of professional disciplines to improve the identification, assessment, and care for individuals with autism and other neurodevelopmental and related disabilities. The Committee encourages HRSA to continue supporting the program's efforts to address a critical shortage of healthcare professionals, serve under-

represented communities, and fulfill the expanded statutory mandate to serve individuals across the lifespan.

Healthy Start

The Committee provides $145,400,000 for the Healthy Start program. The primary purpose of the Healthy Start program is to reduce infant mortality and generally improve maternal and infant health in at-risk communities. Grants are awarded to State and local health departments and nonprofit organizations to conduct and develop a package of innovative health and social services for pregnant women and infants and evaluate these efforts.

Maternal Mortality.—The Committee continues to support a new targeted expansion of an enhanced Healthy Start program model that began in fiscal year 2023. The Committee also continues to support nurse practitioners, certified nurse midwives, physician assistants, and other maternal-child advance practice health professionals within all program sites nationwide.

Self-Measured Blood Pressure Monitoring Initiative.—The Committee recognizes the benefit of the Healthy Start program's blood pressure monitoring pilot. The Committee provides no less than $400,000 for more States to benefit from this pilot project and to the Healthy Start program to continue to support the self-measured blood pressure monitoring pilot, which works to identify preeclampsia during pregnancy at an earlier stage in high-risk communities by distributing blood pressure cuffs and patient information. Preeclampsia, the most dangerous form of hypertension, is a pregnancy complication that affects as many as one in 12 pregnancies and can easily be monitored.

Heritable Disorders

The Committee provides $22,883,000 for the Heritable Disorders in Newborns and Children program, as described in the Newborn Screening Saves Lives Act of 2014 (Public Law 113–240). This program provides funding to improve States' ability to deliver newborn and child screening for heritable disorders. Newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal, and/or functional conditions. Additional funding provided in fiscal year 2027 will support more States' newborn screening programs, including the implementation of Duchenne Muscular Dystrophy [DMD] and Metachromatic Leukodystrophy [MLD] into their screening panels, as added to the Recommended Uniform Screening Panel [RUSP] in December 2025. The Committee directs HRSA to provide a report to the Committee no later than 90 days after enactment of this act outlining how these additional funds will be distributed to States and how DMD and MLD will be prioritized, in addition to other conditions listed on the RUSP.

Autism Risk.—The Committee recognizes emerging evidence supporting biologically-based early identification of autism risk in the newborn period and encourages HRSA to evaluate the feasibility, evidence base, and public health implications of incorporating such technologies into the Federal newborn screening program.

Newborn Screenings.—The Committee is concerned by the termination of the Advisory Committee on Heritable Disorders in New-

born and Children [ACHDNC], the Nation's chief newborn screening advisory body, which was the only Federal evidence review process to add new conditions to the RUSP. The Committee notes that HRSA has started the process of establishing a new stakeholder workgroup that will utilize evidence-based reviews to help advise HRSA—which will then make recommendations to the Secretary—on potential conditions to be added to the RUSP. The Committee directs the Secretary to provide a report to the Committee within 60 days of enactment of this act on the new workgroup; its membership, progress, and activities; and how it will ensure there is a trusted Federal approach that States can rely on for adding new conditions to their newborn screening panels.

Further, the Committee requests HRSA, in coordination with other relevant operating divisions, provide an update in the fiscal year 2028 CJ on the costs associated with longitudinal data collection and evidence generation that would inform potential newborn screening decisions in the future, including coordination with public health, clinical, research, and patient advocacy organizations in this process.

Early Hearing Detection and Intervention

The Committee provides $18,818,000 for universal newborn hearing screening and early intervention activities. This program awards competitive grants to States and territories that support Statewide systems of newborn hearing screening, audiologic diagnostic testing before 3 months of age, and enrollment in early intervention programs before the age of 6 months.

Congenital Cytomegalovirus [cCMV].—The Committee notes that cCMV is the most common viral infection infants are born with in the United States and the leading non-genetic cause of hearing loss. Emerging research has shown that early intervention treatments may prevent or lessen the severity of hearing loss in infants born with cCMV. The Committee encourages HRSA to expand efforts to provide cCMV education, screening, and testing during pregnancy.

Emergency Medical Services for Children

The Committee provides $25,334,000 for the Emergency Medical Services for Children program, which focuses on improving the pediatric components of the emergency medical services system and improving the quality of care provided to children in the pre-hospital setting. Funding is available to every State emergency medical services office to improve the quality of emergency care for children and to pay for research and dissemination of best practices.

Screening and Treatment for Maternal Mental Health and Substance Use Disorders

The Committee provides $14,500,000 for the Screening and Treatment for Maternal Mental Health and Substance Use Disorders [MMHSUD] program, which was reauthorized in the Consolidated Appropriations Act of 2023 (Public Law 117–328). HRSA is directed to make grants to States to establish, improve, or maintain programs to train professionals to screen, assess, and treat for

maternal depression in women who are pregnant or who have given birth within the preceding 12 months. The Committee directs HRSA to expand the program to at least three additional States or Tribes to reduce the risk of suicide and overdose among pregnant and postpartum women. The Committee directs HRSA to provide funding for entities that have previously applied for the MMHSUD program but were not awarded due to lack of available funding. The agency, within 180 days of the enactment of this act, shall release an annual public report detailing the most current data on the number of providers trained and the number of individuals served by the program and geographical areas in which the services were provided. The report shall include information on steps taken to provide grants for Indian Tribes and Tribal organizations to support maternal mental health in these communities.

According to Maternal Mortality Review Committee data in 45 States, mental health conditions accounted for over 27.7 percent of pregnancy-related deaths in 2022. MMHSUD trains healthcare providers to screen, assess, and treat MMH conditions and substance use disorders and provides specialized psychiatric consultation to providers. The Committee encourages HRSA to prioritize States with high rates of adverse maternal health outcomes and to provide technical assistance to both grantee and non-grantee States to implement activities under this program. Grants shall include culturally and linguistically appropriate approaches to assist in the reduction of maternal health disparities.

Pediatric Mental Health Care Access

The Committee provides $14,000,000 for expanding access to behavioral health services in pediatric primary care by supporting the development of pediatric mental healthcare telehealth access programs.

Home-Based Behavioral Healthcare Services.—The Committee encourages the Pediatric Mental Health Care Access [PMHCA] program State grantees to foster collaboration with organizations that are working within communities and with families to support individualized, comprehensive, home-based behavioral healthcare services for young people and adolescents. Where possible, the Committee encourages PMHCA recipients to share resources with pediatric health professionals about programs that support comprehensive family support services.

Poison Control Centers

The Committee provides $29,846,000 for the Poison Control Centers [PCCs] program. The Committee directs HRSA to provide increased funding of no less than $2,000,000 to the PCCs and requests a spend plan for the funds within 30 days of enactment of this act.

The Committee remains concerned with longstanding geo-routing challenges for incoming calls of poison centers. The Committee continues to direct HRSA to coordinate with the Federal Communications Commission and leading wireless carriers, to the extent technically and economically feasible, to identify, develop, and implement an appropriate next step for a geo-routing solution to ensure that communications with the National toll-free number are routed

to the appropriate poison control center based on the physical location of the contact rather than the area code of the contact device. The Committee encourages HRSA to use SAMHSA geo-routing for the 988 Lifeline as a framework for development and implementation.

Innovation for Maternal Health

The Committee includes $18,300,000 to support continued implementation of the Alliance for Innovation on Maternal Health program's maternal safety bundles to all U.S. States, the District of Columbia, and U.S. territories, as well as Tribal entities, and to support capacity building, address maternity care deserts, and provide technical assistance nationwide for the implementation of the Alliance for Innovation on Maternal Health program. Patient safety bundles are a set of targeted, evidence-informed best practices that, when implemented, improve patient outcomes and reduce maternal mortality and severe maternal morbidity.

Within the total provided, the Committee includes $500,000 to support the development and implementation of a resource kit for providers, as well as correctional custody and healthcare staff, who care for pregnant, birthing, and postpartum women who are incarcerated. Such resource kits should include best practices, resources, and planning materials for use by teams in healthcare settings that may not typically provide obstetric services or frequently care for people in need of obstetric care.

Integrated Services for Pregnant and Postpartum Women

The Committee provides $10,000,000 to reduce adverse maternal health outcomes and maternal deaths by incentivizing maternal healthcare providers to provide integral healthcare services to pregnant women and new mothers to optimize maternal and infant health outcomes.

Maternal Mental Health Hotline

The Committee provides $9,000,000 to expand support for a maternal mental health hotline. The hotline shall provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided shall also be used to raise public awareness about maternal mental health issues and the hotline.

Increasing Awareness.—Since its launch on Mother's Day in 2022, the Hotline has served more than 100,000 women and families across the United States with average response times of less than 30 seconds. Within 180 days of enactment of this act, the Committee directs HRSA to provide a report to Congress on the agency's efforts to increase awareness of the hotline, including any promotional activities, digital and physical advertising targeted to areas regularly visited by families, and coordination with stakeholders.

RYAN WHITE HIV/AIDS PROGRAM

Appropriations, 2026	$2,571,041,000
Committee recommendation	2,571,041,000

The Committee provides $2,571,041,000 for the HIV/AIDS Bureau. The mission of the Bureau is to address the unmet care and

treatment needs of persons living with HIV/AIDS. The Bureau administers the Ryan White Care Act (Public Law 111–87), which provides a wide range of community-based services, including primary and home healthcare, case management, substance use disorder treatment, mental health, and nutritional services.

Ending the HIV/AIDS Epidemic Initiative.—The Committee provides $165,000,000 for the Ending the HIV/AIDS Epidemic Initiative. The investment will support HIV care and treatment services; support evidence informed practices to link, engage, and retain HIV-positive individuals in care; and continue to build capacity into the system.

Funding Distribution.—The Committee directs HRSA to ensure that all funding under the Ryan White HIV/AIDS program is distributed to grantees in a timely and consistent manner to avoid service disruptions.

Emergency Assistance (Part A)

The Committee provides $680,752,000 for emergency assistance grants to eligible metropolitan areas disproportionately affected by the HIV/AIDS epidemic. Grants are provided to metropolitan areas meeting certain criteria. Two-thirds of the funds are awarded by formula, and the remainder is awarded through supplemental competitive grants.

Comprehensive Care Programs (Part B)

The Committee provides $1,364,878,000 for HIV healthcare and support services. Funds are awarded to States to support HIV service delivery consortia, the provision of home and community-based care services for individuals with HIV disease, continuation of health insurance coverage for low-income persons with HIV disease, and support for the AIDS Drug Assistance Program [ADAP]. The Committee provides $900,313,000 for AIDS medications in ADAP.

Medical Nutrition Therapy and Food Bank/Home Delivered Meals.—The Committee recognizes the value of nutrition services as an evidence-based intervention that improves health outcomes and lowers healthcare costs for people living with HIV/AIDS. The Committee supports the existing nutrition services offerings, including Medical Nutrition Therapy and Food Bank/Home Delivered Meals, within the Ryan White HIV/AIDS Program and encourages HRSA to continue these important initiatives and coordinate these activities with the Office of the Assistant Secretary for Health, where feasible.

Early Intervention Program (Part C)

The Committee provides $208,970,000 for early intervention grants. These funds are awarded competitively to primary healthcare providers to enhance healthcare services available to people at risk of HIV and AIDS. Funds are used for comprehensive primary care, including counseling, testing, diagnostic, and therapeutic services.

Children, Youth, Women, and Families (Part D)

The Committee provides $77,935,000 for grants for coordinated services to women, infants, children, and youth. Funds are awarded to a variety of providers, including community health centers, comprehensive hemophilia centers, county and municipal health departments, and other nonprofit community-based programs that provide comprehensive primary healthcare services to populations with or at risk for HIV.

AIDS Dental Services (Part F)

The Committee provides $13,620,000 for the AIDS Dental Services program. This program provides grants to dental schools, dental hygiene schools, and post-doctoral dental education programs to assist with the cost of providing unreimbursed oral healthcare to patients with HIV.

The Ryan White Part F program provides for the Dental Reimbursement Program, which covers the unreimbursed costs of providing dental care to persons living with HIV/AIDS. Programs that qualify for reimbursement are dental schools, hospitals with post-doctoral dental education programs, and colleges with dental hygiene programs.

AIDS Education and Training Centers (Part F)

The Committee provides $34,886,000 for AIDS Education and Training Centers, which train healthcare practitioners, faculty, and students who care for AIDS patients outside of the traditional health professions education venues and support curriculum development on the diagnosis and treatment of HIV infection for health professions schools and training organizations.

Special Projects of National Significance

The Committee provides $25,000,000 for the Special Projects of National Significance program. This program supports the development, evaluation, and dissemination of innovative models of HIV care and treatment to improve the retention and health outcomes of Ryan White HIV/AIDS Program clients.

HEALTH SYSTEMS

Appropriations, 2026	$127,009,000
Committee recommendation	132,009,000

The Committee provides $132,009,000 for the Health Care Systems Bureau.

The Health Care Systems Bureau protects the public health and improves the health of individuals through efforts to support and enhance the systems by which healthcare is delivered in America.

Organ Transplantation

The Committee provides $64,049,000 for organ donation and transplantation activities.

Improving Kidney Transplant Processes.—The Committee continues to recognize the importance of the ongoing Organ Procurement and Transplantation Network [OPTN] Modernization Initiative, which provides an opportunity to consider how to minimize

kidney transplant disparities for patients who are immunologically more difficult than others. The Committee recognizes that some of the metrics used at transplant hospitals may disincentivize the treatment of complex, higher risk kidney transplants and continues to direct HRSA to work with transplant hospitals to ensure that the metrics used do not penalize hospitals for taking on more complex kidney transplant cases. Further, the Committee is concerned that, in certain instances, the de-listing of antibodies, which can be the only way patients with a high HLA mismatch will find a donor organ, results in a significant reduction in Kidney Allocation System points, potentially removing these sensitized patients from priority donation. The Committee directs HRSA to submit a report within 180 days after enactment of this act detailing strategies to ensure highly sensitized patients benefit equally from the improvements in the kidney transplant system.

OPTN Modernization Initiative.—The Committee recognizes the importance of the OPTN Modernization Initiative, launched in March 2023, to strengthen accountability and the performance of the Nation's organ transplant system and appreciates HRSA's leadership of this work. The Committee requests a briefing within 30 days of enactment of this act and every 90 days thereafter on HRSA's spend plan and progress toward its ongoing objectives and actions the Department has taken or plans to take to improve oversight, protect patient safety, increase public and stakeholder trust in the organ allocation process, and track and evaluate the effectiveness and impact of the initiative. The Committee directs HRSA to include in the spend plan the amounts collected from user fees, as well as a breakdown of how the agency is spending user fee funds and appropriated funds.

OPTN Next Generation Technology.—Due to the significant failures of the OPTN's technology in the past, the Committee is particularly interested in HRSA's continuation of activities to develop a technology solution to fully modernize the OPTN. The Committee directs the Secretary to prioritize obligations from resources in the nonrecurring expenses fund [NEF] for these activities. The Committee encourages HRSA to consider technology solutions already adopted across HHS and the private sector, particularly those that address complex medical and logistics supply chain challenges while promoting patient safety, as part of a competitive process and successful transition. Further, the Committee directs HRSA to sustain the funding and acquisition flexibility necessary to finish the OPTN technology rebuild, including development of a government-owned data platform, implementation of real-time organ matching algorithms, modern application programming interfaces, and advanced analytics capabilities. These improvements are essential to reducing organ discard rates and increasing transplant success and represent infrastructure and operational enhancements rather than policy changes. The Committee urges HRSA to prioritize completion of this modernization effort to ensure a secure, efficient, and equitable system for organ allocation and transplantation.

National Cord Blood Inventory

The Committee provides $19,266,000 for the National Cord Blood Inventory [NCBI]. The purpose of this program is to provide funds to cord blood banks to build an inventory of the highest quality cord blood units for transplantation.

NCBI builds a racially and ethnically diverse inventory of high-quality umbilical cord blood for transplantation. The Committee applauds HRSA for increasing the number of units collected and maintained under NCBI.

C.W. Bill Young Cell Transplantation Program

The Committee provides $33,009,000 for the C.W. Bill Young Cell Transplantation Program. The Committee continues to support cell transplantation through the use of bone marrow, peripheral blood stem cells, and cord blood. The Committee appreciates HRSA's efforts to increase the diversity of the volunteer registry and encourages HRSA to continue to address barriers that impact a patient's ability to identify a matched donor and access lifesaving transplants in a timely manner.

Hansen's Disease Program

The Committee includes $13,706,000 for the Hansen's Disease Program, $122,000 for Hansen's Disease Program—Buildings and Facilities, and $1,857,000 for Payments to Hawaii for Treatment of Hansen's Disease. These programs support short-term care and treatment, including outpatient care, as well as training and research in Baton Rouge, Louisiana; outpatient clinic sites in the continental United States and Puerto Rico; related expenses for the facilities of the National Hansen's Disease Center; and medical care and treatment of persons with Hansen's disease through the Hawaii Department of Health's community program administered from Honolulu, Hawaii.

RURAL HEALTH

Appropriations, 2026	$417,907,000
Committee recommendation	455,517,000

The Committee provides $455,517,000 for Rural Health programs.

The Federal Office of Rural Health Policy [FORHP] administers HHS rural health programs, coordinates activities related to rural healthcare within HHS, and analyzes the possible effects of policy on the more than 60 million residents of rural communities. FORHP advises the Secretary on the effects of Medicare and Medicaid on rural citizens' access to care, the viability of rural hospitals, and the availability of physicians and other health professionals.

Autism.—The Committee encourages HRSA to identify opportunities to increase the number of board-certified behavior analysts serving autism centers in rural areas to improve communication, social, and daily living skills in individuals with autism.

Rural-Urban Commuting Area Codes.—The Committee applauds FORHP's work to better define rural areas in difficult and mountainous terrain areas and encourages them to continue to work to

adopt the Road Ruggedness Scale, as defined in the report Characterizing Rugged Terrain in the United States, published by the United States Department of Agriculture Economic Research Service.

Inventory of Federal Rural Health Activities.—The Committee directs the Secretary, acting through the FORHP and in coordination with relevant operating divisions and staff divisions, to submit a report to Congress not later than 2 years after enactment of this act, and not less frequently than once every 2 years thereafter, identifying Department-funded activities that specifically target rural communities. The report should include activities related to technical assistance, service delivery, workforce development, research, and rural-specific components embedded within broader Department programs. The report should also summarize major changes to rural-focused activities since the prior report and identify opportunities to improve coordination, reduce duplication, and address emerging rural health needs.

Rural Health Trends and Outlook Report.—The Committee directs the Secretary, acting through the FORHP and in coordination with relevant operating divisions and staff divisions, to submit a report to Congress not later than 2 years after enactment of this act, and not less frequently than once every 2 years thereafter, summarizing significant rural health trends, emerging issues, and key indicators affecting access to care and health outcomes in rural communities. The report should include information on workforce availability, facility closures and service reductions, demographic and economic trends, access to specialty services including behavioral and maternal health services, chronic disease burden, and other issues identified by the Secretary as relevant to the provision of healthcare in rural areas.

Rural Communities Opioid Response Program

The Committee provides $147,000,000 for the Rural Communities Opioid Response Program [RCORP]. Within the funding provided, the Committee includes $12,000,000 to continue at least three Rural Centers of Excellence [Centers], as established by Public Law 115–245 and continued through Public Law 116–260, 117–103, and 119–75. The Committee recognizes the success of the Centers in addressing substance use disorders within rural communities through various evidence-based treatment and recovery models but is concerned about growing issues of rural tobacco and alcohol misuse. Funding provided to the Centers may be used for research and dissemination activities to address rural tobacco and alcohol misuse.

Further, the Committee supports HRSA's continued investment in the current Centers and encourages HRSA to consider how the Centers can expand their outreach into other underserved communities. Within the total provided for RCORP, the Committee continues to include $4,000,000 to support career and workforce training services and other needs related to substance use challenges within the Northern Border Regional Commission's rural regions to assist individuals affected by a substance use disorder.

Rural Health Outreach Grants

The Committee provides $116,975,000 for the Rural Health Outreach program. This program supports projects that demonstrate new and innovative modes of outreach in rural areas, such as integration and coordination of health services. Outreach grant programs include Outreach Service Grants, Rural Network Development Grants, Delta States Network Grant Program, Network Planning Grants, and Small Health Care Provider Quality Improvement Grants.

Within the total provided for the Rural Health Outreach Grants, the Committee includes funding for the following activities in not less than the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Appalachian Region Healthcare Support Program	$2,500,000	$3,000,000
Delta States	31,000,000	31,000,000
Delta States Rural Development Network Grants	*12,000,000*	*12,000,000*
Delta Region Community Health Systems Development Program	*15,000,000*	*15,000,000*
Rural Northern Border Region Healthcare Support Program	5,000,000	5,500,000
Rural Maternity and Obstetrics Management Strategies [RMOMS]	15,000,000	20,000,000

Delta States.—The Committee recognizes the persistent health disparities affecting communities across the Mississippi River Delta region, including high rates of chronic disease, food insecurity, and shortages of healthcare professionals. The Committee encourages HRSA to support a Delta Rural Health Innovation Demonstration Project to test innovative approaches to improving health outcomes in rural communities. The Committee further encourages HRSA to partner with an institution of higher education located within the Mississippi River Delta region that maintains comprehensive health sciences programs, including pharmacy, nursing, and allied health education, and preexisting partnerships with osteopathic medical training programs.

Rural Maternity and Obstetrics Management Strategies [RMOMS].—The Committee provides no less than $20,000,000 for RMOMS to support grants to improve access to and continuity of maternal and obstetrics care in rural communities by increasing the delivery of and access to preconception, pregnancy, labor and delivery, and postpartum services, as well as developing sustainable financing models for the provision of maternal and obstetrics care. The Committee encourages HRSA to examine efforts to support collaborative innovation networks to improve maternal and infant health outcomes and reduce preventable maternal mortality and severe maternal morbidity by improving prenatal care, labor care, birthing, and postpartum care services in rural areas.

The Committee is concerned about persistent challenges that threaten the viability of labor and delivery units in rural hospitals. The Committee urges FORHP to support opportunities to address these considerations through RMOMS and other relevant programs.

Rural Health Policy Development

The Committee provides $11,076,000 for the Rural Health Policy Development program, which funds publicly available and policy

relevant research on rural health to assist providers and Federal, State, and local governments in addressing challenges faced by rural communities. Additional research on the significant and pervasive challenges faced by rural Americans in accessing healthcare in support of mental health, substance use, nutrition and healthy eating, chronic health management, among other critical needs, requires additional policy research capacity to inform solutions to these important issues. The Committee encourages HRSA to consider opportunities for additional research studies within the funds provided.

Rural Hospital Flexibility Grants

The Committee provides $74,277,000 for Rural Hospital Flexibility grants and the Small Hospital Improvement Program. Under these grant programs, HRSA works with States to provide support and technical assistance to Critical Access Hospitals and other small, rural hospitals to focus on quality and performance improvement and to integrate emergency medical services.

The Committee is keenly aware of the significant challenges facing emergency care for rare and chronic disease patients in rural America. Rural emergency medical service [EMS] providers have gaps in education that can lead to disparate outcomes for rural rare and chronic disease patients based on delays in proper care, administration of emergency prescription medications, or unforeseen side effects or drug interactions occurring during medical interventions. Without closing these care gaps, rare and chronic disease patients face risks to their health and lives in the event of an emergency. Therefore, the Committee encourages HRSA to allow education for the administration of patient-held drugs for rural rare and chronic disease patients for rural EMS personnel as an eligible use of funding from the Emergency Services Supplement of the Medicare Rural Hospital Flexibility Grant Program.

Cybersecurity.—The Committee urges HRSA to clarify that funds from the Small Hospital Improvement Program may be used to support cybersecurity measures including purchases of hardware, software, and training.

State Offices of Rural Health

The Committee provides $14,500,000 for State Offices of Rural Health. These offices help States strengthen rural healthcare delivery systems by enabling them to coordinate care and improve support and outreach in rural areas.

Black Lung Clinics

The Committee provides $12,800,000 for the Black Lung Clinics program. This program funds clinics that treat respiratory and pulmonary diseases of active and retired coal miners, steel mill workers, agricultural workers, and others with occupationally related respiratory and pulmonary impairments. These clinics reduce the incidence of high-cost inpatient treatment for these conditions.

Radiation Exposure Screening and Education Program

The Committee understands that the existing Radiation Exposure Screening and Education Program [RESEP] clinics are experi-

encing significant increases in demand given the expansion of the Radiation Exposure Compensation Act [RECA]. The Committee provides $3,889,000 for RESEP to address the increased demand. Further, the Committee directs HRSA to issue this increased funding to existing grantees, especially those that are experiencing a surge in demand, in the first quarter of fiscal year 2027. HRSA should also prepare to obligate any future funding for fiscal year 2028 in the first quarter of fiscal year 2028 to ensure the RESEP clinics can serve more people before the December 31, 2027, deadline to apply for RECA.

Rural Residency Planning and Development

The Committee provides $19,000,000 for the Rural Residency Planning and Development program. The Committee commends FORHP for efforts to expand the physician workforce in rural areas and supports continuation and expansion of the program to develop new rural residency programs, or Rural Training Tracks.

The Committee provides $5,000,000 to support family medicine/obstetrics training programs in States with high infant morbidity rates. The funding will reduce infant mortality and maternal morbidity by improving the availability and accessibility of prenatal care through increasing family medicine/obstetrics training programs and graduates; increasing Family Medicine and OB/GYN faculty to train physicians; and by enabling equipment, such as ultrasound, electronic fetal monitors, and telemedicine equipment, to be purchased, with the training and support for this equipment, to rural areas. HRSA is directed to brief the Committee on its plans no less than 15 days prior to releasing a Funding Opportunity Announcement.

Rural Hospital Stabilization

The Committee includes $16,000,000 for the Rural Hospital Stabilization program. The program provides support for at-risk rural hospitals to enhance or expand service lines to retain healthcare services locally and increase service volume and revenue that will enhance hospitals' financial viability.

Rural Hospital Provider Assistance Program

The Committee includes $40,000,000 for a Rural Hospital Provider Assistance Program to administer a formula grant program to support hospitals at the low end of the wage index. The Committee includes bill language allowing hospitals with 50 beds or less and an established wage index of less than 0.95 to participate in this program.

FAMILY PLANNING

Appropriations, 2026	$286,479,000
Committee recommendation	286,479,000

The Committee provides $286,479,000 for the title X Family Planning program. This program supports preventive and primary healthcare services at clinics nationwide.

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriations, 2026	$1,076,181,000
Committee recommendation	1,123,983,000

The Committee provides $1,123,983,000 for HRSA-wide activities. Within the total, $160,600,000 is provided for program management.

Congressionally Directed Spending.—Within the total for program management, the Committee also includes $904,095,000 for projects financing the construction and renovation (including equipment) of healthcare and other facilities and for one-time grants supporting other health-related activities. The projects are specified in the table at the end of this explanatory statement.

Addressing Chronic Disease.—The Committee applauds the Administration's focus on addressing the prevalence of childhood obesity and chronic disease across the country and its emphasis on preventive care and nutrition to improve Americans' health outcomes. The Committee urges HRSA to work with the Office of the Assistant Secretary for Health to ensure coordination of these efforts across the Department and continues to direct HRSA to provide a briefing within 30 days of enactment of this act on efforts to utilize Make America Healthy Again [MAHA] principles to inform the agency's activities throughout its programs.

Oral Health Literacy.—Within the total provided for HRSA-wide activities, the Committee includes $300,000 to support the development of an oral health awareness and education campaign across relevant HRSA divisions, including the Health Centers Program, Oral Health Workforce, Maternal and Child Health, Ryan White HIV/AIDS Program, and Rural Health.

Targeted Investments in Impoverished Areas.—The Committee supports targeted investments in impoverished areas, particularly in persistent poverty counties and other high-poverty census tracts. The Committee directs HRSA to develop and implement measures to increase the share of investments from its programs in persistent poverty counties, high-poverty census tracts, and other impoverished communities that HRSA determines to be appropriate. The Committee appreciates the previous reports that HRSA has provided on this topic and requests an updated report to the Committee within 180 days of enactment of this act on how HRSA is carrying out this directive.

Vision and Eye Health.—The Committee notes the lack of awareness, early detection practices, and intervention initiatives for children's vision and eye health. The Committee encourages HRSA to engage with stakeholders to establish a coordinated effort to address children's vision care and eye health, including public education, early detection, referral to eye care, diagnosis and intervention, follow-up for children, and connection to services for children with identified vision problems and support for families.

Office for the Advancement of Telehealth

The Committee provides $47,050,000 for the Office for the Advancement of Telehealth [OAT], which promotes the effective use of technologies to improve access to health services for people who are isolated from healthcare and to provide distance education for

health professionals. The Committee strongly supports OAT and its mission to expand high quality medical care to rural communities that do not have adequate access to medical providers, including many medical specialties.

Licensure Portability.—The Committee recognizes that the lack of timely license portability remains one of the greatest barriers to rapid deployment of healthcare providers during public health emergencies and disaster response. The Committee provides $200,000 for HRSA to continue funding Provider Bridge, a national platform designed to streamline cross-state licensure verification and credentialling so that qualified healthcare providers can be mobilized quickly to meet urgent public health needs. Funding should be used to continue to maintain a centralized system for rapid verification of professional licenses and credentials; to support States and healthcare entities in implementing licensure portability mechanisms for surge response capabilities; and to strengthen alignment with Federal emergency response authorities that permit temporary or expedited licensure recognition during declared emergencies. No later than 90 days after enactment of this act, HRSA shall brief the Committee on utilization of the platform, interagency coordination, and improvements in response readiness.

Further, the Committee provides no less than $150,000 for OAT to support a compact for licensed professional counselors. This effort would help increase the ability of mental health professionals to reach rural areas and support military spouses.

Technology-Enabled Collaborative Learning.—The Committee provides $8,500,000 as authorized in Public Law 116–260 to continue the use of technology-enabled collaborative learning and capacity building models. This collaborative model of medical education and care management, often referred to as Project ECHO [Extension for Community Health Outcomes], helps clinicians provide expert-level care to patients wherever they live and increases access to specialty treatment in rural and underserved areas for a variety of conditions. HRSA is encouraged to leverage technology-enabled collaborative learning and capacity building models to address public health issues of national importance, such as maternal health and behavioral health, in addition to ongoing activities. Further, the Committee supports efforts to allow grantees to explore addressing AD/ADRD, including through improving AD/ADRD person-centered care coordination and improving care transitions.

Telehealth Centers of Excellence [Centers].—The Committee provides $9,500,000 for the existing Centers to continue to validate technologies and reimbursement mechanisms, establish training protocols, and develop comprehensive templates for States to integrate telehealth into their State health provider networks. The Centers identify best practices, serve as national training resources, and test the efficacy of different telehealth clinical applications. The Centers serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols, and providing a comprehensive template for States to integrate telehealth into their State health provider network. Funding should serve to promote the adoption of telehealth services nationwide and help address the access to care issue faced

by rural America. The Committee directs HRSA to continue funding existing sites with the funds provided.

Telehealth Network Grants.—The Committee expresses support for the Telehealth Network Grant program in addressing rural health emergencies and encourages HRSA to include telepharmacy as an area of interest for future awards.

Telemental Health for Farming, Fishing, and Forestry Occupations.—The Committee recognizes the persistent barriers to accessing mental healthcare for individuals in farming, fishing, and forestry occupations and other medically underserved populations, particularly in rural areas. The Committee encourages HRSA, in collaboration with the Department of Agriculture, to consider opportunities to support home-based telemental health services to help meet the unique needs of these populations.

Office of Pharmacy Affairs [340B Program]

The Committee provides $12,238,000 for the Office of Pharmacy Affairs [OPA]. OPA administers the 340B drug pricing program. The 340B program is a critical lifeline to many of its program participants, including FQHCs, FQHC Look-Alikes, children's hospitals, Ryan White HIV/AIDS clinics, and other safety-net hospitals and providers. These covered entities are model stewards of the program and reinvest 340B savings to "stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services," as Congress intended.

The Committee is concerned that manufacturers continue to deny 340B pricing for drugs purchased by covered entities for use in contract pharmacies, which threatens the ability of safety-net providers to care for patients in need. The Committee urges HRSA to continue to take actions to safeguard covered entities' lawful access to discounted drugs.

340B Payments.—The Committee remains concerned that changing the 340B Program from a traditional upfront discount system to a rebate model could increase costs for patients or limit access to their prescriptions. The Committee directs HRSA to provide a briefing within 30 days of enactment of this act about the impact of a rebate model on patients.

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

Appropriations, 2026	$15,200,000
Committee recommendation	15,200,000

The Committee includes $15,200,000 for administrative expenses associated with the National Vaccine Injury Compensation Program [VICP]. The VICP provides compensation for individuals with vaccine-associated injuries or deaths. Funds are awarded to reimburse medical expenses, lost earnings, pain and suffering, legal expenses, and death benefits. The Vaccine Injury Compensation Trust Fund is funded by excise taxes on certain vaccines recommended for routine administration to children and pregnant women.

Completion of Medical Reviews.—The Committee looks forward to receiving the report included under this heading in Senate Report 119–55.

Recommendations on VICP.—The Committee continues to support VICP as a critical, no-fault alternative to traditional tort litigation that is funded through a tax on vaccine makers. HRSA is working to maintain and improve upon current levels of transparency, timeliness, and accessibility in the operation of the VICP, including continued efforts to reduce backlogs and modernize claims processing. The Committee encourages HRSA to partner with NASEM to conduct a review of HRSA's responsibilities and processes within the VICP and provide recommendations on VICP policies, procedures, or administration, including claim eligibility, benefit structure, or program operations, to ensure that the statutory intent and goals of the program are still being met.

CENTERS FOR DISEASE CONTROL AND PREVENTION

The Committee provides a program level of $9,264,491,000 for the Centers for Disease Control and Prevention [CDC], which includes $55,358,000 in mandatory funds under the terms of the Energy Employees Occupational Illness Compensation Program Act [EEOICPA], $55,944,000 in transfers available under 241 of the PHS Act (Public Law 78–410 as amended), and $1,398,375,000 in transfers from the Prevention and Public Health [PPH] Fund.

The activities of CDC focus on several major priorities: providing core public health infrastructure and functions; detecting and responding to urgent health threats; monitoring the Nation's health using sound scientific methods; preventing the leading causes of illness, injury, and death; assuring the Nation's preparedness for emerging infectious diseases and potential pandemics; and providing training, support, and leadership for the public health workforce.

IMMUNIZATION AND RESPIRATORY DISEASES

Appropriations, 2026	$913,291,000
Committee recommendation	918,291,000

The Committee provides $918,291,000 for the activities of the National Center for Immunization and Respiratory Diseases, which includes $596,390,000 in transfers from the PPH Fund.

The mission of the National Center for Immunization and Respiratory Diseases is the prevention of disease, disability, and death through immunization and by control of respiratory and related diseases.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Section 317	$681,933,000	$686,933,000
Section 317 Immunization Program appropriations	*85,543,000*	*90,543,000*
Section 317 Immunization Program Transfer from Prevention and Public Health Fund	*596,390,000*	*596,390,000*
Influenza Planning and Response appropriations	231,358,000	231,358,000

317 Immunization Program.—The Committee includes a $5,000,000 increase for CDC's immunization program, which plays a fundamental role in achieving national immunization goals and sustaining high vaccination coverage. In addition, this program un-

derpins the protection of all children being vaccinated, even those fully insured, by providing Federal, State, and local resources to investigate outbreaks, conduct surveillance, and provide public awareness campaigns to address vaccine hesitancy that continues to be the root cause of outbreaks for measles and other preventable diseases. The Committee continues to direct funding be used to promote vaccinations for vaccine preventable diseases [VPDs] as well as address vaccine hesitancy using well-established science. CDC is encouraged to expand the existing immunization infrastructure, including implementing new strategies for hard-to-reach populations, such as those who may be vaccine-hesitant and those who are underserved due to socioeconomic or other reasons. The Committee requests an update in the fiscal year 2028 CJ on the rate of routine vaccination across all ages, as well as a forward-looking plan to administer missed doses. The Section 317 Immunization Program and the Vaccines for Children Program play a critical role in sustaining access to lifesaving vaccines and maintaining high immunization coverage across the United States.

Accelerate the Elimination of HPV–Related Cancer and Disease.—Human papillomavirus [HPV]-related cancers remain an alarming public health concern in the United States, impacting nearly 40,000 Americans each year, and is the leading cause of cervical cancer. Each year, approximately 200,000 women are diagnosed with cervical pre-cancer, 13,000 women are diagnosed with cervical cancer caused by HPV, and approximately 4,000 women die from cervical cancer in the United States. The evidence shows that HPV vaccination is extremely effective at preventing over 90 percent of HPV-related cancers when given between the recommended ages of 9 and 12. Yet, CDC data from 2023 shows that only 61 percent of children ages 13–17 were up to date with HPV vaccination, which is significantly less than the "Healthy People 2030" goal of 80 percent. While all childhood and adolescent vaccinations declined during the pandemic, the HPV vaccine rates experienced the largest decrease and have been the slowest to rebound to pre-pandemic levels. The Committee urges CDC to take immediate action to expand access to HPV vaccination including by: updating the immunization information system at the Federal level to enable standardized forecasting of HPV vaccination at age 9 across the country; supporting providers and trusted voices to engage patients with a strong recommendation for HPV vaccination as cancer prevention; and continuing to reduce health disparities and barriers to care for underserved communities.

Acute Flaccid Myelitis [AFM].—The Committee recommends CDC continue its work to review suspected cases of AFM; examine possible risk factors and causes of AFM; and update clinicians about AFM diagnosis, management, and possible treatment options.

Advisory Committee for Immunization Practices [ACIP].—ACIP serves a critical role in the control of vaccine-preventable diseases. The Committee recognizes the essential role of experts serving on ACIP who have the experience necessary to make informed recommendations regarding vaccine policy, which also serves to ensure the public's trust in ACIP and its recommendations. Congress has codified, under several Federal statutes, policies that link to ACIP's recommendations for vaccine-preventable diseases, includ-

ing requirements for insurance coverage of certain vaccinations. The Committee notes that HHS has changed the recommendations for childhood vaccinations, including no longer recommending a universal birth dose of the hepatitis B vaccine. The new schedule recategorized some recommended vaccines as now being recommended only for high-risk groups or under a shared clinical decision-making model. The Committee notes these changes could lead to lower vaccination coverage rates for children and increase barriers to vaccine access. In order to promote transparency, the Committee continues to direct CDC to work in collaboration with medical professional societies and career scientists and to use evidence-based research and objective scientific frameworks prior to making any updates for the immunization schedules.

Cost Estimates.—The Committee reiterates the request for the report included in Public Law 119–75 and requests that the report on estimated funding needs of the Section 317 Immunization Program subsequently be updated and submitted not later than February 1, 2027, to the Committee. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the role of the 317 Program, as coverage for vaccination under public and private resources continues to evolve. Estimates should also be included to address the needs of outbreak investigation and response, particularly as measles cases are increasing. The Committee also requests that the report include specific information on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for HPV and influenza.

Long COVID.—The Committee encourages CDC to monitor and track incidence of Long COVID among children and adults, including developing a patient registry for Long COVID.

Non-Influenza Respiratory Viruses.—Respiratory viruses cause substantial illness and death in the United States, especially in young children, older adults, and people with underlying health conditions. The Committee recognizes the importance of a strong capacity at CDC to address respiratory viruses and supports CDC's work to address respiratory illnesses holistically, with the capacity to identify and assess characteristics of viruses to inform vaccines and therapeutics, as well as quantify the burden such viruses place on the health of Americans and the effectiveness of vaccines and other preventive measures.

Promoting Routine Vaccination.—The Committee is concerned about declining rates of vaccination among children ages 24 months and entering kindergarten, resulting in increased outbreaks in preventable, infectious diseases including measles and whooping cough across States. The Committee requests CDC provide an update in the fiscal year 2028 CJ on the vaccine education efforts and the rate of routine vaccination across all ages, as well as updated recommendations about what other tools it could employ to address this issue. The Committee also requests CDC include a plan to strengthen efforts to combat misinformation about vaccines and vaccination, which are contributing to confusion and hesitancy.

Vaccine Access.—The Committee notes that multidose vaccine vials offer economic and logistical advantages and that preserva-

tives help to prevent contamination risks, including in geographically remote regions of the United States. Therefore, the Committee encourages CDC to ensure that any updated vaccine guidance account for the unique and high costs and logistical challenges with transporting vaccine doses in geographically isolated States, U.S. territories, and the Freely Associated States.

Vaccine Data Collection.—The Committee is aware of efforts by CDC to improve data collection from States and localities about vaccine uptake. The Committee directs CDC to work with States and localities on ways to improve data collection to provide the Federal Government, researchers, policymakers, and States and localities with better national data on vaccine uptake while maintaining confidentiality of individuals.

Vaccines for Children Program.—The Vaccines for Children [VFC] program provides safe, effective, and life-saving immunizations for millions of children each year, including the hepatitis B immunization. The hepatitis B immunization alone has prevented 90,100 childhood deaths in the United States since 1994-the fourth highest number of deaths prevented out of all 14 of the childhood immunizations. Additionally, all vaccines in the VFC program have gone through multiple rounds of scientific review and rigorous approval processes by the U.S. Food and Drug Administration [FDA] and ACIP. The hepatitis B vaccine has been administered over 1 billion times since its discovery-a clear testament to its safety and efficacy. The Committee urges CDC to continue to fund and maintain the VFC in an effort to prevent chronic illness and death in the United States.

HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED DISEASES, AND TUBERCULOSIS PREVENTION

Appropriations, 2026	$1,384,056,000
Committee recommendation	1,384,056,000

The Committee provides $1,384,056,000 for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention [TB].

The Center administers CDC's activities on HIV/AIDS, viral hepatitis, STDs, and TB, with the exception of the Global AIDS program, which is housed in the Global Health Center.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Domestic HIV/AIDS Prevention and Research	$1,013,712,000	$1,013,712,000
HIV Initiative	220,000,000	220,000,000
School Health	38,081,000	38,081,000
Viral Hepatitis	46,000,000	46,000,000
Sexually Transmitted Infections	164,310,000	164,310,000
Tuberculosis	137,034,000	137,034,000
Infectious Diseases and Opioid Epidemic	23,000,000	23,000,000

Ending the HIV Epidemic [EHE] Initiative.—The Committee includes $220,000,000 for the EHE Initiative. The Committee supports efforts to increase access to pre-exposure prophylaxis [PrEP] medication that prevents HIV infection. CDC is encouraged to sup-

port the building blocks of a national program to increase awareness of PrEP, including by increasing access to PrEP medication; laboratory services; essential support services such as case management, counseling, linkage, and adherence services; robust PrEP outreach and education activities; and PrEP provider education and capacity expansion.

Hepatitis.—The Committee encourages efforts to eliminate the public health threat of viral hepatitis and encourages CDC to expand the viral hepatitis disease tracking and surveillance capabilities of States to permit an effective targeting of resources and evaluation of program effectiveness. In pursuit of this goal, the Committee recommends greater emphasis and access to testing for both hepatitis B and hepatitis D. The Committee is aware of the November 2021 ACIP recommendation that all adults between ages 19 and 59 be vaccinated for hepatitis B and the March 2023 CDC recommendation that all adults be screened for hepatitis B. Recent advances in rapid point of care [POC] testing for hepatitis B infection provides an opportunity for CDC to broaden testing access in low-resource settings and to engage hard-to-reach populations. The Committee is also aware there is a new first-ever approved Hepatitis Delta [HDV] treatment in the United States and urges CDC to support testing for the disease. HDV significantly impacts individuals living with HDV and can lead to worse health outcomes if not identified and treated in a timely manner. The Committee urges a coordinated Federal effort to implement these goals. The Committee urges CDC to continue disease tracking and surveillance for acute and chronic viral hepatitis A, B, and C in States and jurisdictions, which will save lives and allow for effective and efficient distribution of resources.

HIV Prevention and Treatment.—The Committee recognizes the continued threat posed by HIV, which remains on the rise in many communities across the United States. There are approximately 32,000 new HIV infections in the United States each year, and preventing a single new infection can result in an average of $850,000 in lifetime healthcare cost savings. The Committee underscores the importance of preserving targeted Federal funding for HIV surveillance, testing, linkage to care, and prevention and treatment services and notes that State and local health departments require sufficient resources to contain and reduce the spread of HIV. In addition, the Committee recognizes the transformative impact of continued biomedical innovations in turning HIV/AIDS from a fatal disease into a chronic, manageable condition, as well as a preventable condition through PrEP, and underscores the importance of preserving targeted funding to ensure access to essential HIV treatment and prevention medicines, including long acting injectables for HIV prevention. The Committee continues to support investment in four key strategic areas that are essential to ending the HIV epidemic: (1) HIV testing and diagnosis of people living with HIV; (2) linkage to care and rapid initiation of HIV treatment; (3) connection to HIV prevention services, including PrEP; and (4) disease surveillance and rapid response to potential HIV outbreaks.

Infectious Diseases and Opioids.—The Committee encourages CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to substance use disorders and acute hepatitis C

infection. CDC is also encouraged to prioritize jurisdictions that are experiencing outbreaks or emerging clusters of infectious diseases associated with drug use, including those not eligible for EHE funding.

National Perinatal Hepatitis B Prevention Program.—The Committee recognizes that the National Perinatal Hepatitis B Program [PHBPP] is critical to preventing chronic liver disease and liver cancer. The Committee is aware that hepatitis B is most commonly spread from mother-to-child due to blood exchange during the birthing process, and that approximately 90 percent of children who are exposed to the hepatitis B virus will develop a chronic infection if they do not receive proper care. PHBPP provides integral services to prevent lifelong chronic liver disease, such as tracking perinatal hepatitis B infections, providing the hepatitis B birth dose, and ensuring hepatitis B immunization series completion for infants exposed to hepatitis B. The Committee urges CDC to maintain PHBPP and to continue to fund all current participants in the program in order to eliminate one of the leading causes of liver cancer.

Self-Testing.—The Committee continues to note the important role that point of care self-testing and self-collection play in ongoing efforts across sexually transmitted diseases, including HCV, HPV, chlamydia, gonorrhea, and HIV. Further, the Committee notes the success and impact of Together Take Me Home program and encourages HHS to further adopt diagnostic testing strategies that appropriately incorporate point-of-care, self-testing, and self-collection components. The Committee requests in the fiscal year 2028 CJ a discussion of the feasibility of expanding this diagnostic testing strategy.

Sexually Transmitted Infections [STIs].—The Committee is concerned by the high rates of sexually transmitted infections in the United States, particularly the increase in syphilis and congenital syphilis. The Committee provides $164,310,000 to combat and prevent the high incidence of STIs. The Committee directs CDC to work with other agencies, as appropriate, to develop innovative approaches including the use of telehealth platforms and at home specimen collection to increase screening, treatment, and education to curb the spread of STIs in vulnerable populations.

Subawards.—The Committee is concerned about the accountability of subawards made with funds appropriated for infectious diseases and the opioid epidemic and directs CDC to track and monitor subawards.

Tribal Tuberculosis.—The Committee is concerned about the insufficient staffing of tuberculosis technicians in Tribal areas. The Committee encourages CDC in conjunction with State and local health departments, to continue supporting TB prevention and treatment activities in populations at highest risk for TB, including American Indian and Alaska Native communities.

EMERGING AND ZOONOTIC INFECTIOUS DISEASES

Appropriations, 2026	$781,272,000
Committee recommendation	818,272,000

The Committee provides $818,272,000 for the activities of the National Center for Emerging and Zoonotic Diseases, which includes $52,000,000 in transfers from the PPH Fund.

The National Center for Emerging and Zoonotic Infectious Diseases aims to detect, prevent, and control infectious diseases from spreading, whether they are naturally occurring, unintentional, or the result of terrorism.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Antibiotic Resistance Initiative appropriations	$197,000,000	$197,000,000
Vector-Borne Diseases appropriations	64,603,000	66,603,000
Lyme Disease appropriations	27,000,000	30,000,000
Prion Disease appropriations	9,000,000	9,000,000
Chronic Fatigue Syndrome appropriations	5,400,000	5,400,000
Emerging Infectious Diseases appropriations	252,997,000	252,997,000
Sepsis appropriations	*5,000,000*	*5,000,000*
Parasitic Diseases and Malaria appropriations	*29,000,000*	*29,000,000*
Harmful Algal Blooms appropriations	3,500,000	3,500,000
Food Safety appropriations	74,000,000	74,000,000
National Health Care Safety Network appropriations	24,000,000	24,000,000
Travel and Port Health Protection appropriations	57,772,000	60,772,000
Advanced Molecular Detection appropriations	43,000,000	43,000,000
Epidemiology and Laboratory Capacity Transfer from Prevention and Public Health Fund	40,000,000	40,000,000
Healthcare-Associated Infections Transfer from Prevention and Public Health Fund	12,000,000	12,000,000

Advanced Molecular Detection [AMD].—The Committee continues to provide funding to support CDC's AMD program and recognizes the critical role the AMD program plays in bringing cutting edge technology to the front lines of public health by harnessing the power of advanced sequencing methods and high performance computing with bioinformatics and epidemiology expertise to study pathogens. The Committee commends CDC for advancing research in the critical area of lethal bacteria and special pathogens. However, the Committee remains concerned about the increasingly dangerous threat to public health of emerging and dangerous bacterial pathogens that can be difficult or impossible to grow in laboratory settings and can disproportionately affect the health of underrepresented populations. Further research is required in advanced DNA sequencing to speed the development of diagnostics, therapeutics, and vaccines. The Committee looks forward to receiving the briefing requested under this heading in Senate Report 119–55.

Alpha-gal Syndrome [AGS].—The Committee appreciates the work of the Division of Vector-Borne Diseases to prevent the transmission of and promote health provider awareness of AGS. AGS is an emerging tick-borne condition and allergy characterized by a potentially life-threatening hypersensitivity to galactose-alpha-1,3-galactose [alpha-gal]. Its prevalence is closely associated with the range of the lone star tick. AGS is a growing clinical and public health concern for persons in the United States. Exploding lone star tick populations may be driving an alarming increase in cases. Healthcare provider knowledge is limited and can lead to delayed diagnosis and inappropriate treatment. The Committee encourages CDC to accelerate measures to improve AGS surveillance, patient care, and public awareness with an emphasis on healthcare pro-

vider education, in keeping with the three public health priorities identified in the CDC 2023 report. CDC is encouraged to focus on high or growing prevalence States. CDC may also benefit from a focused increase in its collaboration and partnership with local governments, health, education, community, non-profit, and faith-based sectors in those same high-incidence communities.

Antimicrobial Resistance [AMR].—The Committee recognizes the administration's efforts to address AMR, and notes the Department recently announced the 27th meeting of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria. The goal of the virtual public meeting is to inform the next iteration of the U.S. National Action Plan on Combating Antibiotic-Resistant Bacteria [CARB NAP]. The National Action Plan is intended to coordinate an all-of-government approach to addressing AMR. The Committee therefore requests that HHS provide an update on its efforts to revise the CARB NAP, including its anticipated timeline and plans for consultation and stakeholder feedback. Additionally, the Committee recognizes the important role played by CDC's Global Antimicrobial Resistance Laboratory and Response Network in detecting and responding to threats, including through the Antibiotic Resistance in Communities and Hospitals [ARCH] initiative. The Committee urges continued investment in ARCH, which is working in six countries to better understand and develop effective strategies to prevent the spread of high-risk, multi-drug resistant organisms in communities and hospitals locally and globally.

Epidemiology and Laboratory Capacity.—The Committee recognizes the importance of base funding for the Epidemiology and Laboratory Capacity [ELC] program, which is the only funding available to provide immediate surge response capacity for outbreaks and emergency epidemiology response regardless of the disease or pathogen. This funding provides flexibility to State, territorial, and local health departments to address gaps that are not funded by the disease specific sections of the ELC cooperative agreement. The ELC program provides foundational support for health departments to fund epidemiology, surveillance, laboratory, and data science staff positions that provide the backbone for public health programs. This funding will allow health departments to sustain the foundational public health workforce and infrastructure that will allow them to be better prepared to respond to emerging infectious disease threats more quickly.

Foodborne Illness Response.—The Committee supports efforts to provide Americans with healthier food choices and urges increased coordination and transparency between the United States Department of Agriculture [USDA], FDA, and CDC in safeguarding our Nation's food supply, particularly during foodborne illness outbreak investigations. The Committee notes that the fiscal year 2026 Agriculture, Rural Development, FDA, and Related Agencies bill included a directive for FDA, CDC, and USDA to provide recommendations to the Committee on ways to improve interagency collaboration to efficiently deploy inspectional resources, conduct coordinated outbreak investigations, and provide unified messages to the American public. The Committee looks forward to receiving those recommendations. The Committee directs CDC, in coordination with FDA and USDA, to provide a joint briefing to the Com-

mittee within 60 days of enactment outlining plans to implement strategies to improve interagency collaboration, including additional tools that the agencies may need to improve this coordination.

Gestational and Congenital Lyme Disease.—The Committee continues to recognize the need for improved understanding of Lyme disease during pregnancy, including the potential for congenital infection and adverse maternal, fetal, and neonatal outcomes. The Committee encourages CDC to strengthen surveillance, data collection, and public health reporting, including efforts to improve clinician awareness and patient education regarding risks during pregnancy. Within 1 year of enactment of this act, the Committee directs CDC to provide a report to the Committee on progress and plans for strengthening surveillance, data collection, and public health reporting of gestational and congenital Lyme disease.

Healthcare Acquired Infections [HAIs].—The Committee recognizes CDC's work to reduce the prevalence of infections contracted by patients in hospitals. A significant challenge in combatting HAIs lies in addressing the transmission of pathogens via "high touch" surfaces in patient care areas. While CDC's 2003 Guidelines for Environmental Infection Control in Healthcare Facilities, which were last updated in 2019, address the cleaning of fixed, high touch surfaces such as bed rails and light switches, they are largely silent on best practices for the management of hospital privacy/cubicle curtains that are recognized as a repository for infectious pathogens and are sometimes overlooked in infection control protocols. Accordingly, the Committee encourages CDC to promptly update its recommendations regarding the cleaning and replacement of hospital privacy/cubicle curtains to address issues including changing schedules, the mitigation of pathogens on mesh headers, and any relevant distinctions between reusable textile curtains and disposable synthetic curtains. This update should be based on a review of existing scientific and medical literature, identified best industry practices, and recommendations of other public health bodies.

Importation of Dogs.—The Committee understands the role of CDC in preventing the spread of disease; however, certain changes to the final rule entitled "Control of Communicable Disease; Foreign Quarantine: Importation of Dogs and Cats" were not included in the Notice of Proposed Rulemaking and did not receive public comment. The burden of such changes on pene-exclaves and communities near the border of a canine rabies-free or low-risk country should be reviewed and mitigated by CDC. The Committee views CDC's efforts to modify implementation of the rule as a step forward and commends the CDC for simplifying the process for dogs from canine rabies-free or low-risk countries such as Canada or Mexico. Currently, the only required documentation for dogs entering or returning to the United States that have been only in canine rabies-free or low-risk countries in the past 6 months is the CDC Dog Import Form, which can be completed online by dog owners and is good for multiple entries into the United States. This flexibility has made the process much easier for dog owners. The Committee directs CDC to maintain the current pause on implementation of the rule and further directs CDC to restart the rule process

in order to consider additional ways to ensure that the transport of dogs into the country by rescue organizations, citizens who cross the border for work or other daily activities, including sporting events, and U.S. employees stationed overseas traveling with their pets are not unreasonably inhibited and to ensure dogs from canine rabies-free or low-risk countries, and their owners or potential owners, are not unnecessarily penalized by the final rule. The Committee requests a briefing within 90 days of enactment of this act on the status of this rule.

Infant Formula Regulation.—The Committee notes the importance of coordination between the CDC and the FDA when detecting, investigating, and monitoring recalls and the potential pathogens and heavy metals found in infant formula products and the resulting potential illness outbreaks. The Committee encourages CDC to coordinate with FDA to determine whether it retains the capacity to identify potential outbreaks linked to infant formula in coordination with State and local public health departments.

Infection Associated Neuropsychiatric Conditions [IANCs].—The Committee notes the need to address IANCs, such as those resulting from Lyme disease, Pediatric Acute-onset Neuropsychiatric Syndrome, and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections, which affect people of all ages from young children through older adults. The Committee encourages CDC to establish an initiative to coordinate research, surveillance, and clinical activities across HHS agencies, with emphasis on multiple parallel funding mechanisms to accelerate progress. The Committee directs CDC to submit a report to the Committee within 1 year of enactment of this act outlining how HHS can integrate mental health and infectious disease programs to address these conditions and advance research, in coordination with NIH, as appropriate on neurological and psychiatric manifestations of IANC. The Committee encourages CDC to assess healthcare provider awareness of IANC and the need for additional education or continuing medical education resources.

Lyme Disease and Tick-Borne Illnesses.—The Committee includes an increase of $3,000,000 for programs authorized under the Kay Hagan Tick Act (Public Law 116–94) to promote a public health approach to combat rising cases of Lyme disease and related tick-borne illnesses. In distributing these funds, the Committee directs CDC to prioritize entities focused on Lyme disease and related tick-borne illnesses in the areas of surveillance, control, prevention, diagnosis, treatment, and education. The Committee encourages CDC to execute the Lyme and tick-borne disease portion of the National Strategy for Vector-borne Disease in order to accelerate measures to improve Alpha-gal Syndrome surveillance, patient care, and public awareness with an emphasis on healthcare provider education, in keeping with the three public health priorities identified in the CDC 2024 report. The Committee recognizes the growing public health threat of Lyme disease and related tick-borne illnesses and directs CDC to provide support in endemic areas as well as areas not yet considered endemic. The Committee encourages CDC to continue regular stakeholder engagement on public-facing information and educational materials regarding Lyme disease and related tick-borne illnesses. Engagement should include experienced clini-

cians, researchers, educators, and patient advocates representing diverse scientific perspectives. Additionally, the Committee is concerned about the exploding clinical, economic, and community health problems of both Alpha-gal Syndrome and Lyme disease caused by deer and other animals that host tick borne vectors. Given the impact of Lyme disease and the status of ongoing clinical trials, the Committee looks forward to the report requested in Senate Report 119–55 on CDC's research to date and recommendations on actions needed to facilitate a successful Lyme disease vaccine rollout that will build confidence and encourage uptake should a vaccine be approved by the FDA. The Committee encourages CDC to explore the viability and efficacy of a non-toxic, tick targeted suppression bait for deer and other animals that carry the ticks causing these conditions.

Mosquito Surveillance and Control Activities.—The Committee urges CDC to enhance capacity and expand nation-wide surveillance of vector-borne disease through Internet-based programs such as VectorSurv. The Committee is aware that modernized, data management and analysis systems are used by State public health agencies in the United States and are currently in use in a growing number of States and the U.S. Affiliated Pacific Islands. Mosquito control and public health agencies that use these systems are able to manage and analyze surveillance and control data related to mosquitoes, ticks, arboviruses, and other vector-borne diseases.

Mycotic Diseases.—The Committee supports CDC's efforts relating to mycotic diseases, including its collaboration with the Valley Fever Institute, Valley Fever Center for Excellence, and the Cocci Study Group. As part of this effort, the Committee urges CDC to grow its work to improve surveillance, awareness, and diagnostics for coccidioidomycosis and other fungal diseases. The Committee also urges CDC to prioritize national action plans or programs that seek to increase disease surveillance, medical stewardship, and patient education and awareness activities; biothreat readiness or activities that deliver expedited and actionable results at the point-of-care, provide potential to reduce unnecessary hospitalizations or escalations of care, or aid the government's ability to halt the spread of deadly fungal infections nationally; and medical products, such as diagnostics, drugs and vaccines, that work against a priority fungal pathogen with particular focus on novel products that create new product classes capable of spurring future product types.

National Healthcare Safety Network [NHSN].—The Committee includes $24,000,000 for NHSN and recognizes the critical value of this system for healthcare quality measurement and improvement, as well as supporting national security needs for situational awareness of health systems' capacity during major outbreaks and pandemic responses. The Committee supports the modernization of the system's infrastructure resulting in increased timeliness and accuracy, reduced burden on healthcare facilities, and the ability to collect urgent data as called for by the National Biodefense Strategy to create an enduring domestic all-hazards hospital data collection capability.

One Health Centers of Excellence.—The Committee recognizes the critical importance of a One Health approach to protecting national

security and public health, particularly given emerging threats at the intersection of human, animal, plant, and environmental health. The Committee encourages CDC to advance collaborative research and capacity building through partnerships with institutions of higher education to address zoonotic disease prevention, antimicrobial resistance, and biosecurity threats to high-risk areas including in the Indo-Pacific region, as well as emerging zoonotic disease risks at the intersection of agricultural production systems, wildlife, and rural communities in regions with significant livestock production and Indigenous populations.

Parasitic Diseases and Malaria.—The Committee continues funding for parasitic diseases and malaria prevention at the same level provided in fiscal year 2026 through the National Center for Emerging and Zoonotic Infectious Diseases. This funding was previously provided through the CDC Global Health Center. Parasitic diseases cause devastating health and economic effects for hundreds of millions of people around the world and in the United States. CDC provides life-saving services and expertise in research, diagnosis, treatment, surveillance, consultation, and education of parasitic diseases to States and countries, U.S. Government agencies, and other public health partners. The Committee encourages further support for these activities so CDC can enhance its parasitic diseases laboratory, reduce parasitic disease-related health issues in the United States, and advance global control and elimination of malaria and targeted neglected tropical diseases. The Committee recognizes that, since the inception of the Neglected Tropical Diseases [NTDs] Program and the President's Malaria Initiative [PMI], CDC has served as an implementing partner, providing technical expertise and program oversight. The Committee emphasizes the importance of CDC as an implementing and technical partner for NTDs and PMI and directs CDC to continue coordination with the State Department's Bureau of Global Health Security and Diplomacy to continue in this essential role.

Prion Disease.—The Committee is concerned that Chronic wasting disease [CWD], a fatal condition in cervids (deer, elk, and moose) caused by misfolded prions, has been detected in over 38 States and all four regions of the country. Monitoring the prevalence of prion diseases, including determining a disease's incidence and whether it was acquired from animals or other humans, is critical. In light of scientific observations regarding the Nationwide spread of CWD and concerns about the potential for cross-species transmissions to humans and food production animals, the Committee includes continued funding for surveillance efforts of human prion diseases, including Creutzfeldt-Jakob Disease, through CDC's implementation of the prion surveillance program in partnership with the National Prion Disease Pathology Surveillance Center and State health departments.

Sepsis.—The Committee continues to include funding to support CDC's ongoing work for expanded data collection related to sepsis and the Sepsis Core Elements through NHSN and the Division of Healthcare Quality Promotion's work to develop sepsis quality measures. The Committee recognizes the importance of developing, in coordination with CMS, measures to improve the detection of sepsis and outcomes for patients with sepsis. These include a hos-

pital sepsis programs' structural measure to address the implementation of structures and activities to improve the recognition and care of patients with sepsis, the Adult Sepsis Event outcome measure that will assess the number of cases and outcomes of adult patients hospitalized with sepsis, and the Pediatric Sepsis Event measure that will be used to estimate the National burden of pediatric sepsis. The Committee requests CDC release a report within 180 days of enactment of this act on hospital use of the Sepsis Core Elements, which includes how many hospitals use the Core Elements and CDC plans for further analysis that detail success and barriers to implementation of the sepsis Core Elements.

Travel and Port Health Protection.—The Committee includes an increase of $3,000,000 for this program and supports efforts to detect pathogens early and enhance global biosecurity efforts through the Traveler-based Genomic Surveillance [TGS] program. The Committee is aware of the expansion of the TGS program and its ability to detect hundreds of known and unknown pathogens collected through aircraft wastewater and nasal swabs from voluntary travelers arriving at eight international U.S. based airports and recommends continuing to advance these activities through resources made available in this bill and from prior years' appropriations balances. This capability has been transformative in advancing the Nation's pathogen surveillance capabilities to provide early warning for detection, characterization, and response, including assessments of medical countermeasure efficacy.

Vector-Borne Diseases [VBDs].—The Committee is concerned about the risk of a vector-borne infectious disease outbreak in the United States and our readiness to quickly respond to and stop its spread. The Committee includes an increase of $2,000,000 for continued implementation of the Kay Hagan Tick Act and to enhance capacity to expand nation-wide surveillance of vector-borne disease. The Committee intends that this additional funding will also support the purposes of the Strengthening Mosquito Abatement for Safety and Health provisions in the All-Hazards Preparedness and Advancing Innovation Act (Public Law 116–22).

Wastewater Surveillance.—The Committee remains encouraged by CDC's infectious disease surveillance work through wastewater surveillance that partners with health laboratories and academic institutions to track new and resurgent threats. The Committee continues to underscore the importance of a wastewater surveillance system that can serve as a national early-warning system for infectious diseases with broad geographic representation that strategically incorporates sites across the country to strengthen early detection and biosecurity and shares results publicly to help inform communities and protect Americans. The Committee encourages CDC, in collaboration with State, Tribal, local, and territorial [STLT] health agencies, to provide recommendations for wastewater testing methods and metrics that use a consistent protocol and process, and sample and test using scientifically rigorous and sensitive methods. The Committee encourages wastewater sample data reporting by public and private entities to the CDC to be published in a publicly available wastewater surveillance database and dashboard, in collaboration with STLT health agencies. The Committee directs CDC to provide details regarding the status of

wastewater surveillance, including recommendations regarding the funding required annually to create a national wastewater surveillance system for infectious diseases and specifications for the number, composition, capabilities, and geographic distribution of sites in the fiscal year 2028 CJ.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Appropriations, 2026	$1,432,815,000
Committee recommendation	1,459,315,000

The Committee provides $1,459,315,000 for the activities of the National Center for Chronic Disease Prevention and Health Promotion, which includes $448,985,000 in transfers from the PPH Fund.

The mission of the Center is to provide national leadership in promoting health and well-being through prevention and control of chronic diseases. More than one-half of all American adults have at least one chronic illness, and such diseases account for 70 percent of all U.S. deaths and over three-quarters of all healthcare costs in the United States. These conditions are largely preventable or improved through evidence-based programs and strategies. The Committee encourages CDC to continue working with State and local health departments and national organizations to maximize their investments in evidence-based programming and strategies at the community level.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Tobacco	$246,500,000	$246,500,000
Tobacco appropriations	*46,500,000*	*46,500,000*
Tobacco Transfer from Prevention and Public Health Fund	*200,000,000*	*200,000,000*
Nutrition, Physical Activity, and Obesity appropriations	54,320,000	54,320,000
High Obesity Rate Counties appropriations	16,500,000	16,500,000
School Health appropriations	19,400,000	19,400,000
Health Promotion appropriations	63,100,000	71,600,000
Vision and Eye Health appropriations	4,500,000	4,500,000
Alzheimer's Disease appropriations	41,500,000	50,000,000
Inflammatory Bowel Disease appropriations	3,000,000	3,000,000
Interstitial Cystitis appropriations	2,100,000	2,100,000
Excessive Alcohol Use appropriations	3,000,000	3,000,000
Chronic Kidney Disease appropriations	4,500,000	4,500,000
Chronic Disease Education and Awareness appropriations	4,500,000	4,500,000
Prevention Research Centers appropriations	28,961,000	28,961,000
Heart Disease and Stroke	156,105,000	161,105,000
Heart Disease and Stroke appropriations	*45,000,000*	*50,000,000*
Heart Disease and Stroke Transfer from Prevention and Public Health Fund	*111,105,000*	*111,105,000*
Diabetes	163,130,000	167,130,000
Diabetes appropriations	*45,000,000*	*49,000,000*
Diabetes Transfer from Prevention and Public Health Fund	*118,130,000*	*118,130,000*
National Diabetes Prevention Program appropriations	37,300,000	41,300,000
Cancer Prevention and Control appropriations	413,049,000	416,049,000
Breast and Cervical Cancer appropriations	236,500,000	239,500,000
WISEWOMAN appropriations	34,620,000	34,620,000
Breast Cancer Awareness for Young Women appropriations	6,960,000	6,960,000
Cancer Registries appropriations	53,440,000	53,440,000
Colorectal Cancer appropriations	44,294,000	44,294,000
Comprehensive Cancer appropriations	22,425,000	22,425,000
Johanna's Law appropriations	12,000,000	12,000,000
Ovarian Cancer appropriations	15,500,000	15,500,000

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Prostate Cancer appropriations	16,205,000	16,205,000
Skin Cancer appropriations	5,000,000	5,000,000
Cancer Survivorship Resource Center appropriations	725,000	725,000
Oral Health appropriations	21,250,000	21,250,000
Safe Motherhood/Infant Health appropriations	113,500,000	115,500,000
Arthritis appropriations	2,000,000	2,000,000
Epilepsy appropriations	11,500,000	11,500,000
National Lupus Registry appropriations	14,000,000	14,000,000
Racial and Ethnic Approaches to Community Health (REACH) appropriations	68,950,000	68,950,000
Good Health and Wellness in Indian Country appropriations	27,000,000	27,000,000
Million Hearts Transfer from Prevention and Public Health Fund	5,000,000	5,000,000
National Early Child Care Collaboratives Transfer from Prevention and Public Health Fund	5,000,000	5,000,000
Hospitals Promoting Breastfeeding Transfer from Prevention and Public Health Fund	9,750,000	9,750,000

Adolescent and Young Adult Cancer Patients.—The Committee recognizes that adolescent and young adult [AYA] cancer patients, defined as patients diagnosed between the ages of 15 and 39, have unique psychological, reproductive, and financial challenges that are often not addressed in the current cancer care system. The Committee encourages the CDC to develop guidance on core AYA services, including fertility preservation counseling, psychosocial distress screening, and survivorship support, among others, which healthcare providers can utilize to inform their care plans. The Committee encourages the CDC to work with relevant stakeholder groups, including AYA patients, to guide the development of this guidance. The Committee requests an update on this effort in the fiscal year 2028 CJ.

Alzheimer's Disease.—The Committee includes $50,000,000, an increase of $8,500,000 to continue Alzheimer's and related dementias public health programs. Within this amount, the Committee provides $40,000,000 to continue Alzheimer's and related dementias public health programs authorized in the Building Our Largest Dementia [BOLD] Infrastructure for Alzheimer's Act and $10,000,000 for the National Healthy Brain Initiative [NHBI]. The Committee provides sufficient funding to support staffing levels necessary to fulfill its statutory responsibilities including carrying out Alzheimer's Disease programs, projects, and activities funded in this act. The Committee directs CDC to use the increase for BOLD to fund Center demonstration projects at the three BOLD Public Health Centers of Excellence, which help translate scientific evidence to practice. The Committee has provided additional BOLD funding for each Center to fund demonstration project(s) that would test promising interventions in different communities. Additionally, the Committee directs the CDC to use the increase for NHBI to expand the reach of current NHBI grantees into the 17 States that do not currently receive BOLD Program grants to help build public health capacity to address dementia. To ensure disproportionately affected populations are reached, the Committee encourages CDC to increase capacity to support populations with a high burden of Alzheimer's and other dementias through public health promotion and workforce development.

Breast and Cervical Cancer Screening.—The Committee continues to support provisions of critical, lifesaving breast and cervical cancer screenings and diagnostic services and includes a

$3,000,000 increase to support this work. The Committee is aware that there are still substantial barriers to screening like geographic isolation, limited health literacy, lack of provider recommendation, inconvenient times to access services, and language barriers. The Committee is concerned with the decline in screening rates and the increase in diagnosis of advanced cervical cancers, especially in rural and underserved communities. Provided within the increase, the Committee encourages the National Breast and Cervical Cancer Early Detection Program to build on existing programs by finding new and innovative outreach and education strategies to engage women to increase screening rates and facilitating opportunities for the dissemination of implementation considerations and best practices. The use of navigators has proven especially successful in reaching women with low rates of screening. The Committee is encouraged by recent progress in screening methods and programs that aim to eliminate patient access barriers like HPV Self-Collection for cervical cancer screening. The Committee further requests CDC to publicly release a report on these activities within 180 days of the enactment of this act.

Cardiac Emergency Response Planning in Schools.—The Committee provides $5,000,000 to carry out the Cardiomyopathy Health Education, Awareness, Research, and AED Training in the Schools [HEARTS] Act (Public Law 118–176). The Committee directs CDC to use these funds to support a pilot program that provides extramural grants to rural schools or schools eligible for Title I schoolwide programs for the purchase and placement of automated external defibrillators [AEDs] and the development and implementation of Cardiac Emergency Response Plans. Additionally, the Committee directs CDC to use funding for the development of risk assessments and resources for schools and families to better identify and understand conditions that can lead to cardiac arrest in youth.

Childhood Cancer STAR Act.—The Committee includes $2,000,000, the same as the fiscal year 2026 enacted level, for continued implementation of the Childhood Cancer Survivorship, Treatment, Access, and Research [STAR] Act (Public Law 115–180 and 117–350) to support ongoing efforts to enhance cancer registry case capture efforts for childhood and adolescent cancers.

Chronic Disease and Alzheimer's.—The Committee looks forward to receiving the report requested in Senate Report 119–55 outlining CDC's efforts to educate, particularly underserved communities, about the relationship between chronic diseases and potential development of Alzheimer's disease and dementia.

Chronic Disease Education and Awareness [CDEA] Program.—The Committee notes the importance of the CDEA program and includes funding to support grants for chronic health conditions that do not have a line item in CDC's budget. The Committee urges CDC to continue to support several important multi-year projects that are improving public and professional awareness, along with new initiatives. Multiple conditions, patient advocacy organizations, clinicians, and researchers could continue to benefit from this program.

Chronic Obstructive Pulmonary Disease [COPD].—The Committee notes the opportunity for CDC's implementation of the

COPD National Action Plan, developed collaboratively by CDC and NIH's National Heart, Lung, and Blood Institute. The Committee urges CDC to support surveillance and awareness activities on COPD through existing funding mechanisms. The Committee requests a briefing on CDC's progress implementing the COPD National Action Plan within 180 days of enactment, including key activities supported, remaining gaps, and opportunities to improve coordination with Federal and State partners.

Diabetes.—According to CDC's 2023 data from the National Diabetes Statistics Report, approximately 2.1 million Americans have type 1 diabetes [T1D], with 314,000 of these individuals under the age of 20. The incidence of T1D has increased significantly over the past 20 years. Millions of individuals are at an increased risk of developing T1D because they have a first-degree relative with the condition, and a subset of these individuals are in the early stages of T1D. Additionally, up to 40 percent of individuals with T1D are diagnosed only after experiencing life-threatening diabetic ketoacidosis [DKA]. Further, 90 percent of individuals who have T1D are not part of a known risk group. The Committee recognizes CDC's efforts to educate the public on T1D and monitor scientific recommendations for testing, screening, and treatment for people with T1D. The Committee provides a $4,000,000 increase for the CDC's Division of Diabetes Translation to support this work. The Committee also encourages CDC to continue keeping its website up to date on how recent advancements make it possible to diagnose T1D before symptoms appear and that management options are available to delay symptom onset for T1D if caught early enough.

Eating Disorders Awareness Program.—The Committee remains concerned that mental health problems among youth are at an all-time high, with eating disorders-related emergency room admissions for youth doubling during the pandemic. For 23 years, CDC conducted surveillance of the signs and symptoms of eating disorders within the Youth Risk Behavior Surveillance System [YRBSS], but the YRBSS coordinators voted to remove the question from the 2015 survey. The resulting gap in data collection left public health experts and researchers with limited data to address eating disorders among youth. The Committee recognizes CDC's recent classification of eating disorders as an emerging and important youth health issue and its collaboration with partners to include a question assessing student eating disorders in the 2025 national questionnaire. The Committee encourages CDC to use these findings to help inform prevention strategies for eating disorders.

Epilepsy.—The Committee continues to include funding for this important work and commends CDC for its ongoing leadership of this successful program and effective community collaboration and encourages further efforts to eliminate stigma, improve awareness and education, and better connect people with epilepsy to health and community services. The Committee appreciates CDC's ongoing epilepsy-related surveillance and funding of epidemiologic studies on epilepsy and recognizes the importance of data to accurately understand the incidence, prevalence, and mortality rate of epilepsy, along with individual and social risk factors that influence health outcomes. The Committee encourages CDC to enhance surveillance and epidemiologic studies on epilepsy to generate data

that can guide interventions to improve outcomes for people with epilepsy, including interventions for patients with drug-resistant epilepsy. Additionally, despite epilepsy's prevalence, disproportionate gaps exist in research, innovation, awareness, and care. Therefore, the Committee encourages CDC to develop a national plan to prevent, diagnose, treat, and cure epilepsy and improve the wellbeing of people with epilepsy and their families. Not later than 90 days after enactment of this act, CDC shall brief the Committee on the steps necessary to enable Federal coordination and engage community stakeholders around epilepsy and develop a national plan.

Farm-to-School.—The Committee includes continued funding within Nutrition, Physical Activity, and Obesity for research and education activities related to farm-to-school programs that result in promoting healthy eating habits for students. The Committee intends that these grants support multi-agency, multi-organizational State farm to early childhood initiatives. The Committee also directs CDC to coordinate farm-to-early childhood program efforts with the Office of Community Food Systems at the USDA.

Fertility Data and Assisted Reproductive Technology [ART].—The Committee looks forward to receiving the report requested in Senate Report 119–55 regarding CDC's ART data and research activities.

Food Allergies.—The Committee recognizes the serious issue of food allergies, which affect approximately 8 percent of children in the United States. The Committee includes continued funding for a school-based effort to address food allergies and reduce potentially fatal anaphylactic reactions.

Gambling Prevalence Among Minors.—The Committee acknowledges the detrimental effect that engaging in underage gambling, and particularly underage sports gambling, has on minors. The Committee also recognizes the difficulty in studying the rate and methods which minors are engaging in gambling, especially online sports betting. The Committee commends the CDC for working to update the 2027 Youth Risk Behavior Survey [YRBS] to include questions that will help researchers evaluate the frequency of participation in online, offline, and sports-related gambling activities, as well as how often those activities interfere with activities like school or family gatherings, recognizing that more research is needed to fully understand how American youth are impacted by gambling. The Committee encourages the CDC to move forward in finalizing and adding these important questions into the YRBS and requests the Committee be notified when such questions have been added into the 2027 YRBS.

Heart Disease and Stroke.—The Committee continues funding for CDC's Heart Disease and Stroke Prevention program. CDC is encouraged to support community partnerships in additional States to control heart disease and stroke and help the more than 119 million Americans living with high blood pressure. The Committee continues funding to support implementation of the Cardiovascular Advances in Research and Opportunities Legacy Act (Public Law 117–224). In addition, the Committee also continues the WISEWOMAN program to increase the number of low-income, un-

insured, and underinsured women who are assessed and connected to resources.

High Obesity Rate Counties.—The Committee directs CDC to continue this program at no less than the fiscal year 2026 enacted level. CDC grantees are expected to work with State and local public health departments and other partners to support measurable outcomes through community and population-level, evidence-based obesity intervention and prevention programs. Funded projects should integrate evidence-based policy, systems, and environmental approaches to better understand and address the environmental and societal implications of obesity. The Committee continues to support land grant universities in partnership with their cooperative extensions for counties with an obesity prevalence over 40 percent. The Committee encourages CDC to also consider including the preponderance of obesity by State based on the CDC Behavioral Risk Factor Surveillance System in its eligibility criteria for the High Obesity Program.

Inflammatory Bowel Disease [IBD].—The Committee commends CDC's ongoing efforts to continue epidemiological studies on Crohn's disease and ulcerative colitis, known collectively as IBD, and encourages CDC to establish awareness and education activities for patients and healthcare professionals to improve early disease diagnosis to result in improved outcomes.

Interstitial Cystitis.—The Committee provides continued funding for interstitial cystitis activities. The Committee requests an update on CDC's use of the additional funds that were provided in fiscal 2026 for education, outreach, and public awareness activities in the fiscal year 2028 CJ.

Kidney Disease.—The Committee provides funding to support the Chronic Kidney Disease Program, for activities that increase awareness, diagnosis, and treatment of chronic kidney disease [CKD] including continued support for existing partnerships. CDC is encouraged to support the public awareness initiative for advancing American kidney health that was established to implement Executive Order 13879.

Lung Cancer.—The Committee is concerned that only 18 percent of eligible individuals are screened for lung cancer, despite evidence that early detection improves survival and reduces treatment costs. To improve screening rates, the Committee encourages CDC to work with States on targeted, cost-effective strategies that increase lung cancer screening rates. Strategies might include improving patient and provider education, increasing awareness of the screening criteria, and leveraging patient navigators and community health workers to reduce barriers to accessing lung cancer screening. Within 180 days of the enactment of this act, the Committee requests CDC provide a report describing how the National Comprehensive Cancer Control Program is working to implement targeted, cost-effective strategies to increase screening rates. The report should include recommendations to improve access to screening, reduce barriers for patients, and improve early detection. The report should also outline strategies to support efforts to improve patient outcomes through coordination with all relevant Federal partners.

National Diabetes Prevention Program.—The Committee includes a $4,000,000 increase and is encouraged by the health progress of many participants in CDC's National Diabetes Prevention Program. The Committee encourages CDC to continue its work to update the PreventT2 curriculum content to include evidence from the USDA's Dietary Guidelines for Americans on the importance of and access to healthy foods, including data on disease prevention through a balanced diet, and to prioritize working directly with local community partners who provide produce prescription programming. The Committee encourages CDC to explore ways to integrate Food is Medicine approaches in the National Diabetes Prevention Program. The Committee requests CDC provide an update on this work, including impacts of this new curriculum, in the fiscal year 2028 CJ.

Oral Health.—The Committee recognizes the importance of evidence-based, topical preventive oral health interventions, particularly for children and underserved populations. The Committee encourages CDC to continue supporting rigorous, transparent, and replicable research, education, and best practices related to topical fluoride applications, including toothpaste, varnishes, and sealants, which act locally on tooth enamel and do not require ingestion. The Committee further emphasizes the importance of transparency, parental choice, and clear communication regarding the appropriate use of such products and directs CDC to prioritize age-appropriate, indication-based use consistent with current clinical guidance to improve oral health outcomes.

Prostate Cancer.—The Committee remains concerned about the continued rise in prostate cancer deaths and supports CDC's work to address this trend by increasing public awareness of prostate cancer risks, screening, and treatment in high-risk men. The Committee provides continued funding for CDC's prostate cancer activities, including for outreach and education initiatives targeting high-risk men and their families.

Racial and Ethnic Approaches to Community Health [REACH].—The Committee includes continued funding to support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities.

Reducing Healthcare Costs.—The Committee looks forward to receiving the briefing requested in Senate Report 119–55 regarding CDC's ongoing efforts to reduce healthcare costs through data driven public health programs, partnerships with non-governmental entities, and coordination with State and local health departments.

Rural Prevention Health Research.—The Committee recognizes the important work of Prevention Research Centers [PRCs], in particular the needs of rural focused prevention research. The Committee encourages CDC to review their grant funding process to ensure appropriate funding to rural areas, including rural Appalachia, which consistently ranks high in incidences of disease, injury, and poor health outcomes, to ensure important rural health research continues to take place. The Committee also directs CDC to ensure at least 20 percent of PRC funding is being directed to research in rural areas.

Safe Motherhood and Infant Health.—The Committee includes a $2,000,000 increase for this portfolio of programs to improve the

health of pregnant and postpartum women and their infants and supports staffing levels necessary to conduct these activities. The maternal and infant mortality rate in the United States has trended downward in recent years but still persists at an unacceptably high rate, and many deaths can be prevented. In 2024, there were 18.4 pregnancy-related deaths per 100,000 live births; and in 2022, 86 percent of pregnancy-related deaths were determined by Maternal Mortality Review Committees [MMRCs] to be preventable. Additionally, more than 20,000 infant deaths occur annually. The Committee encourages CDC to use the funding increase to expand support for MMRCs, Perinatal Quality Collaboratives [PQCs], the Hear Her Campaign, and other programs including Sudden Unexplained Infant Death [SUID] and the Sudden Death in the Young [SDY] Case Registry. The Committee includes funding to continue the Pregnancy Risk Assessment Monitoring System [PRAMS] program to provide accurate national statistics on U.S. maternal mortality rates and inform data-driven actions to prevent these deaths. The Committee encourages CDC to prioritize funding to help MMRCs build stronger data systems and improve data collection at the State level to create consistency and ensure accuracy and completeness in data collection, analysis, and reporting across State MMRCs. Additionally, the Committee supports CDC's work to fund State-based PQCs and encourages CDC to prioritize funding to expand PQCs to additional States and territories and provide increased support to existing PQCs. The Committee also encourages CDC to conduct outreach to Tribal and Native Hawaiian communities in Alaska, Hawaii, and Tribes in the contiguous United States to raise awareness about the program and representation of Native American perspectives on State and local MMRCs.

School Health.—The Committee continues to provide funding to promote school-based health and to prevent chronic disease and promote the health and well-being of children and adolescents in schools.

Skin Cancer Education and Prevention.—The Committee is concerned with the growing number of people diagnosed with preventable forms of skin cancer, which is now the most commonly diagnosed cancer in the United States. The Committee continues to provide funding for skin cancer education and prevention and encourages CDC to continue its collaboration and partnership with local governments, business, health, education, community, nonprofit, and faith-based sectors.

Sleep Health and Sleep Disorders.—The Committee is concerned with the troubling lack of coordinated efforts in public health to improve sleep health and disorder awareness, diagnosis, and treatment despite landmark scientific discoveries demonstrating the significant impact of sleep on disease and mental and physical health and wellness. The Committee notes the connection between disordered sleep, healthy lifestyles, and serious chronic diseases, including pediatric chronic diseases. The Committee encourages CDC to expand activities to improve sleep health and sleep disorders awareness, epidemiology, detection, and care particularly for rare and orphan sleep disorders, like narcolepsy, and requests that CDC provide an update on these activities in the fiscal year 2028 CJ.

Tobacco.—The Committee provides funding for sufficient Office on Smoking and Health [OSH] staffing and the continuation of the National Tobacco Control Program, which provides critical grants to States, Tribes, and territories to fund efforts to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality, such as rural communities. The Committee acknowledges the overall progress that has been made on reducing adult smoking prevalence, but unfortunately tobacco use remains the leading cause of preventable death and is a major driver of chronic disease. The Committee recognizes that helping people quit and preventing youth initiation are among the most cost-effective ways to reduce chronic disease. The Committee is alarmed that approximately 2.25 million middle and high school students use a tobacco product, with e-cigarettes remaining the most used product and nicotine pouches the second most used among youth. The Committee is also concerned by the continued prevalence of flavored vape products, which are attracting more youth to use tobacco products. Within 120 days of enactment of this act, the Committee directs CDC to provide a report to the Committee that includes current staffing levels for OSH and how funding provided by the Committee supports timely technical assistance and program guidance; efforts to ensure new funding to States is available in a timely manner in fiscal year 2027; dissemination of surveillance, evaluation, and scientific findings through public health publications such as the Morbidity and Mortality Weekly Report; continued implementation of the Tips from Former Smokers media campaign; monitoring of trends in use of tobacco products, particularly among youth and other tobacco-naïve users; and the maintenance of core capabilities to support evidence-based tobacco prevention and cessation strategies nationwide.

Vision and Eye Health.—The Committee continues to provide funding for vision and eye health and glaucoma detection. The Committee is aware that vision impairments and eye disease contribute to or complicate many other serious and costly chronic health conditions, including diabetes, depression and anxiety, cardiovascular disease, and cognitive decline. The Committee is concerned that certain conditions that carry a risk of vision loss, including diabetes, are trending into younger populations. Data on risk of vision loss and existence of vision loss in the United States is necessary to inform State and community partnerships that emphasize early detection and intervention and to address the biggest challenges.

BIRTH DEFECTS, DEVELOPMENTAL DISABILITIES, DISABILITIES AND HEALTH

Appropriations, 2026	$205,060,000
Committee recommendation	209,060,000

The Committee provides $209,060,000 for the activities of the National Center on Birth Defects, Developmental Disabilities, Disability and Health [NCBDDD].

This Center improves the health of children and adults by preventing birth defects, developmental disabilities, and complications of hereditary blood disorders and by promoting optimal child devel-

opment and health and wellness among children and adults living with disabilities.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Child Health and Development	$71,300,000	$72,300,000
Other Birth Defects	19,000,000	19,000,000
Fetal Death	900,000	900,000
Fetal Alcohol Syndrome	11,500,000	11,500,000
Folic Acid	3,150,000	3,150,000
Infant Health	8,650,000	8,650,000
Autism	28,100,000	29,100,000
Health and Development for People with Disabilities	85,410,000	87,410,000
Disability and Health	46,500,000	47,500,000
Tourette Syndrome	2,500,000	2,500,000
Early Hearing Detection and Intervention	6,760,000	6,760,000
Muscular Dystrophy	9,000,000	10,000,000
Attention Deficit Hyperactivity Disorder	1,900,000	1,900,000
Fragile X	2,000,000	2,000,000
Spina Bifida	7,500,000	7,500,000
Congenital Heart	9,250,000	9,250,000
Public Health Approach to Blood Disorders	10,400,000	10,400,000
Hemophilia CDC Activities	3,500,000	3,500,000
Hemophilia Treatment Centers	5,100,000	6,100,000
Thalassemia	2,100,000	2,100,000
Neonatal Abstinence Syndrome	4,250,000	4,250,000
Surveillance for Emerging Threats to Mothers and Babies	23,000,000	23,000,000

Autism.—The Committee continues to provide funding for the Autism and Developmental Disabilities Monitoring [ADDM] Network. The Committee encourages CDC to expand its research to include adults with autism across the lifespan. The Committee requests a briefing within 180 days of enactment of this act exploring ways to expand these public health activities to the adult population.

Blood Clots.—The Committee is concerned about the enormous toll of blood clots on patients and the healthcare system, particularly for pregnant women, Black Americans, and cancer patients. The majority of blood clots are highly preventable, but public awareness remains very low. The Committee again urges CDC to partner with patient advocacy organizations to ensure a greater public awareness of blood clots and to develop a comprehensive, nationwide blood clot education and awareness campaign for the general public focused on the treatment and prevention of blood clots and education and training of healthcare professionals about the signs and symptoms of blood clots.

Cerebral Palsy [CP].—CP is the most common lifelong motor disability caused by an injury to the brain in early development. The Committee encourages CDC to create partnerships with non-profit specialty children's hospitals with focused expertise in CP to expand scientific knowledge related to CP and enhance national surveillance efforts.

Congenital Heart Disease [CHD].—CHD is the most common and deadliest category of birth defects in the United States. The Committee commends NCBDDD for its leadership in improving understanding of the unique, specialized care needs for the growing CHD population across the lifespan. The Committee continues to provide

funding for surveillance, research, and awareness activities authorized by the Congenital Heart Futures Reauthorization Act (Public Law 115–342), including to support additional longitudinal surveillance sites, survey activities on long-term outcomes and patient needs, engagement with healthcare providers, and analysis of healthcare claims and clinical data.

Duchenne and Becker Muscular Dystrophy.—The Committee includes a $1,000,000 increase to continue Muscular Dystrophy research and disease surveillance initiatives. The Committee strongly encourages CDC to update research and tracking to better understand the outcomes for Duchenne and Becker muscular dystrophy treated both in and out of Certified Duchenne Care Centers; examine impacts of Duchenne on bone health, cardiovascular, and cognitive function; and investigate care and outcomes for adults with Duchenne, those receiving multiple therapies including gene therapy, and various demographic subpopulations.

Fetal Alcohol Syndrome.—The Committee continues to provide funding for the surveillance of prenatal alcohol use and fetal alcohol spectrum disorders [FASD] to facilitate partnerships to prevent alcohol use during pregnancy, improve support services and access to care by responding to families living with FASD, and disseminating practical resources and information through existing community-based local affiliates. The Committee notes the SUPPORT for Patients and Communities Reauthorization Act of 2025 (Public Law 119–44) includes provisions related to FASD and encourages CDC to build local, Tribal, State, and nationwide capacities by (1) developing and supporting public education and outreach activities, (2) supporting a clearinghouse for evidence-based FASD prevention, identification, and culturally and linguistically appropriate best practices and resources, and (3) providing technical assistance to funding recipients and disseminating information about FASD and support services to affected individuals and their families.

Hemophilia Programs.—The Committee strongly supports and maintains funding for the hemophilia programs long housed at CDC's Division of Blood Disorders and Public Health Genomics. The Committee recognizes the important work of these programs, which help fund the collection of surveillance data by Hemophilia Treatment Centers and support public health efforts related to bleeding disorders. These programs also support laboratory testing and other essential work relating to the detection, understanding, and prevention of inhibitors-a devastating complication that affects up to 20 percent of individuals living with hemophilia, vastly increasing the disease burden and costs of treatment for the disorder.

Hemophilia Treatment Centers.—The Committee recognizes the important work of the Division of Blood Disorders in protecting people with hemophilia and other bleeding disorders and has included $6,100,000, an increase of $1,000,000, for the programs' vital activities to support surveillance at the National network of hemophilia treatment centers and to provide testing for inhibitors, a challenging, harmful, and expensive complication of hemophilia.

Neonatal Abstinence Syndrome [NAS] Surveillance.—The Committee continues to provide funding to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy. Funding should be used to conduct research on

the use of opioids and other substances during pregnancy and related adverse outcomes from infancy through childhood and to identify best practices for care, evaluation, and management to help children.

Physical Activity for People with Disabilities.—The Committee provides $21,500,000, an increase of $1,000,000, to strengthen existing programs that address healthy athletes.

Profound Autism Reporting.—The Committee notes that CDC published the first estimates of profound autism in the Autism and Developmental Disabilities Monitoring [ADDM] Network in 2023. The ADDM Network's unique methodology allows for reporting on prevalence and characteristics of individuals based on different definitions of profound autism. The Committee provides an increase of $1,000,000 for CDC's autism work and directs CDC to include biennial reporting on the prevalence and characteristics of individuals with profound autism within the ADDM Network.

Rare Blood Disorders and Immune Thrombocytopenia [ITP] Care.—The Committee encourages CDC to explore the creation of an ITP treatment centers pilot program in order to identify public health and patient care opportunities to enhance efficiency and improve outcomes in coordination with the professional and patient community to establish an ITP treatment centers pilot program modeled on similar successful efforts for hemophilia and sickle cell disease. The Committee requests a briefing on resource needs and core activities within 180 days of the enactment of this act.

Sickle Cell Disease [SCD].—The Committee continues to provide funding for the sickle cell disease data collection program to maintain and expand data collection and analysis in States currently participating in the program. The program enables States to identify affected individuals and to better meet their needs. The Committee provides the funding necessary to support staffing levels necessary to adequately conduct these activities.

Stillbirth.—Stillbirth rates remain unacceptably high, affecting thousands of families each year. The Committee continues to provide funding for CDC's Fetal Death program to support the advancement of stillbirth surveillance activities and to improve the quality, completeness, and standardization of stillbirth data. The Committee directs CDC to use these funds to (1) strengthen national stillbirth data collection and reporting through the National Vital Statistics System; (2) support State, Tribal, and territorial efforts to identify stillbirth risk factors and build public health capacity to assess and report stillbirth data in a manner consistent with applicable privacy protections; and (3) support the development and dissemination of evidence-based guidelines and public awareness materials related to stillbirth, including information for healthcare providers and patients on risk factors, prevention strategies, and bereavement care. The Committee further encourages coordination with NIH and HRSA to advance a comprehensive national research and prevention agenda on stillbirth, as outlined in the Stillbirth Working Group's priorities.

PUBLIC HEALTH SCIENTIFIC SERVICES

Appropriations, 2026	$767,497,000
Committee recommendation	767,497,000

The Committee provides $767,497,000 for Public Health Scientific Services, which includes $53,944,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This funding supports the work of all of the CDC Centers. In particular, these activities compile statistical information to inform public health policy; assure the accuracy and reliability of laboratory tests; apply digital information technology to help detect and manage diseases, injuries, and syndromes; support public health workforce development programs; and develop and inform the public health community on sound public health surveillance, laboratory protocols, and epidemiological practices.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Health Statistics	$187,397,000	$187,397,000
Health Statistics appropriations	*144,453,000*	*133,453,000*
Health Statistics section 241 of the PHS Act	*42,944,000*	*53,944,000*
Surveillance, Epidemiology, and Informatics appropriations	298,100,000	298,100,000
Advancing Laboratory Science appropriations	26,000,000	26,000,000
Public Health Data Modernization	185,000,000	185,000,000
Public Health Workforce appropriations	71,000,000	71,000,000

Community Health Workers and Community Health.—The Committee recognizes the importance of the community health workforce in reaching underserved communities, preventing illness, and reducing related healthcare costs. The Committee urges CDC to encourage the use of community health workers, including within Tribal communities, to support the delivery of person-centered care.

Epidemic Intelligence Service [EIS].—The Committee continues to provide funding for the EIS and directs CDC to approve the total number of allowable slots for EIS Officer positions in a timely manner, and to maintain rigorous deadlines to award applicants in order to avoid gaps in EIS officer positions.

Global Civil Registry and Vital Statistics.—The Committee strongly supports the National Center for Health Statistics' efforts to facilitate capacity building among low- and middle-income countries to develop civil registry and vital statistics systems. The Committee looks forward to receiving the report requested under this heading in Senate Report 119–55.

Morbidity and Mortality Weekly Report.—The Committee recognizes that CDC's mission to detect and respond to health threats requires rapid dissemination of information. The Committee supports the continued publication of CDC's Morbidity and Mortality Weekly Report, which allows for timely release of public health information. The Committee also directs CDC to continue publishing evidence-based scientific findings in peer-reviewed journals to disseminate public health data, health surveillance findings, and supplemental information.

National Survey Response Rates.—The Committee is aware that falling response rates to national surveys impacts the quality of data available for policy makers to make informed public health recommendations. Within 180 days of enactment of this act, the Committee requests a briefing on the Center's work to (1) address falling survey response rates; (2) lower burden on respondents; and

(3) improve granularity, frequency, and timeliness of products. The briefing should include information on the most recent 5-year trend lines for response rates for active surveys; status of plans to address declining response rates, adequacy of samples to meet need for granular data, timeliness of products, and appropriateness of content for all active surveys, including National Health and Nutrition Examination Survey, National Health Interview Survey, National Survey of Family Growth, and National Ambulatory Medical Care Survey; and an accounting of resources necessary to complete modernization of the Center's population and provider surveys in the next 3, 6, and 10 years.

Public Health Data Modernization Initiative [DMI].—The Committee commends CDC for the continued efforts to advance its five key pillars of public health data modernization. The Committee continues to provide funding for these efforts that support bringing together State, Tribal, local, and territorial public health jurisdictions and public and private sector partners to establish modern, interoperable, and near real-time public health data. As modernization efforts progress, the Committee urges CDC to continue working with multiple private sector partners to find cost-effective solutions that work with and can improve upon existing CDC and jurisdictional IT systems while prioritizing data privacy and security. The Committee encourages CDC to coordinate with STLT health departments including the State epidemiologist, through a formal mechanism that allows for input and recommendations to be made regarding best practices at the STLT level. Within 180 days of the enactment of this act, the Committee requests CDC provide a report regarding how these efforts are advancing CDC and STLT health departments, including the amount of funds distributed to STLTs, towards the five pillars, and towards the development and implementation of enterprise-level public health data systems.

Public Health Workforce.—The Committee continues to provide funding and urges CDC to invest in fellowship and training programs to support the public health workforce that includes, but is not limited to, epidemiologists, contact tracers, lab scientists, community health workers, data scientists, behavioral scientists, disease intervention and prevention specialists, occupational health specialists, public health physicians, veterinarians, nurses, informaticians, program managers, economists, policy and evaluation experts, and communicators who can help protect the Nation's communities.

ENVIRONMENTAL HEALTH

Appropriations, 2026	$242,850,000
Committee recommendation	242,850,000

The Committee provides $242,850,000 for the National Center for Environmental Health, which includes $51,000,000 in transfers from the PPH Fund.

The National Center for Environmental Health addresses emerging pathogens and environmental toxins that pose significant challenges to public health. The Center conducts surveillance and data collection to determine which substances in the environment are found in people and to what degree. The Center also determines

whether, and at what level of, exposure to these substances are harmful to humans.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Environmental Health Laboratory appropriations	$70,750,000	$70,750,000
Newborn Screening Quality Assurance Program appropriations	21,000,000	21,000,000
Newborn Screening for SCID appropriations	1,250,000	1,250,000
Other Environmental Health appropriations	48,500,000	48,500,000
Environmental Health Activities appropriations	48,600,000	48,600,000
Safe Water appropriations	8,600,000	8,600,000
Amyotrophic Lateral Sclerosis Registry appropriations	10,000,000	10,000,000
Trevor's Law appropriations	3,000,000	3,000,000
Climate and Health appropriations	10,000,000	10,000,000
All Other Environmental Health appropriations	17,000,000	17,000,000
Environmental and Health Outcome Tracking Network appropriations	34,000,000	34,000,000
Asthma appropriations	33,500,000	33,500,000
Childhood Lead Poisoning Transfer from Prevention and Public Health Fund	51,000,000	51,000,000
Lead Exposure Registry appropriations	5,000,000	5,000,000

Amyotrophic Lateral Sclerosis [ALS] Registry.—The Committee continues to provide funding for the National ALS Registry and directs CDC to continue its investment in research that will reduce incidence and prevalence of ALS in the United States. The Committee encourages CDC to continue its efforts to evaluate, update, and improve the National ALS Registry program by ensuring that the most up to date information is provided to researchers; and ALS patients are connected with clinical trials, treatments, and resources in a timely manner. The Committee supports continued ALS prevalence reports and urges CDC to publish these reports in a timely manner and provide updates regarding these prevalence reports. Additionally, the Committee urges CDC to collaborate with the Departments of Defense and Veterans Affairs to provide a publicly available report on the incidence and prevalence of ALS among military veterans.

Asthma.—The Committee continues to provide funding for the National Asthma Control Program [NACP] so CDC can work with States to improve health outcomes for people living with asthma. As the number and severity of wildfires increases, the Committee also urges the NACP to continue its efforts to develop public health interventions aimed at protecting people with asthma from wildfire smoke. The Committee also recognizes the significance of asthma as a chronic disease and supports the National Asthma Control Program [NACP] in its efforts to reduce asthma-related hospitalizations, emergency department visits, and healthcare costs. The Committee recognizes the economic impact of asthma on workplace and school productivity and urges CDC to provide an updated assessment of the National economic burden of asthma, including prevalence, medical costs, absenteeism, and mortality.

Childhood Lead Poisoning Prevention.—The Committee continues to provide funding to prevent and mitigate childhood lead exposure and expand the data capabilities of the program to rapidly identify and address emerging threats in communities with elevated risk of exposure to lead. CDC is expected to support local capacity to improve the health of children through efforts to elimi-

nate lead from their environment. As such, CDC is directed to continue providing funding and technical support to health departments for identifying, tracking, and responding to lead exposures in children; maintaining the blood lead surveillance system; developing and updating guidance and training for health departments and healthcare providers to support lead poisoning prevention efforts; and offering technical assistance for lead exposure events, including through the deployment of CDC Childhood Lead Poisoning Prevention branch staff to localities requesting assistance after a lead exposure event.

Extreme Heat and Data Collection.—The Committee recognizes the increasing frequency and severity of extreme heat events and the lack of currently available data to adequately understand the financial burden that extreme heat places upon healthcare systems. The Committee encourages CDC, in collaboration with the National Integrated Heat Health Information System [NIHHIS] and its participating agencies, to develop and implement a system for tracking and making publicly available the healthcare costs associated with the increased demand for medical assistance during extreme heat events, including expenses related to emergency room visits, urgent care treatments, hospitalizations, and associated medications.

Pediatric Reference Intervals [PRIs].—The Committee encourages CDC to initiate efforts to improve the accuracy of pediatric reference intervals. The Committee acknowledges CDC's efforts to prevent, detect, and treat chronic diseases in children. However, the Committee is concerned that the current patchwork of PRI practices does not adequately account for biological development in children, which can lead to misdiagnosis, preventable deaths, disabilities, and other irreversible health problems. PRIs are critical tools for assessing health, making correct diagnoses, and evaluating treatment efficacy in pediatric patients. The Committee requests an update in the fiscal year 2028 CJ on these efforts.

Per and Polyflouroalkyl Substances [PFAS].—The Committee remains concerned that extended exposure to PFAS is associated with decreased antibody response, dyslipidemia, decreased infant and fetal growth, and increased risk of kidney cancer. CDC is encouraged to continue to provide clinical guidance to advise clinicians when to offer PFAS blood testing to patients who are likely to have a history of elevated exposure. Further, Committee is aware of the results of the multi-site study supported by CDC and the Agency for Toxic Substances and Disease Registry [ATSDR] and released in 2025, which provided further evidence that individuals with elevated exposure to PFAS risk serious health impacts, including type 2 diabetes, coronary artery disease, and hypertension. Further, the Committee understands CDC and ATSDR are planning to release additional findings from multi-site studies in 2026 that will explore how PFAS exposure potentially contributes to other health issues. The Committee directs CDC to provide a report to the Committee no later than 1 year from enactment of this act, identifying and outlining emerging treatment options, additional partners that may contribute to ongoing research such as clinical labs, and how the latest studies may require updating clinical PFAS testing guidelines and clinical guidance to help individ-

uals understand their current and future risk of these potentially serious health impacts.

INJURY PREVENTION AND CONTROL

Appropriations, 2026	$761,379,000
Committee recommendation	766,379,000

The Committee provides $766,379,000 for the National Center for Injury Prevention and Control.

CDC is the lead Federal agency for injury prevention and control. Programs are designed to prevent premature death and disability and reduce human suffering and medical costs caused by non-occupational injuries, including those caused by fires and burns, poisoning, drowning, violence, and traffic accidents.

The Committee includes funding for the following activities:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Intentional Injury	$164,550,000	$164,550,000
Domestic Violence and Sexual Violence	38,200,000	38,200,000
Child Maltreatment	7,250,000	7,250,000
Child Sexual Abuse Prevention	3,000,000	3,000,000
Youth Violence Prevention	18,100,000	18,100,000
Domestic Violence Community Projects	7,500,000	7,500,000
Rape Prevention	61,750,000	61,750,000
Suicide Prevention	30,000,000	30,000,000
Adverse Childhood Experiences	9,000,000	9,000,000
National Violent Death Reporting System	24,500,000	24,500,000
Unintentional Injury	13,300,000	13,300,000
Traumatic Brain Injury	8,250,000	8,250,000
Elderly Falls	3,050,000	3,050,000
Drowning Prevention	2,000,000	2,000,000
Other Injury Prevention Activities	29,950,000	29,950,000
Opioid Overdose Prevention and Surveillance	505,579,000	510,579,000
Injury Control Research Centers	11,000,000	11,000,000
Firearm Injury and Mortality Prevention Research	12,500,000	12,500,000

Adverse Childhood Experiences [ACEs].—The Committee continues to provide funding for ACEs surveillance, research, and prevention efforts. The Committee commends CDC's Injury Prevention Center for funding States and localities, including those with high rates of trauma, violence, and overdoses, to conduct surveillance on exposure to ACEs and target community-based interventions related to exposure to childhood trauma, ACEs, substance use, and violence and to promote positive childhood experiences.

Child Sexual Abuse Prevention.—The Committee continues to provide funding to address the severe and often life-long physical, cognitive, and emotional impact of child sexual abuse and commends CDC's work in child sexual abuse prevention research. CDC is encouraged to improve surveillance systems and data collection, increase the understanding of risk and protective factors, and develop and disseminate effective prevention efforts.

Domestic Violence and Sexual Violence.—The Committee continues to provide funding for CDC to collect data on the connection between brain injuries and domestic and sexual violence and implement a data collection project that follows up on and operates under CDC's National Intimate Partner and Sexual Violence Survey and asks questions about the prevalence and circumstances surrounding brain injuries.

Drowning Prevention.—The Committee continues to provide funding to prevent fatal drownings. Drowning is a leading cause of unintentional deaths among children and youth below the age of 14. This funding will allow CDC to implement proven drowning prevention programs with national organizations working with underserved and diverse youth to support State drowning surveillance efforts, as well as to develop and begin implementation of a national plan on water safety.

Emergency Department Safety.—The Committee recognizes that emergency department boarding has become more frequent, threatening patient safety and driving workforce attrition across the country's emergency care system. The Committee requests a briefing within 90 days of enactment of this act, on recommendations to expand the development and implementation of State- and region-wide, real-time, scalable hospital capacity tracking systems integrated with hospital electronic medical records, including a focus on how such systems affect emergency department boarding rates, treatment wait times, and emergency medical services offload times.

Firearm Injury and Mortality Prevention Research.—The Committee continues to include $12,500,000 for this activity.

Injury Control Research Centers.—The Committee continues to provide funding for awards for multi-disciplinary research on the causes, outcomes, and prevention of injuries and violence.

Opioid Overdose Prevention and Surveillance.—The Committee provides a $5,000,000 increase for the CDC's opioid overdose prevention and surveillance work. The Committee notes that recent data shows a reduction in deaths from drug overdoses, including from dangerous opioids like fentanyl. While the data is trending in the right direction, the Committee is concerned that the overall number of drug overdose deaths remains too high and is concerned that this progress could be interrupted by the delay in the release of funding for overdose prevention efforts, which help State and local health departments have the capacity to prevent deaths from overdoses. The Committee directs CDC to issue timely awards for this program and to provide a briefing to the Committees within 60 days of enactment on the Overdose Data to Action program, including how States have used the funding to reduce overdose deaths.

Rape Prevention.—The Committee continues to provide funding to support rape prevention and education programs. In granting funds to States, the Secretary shall set forth procedures designed to ensure meaningful involvement of the State or territorial sexual assault coalitions and representatives from underserved communities in the application for and implementation of funding.

Suicide Prevention.—The Committee continues to provide funding to support CDC's Comprehensive Suicide Prevention program. The Committee recognizes that suicide is a serious public health problem requiring strategic programming, especially among populations with high and/or increasing rates of suicide. The Committee also recognizes that suicide prevention requires a public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, Tribes, and territories are well positioned to lead a comprehensive public health approach to sui-

cide prevention, which involves coordinating with multisector partners, to take a data-driven, evidence-based process to address the broad range of risk and protective factors associated with suicide.

Traumatic Brain Injury [TBI].—The Committee continues to provide funding to initiate concussion surveillance, particularly among children and youth. The Committee appreciates CDC's work to better understand the burden of concussions in the United States. The Committee recognizes the need for standardized data collection practices across the care continuum to capture and integrate data on traumatic brain injury [TBI] with data collected for research purposes to improve patient identification and outcomes. The Committee encourages CDC to coordinate across HHS and the Departments of Defense, Veterans Affairs, and Transportation to identify and recommend key data elements and terms that should be collected to improve the consistency of TBI health data derived from different sources.

Unintentional Injury on College Campuses.—The Committee requests a briefing, within 120 days of enactment of this act, on the feasibility of CDC collecting and disseminating data related to accidental injuries among college students that result in serious injury or death.

Violence Prevention.—The Committee supports work to prevent violence through technical assistance, research, and partnerships between community organizations, schools, law enforcement, faith-based organizations, and academia to evaluate effective interventions to reduce violence. The Committee encourages CDC to scale up existing partnerships with organizations that have demonstrated success in reducing violence and its risk factors, including those involving healthcare and community outreach organizations, as well as supporting academic-community collaborations and research to advance the science and practice of violence prevention.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Appropriations, 2026	$366,800,000
Committee recommendation	377,800,000

The Committee provides $377,800,000 for the National Institute for Occupational Safety and Health [NIOSH] programs.

The Committee recognizes that NIOSH is the only Federal agency responsible for conducting research and making recommendations for the prevention of work-related illness and injury. The NIOSH mission is implemented by conducting basic and applied scientific research and translating the knowledge gained into products and services that impact workers in settings from corporate offices to construction sites to coal mines. Further, the Committee acknowledges that NIOSH continues to protect American workers through its work-related illness and injury research and directs CDC to ensure work continues in NIOSH research centers nationwide.

The Committee includes funding for the following activities at the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
National Occupational Research Agenda	$120,500,000	$126,500,000
Agriculture, Forestry, Fishing (non-add)	*30,000,000*	*36,000,000*
Education and Research Centers	32,000,000	32,000,000
Personal Protective Technology	23,000,000	23,000,000
Mining Research	68,500,000	73,500,000
National Mesothelioma Registry	1,200,000	1,200,000
Firefighter Cancer Registry	6,500,000	6,500,000
Other Occupational Safety and Health Research	115,100,000	115,100,000
Total Worker Health (non-add)	*11,800,000*	*11,800,000*

Agriculture, Forestry, and Fishing Program [AgFF].—The NIOSH AgFF Program funds evidence-based research, training, and outreach that improves the health, safety, and productivity of workers in the agriculture, forestry, and commercial fishing sectors of our economy. These research collaborations are particularly crucial as AgFF workers experience the highest fatal injury rate across all industries in the United States. Additional research is needed to better understand emerging infectious disease threats; the safety and health benefits and emerging hazards related to new technologies and trends in agricultural production; AgFF-sector issues that align with rural public health and disaster preparedness and response; barriers to mental healthcare for farmers, loggers, and fishermen; as well as outreach and research on other new and developing issues of concern. The Committee encourages CDC to increase research capacity for the AgFF program, prioritizing cooperative agreements that demonstrate industry collaboration and expertise in responding to emerging food and workforce health and safety threats, as well as research to help ensure workforce resilience, stability, and growth.

Coal Workers' Health Surveillance Program Mobile Medical Unit.—The Committee is concerned about the prevalence of coal workers' pneumoconiosis, also known as black lung, and the recent increase in progressive massive fibrosis, the most severe stage of black lung, among younger miners. According to NIOSH, one in 10 underground coal miners who have worked in mines for at least 25 years were identified as having black lung. Coal miners in central Appalachia are disproportionately affected with as many as one in five with 25 years' tenure having evidence of black lung, the highest level recorded in 25 years. Early screening and detection of black lung can improve health outcomes and reduce mortality. However, a NIOSH report has identified several potential barriers to screening for miners, including the ability to participate in screening. The Committee commends CDC for using fiscal year 2026 funds to purchase an additional mobile medical unit and requests the Committee be notified when the new mobile medical unit is available for screening for miners. The Committee urges NIOSH to continue working to improve access to screening for miners using its mobile medical unit(s) across Appalachia.

Education and Research Centers.—The Committee recognizes the critical shortage of occupational and environmental medicine physicians and encourages NIOSH to prioritize ERC grant and Training Project Grant solicitations for applicants that propose to expand Occupational Medicine Residency programs. Funding should also support multidisciplinary training in areas such as Environmental

and Industrial Hygiene, Occupational Health Nursing, Occupational Health Psychology, Occupational Health Epidemiology, and Occupational Safety and Health Engineering to ensure a comprehensive approach to worker health.

Environmental Exposures and Cancer in First Responders.—The Committee is aware that first responders, such as firefighters, show elevated rates of cancer diagnoses and mortality compared to the broader population. These workers are routinely exposed to a complex array of established and potential carcinogens through inhalation and dermal absorption of hazardous substances. Despite an increased awareness of these occupational risks, there has been no coordinated, large-scale investigations into the mechanisms driving cancer risk among first responders or into how workplace policies, organizational practices, and non-occupational influences interact with exposures to impact safety and health outcomes. The Committee encourages NIOSH to establish a Total Worker Health Center of Excellence focused on the health and safety of first responders, including addressing the cancer disparity among those in the fire service. Using the Total Worker Health approach—which integrates protection from workplace hazards with promotion of overall worker health and well-being—the Center would advance scientific understanding of occupational cancer mechanisms specific to first responders and deliver integrated, evidence-based solutions to safeguard and enhance their safety and health.

Fishing Safety Grants.—The Committee provides $6,000,000 for the Commercial Fishing Occupational Safety Research and Training Program. The Committee supports the fiscal year 2026 agreement between NIOSH and the Coast Guard to efficiently administer the Fishing Safety Training and Research grants. NIOSH, in coordination with the Coast Guard, is directed to provide a briefing to the Committee within 90 days of the date of enactment of this act on the execution of the Fishing Safety Training and Research grants since the start of the program.

Mining Research.—The Committee provides a $5,000,000 increase for CDC's mining research and programs. The Committee encourages CDC to partner with public universities to facilitate the development and implementation of research initiatives in deep mining of critical minerals and metals, specifically targeting the enhancement of workplace safety and health in U.S. mining operations. Collaborative and independent research efforts should be from universities that offer Accreditation Board for Engineering and Technology [ABET] accredited undergraduate mining engineering programs under Mining Engineering Program criteria and graduate programs in mining and explosives engineering, with explosives engineering focused on mining applications. These integrated programs are necessary for conducting highly specialized technical research and implementing effective workforce development initiatives.

National Firefighter Registry for Cancer.—The Committee continues to provide funding as the registry recruits and enrolls participants.

Occupational Heat Stress and Heat-Related Worker Illnesses and Injuries.—The Committee recognizes that occupational exposures to heat and hot environments cause heat-related illnesses (e.g., heat

stroke, heat exhaustion, heat cramps, and fainting) with symptoms including confusion, altered mental status, seizures, dizziness, fatigue, nausea, headache, muscle cramps. Symptoms of heat-related illnesses can contribute to workplace physical injuries, such as incidents from sweaty palms, visual impairment from fogged up safety glasses, touching hot equipment, personal protective equipment that is loosened or removed due to the heat burden, or dizziness and fatigue causing neglect resulting in injuries. Injuries incurred may be minor, serious, life-threatening, or fatal and may result in long-term injuries or permanent disabilities. The committee encourages CDC, in collaboration with appropriate partners, to research the relationship between heat stress and workplace incidents and injuries and to identify means for more accurate data collection of heat-related incidents and injuries in outdoor and indoor workplaces.

Potential PFAS Exposure Source for Firefighters.—The Committee is committed to advancing research on occupational exposure of firefighters to PFAS. NIOSH is directed to engage with the National Institute of Standards and Technology on its ongoing study to identify firefighters' relative risk of exposure to PFAS released from their protective gear. The Committee is concerned by growing evidence that firefighters face increased occupational exposure to PFAS, which have been associated with increased risks of certain cancers and other adverse health outcomes. The Committee notes that while blood testing for exposure to PFAS provides some information, it does not identify when, where, or how occupational exposures occur. The Committee encourages NIOSH to initiate a national research study that tests firefighter exposure to PFAS using non-invasive exposure assessment technologies, including wearable sampling methods to assess the correlation between occupational versus non-occupational PFAS sources. The Committee recommends NIOSH use existing programs, such as the National Firefighter Registry for Cancer, to recruit potential participants for the study. The Committee requests CDC provide an update on these efforts in the fiscal year 2028 CJ.

Total Worker Health Program.—The Committee continues to provide funding for the Total Worker Health program, which supports and conducts ground-breaking research to advance the overall safety, health, and well-being of U.S. workers. This funding supports critical priorities, including addressing the Nation's mental health, suicide, and substance use disorder crises, in the context of work design and employment.

World Trade Center Health Program [WTCHP].—The Committee recognizes the WTCHP's critical role in providing medical monitoring, treatment, and research-informed care to responders and survivors affected by the September 11, 2001, terrorist attacks. The Committee is concerned by reports of staffing shortages, delays in certifications and enrollment appeals, disruptions in continuity of care, and ongoing challenges within the Nationwide Provider Network that may limit timely access to medically necessary services. The Committee urges CDC to prioritize adequate staffing and administrative capacity necessary to ensure timely enrollment determinations, certifications, appeals processing, and uninterrupted access to care for certified members. The Committee strongly encour-

ages WTCHP to strengthen oversight of contractor performance and provider network operations, including reimbursement timeliness, claims resolution, provider retention, and enrollee complaints, in order to improve transparency, maintain provider participation, and protect access to high-quality care. The Committee requests a briefing no later than 90 days after enactment of this act on staffing levels, vacancies, average processing times for certifications and appeals, provider network participation trends, and the steps being taken to reduce delays and improve continuity of care.

World Trade Center Health Program Eligibility.—The Committee recognizes that thousands of eligible members of the WTCHP reside outside the New York metropolitan area, including in Florida, North Carolina, Pennsylvania, and Virginia. In consideration of migration trends, and with a greater need to provide clinical services, in particular monitoring and treatment of WTCHP-certified conditions, and improve access to research within regions where eligible members live, the Committee encourages CDC to implement a competition to award an additional Clinical Center of Excellence outside the New York metropolitan area. The Committee encourages CDC to prioritize geographic regions with a large concentration of WTCHP-eligible members.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM

Appropriations, 2026	$55,358,000
Committee recommendation	55,358,000

The Committee includes $55,358,000 for the Energy Employees Occupational Illness Compensation Program Act [EEOICPA] (Public Law 106–398). This mandatory funding supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decisions.

Energy Employees Occupational Illness Compensation Program Act [EEOICPA] Implementation.—The mandatory funding provided by Public Law 106–398 supports NIOSH scientists who reconstruct radiation dose levels to inform compensation decision. The Committee encourages CDC to continue supporting the professional development of health physics professionals, who are integral to dose reconstruction and special exposure cohort determinations within the program.

GLOBAL HEALTH

Appropriations, 2026	$692,843,000
Committee recommendation	663,843,000

The Committee provides $663,843,000 for global health-related activities at CDC. The Committee notes that the $29,000,000 in funding for parasitic diseases and malaria prevention that was previously provided through the CDC Global Health Center is now provided through the National Center for Emerging and Zoonotic Infectious Diseases.

CDC's global efforts promote health security and prevent disease in the United States and abroad through rapid detection and response to emerging and re-emerging health threats.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Global HIV/AIDS Program	$128,921,000	$128,921,000
Global Tuberculosis	11,722,000	11,722,000
Global Immunization Program	230,000,000	230,000,000
Polio Eradication	180,000,000	180,000,000
Measles and Other Vaccine Preventable Diseases	50,000,000	50,000,000
Global Public Health Protection	293,200,000	293,200,000

Global HIV/AIDS and TB Programs.—The Committee recognizes that since the inception of President's Emergency Plan for AIDS Relief [PEPFAR], CDC has served as an implementing partner, providing technical expertise and program oversight. The Committee emphasizes the importance of CDC as an implementing and technical partner and directs CDC to continue this coordination with the State Department's Bureau of Global Health Security and Diplomacy. The Committee provides funding to be programmed by the CDC Director to sustain in-country health security capabilities with international partners, including global HIV/AIDS and TB surveillance, laboratory services, and related public health infrastructure and activities for the prevention, detection, and response to global health threats. The Committee further directs CDC provide a briefing to the Committee not later than 90 days after enactment of this act on the status of its engagement with the Department of State, the agency's current global health workforce capacity, overseas staffing footprint, and plans to bolster core global health security and infectious disease response capabilities.

Global Public Health Protection.—The Committee supports CDC's global health security priorities, including responding to public health emergencies, training and deploying epidemiologists, and strengthening country capabilities to detect and respond to health threats. CDC's global health programs are critical to U.S. bilateral and multilateral global health and global health security programs that protect Americans and the rest of the world. CDC is a global leader in infectious disease detection, preparedness, and response, including the development and validation of tools and strategies to prevent and mitigate the spread of disease. The Committee urges CDC, in its international engagements, to continue to emphasize the importance of research and development to public health outcomes, global health security, and national security.

Polio Eradication.—The Committee continues to provide funding to support CDC activities related to wild poliovirus and vaccine-derived polio surveillance, vaccine procurement, and outbreak response. CDC is urged to continue to provide technical assistance to countries for polio immunization campaigns, conduct environmental surveillance of polio viruses to ensure prompt detection, and to prevent potential outbreaks of paralytic polio disease.

Population-based Surveillance Platforms.—The Committee continues to provide funding within the Global Health Protection line to expand existing longitudinal, population-based infectious disease surveillance platforms in Kenya that enable comparative analysis between urban and rural populations in Africa.

Soil Transmitted Helminth and Related Diseases.—The Committee continues to include funding to extend the currently funded CDC projects aimed at surveillance, source remediation, and clinical care to reduce soil transmitted helminth infection.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

Appropriations, 2026	$913,200,000
Committee recommendation	913,200,000

The Committee provides $913,200,000 for CDC's Preparedness and Response activities.

CDC's preparedness and response mission is to build and strengthen national preparedness for public health emergencies, including natural, biological, chemical, radiological, and nuclear incidents. This funding supports national response programs, as well as grants to States and localities to enhance preparedness efforts across the country.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Public Health Emergency Preparedness Cooperative Agreement	$735,000,000	$735,000,000
Academic Centers for Public Health Preparedness	9,200,000	9,200,000
Center for Forecasting and Outbreak Analytics and Ready Response Enterprise Data Integration Platform	30,000,000	30,000,000
CDC Preparedness and Response	139,000,000	139,000,000

Center for Forecasting and Outbreak Analytics [CFA] and Ready Response Enterprise Data Integration [RREDI] Platform.—The Committee provides continued funding for CFA and RREDI to facilitate the use of data, modeling, and analytics to improve preparedness and response. The Committee recognizes the investment the U.S. Government has made into these programs and includes funding for CDC to maintain this capability to ensure preparedness for future public health emergencies. The Committee urges CDC to continue to work with schools of public health and other academic institutions to engage the Nation's expertise in disease modeling, public health data analysis, research, and training to build workforce capacity in this emerging field. As an interagency resource for early warnings related to emerging infectious disease threats, the Center will support the public health system in detecting, responding to, and eventually preventing future epidemics and outbreaks.

Public Health Emergency Preparedness Cooperative Agreements.—The Committee continues to provide funding to support State and local health departments to quickly detect, monitor, and respond to health threats. Public health system investments serve as the backbone for disaster and outbreak response in every State, and the pandemic has shown that increased funding for preparedness is necessary for a baseline of consistent protection. The Committee continues to request a State distribution table in the fiscal year 2028 CJ, which should also include information about how funding is being allocated to local health departments and how States are determining these allocations.

BUILDINGS AND FACILITIES

Appropriations, 2026	$40,000,000
Committee recommendation	40,000,000

The Committee provides $40,000,000 for Buildings and Facilities.

CDC-Owned Buildings and Facilities.—The Committee continues funding to make progress on reducing CDC's backlog of maintenance and repairs at its campuses nationwide, including its Atlanta headquarters. The Committee acknowledges that in order to protect Americans from health threats and to rapidly respond to public health emergencies, CDC needs a safe, secure, and fully operational infrastructure in the form of its own laboratories, buildings, and facilities. The Committee supports the completion of the CDC Masterplan Build Out, including continued progress with the Atlanta Masterplan Build Out.

Mine Safety Research Facility.—The Committee requests the continuation of quarterly updates on progress in the construction of the new mine safety research facility and laboratory, costs incurred, unanticipated challenges that may affect timeline or total costs, and any other pertinent developments until the completion of the facility.

CDC-WIDE ACTIVITIES AND PROGRAM SUPPORT

Appropriations, 2026	$646,570,000
Committee recommendation	648,570,000

The Committee provides $648,570,000 for public health leadership and support activities at CDC, which includes $250,000,000 in transfers from the PPH Fund.

The Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Preventive Health and Health Services Block Grant Transfer from Prevention and Public Health Fund	$160,000,000	$160,000,000
Public Health Leadership and Support appropriations	101,570,000	103,570,000
Office of Rural Health appropriations	*6,000,000*	*8,000,000*
John R. Lewis Undergraduate Public Scholars Program appropriations	*6,500,000*	*6,500,000*
NASEM Study appropriations	*1,000,000*	.....
Infectious Diseases Rapid Response Reserve Fund appropriations	25,000,000	25,000,000
Public Health Infrastructure and Capacity	360,000,000	360,000,000
Public Health Infrastructure and Capacity appropriations	*270,000,000*	*270,000,000*
Public Health Infrastructure and Capacity Transfer from Prevention and Public Health Fund	*90,000,000*	*90,000,000*

CDC Technical Expertise.—The Committee recognizes CDC's unique public health expertise, which allows the agency to provide technical assistance, data, and research to States, communities, and international partners. The Committee encourages CDC to continue efforts that support strengthening public health across its wide range of programs, including preventing and responding to infectious diseases, injury prevention and control, and addressing chronic illnesses. As such, the bill continues to require the Secretary to submit a detailed plan and justification to the Committees on Appropriations prior to initiating a reorganization or transfer of functions carried out by CDC. Additionally, the Committee

notes the importance of maintaining staff with the technical expertise to support the agency's mission to protect the health, safety, and security of the American people.

Eating Disorders and Assisted Suicide.—The Committee looks forward to receiving the report required under this heading in House Report 119–271.

Grant Work Plan Reviews.—The Committee recognizes the Department's authority to review grant applications and work plans for alignment with administration priorities and applicable Federal law. The Committee expects such reviews to provide grantees with clear, specific, and program-relevant guidance regarding any required revisions and to be conducted with sufficient lead time to allow grantees to comply with applicable State administrative, workforce, legal and procurement requirements.

Infectious Diseases Rapid Response Reserve Fund [IDRRRF].—The Committee continues to provide funding for the IDRRRF. The IDRRRF provides an immediate source of funding to ensure that funds are available when an emerging infectious disease crisis is detected to ensure that CDC remains positioned to respond quickly. Funds are available until expended. Congress first funded IDRRRF in 2019 to avoid the funding delays CDC experienced during prior large-scale public health emergencies, including the 2014–2016 West Africa Ebola outbreak. Since its inception, CDC has utilized these flexible funds to respond to multiple domestic and global outbreaks, including the most recently in 2026 during the Bundibugyo ebolavirus outbreak when CDC worked with the Democratic Republic of the Democratic Republic of the Congo, Uganda, and surrounding countries to provide surveillance, laboratory, diagnostic, and workforce capacity, and conducted case investigation, case management, infection prevention and control, border health, and risk communication and community engagement activities.

Local Public Health Departments.—The Committee notes that Federal funding intended for both State and local health departments does not consistently reach local health departments beyond those directly funded. The Committee encourages CDC to require States to fund local health departments when programmatically appropriate.

Monthly Briefings.—The Committee directs CDC to provide monthly briefings to the Committees on Appropriations regarding activities funded by this act and other available appropriations.

Office of Rural Health [ORH].—The Committee provides an increase of $2,000,000 for the continued efforts of this office. The Committee directs the agency to ensure that ORH guides CDC's rural health leadership across the entire agency. This includes by developing purposeful public health guidance for rural health departments, analyzing and developing initiatives to expand the rural public health workforce, establishing a formal partnership with the Federal Office of Rural Health Policy under HRSA, and otherwise serving as a resource and technical assistance hub for public health in rural communities.

Public Health Infrastructure and Capacity.—The Committee includes $360,000,000 in public health funding that is not segmented by disease, condition, or activity. Rather, it is provided for cross-cutting, core public health infrastructure needs, including but not

limited to workforce, health information and data systems, public health policy and communications, financial management, community partnership development, and organizational capacity. By providing maximum flexibility, this funding will allow public health agencies to determine and address their greatest needs and build core capabilities that will strengthen and support new and existing programmatic functions. The Committee again directs that no less than 70 percent of this funding be awarded to health departments. The Committee encourages CDC to strengthen infrastructure in local health departments by continuing to directly award funds to local health departments and by urging State health department recipients to allocate resources to local health departments. The Committee urges CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments.

Public Health Leadership and Support.—The Committee continues to provide funding to support CDC's foundational public health activities and to facilitate partnerships. Within this total, the Committee includes $6,500,000 to expand the John R. Lewis CDC Undergraduate Public Health Scholars Program, including the opportunity for more HBCUs to participate, as well as Tribal Colleges and Universities.

NATIONAL INSTITUTES OF HEALTH

The Committee provides $47,562,518,000 in base discretionary resources for the National Institutes of Health [NIH]. In addition, the Committee also includes $1,427,482,000 in transfers available under section 241 of the Public Health Service [PHS] Act (Public Law 78–410 as amended), for a total program level for NIH of $48,990,000,000, a $500,000,000 increase from the fiscal year 2026 enacted level. As in previous years, the Committee has targeted NIH funding in areas of promise of scientific advancement and urgency, while allowing NIH to maintain flexibility to pursue unplanned scientific opportunities and address unforeseen public health needs. The Committee increases support for cancer research by $160,000,000, provides an increase of $100,000,000 for Alzheimer's Disease and Alzheimer's Disease-Related Dementias [AD/ADRD] research, increases support for Lyme and tick-borne disease research by $20,000,000, increases support for diabetes research by $25,000,000, provides a $20,000,000 increase for the Institutional Development Awards [IDeA] Program, increases support for rare disease research by $20,000,000, increases support for Amyotrophic Lateral Sclerosis [ALS] research by $20,000,000, provides an increase of $10,000,000 for the Helping to End Addiction Long-term [HEAL] Initiative, provides an increase of $25,000,000 for the Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone [IMPROVE Initiative], provides a $15,000,000 increase for the INCLUDE Down Syndrome Research Initiative, provides an increase of $10,000,000 for the Office of Research on Women's Health [ORWH], provides a $5,000,000 increase for the Office of Nutrition Research, provides $20,000,000 for the Brain Research through Advancing Innovative Neurotechnologies [BRAIN] Initiative, and provides $50,000,000 for the All of Us Program.

NATIONAL CANCER INSTITUTE

Appropriations, 2026	$7,352,159,000
Committee recommendation	7,512,159,000

The Committee provides $7,512,159,000, an increase of $160,000,000, for the National Cancer Institute [NCI]. Of this amount, $30,000,000 is available for repairs and improvements to the NCI facility in Frederick, Maryland.

Advancing Cancer Immunotherapy.—The Committee is aware of emerging dendritic and other promising cell-based therapeutic platforms with the potential to improve immune-mediated treatment responses across multiple cancer types. The Committee encourages NCI to consider expanded support for translational, manufacturing, and clinical evaluation efforts that advance these broadly applicable immunotherapy strategies toward scalable, multi-center implementation.

Biliary Tract Cancers.—The Committee strongly encourages NIH to support research to develop novel treatment strategies in biliary tract cancers [BTC] and for basic and translational research as well as clinical trials in liver cancers. Consistent with the guidance included in Senate Report 119–55, NCI is encouraged to prioritize research on novel cancer immunotherapy combinations, precision medicine, and transplantation.

Breast Cancer Risk Assessment Tools.—The Committee is concerned about increasing breast cancer incidence, particularly in younger women. There are multiple tools available to help healthcare providers estimate a patient's risk for developing breast cancer; however, some tools underestimate risk for certain populations. The Committee encourages NCI to continue its research on breast cancer risk assessment tools to address this issue and develop more accurate, representative risk models. The Committee also urges NCI to coordinate with stakeholders to improve access to and utilization of breast cancer risk assessment tools to guide personalized breast healthcare.

Cancer Care Support for Rural Communities.—Rural areas with limited access to healthcare services often have a high prevalence of chronic disease and other factors that contribute to increased levels of cancer mortality. These areas also typically have low health literacy, poor cancer screening rates, and a dearth of specialty services. As such, the Committee provides $10,000,000 to establish a comprehensive pilot program to improve cancer outcomes in rural areas. The Committee encourages NIH to identify gaps in care for cancer patients in rural areas. Partnering with interested parties, such as academic medical centers, rural hospitals, clinics, and other community partners, this research should include resource gap analysis to determine how best to direct evidence-based outreach, such as mobile screening units, health education programs, and telehealth services, to areas most impacted by cancer mortality. Preference should be given to those applicants located in States and regions with high rurality, disproportionately poor cancer outcomes, a very low per capita healthcare workforce, no reasonable access to an NCI-designated cancer center, and an expansive telehealth network that is able to reach the most affected populations.

Childhood Cancer Data Initiative [CCDI].—The Committee includes no less than $50,000,000 for the CCDI, including no less than $750,000 to continue to support enhancement of the CCDI Molecular Characterization Initiative. The Committee notes HHS recently doubled funding for CCDI and plans to include private-sector partners and artificial intelligence [AI] to analyze electronic health record and claims data to inform research and clinical trial design. NIH is directed to provide a briefing to the Committee on these efforts within 30 days of enactment of this act, and quarterly thereafter.

Childhood Cancer STAR Act.—The Committee includes $35,000,000, an increase of $5,000,000, for continued implementation of the Childhood Cancer Survivorship, Treatment, Access, and Research [STAR] Act (Public Law 115–180 and 117–350) to support the most promising research opportunities in childhood cancer, including expanding existing biorepositories for childhood cancer patients enrolled in NCI-sponsored clinical trials to collect and maintain relevant clinical, biological, and demographic information on all children, adolescents, and young adults with cancer. The Committee has included funding to carry out childhood cancer survivorship research and programs as authorized in the STAR Act, such as supporting research to inform best practices for the treatment of late effects of childhood cancers, research to improve collaboration among providers so that doctors are better able to care for this population as they age, and research to inform innovative models of care for childhood cancer survivors.

Colorectal Cancer and Early Onset Colorectal Cancer Research.—The Committee recognizes that colorectal cancer remains one of the leading causes of cancer-related deaths in the United States in individuals under 50. The Committee encourages NCI to continue supporting colorectal cancer research, including basic, translational, and clinical research and trials; improved screening and prevention strategies; and efforts to address disparities in access to care and outcomes. Additionally, the Committee is concerned about the increase in incidences of colorectal cancer among younger populations and strongly encourages NCI to provide robust funding for research specifically focused on early onset colorectal cancer. The Committee requests NIH include an update in the fiscal year 2028 CJ detailing allocation of research funds towards colorectal cancer including specific allocation towards early onset colorectal cancer and research into effective therapies and treatments to reduce mortality.

Deadliest Cancers.—The Recalcitrant Cancer Research Act [RCRA] of 2012 (Public Law 112–239) focuses on cancers with a 5-year survival rate below 50 percent, which account for over 40 percent of all U.S. cancer deaths. While advances in some cancers have made it possible to reduce the overall rate of cancer deaths over the last several decades, there has been limited progress reducing mortality for these diseases. The Committee encourages NCI to continue its focus on these cancers, which include cancers of the brain (including glioblastoma), esophagus, liver (including cholangiocarcinoma), lung, ovaries, pancreas, stomach, and mesothelioma and requests an update on research focused on each of these areas in the fiscal year 2028 CJ.

Glioblastoma Therapeutics Network.—The Glioblastoma Therapeutics Network is a collaborative initiative between NCI, hospitals, and research institutions to evaluate novel therapies for glioblastoma. The Committee recognizes its contribution as a testing ground for assessing cutting-edge treatments and drug combinations in clinical settings, with the potential to transform patient outcomes, and encourages continued support for such efforts.

HPV Screening, Syphilis Screening, Self-Collection, and Self-Testing.—The Committee recognizes the impact and potential of NCI's Last Mile Initiative and applauds innovative efforts, such as the emerging network to study noninvasive self-collection and self-diagnostic opportunities for HPV testing. The Committee notes similar opportunities in syphilis, chlamydia, and gonorrhea, and general opportunities to improve the development and implementation of diagnostics and self-diagnostics in precision medicine and connected healthcare.

Improving Native American Cancer Outcomes.—The Committee urges NCI to continue to coordinate with the National Institute on Minority Health and Health Disparities [NIMHD] on the Initiative for Improving Native American Cancer outcomes to support efforts, including research, education, outreach, and clinical access related to cancer in Native American populations.

Kidney Cancer.—Kidney cancer is an insidious disease that most often has no signs or symptoms in early stages. It has not been responsive to "traditional" cancer interventions such as chemotherapy and radiation, and the biology has historically been poorly understood. As a result, it is often the case that once diagnosed, metastatic disease is present, leading to the low 5-year survival rate of 18 percent. The Committee encourages NCI to establish a multi-institute working group that meets annually and incorporates involvement from NIDDK, NIBIB, NCATS, and other appropriate Institutes and Centers. This working group should develop a multi-year strategy for improving early detection and significantly lowering the mortality rate for kidney cancer patients.

Liver Cancer.—Primary liver cancer has a dismal 5-year survival rate of only 22 percent; is the third most common cause of cancer death in the United States; and, unlike most cancers, the rate of liver cancer mortality continues to increase. Action to improve early detection and reduce liver cancer mortality is urgently needed, as mortality rates have not meaningfully improved in over a decade. The Committee recognizes that chronic hepatitis B is a major cause of liver cancer and that improving early detection is essential to reducing mortality. The Committee urges NCI to continue the use of program projects, cooperative research and broad agency announcements, and other contract mechanisms to achieve the goals of strategic plans. The Committee also urges NCI to develop, study, and validate promising and innovative approaches to liver cancer risk stratification, early detection, and surveillance, especially in populations at elevated risk including people living with chronic hepatitis B. Such studies may include new biomarkers, advanced imaging incorporating AI, radiomics, deep learning tools (such as neural networks), and risk stratifying algorithms.

Further, the Committee recognizes hepatocellular carcinoma and other primary liver cancers as a serious and growing public health

burden in the United States. Specifically, the Committee encourages continued investment in: (1) early detection and biomarker development; (2) modeling to improve our understanding of liver cancer control interventions; (3) therapeutic strategies for patients with and without underlying liver dysfunction who are often excluded from clinical trials; and (4) prevention strategies that address the spectrum of chronic liver diseases from alcohol-associated liver disease to metabolic dysfunction-associated steatotic liver disease to viral hepatitis. The Committee requests an update on this work in the fiscal year 2028 CJ.

Metastatic Prostate Cancer Research.—The Committee recognizes that metastatic prostate cancer remains highly lethal, with limited treatment options following relapse. Despite urgent need for innovative therapies, access to investigational treatments, including early phase clinical trials, remains a significant challenge, given the advanced age of many patients, multiple comorbidities, and mobility limitations. The Committee urges NCI to prioritize funding for research that expands access to early phase clinical trials for metastatic prostate cancer, particularly in community-based settings, to ensure that patients-especially those at the highest risk of mortality-have the opportunity to benefit from novel therapeutic developments.

Metastatic Uveal Melanoma.—The Committee recognizes that metastatic uveal (eye) melanoma is a rare but challenging eye cancer. Up to 50 percent of patients who are successfully treated for primary uveal melanoma subsequently develop systemic metastasis, especially in the liver, and succumb to the disease. Compared to metastatic cutaneous (skin) melanoma, immune checkpoint inhibitors rarely work for metastatic uveal melanoma, and there is an unmet need for improvement in the management of otherwise treatment-resistant disease. The Committee urges NCI to prioritize funding for research to better understand the mechanisms of disease progression and to expand access to early-phase clinical trials for metastatic uveal melanoma, thereby improving survival rates for these patients. The Committee also emphasizes approaches that preserve vision and prevent systemic recurrence after treatment of primary uveal melanoma.

Natural Products Research.—Research shows that derivatives from natural products have been an important source of clinically useful anti-cancer agents, yet not enough evidence-based research has been done to strategically identify those compounds that could provide potential benefits in cancer treatment. The Committee encourages NCI to continue to support research into whether and how natural products could be beneficial to cancer patients in reducing the toxicity of therapy or by enhancing therapeutic efficacy as a primary or adjunctive therapy. The Committee encourages NCI to continue to fund research to evaluate the potential value of natural products in reducing adverse effects of cancer therapy and in enhancing therapeutic efficacy through basic, translational, and clinical trials research. NCI is encouraged to seek applicants that have a demonstrated expertise in natural products research, are capable of conducting a holistic review of drugs and disease States utilizing NCI's annotated inventory of natural products, and are able to test the safety and efficacy of natural products in commu-

nities experiencing high rates of healthcare disparities in access to cancer care.

NCI Designation Pathways.—The Committee is concerned that the current distribution of NCI-designated Cancer Centers fails to reflect the geographic realities of cancer burden in the United States. The majority of NCI-designated Cancer Centers are concentrated in States with high levels of NIH research infrastructure, while States bearing the highest cancer incidence and mortality rates remain largely without access to NCI-designated care and the clinical trials, workforce, and research resources that designation brings. The Committee notes that federally designated IDeA States—those which NIH has formally recognized as having historically low funding success rates—are disproportionately represented among States with the highest cancer mortality and fewer NCI-designated Cancer Centers. The Committee directs NIH to initiate a comprehensive, time-limited review of the level of support and geographic distribution of Cancer Center Support Grants [CCSG] with the explicit goal of developing pathway of NIH support to assist cancer centers in rural areas and IDeA States to achieve NCI designation. As part of this review, NIH is directed to identify innovative strategies to assist institutions in rural areas and IDeA States in addressing the structural barriers preventing these institutions from meeting current CCSG thresholds. These barriers are well-documented and include, but are not limited to: NCI-funded investigator minimums; total peer-reviewed cancer funding floors; multi-program breadth requirements; shared research resource infrastructure demands; and clinical trials infrastructure requirements—all of which are substantially harder to meet in States with compressed NIH funding pipelines, limited research staffing capacity, and distance from established research networks. The Committee directs NIH to complete this review and provide a report within 180 days of enactment of this act detailing plans and a timeline for addressing these barriers for such cancer centers.

Neuroblastoma.—The Committee commends NCI for its support of neuroblastoma research and recognizes the many complex challenges presented by this deadly pediatric cancer. The Committee encourages NCI to continue investments in this area and requests an update in the fiscal year 2028 CJ on efforts to improve outcomes for children with neuroblastoma whose cancer has recurred in the central nervous system.

Optimal Timing and Sequencing of Cancer Immunotherapy.—The Committee recognizes that cancer immunotherapy is improving outcomes for an increasing number of cancer patients, especially those for whom other treatments were ineffective. New research suggests that more patients might benefit if immunotherapy were used earlier in the course of their cancer, or to prevent and intercept cancers before they start. The Committee urges NCI to continue to support research focused on assessing the optimal timing for the use of cancer immunotherapy in individual patients. Examples of such research include studying the effectiveness of cancer immunotherapy in premalignant conditions, early-stage cancer, and as a neoadjuvant therapy, prior to additional treatment such as surgery, radiation, or chemotherapy.

Pancreatic Cancer.—Pancreatic cancer will be second only to lung cancer as the leading cause of cancer-related deaths in the United States before 2030. Despite decades of effort, survival remains the lowest of all the major cancers and is particularly dismal for Black Americans. It is critical that NCI redouble its efforts to support early detection and clinical research that focuses on pancreatic cancer. The Committee remains concerned about the lack of early detection approaches for pancreatic cancer and the need to ensure diverse enrollment in cancer clinical trials, including pancreatic cancer trials, the need for more treatment options for patients, and the need to support early-stage investigators focused on pancreatic cancer to ensure there is a pipeline of researchers focused on this disease. The Committee requests an update in the fiscal year 2028 CJ regarding progress in pancreatic cancer research and highlights from NCI's various programs and initiatives focused on pancreatic cancer.

Patient Access to Clinical Trials.—The Committee recognizes that local healthcare provider and patient access to clinical trials is critical for improving equitable access to research and novel health interventions; diversifying the populations participating in research; ensuring the safety and efficacy of new drugs; and accelerating the dissemination and implementation of findings and the adoption of newly approved health interventions. However, access to trials remains out of reach for many patients and local oncology providers, particularly those in rural areas and/or at practice sites and hospitals without dedicated research resources and infrastructure. The NCI's recently launched Virtual Clinical Trials Office pilot study provides virtual research personnel to NCI-funded trials conducted at participating NCI-designated cancer centers and NCI Community Oncology Research Program sites. The Committee encourages the use of telehealth and expansion of the clinical trial-related remote services provided by this office. The Committee requests an update in the fiscal year 2028 CJ on the progress and findings of the initiative including, but not limited to, demonstrating if there were increases in local provider and/or patient participation in clinical trials, especially from rural areas; and challenges and successes in prescreening/screening of potential trial candidates, obtaining informed consents, data abstraction, building protocol-specific treatment plans, and maintaining a repository for quick adoption into the local sites.

Pediatric Brain Tumor Consortium [PBTC].—The Committee notes that brain tumors are the leading cause of cancer-related death for children. The Committee is aware that in 2025, NCI ended funding for the PBTC and began transitioning early phase trials previously conducted by PBTC to the Pediatric Early Phase Clinical Trials Network [PEP–CTN], which is a larger network of early trials for all childhood cancers with the capability of expanding these PBTC trials to 42 sites, as appropriate. The Committee urges support of this transition to ensure PEP–CTN can utilize its expertise and shepherd this research portfolio. Because of the importance of advancing critical pediatric brain tumor research and building on prior investments and years of work, the Committee encourages NCI to continue to support initiatives specifically focused on brain tumors in children and provide dedicated resources

for initiatives that advance research in this area. The Committee requests NCI provide an update in the fiscal year 2028 CJ on its ongoing activities and efforts for pediatric brain tumors.

Pediatric Rare Cancer Therapeutic Development.—Recognizing that effective treatments for many types of childhood cancer do not exist yet, the Committee encourages NIH to continue to examine novel systems for identifying how rare cancers develop and progress and to continue supporting and accelerating the development and evaluation of life-saving therapeutics for pediatric cancer patients.

Precision Drug Testing in Resistant Cancers.—The Committee has a long history of working to address refractory cancers and the lack of treatment options currently available when standard of care has been exhausted. The Committee is encouraged by the promise of functional precision medicine approaches to more rapidly identify individualized treatment options for hard-to-treat cancers, in particular with minority populations. Recent data showing the clinical utility of combining patient-specific drug sensitivity testing and genomic profiling to treat refractory cancers has proven to be potentially lifesaving. The Committee urges NCI to support efforts to explore the scope, applications, and budget for cancer-specific functional precision medicine approaches. The Committee requests an update on the planned workshop on Functional Precision Medicine, which is scheduled to take place in July 2026.

Surveillance, Epidemiology, and End Results Program.—The Committee recognizes the importance of the NCI Surveillance, Epidemiology, and End Results [SEER] Program and urges continued funding for SEER at levels necessary to continue nationwide cancer surveillance activities. The program provides valuable information used by researchers, clinicians, and others on trends in cancer rates, including for different population groups such as children, as well as information on the stage of disease individuals have at diagnosis and how that has changed over time.

Theranostics.—Theranostics is a nuclear medicine technique that combines diagnostic imaging and targeted radiopharmaceutical therapies to precisely identify and treat diseases like cancer. This cutting-edge technology uses diagnostic imaging to identify and target cancer cells; if such cells are present, radiopharmaceutical therapies are injected intravenously and bind to the targeted cancer cells to deliver localized doses of radiation to the tumor. Theranostics are an innovative, precision medicine technique that allows for personalized treatment of cancers-such as thyroid cancer, prostate cancer, and neuroendocrine tumors-while sparing healthy tissue around the tumor. Theranostics show huge potential to advance the battle against cancer-a disease that remains a formidable challenge in medicine and has claimed a significant number of lives nationwide. The Committee encourages NCI to support research that utilizes and promotes theranostics, where appropriate, to provide early, accurate, and effective cancer diagnosis and treatment.

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Appropriations, 2026	$3,990,345,000
Committee recommendation	3,990,345,000

The Committee provides $3,990,345,000, which is the same as the fiscal year 2026 enacted level, for the National Heart, Lung, and Blood Institute [NHLBI].

Cardiomyopathy Research.—The Committee encourages NHLBI to support cardiomyopathy research as authorized by the Cardiomyopathy Health Education, Awareness, and Research, and AED Training in the Schools [HEARTS] Act (P.L 118–176) including research regarding the causation of cardiomyopathy, including genetic causes and molecular biomarkers, long-term health outcomes in individuals with cardiomyopathy, including infants, children, teenagers, adults, and elderly individuals, and facilitate studies using longitudinal data and retrospective analysis to identify effective treatments and outcomes for individuals with cardiomyopathy.

Cardiovascular Disease [CVD].—The Committee continues to recognize that CVD, including heart disease, stroke, and hypertension, is the leading cause of death in the United States and worldwide. The Committee provides robust funding to NHLBI to continue to address these issues and to prioritize funding opportunities that reduce CVD among the hardest-hit geographic areas, such as the Southern United States.

Chronic Obstructive Pulmonary Disease [COPD].—Chronic COPD is one of the leading causes of death, chronic illness, disability, and a major contributor to the healthcare spending in the United States. Over 15 million Americans are diagnosed with COPD, and it is estimated an equal number remain undiagnosed. Despite several effective therapies, there are no treatments that alter the course of the disease. To effectively slow disease progression and reduce permanent damage to the lung, intervention in the early stages of disease is critical. The Committee is aware that NHLBI-funded cohort studies such as the COPDGene and SPIROMICS projects have provided significant insights into the biology of early disease in COPD. With the knowledge now available, there is an opportunity to test promising treatments in proof-of-concept clinical trials, including both new drugs and the repurposing of drugs approved for other indications, to help identify the most appropriate therapeutic targets and generate the evidence to support later stage efficacy clinical trials. The Committee encourages NHLBI to increase support for these proof-of-concept studies and other early disease research activities in COPD.

Congenital Heart Disease [CHD].—The Committee commends NHLBI for its continued work to better understand causation, improve treatments and outcomes, support the growth of the clinical and research workforce, and integrate registry data and research datasets to facilitate research on CHD across the lifespan, including through the Pediatric Heart Network and the Pediatric Cardiac Genomics Consortium. The Committee encourages NHLBI to prioritize CHD activities outlined in its strategic plan, including improving understanding of outcomes and co-morbidities; improving treatment options across the lifespan; and accelerating discovery, analysis, and translation by leveraging CHD registries and networks. The Committee requests NHLBI include in its fiscal year 2028 CJ a report on steps being taken to close these research gaps.

Critical Illness Recovery.—The Committee recognizes the growing burden of critical illness and recovery, including among adults with

acute respiratory distress syndrome [ARDS], pneumonia, and/or sepsis. The Committee notes that severe respiratory infections have highlighted gaps in understanding long-term pulmonary and functional outcomes following critical illness. The Committee encourages NHLBI, in partnership with NIGMS, to explore facilitating research support enabled by the ARDS, Pneumonia, and Sepsis Phenotyping Consortium.

Mitochondria in Cardiovascular Disease.—The Committee recognizes that heart failure and arrhythmias remain a major healthcare burden, affecting millions of Americans; and despite advances in therapies, their prognosis remains poor. The pathogenic mechanism involves mitochondria; but because of their sub-micrometer size and structural and functional complexity, mitochondrial pathogenesis remains difficult to address. The Committee urges NHLBI to prioritize both preclinical and translational research aimed at the development of technology that makes mitochondria accessible, including functional and structural imaging combined with AI, and research that identifies mitochondrial disease mechanisms and mitochondrial targets for therapy.

National Center on Sleep Disorders Research [NCSDR].—The Committee notes the tremendous progress that has been made recently in sleep research, leading to innovative therapies, improvements in care, and better outcomes. The Committee further notes the leadership of NCSDR in coordinating sleep research efforts and encourages enhanced collaboration with other NIH Institutes and Centers, the public health service, and defense research efforts to sustain progress and undertake timely new activities in the areas of neurodegeneration, addiction medicine, and pediatric chronic disease.

Pulmonary Fibrosis [PF].—The Committee applauds NHLBI for its growing commitment to groundbreaking research into PF, a family of chronic diseases affecting more than 250,000 Americans and taking the lives of roughly 40,000 annually. The Committee urges NHLBI to launch Pioneering Research for Early Evaluation and Mechanistic Preemption of Pulmonary Fibrosis [PREEMPT-PF], a research program that seeks to improve early detection and prevent or slow the progression of PF by leveraging advances in AI to advance systems biology approaches to identify risk factors, novel biomarkers, and therapeutic targets for preventive treatments. The Committee continues to urge NHLBI to increase support for early-career investigators researching PF and interstitial lung disease.

South Asian Heart Health Research.—The Committee recognizes that South Asian Americans experience disproportionately high rates of CVD, often at younger ages and in the absence of traditional risk factors. The Committee urges the NHLBI to continue research on CVD, type 2 diabetes, and related conditions among South Asian populations in the United States, including through support for longitudinal cohort studies, disaggregated data collection that distinguishes among South Asian subpopulations, culturally tailored interventions, and research on population-specific risk factors. The Committee further encourages NHLBI to support conferences and workshops on research design to increase the inclusion of communities disproportionately affected by heart disease,

including South Asian communities, in clinical and epidemiological studies.

NATIONAL INSTITUTE OF DENTAL AND CRANIOFACIAL RESEARCH

Appropriations, 2026	$525,163,000
Committee recommendation	525,163,000

The Committee provides $525,163,000, which is the same as the fiscal year 2026 enacted level, for the National Institute of Dental and Craniofacial Research [NIDCR].

Oral Health Research.—The Committee reaffirms that dental care is integral to the medical management of numerous diseases and medical conditions and that the lack of medically necessary oral healthcare heightens the risk of costly medical complications. The Committee appreciates NIH's support for research that has demonstrated that dental care is closely linked to and crucial to the clinical success of other covered medical services. The Committee urges NIH to fund additional research in this area and conduct trials to determine which oral care interventions are most effective for reducing the prevalence and improving the medical management of malignant oral cancers and chronic diseases, preventing pneumonia in hospitals, and lowering hospitalization and emergency department admission rates for oral diseases and conditions.

Temporomandibular Disorders [TMD].—The Committee commends NIDCR for developing the TMD IMPACT Research Network—a national, multidisciplinary consortium designed to improve understanding of TMD through coordinated clinical research, deep phenotyping, and the development of standardized outcome measures—and for incorporating a robust patient engagement component to ensure the Network's goals, objectives, and activities reflect the experiences and needs of people living with TMD. The IMPACT Network represents a critical infrastructure investment to accelerate translational research and improve diagnosis and classification of TMD. The Committee, however, notes that the Network does not currently address the substantial unmet need related to TMD treatment. Given the limited evidence-based treatment options available for TMD, the Committee also notes the urgent need to rigorously evaluate the efficacy and effectiveness of current treatments and to develop novel therapies. The Committee therefore urges NIDCR, in coordination with other relevant NIH Institutes and Centers and with additional academic institutions and investigators, to expand the TMD IMPACT Research Network to support research evaluating the effectiveness of existing treatments for TMD and the identification and development of novel therapeutics and innovative treatment approaches for TMD. Finally, the Committee encourages NIDCR to provide financial support to restore the National Academies of Sciences, Engineering, and Medicine [NASEM] Forum on Temporomandibular Disorders to ensure sustained cross-sector collaboration among researchers, regulators, clinicians, and patients and to help translate research findings into meaningful clinical advances.

NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Appropriations, 2026	$2,326,721,000
Committee recommendation	2,351,721,000

The Committee provides $2,351,721,000, an increase of $25,000,000, for the National Institute of Diabetes and Digestive and Kidney Diseases [NIDDK].

Diabetes.—The Committee provides an increase of $25,000,000 for diabetes research. The Committee commends the efforts of NIDDK to prioritize the discovery and validation of biomarkers and urges NIDDK to continue to prioritize this important work that will accelerate the designing and conducting of clinical trials to prevent, treat, and cure type 1 diabetes. The Committee urges NIDDK to work with the National Institute on Aging to explore the relationship between diabetes and neurocognitive conditions, such as dementia and Alzheimer's disease. Further, the Committee encourages NIDDK to expand research into metabolic interventions for diabetes and its associated comorbidities, including obesity and cardiovascular disease, with particular attention to nutritional and other innovative management strategies as potential therapeutic approaches. This includes support for large-scale clinical trials aimed at identifying predictive biological and metabolic biomarkers, optimizing patient stratification, and developing best practice clinical guidelines. Research should employ multimodal data collection, including imaging, genetics, and cellular biology, to advance understanding of the underlying mechanisms of metabolic dysfunction and inform personalized, metabolism-based treatment and prevention strategies.

Diabetic Eye Disease.—The Committee notes the connection between diabetes and eye health. The Committee encourages NIDDK to engage with relevant Institutes and Centers and stakeholders to identify collaborative opportunities to improve research and community-level intervention activities in diabetic eye disease.

Hepatitis B.—The Committee applauds NIDDK efforts to create common resource services and materials for the research community and urges a continued focus on clinical networks, databank development, and precision medicine approaches. The Committee further encourages NIDDK to continue supporting translational and clinical research infrastructure relevant to hepatitis B, including work on biomarkers, experimental models, data resources, and approaches that may improve patient stratification, disease monitoring, and therapeutic development. Additionally, the Committee encourages the development of experimental animal and cell culture models to help advance cure research against the widest possible set of therapeutic targets and research focused on understanding the virology and immunology of people with low levels of HBsAg, a protein on the surface of the hepatitis B virus, as this category of people are more responsive to therapy. The Committee is aware of the view within the scientific community that finding a cure for hepatitis B, as has been achieved for hepatitis C, is a winnable goal and is within reach in the near term. For these reasons, the Committee urges that research, based on the needs as identified in the updated Strategic Plan for Trans-NIH Research to

Cure Hepatitis B, be funded by NIH in fiscal year 2027 and beyond.

Nutrition Science and Addressing Chronic Diseases.—The Committee recognizes NIDDK for its leadership advancing nutrition science particularly as it relates to a variety of chronic conditions. Further, the Committee appreciates that the benefit and impact of further scientific advancements goes beyond digestive and metabolic conditions and encourages cross-cutting collaborative research efforts in nutrition science and chronic diseases with relevant NIH Institutes and Centers in support of ongoing and emerging efforts, many of which are coordinated by the Office of Nutrition Research [ONR] in the Office of the Director, including the concept for Food is Medicine Networks or Centers of Excellence.

NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE

Appropriations, 2026	$2,804,925,000
Committee recommendation	2,889,925,000

The Committee provides $2,889,925,000, an increase of $85,000,000, for the National Institute of Neurological Disorders and Stroke [NINDS].

Accelerating Access to Critical Therapies for ALS Act (Public Law 117–79) Research.—The Committee includes $95,000,000, which is a $10,000,000 increase, to support expanded access grants as authorized in the Accelerating Access to Critical Therapies for ALS Act (Public Law 117–79). The Committee continues to direct NIH to handle this funding as separate from, not competitive with, other funding for research on ALS. Expanded Access Grants support scientific research utilizing data from expanded access to investigational drugs for people with ALS who are not eligible for clinical trials. The Committee encourages NINDS and OD to continue to strengthen the expanded access grant application process as discussed in the joint explanatory statement which accompanied the 2023 Consolidated Appropriations Act. The Committee commends efforts by NINDS to engage stakeholders and grow the sustainability of this program. These grants support treatment with investigational drugs for people with ALS who are ineligible for clinical trials.

ALS Research and Treatments.—The Committee includes an increase of $10,000,000 for ALS research. The Committee believes it is critically important that NIH continue to increase its investment in ALS research and grow the research workforce in order to find causes, new diagnostics, diagnosis protocols, treatments, quality of life and care enhancements, and a cure for the disease. Increasing support for ALS research will benefit people living with ALS now and those diagnosed in the future. The Committee continues to strongly encourage NIH to increase support for research, including the Transforming Research Award program for ALS, that will lead to measurable changes in the lives of people with ALS.

Alzheimer's Disease and Alzheimer's Disease-Related Dementias.—The Committee includes an increase of $100,000,000 across NIH for AD/ADRD research, including an increase of $50,000,000 in NINDS and $50,000,000 in NIA. The Committee recommends further studies to close the rural precision health-gap by exploring biomarker-based progression trends, environmental and occupa-

tional exposures, and intervention approaches in at-risk rural populations.

Blueprint MedTech.—The Blueprint Medtech Program aims to catalyze the development and creation of groundbreaking solutions for disorders involving the nervous system. A key aspect contributing to the success of this program is the support of technical, regulatory, and business experts and translational resources that are linked to innovator projects as they progress. The Committee encourages NINDS to continue its support for Blueprint MedTech and to maintain the program's integrated support model that is crucial for accelerating the transition of high-potential neurotechnologies.

Brain Aneurysms.—The Committee remains concerned that an estimated 1 out of every 50 individuals in the United States has a brain aneurysm and an estimated 30,000 Americans suffer a brain aneurysm rupture each year, with little or no warning. Ruptured brain aneurysms are fatal in about 50 percent of cases. Despite the widespread prevalence of this condition and the high societal cost it imposes on our Nation, the Federal Government only spends approximately $3.02 per year on brain aneurysm research for each person afflicted with a brain aneurysm. The Committee encourages NINDS to increase its support for research focused on prevention and early detection of brain aneurysms.

BRAIN Initiative.—The Committee continues to support the BRAIN Initiative and includes $20,000,000 across NIH for the BRAIN Initiative, including $10,000,000 to NIMH and $10,000,000 to NINDS. The BRAIN Initiative is an ambitious program to develop and apply new tools and technologies to answer fundamental questions about the brain and ultimately to inspire new treatments, cures, and prevention for brain diseases. NINDS and NIMH are leading partners in the initiative, working with eight other NIH Institutes, Centers, and Offices. The BRAIN Initiative has invested more than $4,800,000,000 in more than 1,700 research projects, engaging scientists from many areas of expertise including mathematicians, engineers, and physicians in individual labs and inter-disciplinary teams. It has fostered discoveries, collaborations, and partnerships to advance treatments and cures for brain and central nervous system diseases, disorders, and injuries. Of note, BRAIN Initiative support has accelerated progress toward precision gene therapies, deep brain stimulation and other "neuromodulation" therapies for neuropsychiatric disorders such as major depressive disorder and substance use disorder, and revolutionary brain-computer interface technologies for restoration of communication in individuals paralyzed by ALS, stroke, or spinal cord injuries. The Committee supports the BRAIN Initiative activities, as it promotes scientific advances that provide opportunities to understand the structure and function of the brain at an unprecedented level of detail, helping bring advanced treatments for brain disorders to clinical use. The Committee encourages NINDS to maintain its ongoing BRAIN Initiative activities and examine additional transformative technologies that can strengthen treatment options for movement disorders such as Dystonia, Parkinson's Disease, Essential Tremor and Multiple System Atrophy [MSA]. The Committee requests an update in the fiscal year28 CJ on the BRAIN Initiative about the progress and achievements of the key

projects and studies it is supporting with these funds by reporting on their objectives and anticipated/actual outcomes.

Congenital Cytomegalovirus [cCMV] Research.—The Committee recognizes NIH is funding a number of grants in this area; however, gaps remain, including in what the standard of care should be for cCMV. The Committee encourages NIH to continue to fund research on cCMV, including to focus on developing a standard of care for cCMV.

Disease-Modifying Strategy for Parkinson's Disease [PD] and Drug-Resistant Epilepsy.—The Committee recognizes that PD affects approximately 1 million Americans and that drug-resistant epilepsy affects over 1 million Americans with no disease-modifying therapy available for either condition. The Committee understands there is an urgent need for neuroprotective therapies. The Committee is aware that the c-Abl kinase pathway has been identified as a convergent driver of both alpha-synuclein pathology in PD and epileptogenesis in drug-resistant epilepsy and that novel brain-penetrant, allosteric c-Abl inhibitors originally developed at NIH may represent a breakthrough approach to both conditions. Therefore, the Committee urges NINDS to prioritize funding for the clinical development of novel disease-modifying therapeutics targeting shared neuroinflammatory and neurodegenerative pathways, including support for IND-enabling studies and early-phase clinical trials of brain-penetrant c-Abl pathway inhibitors for PD and drug-resistant epilepsy, consistent with the National Plan to End Parkinson's.

Dystonia Research.—The Committee commends NINDS for making critical breakthroughs for the Dystonia community, including its role in the development and clinical validation of Deep Brain Stimulation. The Committee encourages the new leadership of NINDS to continue working with community stakeholders to explore emerging opportunities for advancements in Dystonia treatment.

Early-Stage Neurological Research.—The Committee recognizes the growing public health burden posed by neurological disorders, including Alzheimer's disease, Parkinson's disease, multiple sclerosis, stroke, and epilepsy. The Committee is concerned that current research and therapeutic development efforts remain disproportionately focused on symptomatic stages of disease, at which point substantial and often irreversible brain damage has already occurred, limiting the effectiveness of available interventions. The Committee urges NINDS to expand research on the presymptomatic and preclinical stages of neurological disorders, including the biological mechanisms, biomarkers, and early pathological changes that precede clinical presentation. The Committee believes that earlier detection and intervention hold significant potential to alter disease trajectories, prevent progression, reduce long-term disability, and ultimately discover improved therapeutics and cures.

Frontotemporal Degeneration [FTD].—The Committee recognizes the critical role NIH funding plays in advancing research on FTD. The Committee encourages NIH to continue to support research to identify and validate biomarkers for FTD and other neurodegenerative diseases among racially and ethnically diverse

cohorts. Easily accessible biomarkers to accurately detect and measure disease will facilitate greater access to diagnosis and promote participation in research on all forms of dementia. NIH-funded natural history studies, including the ARTFL LEFFTDS Longitudinal Frontotemporal Lobar Degeneration [ALLFTD] Research Study, have contributed to important advances in understanding disease progression. However, the Committee notes that individuals with FTD frequently experience significant delays in obtaining an accurate diagnosis, limiting timely access to care and participation in research and clinical trials. The Committee encourages NIH to support dedicated funding for research to develop biomarkers and clinical assessment tools for FTD to improve diagnostic accuracy, enable earlier intervention, and accelerate the development of effective treatments. Equally critical is support for broad sharing of data and biological samples for FTD. Broad sharing of datasets will enable the larger community of researchers to bring their expertise to bear on the challenge of treating and preventing FTD and other ADRDs. The Committee also encourages NIH to find ways to support more effective communication across researchers, and between clinical science and broader society, to ensure that the research advances driven by NIH can have maximum effect on improving health. FTD is rare and tends to occur at a younger age than other forms of dementia. This creates additional challenges for clinical trials and research. To overcome these challenges as well as recruitment and retention issues, the Committee urges NIH to fund investigators who reflect the broad variety of study populations who can ensure culturally appropriate research is being conducted as well as develop innovative clinical trial designs that recruit diverse populations so that potential therapies can be tested more efficiently and effectively.

Glial Cells.—The Committee recognizes that the study of glial cells shows remarkable promise for the understanding and treatment of diseases affecting the brain and nervous system. While most neuroscience research and drug development have focused on neurons, glia are central players in maintaining brain health as well as driving or exacerbating disease progression. These include: myelin disorders (demylenating diseases) such as leukosydrophies, multiple sclerosis, and Guillain-Barré Syndrome; neurodegenerative diseases such as Parkinson's and AD/ADRD; neurodevelopmental conditions such as autism spectrum disorder; neuropsychiatric conditions such as schizophrenia and depression; gastrointestinal diseases such as Crohn's; and brain cancers. The potential for glia as targets to treat and prevent these deadly, high-burden diseases is significant and still emerging. Therefore, the Committee encourages NINDS, in collaboration with NIA, NIMH, NIDDK, and NCI, to prioritize funding for this emerging area of neuroscience that will fill critical gaps in our understanding of glial biology and translate this understanding into urgently needed therapeutic strategies for a range of diseases.

Improving Diagnostic Testing for Neurodegernative Diseases.—The Committee supports HHS efforts to prevent and effectively treat neurodegenerative diseases, including Parkinson's disease, Lewy body dementia, and other related disorders. The Committee also recognizes that early detection is imperative to improving

health outcomes and patient quality of life by delaying or halting the progression of such diseases. To improve the ability of healthcare providers to diagnose and treat neurodegenerative diseases at an earlier onset, the Committee encourages NINDS to work with healthcare-related entities, manufacturers, and developers, as appropriate, to promote the awareness and research of novel diagnostic testing, including tests that detect and visualize protein markers using skin and other accessible tissues, for neurodegenerative diseases. The Committee also encourages NINDS to collaborate with appropriate stakeholders, including CMS, to improve access to such novel diagnostic tests for neurodegenerative diseases by evaluating current Medicare and Medicaid coverage to determine if such coverage is adequate.

National Parkinson's Project.—The Committee continues to include $5,000,000 for implementation of the National Parkinson's Project, as created by the Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson's Act (Public Law 118–66). The Committee encourages NINDS to continue to collaborate with communities from Parkinson's-related conditions including Multiple System Atrophy, Lewy Body Dementia, Corticobasal Degeneration [CBD], and Progressive Supranuclear Palsy.

National Plan for Epilepsy.—The Committee is aware of the enormous economic cost and toll in human suffering resulting from the epilepsies and considers research and improving outcomes in this area a high priority, as one in 26 people will develop a form of epilepsy in their lifetime. Despite epilepsy's prevalence, disproportionate gaps exist in research, innovation, awareness, and care. Therefore, the Committee urges the NIH to continue to develop and update the Benchmarks for Epilepsy Research following the 2026 Curing the Epilepsies Conference to help identify clinically meaningful research priorities to prevent, diagnose, treat, and cure epilepsy and improve the wellbeing of people with epilepsy and their families. The Committee requests an update on this topic in the fiscal year 2028 CJ.

Opioids, Stimulants, and Pain Management.—The Committee continues to support the HEAL Initiative and includes a $10,000,000 increase across NIH for the HEAL Initiative, including $5,000,000 to NIDA and $5,000,000 to NINDS. The Committee includes within NINDS's budget $290,295,000 for the Institute's management of its share of the HEAL Initiative. The Committee recognizes the critical importance of the pain research component of the HEAL Initiative in addressing the dual epidemics of chronic pain and opioid misuse and addiction. Through HEAL, NINDS has strengthened clinical trial infrastructure, improved understanding of pain mechanisms, advanced implementation science, and fostered cross-Institute collaboration at an unprecedented scale, which is necessary for accelerating the development of non-addictive pain therapeutics and improving the evidence base for clinical pain care. Sustained investments in HEAL pain research are necessary to maintain research capacity, advance therapeutic development, and translate scientific discoveries into improved patient care.

Parkinson's Disease [PD] Research.—The Committee recognizes Parkinson's disease as the fastest-growing neurodegenerative disorder in the United States, affecting nearly 1 million Americans,

with more than 90,000 new diagnoses each year. The Committee encourages NINDS to prioritize research in the following areas: (1) advancement of early detection and diagnostic capabilities, including the development and validation of biomarkers that identify individuals at elevated risk prior to the onset of disabling motor symptoms; and (2) development of neuroprotective and regenerative therapeutic strategies, including investigation of the biological mechanisms underlying the benefits of aerobic exercise and evaluation of emerging stem cell-based approaches aimed at restoring lost neuronal function.

Udall Centers of Excellence in PD.—Established in 1997 by Public Law 105–78, the Udall Centers were designed to be the anchor of the NIH research efforts in PD. Over the past several years, the number of Udall Centers has shrunk from 10 to 5, despite more than 1 million Americans suffering from PD, with 90,000 newly diagnosed in the United States each year. The Committee believes that the Udall Center program is in need of re-investment to accelerate progress on new treatments in the fight against PD. The Committee encourages NINDS to robustly support the establishment of new Udall Centers and explore ways to expand the number of centers informed by the Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson's Act (Public Law 118–66). When establishing the research directions of the Udall Centers program, the Committee encourages NINDS to seek input from the Advisory Council on Parkinson's Research, Care and Services established through Public Law 118–66. The Committee directs NIH to include an update in the fiscal year 2028 CJ on the status of the Udall Centers.

Undiagnosed Diseases Network [UDN].—The Committee continues $18,000,000 for this activity and directs the continuation of the coordinating center, all clinical sites, DNA sequencing core, central biorepository, model organisms screening center, and other necessary testing in the pursuit of diagnoses, including but not limited to: metabolomics, infectious and toxic exposures, and immune abnormalities.

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Appropriations, 2026	$6,585,279,000
Committee recommendation	6,605,279,000

The Committee provides $6,605,279,000, an increase of $20,000,000, for the National Institute of Allergy and Infectious Diseases [NIAID].

Antiviral Drug Discovery Centers [AViDDs].—The Committee recognizes the importance of research and development of new antivirals and their ability to combat new viral outbreaks and prevent them from becoming pandemics and continues $8,000,000 to support this effort. The Committee supports the AViDDs and their mission to develop antiviral drugs to serve as our first line of defense against forthcoming viral outbreaks. The Committee directs NIH to continue supporting antiviral drug discovery to mitigate the risk of future viral outbreaks.

Atopic Dermatitis.—The Committee recognizes NIAID for its work to address autoimmune conditions and notes the potential for progress in pediatric chronic diseases, such as atopic dermatitis.

NIAID is encouraged to work with other Institutes and Centers, especially NIAMS, to further advance research into atopic dermatitis.

Bacteriophage Therapy.—The Committee recognizes that engineered bacteriophage therapy has emerged as one of the most promising technologies for combating the global crisis of multidrug-resistant bacterial infections. The Committee further notes that recent advancements in AI, high-throughput robotic screening, and advanced biomanufacturing have enabled bacteriophage therapy to selectively eliminate pathogenic bacterial species while preserving the body's natural microbiome. To advance this critical innovation, the Committee encourages NIAID to continue supporting research and clinical trials on bacteriophage therapy in the United States.

Celiac Disease.—The Committee commends NIH for issuing a Notice of Special Interest [NOSI] to spur additional research on the study of celiac disease. Today, the only known treatment for this chronic disease is a gluten-free diet; however, recent public and private sector research confirms that such a "treatment" is insufficient for many who suffer from celiac disease. Studies show that 30 to 50 percent of celiac disease patients on a gluten-free diet continue to report symptoms and/or have intestinal damage. The Committee encourages NIAID to devote focused research on the study of celiac disease and continues to encourage NIH to support new research on diagnosis and novel therapeutics for celiac disease; better coordinate existing research; focus new research efforts to improve understanding of the mechanisms underlying clinical manifestations of celiac disease; and to define objective biomarkers that could serve to compliment histology and/or symptoms in pharmaceutical development programs. The Committee directs NIH to include updates on research, projects, and programs for celiac disease in the fiscal year 2028 CJ.

Centers for Research on Emerging Infectious Diseases [CREID].—The Committee recognizes the importance of detecting emerging infectious diseases as early as possible and applauds NIAID for creating CREID, a global network dedicated to this purpose. The Committee continues to provide $18,200,000 for CREID. The network investigates how and where viruses and other pathogens emerge from wildlife and spread diseases to people—information that is critical to waging rapid responses to such outbreaks. The Committee directs NIAID to provide continued funding for the network.

Co-Infection.—The Committee is aware that until we have curative therapy, improved treatments for chronic hepatitis B are needed that will lead to better health and treatment sustainability. The Committee urges enhanced collaboration with the Office of AIDS Research and increased effort towards developing and studying new, innovative, and potentially life-saving treatments for chronic hepatitis B mono-infection and hepatitis B/HIV co-infection, especially Long-Acting Antivirals. Additionally, non-liver related health outcomes related to chronic hepatitis B and hepatitis B/HIV co-infection are poorly understood. The Committee urges research studies to better understand these long-term health outcomes, including neurological, cardiac, and inflammation-related negative effects.

Consortium for Food Allergy Research [CoFAR].—The Committee recognizes the serious issue of food allergies that affect approxi-

mately 8 percent of children and 10 percent of adults in the United States. The Committee commends the ongoing work of NIAID in advancing FDA approved treatment options for people with food allergies and increasing support for clinical investigation to a total of 25 clinical sites for this critical research, including 15 sites as part of the CoFAR. The Committee includes $12,100,000 for CoFAR, the same as the fiscal year 2026 enacted level, to support clinical trials and translational research studies with qualified collaborating institutions with demonstrated expertise in food allergy research and patient engagement, prioritizing projects that can rapidly advance prevention, diagnosis, and treatment of food allergy.

Equipping NIH Research Programs to Target HIV/AIDS Hotspots.—The Committee directs the NIH Office of AIDS Research to coordinate NIH-wide resources to focus on areas with the highest prevalence of HIV/AIDS, for example, utilizing Centers for AIDS Research [CFARs] to develop targeted interventions that increase the use of pre-exposure prophylaxis [PrEP] and better protect those communities from HIV transmission and its consequences.

Fungal Diseases.—Fungal diseases remain a significant and underrecognized threat; additional resources are needed to support pilot projects that advance patient-relevant translational research, including improved diagnostics, therapeutics, and implementation strategies that address real-world clinical challenges. The Committee urges NIAID's Division of Microbiology and Infectious Diseases to work collaboratively with fungal patient advocacy organizations to ensure research priorities reflect patient experience, diagnostic delays, treatment burdens, and unmet medical needs. The Committee also encourages NIAID to utilize flexible funding mechanisms such as Broad Agency Announcements, Small Business Innovation Research [SBIR], and Small Business Technology Transfer [STTR] programs to accelerate innovation and foster partnerships between academia, industry, and patient communities.

Gonorrhea.—The Committee continues to be concerned with recent CDC reports that gonorrhea infections have developed resistance to almost all antibiotics. Gonorrhea has become a public health threat because the only recommended and effective class of drugs left to treat the disease is cephalosporins. The Committee commends NIAID for its efforts to develop new antibiotics for the multi-drug-resistant bacterium and encourages NIAID to accelerate work to find new diagnostic tools and treatments for this disease.

Hepatitis B and Hepatitis D.—The Committee recognizes the importance of the Strategic Plan for NIH Research to Cure Hepatitis B and encourages NIAID to continue supporting targeted basic, translational, and clinical research on hepatitis B and hepatitis D, including research to advance finite-duration and curative therapies, improve understanding of viral persistence and immune control, and accelerate development of promising new therapies for chronic hepatitis B and D.

Hereditary Angioedema [HAE].—The Committee recognizes NIH's prior support for research that identified genetic variants associated with hereditary angioedema due to C1 inhibitor [C1–INH] deficiency and advanced effective therapies and standards of care

for affected individuals. However, the Committee notes that substantial diagnostic, treatment, and care challenges remain for patients with hereditary angioedema who have normal C1–INH antigenic levels and function. The Committee continues to encourage NIAID, in coordination with other NIH Institutes and Centers and the stakeholder community, to advance research on this patient population. Such research should identify additional disease-associated genetic variants and clarify mechanisms underlying episodic swelling.

HIV Self-Testing.—The Committee strongly supports advancement of technologies that enable rapid self-testing for HIV, particularly those technologies that detect HIV in people on current or future therapeutics and vaccines. The Committee notes the critical importance of having such self-testing technologies available before new options for therapeutic control and HIV vaccines become widely available. Self-testing technologies are necessary for individuals to know their HIV status and seek care to initiate treatment, thereby supporting ongoing HIV prevention efforts. Thus, the Committee urges NIH to fund as many meritorious proposals as possible to bring these important tests to market.

HIV Vaccine Research.—The Committee directs NIH to continue to support sustained, robust Federal funding for HIV vaccine research. After decades of scientific effort and consistent NIH investment, we now have a clear, evidence-based road map for developing a successful HIV vaccine. Efforts like the HIV Vaccine Trials Unit [HVTN] and its partner clinical research centers in 13 States ensure that expertise from all corners of the United States are contributing to this effort.

Lyme and Tick-Borne Disease Research.—The Committee includes not less than $130,000,000, an increase of $20,000,000, for research into Lyme and other tick-borne diseases. The Committee understands this increasing health concern in the United States and that NIH-supported research can help advance development of reliable diagnostics and therapies to address it and carry out NIH's Strategic Plan for Tickborne Disease Research. The Committee also understands Lyme disease accounts for the majority of reported tick-borne diseases and encourages robust research in this area. The Committee urges NIH to develop new tools that can more effectively prevent, diagnose, and treat Lyme disease, including its long-term effects, and other tick-borne diseases. The Committee encourages the promotion and development of potential vaccine candidates for Lyme disease and other tick-borne diseases. The Committee urges NIH to conduct research to better understand modes of transmission for Lyme and other tick-borne diseases. The Committee encourages NIH to incentivize new investigators to enter the field of Lyme disease and other tick-borne disease research. The Committee encourages NIH to coordinate with CDC on publishing reports that assess diagnostic advancements, methods for prevention, the state of treatment, and links between tick-borne disease and other illnesses.

National Biocontainment Laboratories [NBLs].—The Committee provides $23,000,000 for the two NBLs to support core and shared resources for BSL–4 containment, enabling them to develop and maintain the research resources, facilities, and personnel needed to

meet the National biodefense and emerging infectious diseases research needs in the event of a deliberate act of bioterrorism or naturally occurring public health emergency. The Committee notes that research on high consequence zoonotic viruses requires high-containment BSL–4 labs. High-containment BSL–4 labs enable researchers to strategically investigate these types of pathogens and develop rapid and reliable diagnostics, novel antiviral therapeutics, and vaccines in a facility specifically designed to safely contain this important work. Additional investments in BSL–4 infrastructure for research in highly pathogenic zoonotic viruses is critical. The Committee directs that this funding be used by the NBLs to support (1) maintaining the research resources for biodefense, emerging infectious disease agents, and other infectious disease threats to U.S. and global health; (2) training PhDs, post-doctoral candidates, and new researchers in biosafety level 4 practices; (3) maintaining a workforce skilled in BSL–4 research and laboratory operations; and (4) establishing best practices and security protocols for the safe, effective, and efficient conduct of research in BSL–4 facilities.

Neglected Disease Research.—The Committee strongly supports NIAID's neglected disease research programs, including for HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases. NIH is the world's single largest funder of neglected disease research and has supported the development of high-impact technologies for health areas that receive little attention from industry. Given that many innovation gaps persist, NIAID is directed to continue to support this research. The Committee further directs NIAID to take steps to ensure the safe and appropriate inclusion of women, children, and pregnant and lactating women in this research to address product gaps for these vulnerable populations and to encourage women centered innovations.

Pediatric Lyme Disease.—The Committee continues to recognize Lyme disease as a significant public health concern for children and notes that pediatric patients may experience distinct clinical presentations, disease progression, and long-term outcomes compared to adults. Building on prior Committee directives related to maternal-fetal transmission, gestational Lyme disease, and pediatric Lyme disease research, the Committee encourages NIH to advance research on the prevention, diagnosis, treatment, and long-term outcomes of Lyme disease in children. The Committee is particularly concerned about gaps in evidence related to early-life exposure, infection during pregnancy, and infection acquired during infancy and childhood, including potential neurodevelopmental, cognitive, and behavioral impacts. Within 1 year of enactment of this act, the Committee directs NIH to provide an updated report on its plans to advance research on pediatric Lyme disease, including resources required and potential obstacles to progress.

Regional Biocontainment Laboratories [RBLs].—For nearly two decades the RBLs have played a vital role as part of the Nation's biodefense infrastructure helping the United States prepare and respond to emerging infectious disease agents. The Committee is committed to ensuring that the United States remains prepared to meet infectious disease threats and directs NIH to continue its support of the 12 RBLs. The Committee is pleased NIAID competi-

tively awarded the RBL's operations support. The Committee encourages NIAID to allow grantees to carry over unused funds into fiscal year 2027 to support this vital work of the RBLs. The Committee continues to provide $52,000,000, the same as the fiscal year 2026 enacted level, for the 12 RBLs to support core and shared resources for BSL–3 containment. To the extent possible, of this amount, no less than $3,000,000 shall be provided to each of the 12 RBLs to support training and maintaining a capable research workforce with broad, relevant biomedical, technological, veterinary, and regulatory expertise, supporting operations, facilities, and equipment purchase costs, and supporting research utilizing the capabilities of the RBLs. The remaining funding shall go to the 12 RBLs to support: (1) research on biodefense, emerging infectious disease agents, and other infectious disease threats to global health; (2) training new researchers, including in biosafety level 3 practices; (3) maintaining a workforce skilled in BSL–3 research; and (4) establishing best practices for the safe, effective, and efficient conduct of research in BSL–3 facilities. All funding shall be used to support the aforementioned activities conducted within the RBL and should not be limited to just the BSL–3 space.

Research on Antimicrobial Resistance [AMR].—The Committee is aware that antibiotic stewardship programs are a key component in preventing the spread of antibiotic resistance in all healthcare facilities in the United States and across the world. The Committee continues to include no less than $565,000,000, the same as the fiscal year 2026 enacted level, to fund NIAID research to combat AMR and the training of new investigators to improve AMR research capacity as outlined in the 2020–2025 National Action Plan to Combat Antibiotic Resistant Bacteria [CARB]. In the CARB, 2020–2025, one of the five goals was to Accelerate Basic and Applied Research and Development for New Antibiotics, Other Therapeutics, and Vaccines in order to improve understanding of the many factors that contribute to the emergence, spread, and persistence of antibiotic resistance and to support new strategies for preventing and mitigating infections. The Committee urges NIAID to undergo an assessment of the current infection control and health services research, determine where the gaps exist, and create a research agenda to help advance this important area of knowledge.

Syphilis.—The Committee continues to be concerned with the overall rise in syphilis cases, including in women of childbearing age, which often leads to congenital syphilis. The Committee commends NIAID for its continued work in developing new diagnostic tests for both adults and newborns and encourages acceleration of vaccine development and new treatment options.

Tuberculosis [TB].—Worldwide, TB is the leading infectious killer and is the leading cause of death among people with HIV. The Committee commends NIAID on the publication of the 2024 update to the Strategic Plan for Tuberculosis Research and encourages NIAID to continue its implementation.

Universal Flu Vaccine.—The Committee continues to include no less than $270,000,000, the same as the fiscal year 2026 enacted level, to support efforts to develop a universal flu vaccine, or a vaccine that provides robust, long-lasting protection against multiple subtypes of flu, rather than a select few. Such vaccines would pro-

vide protection against zoonotic flu and eliminate the need to update the seasonal flu vaccine each year. The Committee directs NIH to ensure that all universal influenza vaccine research activities are approved by NIH's rigorous multi-tiered review system. The Committee requests an update on these efforts within 90 days of enactment of this act.

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Appropriations, 2026	$3,269,679,000
Committee recommendation	3,289,679,000

The Committee provides $3,289,679,000, an increase of $20,000,000, for the National Institute of General Medical Sciences [NIGMS], which includes $1,427,482,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

Biomedical Research Workforce Training.—Training programs at the NIH provide a quality standard of training for graduate students and postdoctoral fellows in biomedical research. The training grants that support these programs at research institutions across the country play a vital role in establishing a biomedical research ecosystem and training the next generation of researchers for health-related research needs. The Committee notes it has not yet received the update requested in Senate Report 119–55 on specific actions NIH will take to identify and remove barriers for applying for training grants in IDeA States and reiterates the request for an update.

IDeA Program.—The Committee recognizes the importance of the IDeA program in enhancing geographical representation across NIH's research portfolio and provides not less than $470,956,000, an increase of $20,000,000, for the program. In order to ensure that research investments from IDeA programs provide maximum benefit, the Committee urges NIH to examine ways to increase NIH IDeA State participation in major grant programs across NIH's portfolio, including those that support biomedical research facilities, instrumentation, and training. Currently eligible States have historically had low aggregate success rates for grant applications to NIH and rely on the IDeA program to help build a research infrastructure and enhance research capacity at institutions in those States. Finally, the Committee opposes any efforts within NIH to change eligibility for the IDeA program to a system that would be based on States' populations.

Research Training Programs.—Over the last year, NIH has discontinued a number of undergraduate and graduate training programs that have been successful in training thousands of future scientists and researchers. The Committee understands that it is the goal of NIH to create a new cadre of research training programs built on the success of prior programs to train and support the next generation of researchers with the goal of maintaining, if not increasing, the number of trainees supported by NIH. The Committee commends NIH for recognizing the importance of strengthening undergraduate and graduate training programs. The Committee strongly supports opportunities for the Nation's next generation of researchers and efforts to enhance diversity in biomedical research and opportunities for students with limited access to Science, Technology, Engineering, Mathematics, and Medicine

[STEMM] education and research. The Committee directs NIH to provide an update to the Committee within 120 days of enactment of this act on the number of trainees supported by NIH and the status of NIH's new training programs such as the Biomedical Undergraduate Research Training [BURT] program and the Medical Scientist Training Program—Advancing Health and Development [MSTP–AHeAD].

Supporting Biomolecular NMR Databanks.—The Committee recognizes the essential role that existing, extramural Nuclear Magnetic Resonance [NMR] databases located at public academic health centers play in fostering medical research and drug discovery. As such, the Committee encourages NIGMS to ensure that grants which support these valuable scientific community assets are of sufficient size to ensure that they can continue to add and curate new data, modernize, and support all researchers. The NIGMS Director shall report to the Committee on these efforts within 60 days of enactment of this act.

EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Appropriations, 2026	$1,769,078,000
Committee recommendation	1,794,078,000

The Committee provides $1,794,078,000, an increase of $25,000,000, for the Eunice Kennedy Shriver National Institute of Child Health and Human Development [NICHD].

Adenomyosis Research.—The Committee urges NICHD to continue expanding basic, clinical, and translational research into the mechanics of adenomyosis, including root causes of the disease and new treatment methods. The Committee encourages research on the genetic and immune system components of adenomyosis. The Committee further encourages NIH to devote more resources to exploring the link between adenomyosis, infertility, especially unexplained infertility, and endometriosis.

Andrological Health.—The Committee strongly supports translational and clinical research into andrological health and urges NICHD to prioritize and expand these research programs.

Congenital Syphilis [CS].—The Committee continues to be concerned with the continued rise in the rates of congenital syphilis. CS can lead to life-long deformities and disabilities, but with prompt diagnosis and treatment, these outcomes can be avoided. The Committee encourages NICHD to coordinate efforts with NIAID on new testing, diagnosis, and treatment efforts.

Endometriosis.—The Committee urges NICHD to continue expanding basic, clinical, and translational research into the mechanisms of endometriosis, including root causes of the disease, identify early diagnostic markers, and develop new treatment methods. The Committee encourages research on the genetic and immune system components of endometriosis. The Committee further encourages NIH to devote more resources to support targeted research of endocrine disrupting chemicals in endometriosis, the relationship of endometriosis and cancer, and prenatal and epigenetic influences on the risk for endometriosis. The Committee also encourages research on non-invasive diagnostics of endometriosis to reduce delays in diagnosis and improve treatment. The Committee

encourages research on the growth of endometriosis and endometriosis recurrence post-surgical procedures or medical therapeutics, as well as, research into lifestyle and nutritional modifications on endometriosis. Additionally, NIH is encouraged to use an updated, evidence-based definition of the disease, aligning with current scientific understanding that characterizes it as a chronic, systemic, and inflammatory condition. This aims to ensure the development of effective diagnostics and treatments reflect endometriosis' full clinical reality (i.e., not solely a reproductive condition) as it can affect every major organ in the body.

Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone [IMPROVE] Initiative.—The Committee provides no less than $88,400,000 for this activity, an increase of $25,000,000. The Committee is aware that NICHD's current Maternal Health Research Centers of Excellence provide a platform to further both research and clinical care in reducing maternal morbidity and mortality. The Committee appreciates NIH's commitment to supporting Centers in areas of the country that see the highest rate of both. The Committee encourages NICHD to continue to expand its current Centers of Excellence with a particular emphasis on increasing support for existing centers and establishing new ones in regions of greatest need, eliminating racial and ethnic disparities in maternal morbidity, and training a diverse group of early-stage scientists in maternal health research.

Infertility.—The Committee remains concerned about the rate of infertility suffered by couples trying to conceive. In the United States, 11 percent of women of reproductive age have difficulty getting pregnant or carrying a pregnancy to term. The Committee urges NICHD to continue to research female reproductive conditions, specifically adenomyosis, uterine fibroids, endometriosis, and polycystic ovary syndrome. This research could include diagnostic testing, causes of the conditions, and treatment options, especially non-pharmacological intervention. Since there is a gap in the knowledge of how to diagnose and treat male infertility, the Committee also urges NICHD to continue to support research on male mechanisms of infertility. The Committee also urges NIH to continue to research into the role of lifestyle and nutritional modifications on infertility.

Maternal Morbidity and Mortality.—The Committee is concerned about recent closures of obstetrics and gynecology units in rural hospitals across the country and their impact on patient access to care. The Committee encourages NICHD to support research on this issue, including examining how these closures are affecting maternal morbidity and mortality.

National Center for Medical Rehabilitation Research [NCMRR].—The Committee recognizes the essential role of NCMRR in advancing medical rehabilitation and disability research within NICHD and across NIH. NCMRR's work strengthens the scientific foundation needed to improve function, independence, and quality of life for people with disabilities and those at risk of disability due to chronic disease. The Committee supports continued investment in NCMRR's research, training, and collaborative efforts to reduce the burden of chronic conditions and expand access to evidence-based rehabilitation interventions.

Pediatric Trials Network [PTN].—Authorized under the Best Pharmaceuticals for Children Act, the PTN has an essential role in serving as a national focal point for pharmaceutical clinical trials involving pediatric populations, with the goal of improving pediatric drug safety and dosing. The Network has enrolled more than 12,500 children across more than 100 clinical research sites in over 40 States, contributing to 26 FDA label changes and providing important new pediatric information for off-patent therapeutics. The Committee is aware of concerns that NIH reduced funding for the PTN. The Committee encourages NIH to fully fund the PTN to ensure no clinical trials are disrupted, and to ensure that NIH maintains the PTN's role in helping advance safe and effective therapeutics for children. Finally, the Committee directs NIH to report to the Committee within 60 days of enactment of this act on how it will ensure established trials under the PTN will continue during fiscal year 2027.

Population Research.—The Committee commends NICHD for supporting a strong population dynamics research portfolio that includes the Population Dynamics Centers Research Infrastructure Program and prospective, population representative studies, such as the Panel Study of Income Dynamics Child Development Supplement and Future of Families and Child Wellbeing Study. This infrastructure provides essential data to early-stage investigators and scientists nationwide, facilitating research to improve health and well-being across the lifespan. As a result of this investment, scientists are uncovering how early life adverse events influence the onset and course of chronic disease. The Committee requests an update in the fiscal year 2028 CJ on how NICHD is sustaining this area of research and collaborating with other Institutes and Centers, such as NIA, to further scientific progress on the influence of life course risk factors and how they can be mitigated to promote good health and well-being outcomes in infants, adolescents, and young adults.

Safe to Sleep Campaign.—The Committee continues to provide $1,300,000 for this activity and directs NIH to reestablish the Safe to Sleep Campaign as described in Senate Report 119–55.

Severe Maternal Morbidity.—The Committee is concerned that despite the high rate of severe maternal morbidity in the United States, there is not a uniform definition of severe maternal morbidity. Having a uniform definition would help Federal, State, and local agencies and research institutions establish standardized and interoperable processes for billing surveillance, data collection, and research. The collected data could then inform the development and deployment of targeted, evidence-based prevention and treatment programs to reduce the incidence of severe maternal morbidity. The Committee encourages NICHD to hold a formal convening of subject matter experts and organizational representatives, including representatives from the CDC, HRSA, NICHD, the Office of the National Coordinator for Health Information Technology, FDA, and public stakeholders, to determine a uniform definition of severe maternal morbidity. The Committee directs NICHD to provide a report in the fiscal year 2028 CJ on the proceedings of convening including formal definitions for severe maternal morbidity.

Uterine Fibroid Research.—The Committee recognizes that uterine fibroids are the most common non-cancerous tumors in women of reproductive age and can cause heavy menstrual bleeding, anemia, pain, infertility, and pregnancy complications. The Committee further recognizes that uterine fibroids are highly prevalent, affecting up to 80 percent of women by age 50, and that many patients experience substantial delays in diagnosis and limited treatment options. The Committee urges NICHD to support research on early detection of, and intervention for, uterine fibroids. The Committee also strongly urges NICHD to continue expanding basic, clinical, and translational research into the mechanisms of uterine fibroids, identification of early diagnostic methods, and new treatment methods, including surgical procedures and fertility-preserving treatments.

Women's Reproductive Health Research [WRHR] Program and Research Scientist Development Program [RSDP].—The Committee encourages NICHD to continue to fund WRHR and RSDP scholars, with the goal of increasing the diversity of the scholars, sites, and research supported by the programs. The Committee recognizes the effectiveness of these programs, which provide an opportunity for obstetrician/gynecologists who recently completed postgraduate clinical training to further their training in basic, translational, and clinical research. The Committee directs NIH to provide an update on these programs in the fiscal year 2028 CJ.

NATIONAL EYE INSTITUTE

Appropriations, 2026	$896,549,000
Committee recommendation	896,549,000

The Committee provides $896,549,000, which is the same as the fiscal year 2026 enacted level, for the National Eye Institute [NEI].

Usher Syndrome.—The Committee encourages NIH to enhance and prioritize Usher syndrome research at NEI. The Committee requests an update in the fiscal year 2028 CJ. The update should include efforts to stimulate the field and to accelerate viable human treatment options for those with Usher syndrome.

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Appropriations, 2026	$913,979,000
Committee recommendation	913,979,000

The Committee provides $913,979,000, which is the same as the fiscal year 2026 enacted level, for the National Institute of Environmental Health Sciences [NIEHS].

Environmental-Related Health Conditions.—The Committee provides $40,000,000 for NIEHS to continue research on the impacts that changing environmental conditions have on human health.

Microplastics and Human Health.—The Committee recommends that NIH review primary chemicals in the life cycle analysis of plastic materials that are impacting the environment and human health. The Committee recognizes that microplastics are increasingly ubiquitous in the human body, in food intended for human consumption, and in drinking water. The Committee urges NIH to study how humans are exposed to microplastics, including the risks

from exposures to microplastics and nanoplastics in common products such as textiles, and how this impacts human health.

PFAS Mitigation.—The Committee recognizes that contaminated water poses a significant public health risk, with the potential to cause a range of adverse health outcomes, including gastrointestinal illness, neurological conditions, reproductive issues, chronic diseases, and the transmission of infectious diseases. Given the severe and far-reaching impacts on human health, the Committee continues to appropriate funding to support and coordinate comprehensive health-focused research efforts to evaluate the direct and indirect impacts of contaminated water on public health.

Wildfire Smoke Research.—The Committee is concerned regarding the lack of data about the health impacts of wildland fire smoke and encourages NIEHS to support research to understand the health risks associated with wildfire smoke exposure and any interventions that can be implemented to mitigate adverse health effects.

NATIONAL INSTITUTE ON AGING

Appropriations, 2026	$4,517,623,000
Committee recommendation	4,567,623,000

The Committee provides $4,567,623,000, an increase of $50,000,000, for the National Institute on Aging [NIA].

Alzheimer's Disease and Alzheimer's Disease-Related Dementias.—The Committee continues to support AD/ADRD research, including multi-disciplinary approaches into the basic science and pathology of the disease, which builds upon the funding goals needed to prevent and effectively treat AD/ADRD by 2025 identified in the National Plan required by the National Alzheimer's Project Act (Public Law 111–375). The Committee includes an increase of $100,000,000 across NIH for AD/ADRD research, including an increase of $50,000,000 in NIA and $50,000,000 in NINDS. NIA is encouraged to continue addressing the research targets outlined in the fiscal year 2027 Professional Judgment Budget. In addition, NIA is directed to provide an update on activities related to this research in the fiscal year 2028 CJ.

Extracranial Lymphatic Dysfunction Research.—The Committee recognizes growing evidence that extracranial lymphatic dysfunction may play a role in the progression of AD/ADRD. The Committee urges NIA to support research on extracranial lymphatic dysfunction and restoration strategies as potential disease-modifying approaches, including non-pharmacologic, device-enabled, or procedural interventions, within existing authorities. Such research should focus on interventional or clinical trial-style studies and include investigation of underlying mechanisms, relevant biomarkers, and neurovascular or cognitive outcomes and should be supported through existing grant mechanisms or targeted funding opportunities. The Committee requests NIA include an update on progress in this area in the fiscal year 2028 CJ.

Palliative Care Research.—The Committee provides continued funding for NIA to coordinate the work of a multi-Institute and multi-Center initiative for palliative care research, including extramural-based research infrastructure, by developing early and mid-stage researchers and engaging various healthcare systems, pro-

viders, and community partners. The Committee commends NIA for spearheading the release of a funding opportunity to support a National Consortium for Palliative Care Research Across the Lifespan. NIA is directed to notify the Committee at least 10 days in advance of the release of a Notice of Award for the Consortium for Palliative Care Research Across the Lifespan.

Population Research.—The Committee commends NIA for supporting a robust population aging research portfolio that includes research grants, centers, networks, training programs, and population representative longitudinal surveys, including the Health and Retirement Study and National Longitudinal Study of Adolescent to Adult Health and the National Health and Aging Trends Study. Collectively, these activities are training early-stage investigators and facilitating research conducted by mid-and senior-level investigators nationwide to address topics such as mortality, physical and cognitive functioning, disability, caregiving, and Alzheimer's disease. In addition, these activities, especially the population representative surveys, are providing new insights into how life course events influence the onset of chronic disease and disabling conditions in older adults. The Committee requests an update in the fiscal year 2028 CJ on how NIA is collaborating with other NIH Institutes and Centers, such as NICHD, to advance research on how life-course events influence the development and trajectory of chronic disease and disabling conditions in older adults.

Wearables and Circadian Rhythms in Aging Research.—The Committee recognizes the growing value of wearable devices for advancing research on aging and age-related disease by enabling longitudinal measurement of sleep, physical activity, cardiovascular function, circadian rhythms, and other dynamic biological processes. The Committee urges NIA to increase support for research on the development, validation, and application of wearable and continuous biodata monitoring technologies in both human and laboratory animal studies, including the integration of such data with molecular, clinical, and functional endpoints. Given the need for new technologies, SBIR and STTR awards in this area should be prioritized. The Committee further encourages NIA to consider the role of circadian rhythm regulation in aging and age-related disease and to explore how wearable-derived measures may contribute to the development of biomarkers relevant to healthspan and aging research. The Committee requests an update on this request in the fiscal year 2028 CJ.

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES

Appropriations, 2026	$685,465,000
Committee recommendation	685,465,000

The Committee provides $685,465,000, which is the same as the fiscal year 2026 enacted level, for the National Institute of Arthritis and Musculoskeletal and Skin Diseases [NIAMS].

Atopic Dermatitis.—The Committee encourages NIAMS to work with other Institutes and Centers, especially NIAID, to further advance research into atopic dermatitis.

Scleroderma.—The Committee recognizes the debilitating effects of scleroderma on patients and the need to advance treatment options for the community. The Committee encourages NIAMS to continue collaboration with stakeholders on reviewing the progress made in scleroderma research.

Thalassemia.—Patients with thalassemia frequently develop low bone mass issues, often several decades earlier than is typical in the general population. Most currently recognized treatment options for low bone mass have been developed for populations that develop these issues at an older age than is seen in patients with thalassemia and address issues that may not have the same characteristics that are present in thalassemia. More research on treatments for and prevention of low bone mass for this population, including the proper use of low intensity vibration therapy, may be warranted.

NATIONAL INSTITUTE OF DEAFNESS AND OTHER COMMUNICATION DISORDERS

Appropriations, 2026	$534,333,000
Committee recommendation	534,333,000

The Committee provides $534,333,000, which is the same as the fiscal year 2026 enacted level, for the National Institute of Deafness and Other Communication Disorders [NIDCD].

NATIONAL INSTITUTE OF NURSING RESEARCH

Appropriations, 2026	$197,693,000
Committee recommendation	197,693,000

The Committee provides $197,693,000, which is the same as the fiscal year 2026 enacted level, for the National Institute of Nursing Research [NINR].

Health Disparities Research.—The Committee continues to provide $10,000,000 for NINR to support research related to identifying and reducing health disparities.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Appropriations, 2026	$595,318,000
Committee recommendation	595,318,000

The Committee provides $595,318,000, which is the same as the fiscal year 2026 enacted level, for the National Institute on Alcohol Abuse and Alcoholism [NIAAA].

Fetal Alcohol Spectrum Disorders [FASD].—The Committee supports NIAAA efforts to accelerate FASD basic, prevention, diagnosis, and treatment research. The Committee encourages NIAAA to continue efforts to support innovative research and to disseminate research findings to States, Tribes, and provider and non-profit organizations in increasing FASD diagnostic capacity, enhancing FASD prevention programs, developing resources for systems of care, training services providers and professionals, and responding to the needs of individuals.

Reducing Alcohol Related Mortality.—The Committee is concerned by the high rates of alcohol misuse and alcohol-related morbidity and mortality in the United States. The Committee urges NIAAA to continue supporting research on prevention programs

that focus on populations most affected by alcohol misuse and alcohol-related mortality. This research can include the development, testing, and implementation of prevention interventions to reduce excessive alcohol misuse.

NATIONAL INSTITUTE ON DRUG ABUSE

Appropriations, 2026	$1,662,695,000
Committee recommendation	1,667,695,000

The Committee provides $1,667,695,000, a $5,000,000 increase, for the National Institute on Drug Abuse [NIDA].

AI Strategy.—The Committee finds that while many areas of chronic disease receive significant investment from the private sector due to potential financial benefit from the treatment of such diseases, pharmacological treatments addressing drug and alcohol use disorders are chronically underfunded due to a variety of factors. Given the renewed potential of pharmacological treatments to treat various disease groups thanks to heavy investment in AI, GLPs, and the broader pharma industry as a whole, the Committee encourages NIDA, in collaboration with the NIAAA, explore opportunities to engage with the private sector, including AI companies, to promote research and development of pharmacological treatments to address drug and alcohol use disorders. Such opportunities may include methods of catalyzing innovation as well as the repurposing of existing therapeutics, which may have the potential to address drug and alcohol abuse. The Committee requests an update on these efforts in the 2028 CJ.

Alternative Clinical Trial Endpoints for Substance Use Disorders.—Although there are effective medications for treating opioid, tobacco, and alcohol use disorders, these treatments do not work for everyone and, to date, no medications have been approved by FDA to treat stimulant use disorders. The Committee appreciates NIDA-funded research on using alternative endpoints in clinical research on substance use disorders, such as the recent finding that reduced drug use is associated with meaningful clinical improvements for people with stimulant use disorders. The Committee urges FDA and NIDA to build upon such research and work together toward incorporating alternative endpoints into clinical trials for substance use disorders.

Barriers to Research.—The Committee is concerned that restrictions associated with Schedule I of the Controlled Substances Act effectively limit the amount and type of research that can be conducted on certain Schedule I drugs, especially opioids, psychedelics, marijuana or its component chemicals, and new synthetic drugs and analogs. At a time when we need as much information as possible about these drugs and antidotes for their harmful effects, we should be addressing regulatory and other barriers to conducting this research. The Committee appreciates NIDA's completion of a report on the barriers to research that result from the classification of drugs and compounds as Schedule I substances including the challenges researchers face as a result of limited access to sources of marijuana, including dispensary products.

Cocaine Overdose Treatment.—The Committee remains concerned about overdose deaths involving stimulants, including cocaine. The Committee recognizes that NIDA is prioritizing research

and development of treatments that can rapidly reverse cocaine toxicity and reduce mortality rates, addressing the severe gap in this unmet medical need. Due to the unavailability of an FDA-approved cocaine overdose reversal medication, the Committee encourages NIDA to continue prioritization of additional research and development to advance a life-saving treatment for overdoses caused by cocaine.

Investments in Basic Research.—The Committee is aware that basic research is the foundation for clinical research, both of which pave the way to new or improved treatments for substance use disorders. Basic research can focus on the causal mechanisms underlying the functioning of the human body and provides a critical understanding of the short- and long-term impacts of drug use. The discoveries that are made through basic research can often be translated into improved patient care, including novel medications, fewer drug-related fatalities, and science-based methods for preventing substance use and substance use disorders. The Committee encourages NIDA's continued investments in investigator-initiated grants in basic research and support for training of young investigators to ensure a healthy and growing population of researchers.

Mental Health, Addiction and Resilience Research.—Diseases of the mind and brain can develop early in life, contribute to the burden of overall health and daily life function, and contribute to the persistent and rising rates of deaths of despair from mental illness and addiction. The Committee encourages NIH to support collaborative research to uncover the root causes, risk, and resilience/protective factors of mental health and addiction. These efforts could include leveraging existing longitudinal research to examine the biological, psychological, and social factors and their interactions across multiple layers of analysis that put people at risk for addiction and mental illness, including patterns of intergenerational transmission of mental illness; discover ways to better prepare and respond to stress, trauma, and adversity; and inform and guide new strategies for prevention, recovery, and resilience.

Methamphetamine and Other Stimulants.—The Committee is concerned that, according to data released by CDC, there were 59,725 stimulant-involved overdose deaths in 2023, and according to provisional data, almost 80,000 in 2024. Stimulant-involved overdoses have been referred to as the "fourth wave" of the current drug overdose epidemic in America following the rise of opioid-related deaths involving prescription opioids, heroin, and fentanyl-related substances. No FDA-approved medications are available for treating methamphetamine and other stimulant use disorders. The Committee urges NIDA to continue their ongoing trials in order to expeditiously find and approve a medication for methamphetamines. The Committee continues to support NIDA's efforts to address the opioid crisis, has provided continued funding for the HEAL Initiative, and supports NIDA's efforts to combat the growing problem of methamphetamine and other stimulant use disorders and related deaths.

Neuroplastogen Research for Substance Use Disorders.—The Committee recognizes the increased interest and need to study neuroplastogens, including psilocybin, ibogaine, 5–MeO–DMT, lysergic acid diethylamide, and MDMA, and their potential thera-

peutic effects for substance use disorders, including methamphetamine use disorder, opioid use disorder, cocaine use disorder, stimulant use disorder, and co-occurring mental health and substance use disorders. The Committee encourages NIDA to prioritize this research, including collaborating with NIMH, NIAAA, and FDA to develop new treatments for substance use disorders and mental health disorders.

Opioid Initiative.—The Committee continues to support the HEAL Initiative and includes a $10,000,000 increase across NIH, including $5,000,000 to NIDA and $5,000,000 to NINDS. The Committee includes within NIDA's budget $360,295,000 for the Institute's management of its share of the HEAL Initiative. The Committee continues to be concerned about the crisis of prescription opioids, heroin, and illicit synthetic opioid use, addiction, and opioid overdose in the United States. Approximately 217 people die each day in this country from drug overdose (over 148 of those are directly from opioids), making it one of the most common causes of non-disease-related deaths for adolescents and young adults. This crisis has been exacerbated by the availability of illicit fentanyl. The Committee appreciates the important role that research plays in the various Federal initiatives aimed at this crisis. The Committee encourages NIDA to continue research on the development of safe and effective medications and new formulations, combinations, and devices to treat substance use disorders and prevent or reverse overdose and to continue research on comprehensive care models in communities nationwide to prevent opioid misuse, expand treatment capacity, enhance access to overdose reversal medications, and enhance prescriber practice; test interventions in justice system settings to expand the uptake of medications for opioid use disorder and methods to scale up these interventions; and develop evidence-based strategies to integrate screening and treatment for opioid use disorders in emergency department and primary care settings. Recognizing the increasing severity of the National opioid crisis and the need to better understand our options for responding to, treating, and preventing overdoses, the Committee encourages NIDA to prioritize research to expedite treatments for and prevention of overdose from fentanyl and related analogs.

Youth E–Cigarette Use.—The Committee understands that e-cigarettes and other vaporizing equipment remain popular among adolescents, and requests that NIDA continue to fund research on the use and consequences of using these devices. The Committee is pleased that NIDA continues to support the Monitoring the Future survey and the Population Assessment of Tobacco and Health Study, which provide timely data on tobacco products and other drug use. Finally, with more than 4 million young people using e-cigarettes, there is a greater need for research into therapeutic options for nicotine cessation among youth who have developed addiction to nicotine. The Committee encourages NIDA to continue supporting research to develop therapies, including both pharmacologic and behavioral therapies, to combat nicotine addiction in pediatric populations.

NATIONAL INSTITUTE OF MENTAL HEALTH

Appropriations, 2026	$2,189,843,000
Committee recommendation	2,199,843,000

The Committee provides $2,199,843,000, an increase of $10,000,000, for the National Institute of Mental Health [NIMH].

Antipsychotic Development for Parkinson's Disease Psychosis and Schizophrenia.—The Committee recognizes the substantial burden of psychotic disorders, including schizophrenia as well as neurological disorders that may present with psychosis symptoms, such as Parkinson's disease, and the limitations of existing antipsychotics, which are associated with metabolic toxicity, extrapyramidal symptoms, and high rates of treatment discontinuation. The Committee is aware of advances in ultra-selective D2 receptor pharmacology developed through the NIH intramural research program that may preserve antipsychotic efficacy while minimizing off-target side effects. Therefore, the Committee encourages NIMH to prioritize funding for the continued development of pharmacologically selective antipsychotic therapeutics, including support for IND-enabling studies and early-phase clinical trials for Parkinson's disease psychosis and schizophrenia.

Autism Spectrum Disorder [ASD].—The Committee encourages NIH to support greater investment in research on autism, particularly in areas outlined in the Interagency Autism Coordinating Committee's [IACC] Strategic Plan for ASD and consistent with the Autism CARES Act of 2024 (Public Law 118–80). The Committee encourages NIH to prioritize and expand research addressing core statutory areas of need, specifically the development and evaluation of certain interventions and services, lifespan outcomes, the biology and prevalence of ASD, early identification and diagnosis, and disparities affecting underserved populations, and to continue to ensure that all research activities for autism follow widely-accepted scientific practices in order to ensure research integrity. The Committee further urges that the NIH should expeditiously implement the new directives of the Autism CARES Act of 2024, including releasing an annual budget estimate for autism research, ensuring research efforts reflect the entire population of individuals with ASD, and providing a process for the public to obtain information on all existing and planned autism research activities as well as allowing the public to provide comments.

BRAIN Initiative.—The Committee continues to support the BRAIN Initiative and includes $20,000,000 across NIH for the BRAIN Initiative, including $10,000,000 to NIMH and $10,000,000 to NINDS. The BRAIN Initiative is an ambitious program to develop and apply new tools and technologies to answer fundamental questions about the brain and ultimately to inspire new treatments, cures, and prevention for brain diseases. NINDS and NIMH are leading partners in the initiative, working with eight other NIH Institutes, Centers, and Offices. The BRAIN Initiative has invested more than $4,800,000,000 in more than 1,700 research projects, engaging scientists from many areas of expertise, including mathematicians, engineers, and physicians in individual labs and inter-disciplinary teams. It has fostered discoveries, collaborations, and partnerships to advance treatments and cures for brain

and central nervous system diseases, disorders, and injuries. Of note, BRAIN Initiative support has accelerated progress toward precision gene therapies, deep brain stimulation and other "neuromodulation" therapies for neuropsychiatric disorders such as major depressive disorder and substance use disorder, and revolutionary brain-computer interface technologies for restoration of communication in individuals paralyzed by ALS, stroke, or spinal cord injuries. The Committee supports the BRAIN Initiative activities, as it promotes scientific advances that provide opportunities to understand the structure and function of the brain at an unprecedented level of detail, helping bring advanced treatments for brain disorders to clinical use. The Committee requests an update on the BRAIN Initiative regarding the progress and achievements of the key projects and studies it is supporting with these funds by reporting on their objectives and anticipated/actual outcomes in the fiscal year 2028 CJ.

Mental Health Research.—The Committee supports funding for mental health research to support developing targeted prevention of and treatment for mental illness. The Committee urges NIMH to accelerate better diagnostics, improved therapeutics and behavioral treatments, and enhanced precision of mental healthcare; continue to develop a new Precision Psychiatry Initiative; and support studies of social media's impact on mental health. The Committee supports NIMH efforts to launch a new depression biomarker development effort to guide treatment decisions for major depression and identify research gaps and opportunities for understanding relationships among social media behavior, social media engagement, and youth mental health. These initiatives will combine innovative physiological and behavioral methods to better predict patient prognosis and optimize treatment. In addition, the Committee continues to be concerned about the effects of the COVID–19 pandemic on mental and behavioral health and encourages NIMH to support research into the impacts of the pandemic on mental health.

Peer Support for Youth.—The Committee understands that many youth who are struggling with their mental health seek out peer support services, often because they are not ready to engage or do not have access to clinical healthcare. But while numerous studies have shown that peer support increases help-seeking behavior and reduces social isolation in adults, research on youth peer support services and peer-to-peer counseling programs is limited. Therefore, the Committee encourages NIMH to prioritize research in these areas, including how to scale up such services and programs effectively. In addition, the Committee encourages NIMH to continue to regularly hear from young people to inform its future research priorities through its Advisory Council, strategic planning process, focus groups, or similar leadership methods. The Committee supports the agency's existing youth-informed activities and encourages additional efforts to grow youth engagement in setting its research priorities and carrying out participatory research.

Serious Mental Illness.—The Committee encourages NIMH to expand research into metabolic interventions for serious mental illnesses, including bipolar disorder, major depressive disorder, and schizophrenia. The Committee encourages NIMH to investigate the fundamental link between metabolic function and psychiatric ill-

ness, as well as the study of the prevention, treatment, and reversal of serious mental illness through metabolic therapies. This includes support for large-scale clinical trials investigating nutritional ketosis, with a focus on identifying predictive neurobiological and metabolic biomarkers, optimizing patient stratification, and developing best practice clinical guidelines. Research should encompass multimodal data collection, including neuroimaging, genetics, and cellular biology, with an emphasis on translational science that informs personalized treatment and advances understanding of underlying disease mechanisms.

Suicide Prevention and Biomarker Research.—The Committee encourages NIMH, NINDS, and other relevant Institutes and Centers to prioritize the discovery and validation of biomarkers for early diagnosis intervention and treatment of serious mental illnesses, including post-traumatic stress disorder [PTSD] and major depressive disorder. These conditions are well-recognized comorbid risk factors associated with increased rates of suicide attempts and suicide. These efforts could help accelerate the development of clinically actionable biomarkers to identify individuals at elevated risk of suicide and inform personalized treatment and prevention strategies for serious mental health illnesses.

Suicide Prevention.—The Committee recognizes that suicide is a complex and serious public health problem with multiple contributing factors, including biological, psychological, social, and environmental. The Committee encourages NIMH to ensure the Institute's suicide research activities, including the work of the Institute's Suicide Research Team, appropriately encompass these contributing factors, as well as the application of novel measurement techniques, statistical analysis, digital initiatives and information systems. The Committee also encourages NIMH to promote greater collaboration with other departments, agencies, and NIH Institutes and Centers with expertise in research areas that can contribute to suicide prevention, especially NIA, NICHD, NHGRI, NIAAA and NIDA. The Committee requests an update on these activities in the fiscal year 2028 CJ.

Youth Mental Health Research.—The Committee is concerned by CDC data indicating elevated levels of depression among adolescents. The Committee recognizes that social media may have a negative impact on mental health, particularly for adolescents. The Committee directs NIH to continue working on a report on research findings on the effects of smartphone and social media use in adolescents, which is due to the Committee by December 2027. The Committee acknowledges the NIMH strategic framework for addressing mental health among underserved and underrepresented youth, including those residing in rural communities, by 2031. The Committee further recognizes ongoing collaborative work with NICHD and NIMHD to execute this framework through research, workforce development, and stakeholder engagement. The Committee encourages NIMH to develop evidence-based tools and interventions to support youth mental health. The Committee directs NIH to report within 180 days of enactment of this act on progress made in implementing the NIMH strategic framework, including updates on interagency collaboration, research advance-

ments, workforce development activities, and stakeholder engagement.

NATIONAL HUMAN GENOME RESEARCH INSTITUTE

Appropriations, 2026	$663,200,000
Committee recommendation	663,200,000

The Committee provides $663,200,000, which is the same as the fiscal year 2026 enacted level, for the National Human Genome Research Institute [NHGRI].

NATIONAL INSTITUTE OF BIOMEDICAL IMAGING AND BIOENGINEERING

Appropriations, 2026	$440,627,000
Committee recommendation	440,627,000

The Committee provides $440,627,000, which is the same as the fiscal year 2026 enacted level, for the National Institute of Biomedical Imaging and Bioengineering [NIBIB].

Biomedical Technology Development.—The Committee is pleased with the success of the Rapid Acceleration of Diagnostics Tech program in accelerating the innovation and commercialization of COVID–19 diagnostic technologies and appreciates NIBIB's efforts to expand the program to address other critical unmet needs in diagnostic testing. The Committee encourages NIBIB to continue these efforts in consultation with other Institutes and Centers, including but not limited to NHLBI, NIAID, NICHD, NIA, NINDS, and NIMH.

NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH

Appropriations, 2026	$170,384,000
Committee recommendation	170,384,000

The Committee provides $170,384,000, which is the same as the fiscal year 2026 enacted level, for the National Center for Complementary and Integrative Health [NCCIH].

Pain Management.—The Committee includes $5,000,000 to support research into non-pharmacological treatments for pain management and urges NCCIH, along with DoD and VA, to continue to support research, including comorbidities such as opioid misuse, abuse, and disorder among military personnel, veterans, and their families. The Committee urges NIH, VA, and DoD to expand research on non-pharmacological treatments for veterans and service members. The Committee requests an update on this work in the fiscal year 2028 CJ.

NATIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH DISPARITIES

Appropriations, 2026	$538,395,000
Committee recommendation	538,395,000

The Committee provides $538,395,000, which is the same as the fiscal year 2026 enacted level, for the National Institute on Minority Health and Health Disparities [NIMHD].

Chronic Disease.—In fiscal year 2021, NIMHD undertook an initiative to support regional comprehensive research and coordinating centers on the prevention, treatment, and management of multiple chronic diseases, including obesity, diabetes, and hyper-

tension. The Committee remains strongly supportive of the Multiple Chronic Disease Centers and urges NIMHD to support the competitive renewal of the program for an additional 5 years.

Improving Native American Cancer Outcomes.—The Committee notes that Native Americans experience overall cancer incidence and mortality rates that are strikingly higher than non-Native populations. The Committee includes $9,000,000, for the Initiative for Improving Native American Cancer Outcomes to support efforts including research, education, outreach, and clinical access related to cancer in Native American populations. The Committee directs NIMHD to work with NCI to locate this Initiative at an NCI-designated cancer center demonstrating partnerships with Indian Tribes, Tribal organizations, and urban Indian organizations to improve the screening, diagnosis, and treatment of cancers among Native Americans, particularly those living in rural communities.

Native Hawaiian/Pacific Islander Health Research Office.—The Committee recognizes the Federal trust responsibility to Native Hawaiians and the unique health challenges facing the Native Hawaiian and Pacific Islander [NHPI] community. The Committee also acknowledges that there is limited health research on this community, relative to other populations, particularly that disaggregates between different subpopulations. The Committee includes $5,000,000, for the Native Hawaiian/Pacific Islander Health Research Office. The Committee encourages collaboration across Institutes and with the community, including research institutions with expertise and researcher representation from the NHPI community. The Committee also encourages NIH to use this funding to focus on both addressing the health of the NHPI community as well as supporting the career development and research of NHPI investigators.

Research Centers at Minority Institutions [RCMI] Program.—The Committee recognizes the longstanding contributions of the RCMI program in improving the health of all Americans, originally established in 1985 by this subcommittee, and as directed in 42 U.S.C. 241 and 284, amended by 42 U.S.C. 201. The RCMI program strengthens research capacity and infrastructure at minority-serving institutions, identifies differential outcomes for minority populations, and provides training and mentoring. Therefore, the Committee encourages NIMHD to revisit its policies related to growth in the RCMI program and directs NIH to maintain funding for RCMI grantees, particularly institutions serving rural, underserved, and geographically isolated populations. The Committee further notes that the annual per-institution NIH funding threshold that has been used by NIMHD for RCMI institutional eligibility (in terms of total NIH annual support) has not been adjusted for inflation for almost a decade. The Committee encourages NIMHD to adjust the RCMI annual per-institution NIH funding threshold for inflation.

Research Endowment Program.—The Committee is pleased with NIMHD's reinvigoration of the Research Endowment Program and recent investments in the program. The Committee provides $12,000,000 for the Research Endowment Program and urges NIMHD to increase funding available to existing grantees and con-

tinue to expand and assist eligible institutions receiving grants with this additional funding through a competitive process.

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES

Appropriations, 2026	$95,162,000
Committee recommendation	95,162,000

The Committee provides $95,162,000, which is the same as the fiscal year 2026 enacted level, for the Fogarty International Center [FIC].

FIC.—The Committee recognizes the need to support resources for FIC for its work in strengthening health research systems, training infectious disease researchers, and improving pandemic preparedness in low- and middle-income countries [LMICs]. The Committee also recognizes the role of FIC's training programs in supporting United States biosecurity by improving the Nation's ability to anticipate, understand, and respond to biological threats that originate beyond U.S. borders and have the potential to impact the health of the American people. The Committee notes that Fogarty-supported scientific training strengthens U.S. access to timely research insight, field knowledge, and operational awareness relevant to emerging biological risks, contributing to national preparedness and informed decision-making. These programs improve national and global health security and produce health interventions that can improve public health and reduce costs in low-resource settings everywhere, including in the United States. The Committee further notes that Fogarty training programs facilitate ethical and well-regulated clinical research activities in populations where disease prevalence permits scientifically valid trials that would not be feasible in the United States, accelerating the development of diagnostics, vaccines, treatments, and other medical advances that benefit the American people while maintaining high scientific and ethical standards. The Center also supports training for researchers in anticipating and controlling a wide range of global health threats that could impact the United States. Maintaining United States engagement through Fogarty programs helps ensure that the United States retains visibility and operational awareness in regions central to monitoring biological risks and advancing biomedical innovation relevant to national interests. The Committee encourages FIC to continue to expand training and research partnerships with schools and programs of public health and related academic institutions in support of this core mission and supports expanding FIC's role in pandemic preparedness and research capacity building. Finally, the Committee directs NIH to brief the Committee, not later than 90 days after enactment of this act, on how FIC training programs contribute to United States biosecurity, strengthen preparedness against biological threats, and support research activities that directly benefit American taxpayers.

Global Infectious Disease Research Training Program.—The Committee recognizes that building a critical mass of researchers in developing countries is essential to controlling infectious diseases. Such researchers are key to generating new strategies for disease prevention and treatment. Therefore, the Committee urges

FIC to prioritize funding for the Global Infectious Disease Research Training Program.

NATIONAL LIBRARY OF MEDICINE

Appropriations, 2026	$497,548,000
Committee recommendation	497,548,000

The Committee provides $497,548,000, which is the same as the fiscal year 2026 enacted level, for the National Library of Medicine [NLM].

Data Initiative.—The Committee supports the transformation of NLM from its traditional role as a repository of data and research results to one where it serves as an active hub coordinating the use of ever-expanding data resources and facilitates researcher access to advanced analytics, including artificial intelligence and machine learning [AI/ML] techniques. NLM is directed to provide an update on these efforts in the fiscal year 2028 CJ.

Epitranscriptomics Database Standards.—The Committee recognizes the 2024 release of the NASEM report "Charting a Future for Sequencing RNA and Its Modifications." The Committee notes the report's recommendation that clear and consistent standards for data and databases need to be established to facilitate data access and sharing. Given that NLM's National Center for Biotechnology Information [NCBI] collaborates with the scientific community to support development of standards for databases and biological nomenclature, among other responsibilities, the Committee urges NCBI in partnership with the scientific community to support the establishment of data and database standards for epitranscriptomics consistent with the NASEM report recommendation, and include an update on this effort in the fiscal year 2028 CJ.

Nutrition and Food Composition Data.—The Committee notes that AI/ML models require standardized, open-access data to benefit nutrition, food composition, and biotechnology. The Committee encourages NLM, through the NCBI, to expand its capabilities for the collection, storage, retrieval, and analysis of data relevant to understanding the molecular, genetic, and biochemical processes of foods benefiting nutrition and human health. The Committee requests an update on these activities within 180 days of the enactment of this act.

NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES

Appropriations, 2026	$942,323,000
Committee recommendation	962,323,000

The Committee provides $962,323,000, an increase of $20,000,000, for the National Center for Advancing Translational Sciences [NCATS].

Angelman syndrome [AS].—As gene therapy and gene targeted approaches continue to develop with significant potential for changing outcomes for patients with AS and other rare conditions, the Committee acknowledges the critical leadership of NCATS, particularly through the Somatic Cell Genome Editing [SCGE] program. The SCGE initiative has made meaningful progress in advancing gene-editing technologies and has demonstrated how development

strategies for one disease area can create a platform for other indications. The Committee understands that scientific endeavors do not always follow a pre-ordained pathway, and that manufacturing and other challenges can arise that result in changes in project plans and timelines. Especially given promising initial results in animal models, the Committee urges NCATS to continue this initiative to expand this type of work to benefit all gene-targeted modalities and to continue to apply learnings across conditions.

Beta-propeller Protein-associated Neurodegeneration [BPAN].—The Committee recognizes the need for Federal investment in research for therapies and cures for rare diseases, like BPAN. Individuals with BPAN, many of whom are children, experience neurological deterioration that develops into parkinsonism, dementia, and abnormal brain iron accumulation. The Committee encourages NCATS to leverage the investments made in NCATS rare disease research and expand efforts into rare diseases, including BPAN.

Clinical and Translational Science Awards [CTSA].—The Committee provides $629,560,000 for the CTSA program, which is the same as the fiscal 2026 enacted level. Well-resourced and fully supported U-awards form the backbone of the CTSA program. Any ongoing changes to grants and awards mechanism for CTSAs should maintain this focus to ensure hubs continue to have flexibility and stability, as well as thrive and provide an effective core that drives this critical national network forward, including developing localized partnerships, and effectively train the next generation of researchers while enhancing research capacity. The Committee reiterates that NCATS should continue to support at least 60 sites and that any hub that successfully recompetes for funding should continue to receive at least 95 percent of its previous level of support, if such an amount is requested. U-awards should continue to form the primary base of support so that hubs have flexibility and stability, can continue to develop localized partnerships, and can effectively train the next generation of researchers while enhancing research capacity. While the Committee recognizes optional funding opportunities which were previously incorporated into the prior single application offer a higher level of institutional funding support, NCATS should ensure these opportunities do not diffuse the focus of CTSAs and create challenges to ongoing national collaborative. The Committee also notes the work of the IDeA Clinical and Translational Research centers and urges increased collaboration between these programs.

Collaboration with Business Incubators.—The Committee commends NCATS for working with grantees to leverage its mission by including nonprofit business incubators that host small to mid-size life science, research, and biotechnology companies that use service-based approaches to nurture and guide their member companies to success. The Committee urges NCATS to continue proactive outreach to redouble its efforts to leverage its mission by exploring opportunities or potential collaborations with business incubators that host small to midsize science, research, and pharmaceutical companies that use service-based approaches to nurture and guide their member companies to success. The Committee encourages NCATS to continue to use Administrative Supplements to existing CTSA contracts to fulfill this objective.

Cures Acceleration Network [CAN].—The Committee continues to provide $75,000,000 for the CAN to reduce barriers between research discovery and clinical trials.

Full Spectrum of Medical Research.—The Committee applauds NIH efforts to support and advance the full spectrum of medical research, which ensures breakthroughs in basic science are translated into therapies and diagnostic tools that benefit patient care while disseminating cutting-edge information to the professional community. The Committee notes the importance of flagship initiatives, including the CTSA program, to these important efforts.

IDeA Clinician Researcher Support.—The Committee recognizes the NIH's continued efforts to support mentorship and career development of clinician researchers through the CTSAs and other programs. However, the Committee is concerned that IDeA-eligible States do not receive as much funding to support training, mentorship, and career development as non-IDeA States. The Committee encourages NIH to support mentored career development funding for physicians and clinicians in IDeA States through targeted IDeA mechanisms, such as the IDeA Networks for Clinical and Translational Research [IDeA-CTR] program.

National Clinical Cohort Collaborative [N3C].—The Committee continues to support N3C's open-science, privacy-preserving data-sharing platform to accelerate biomedical research and discovery. Supported by the CTSA Program, N3C links de-identified electronic health record data with other types of data such as imaging, mortality, and Medicare and Medicaid data from CMS to answer key research questions on a variety of diseases. The Committee supports the continuation of N3C and encourages NCATS to continue coordinating with other HHS agencies to make N3C available as the underlying platform within the common real-world data network to drive faster discovery across a range of diseases and maximize the Federal research investment by creating a reusable data infrastructure. Within 180 days of enactment of this act, the Committee requests NCATS provide an update on the platform status.

Primary Care.—The Committee remains supportive of NIH's efforts to extend research opportunities and design studies that address and integrate into primary care settings. As such the Committee encourages NIH, through the National Center for Advancing Translational Sciences, to continue supporting initiatives designed to improve health outcomes through a robust, coordinated primary care research platform that addresses clinical conditions of critical importance to primary care practitioners and patients and generate findings readily implemented in primary care settings. Special emphasis should be placed on regions that face some of the poorest health outcomes in the Nation. The Committee understands that often these areas span across multiple States and strongly encourages that priority be given to multi-State, multi-institution collaborations.

Rare Disease Research.—The Committee recognizes the important impacts NCATS has in addressing rare disease, directly funding research that resulted in 55 Investigational New Drugs and 14 approved therapies and provides a $20,000,000 increase for rare disease research. The Committee urges NCATS to grow the newly created Division of Rare Diseases Research Innovation and accel-

erate the development of new treatments. The Committee also encourages NCATS to leverage the investments made in NCATS rare disease research to accelerate the development of new treatments for the 95 percent of rare diseases with no approved treatment and to strengthen the innovation of diagnostics to shorten the average 5 year-long diagnostic odyssey.

Translational Science.—The Committee recognizes the important work of NCATS-funded CTSAs in supporting innovation and job creation. The Committee also understands that many commercially promising and potentially lifesaving inventions from CTSAs are often translated into FDA-approved and commercially available products. The Committee understands that there can be limitations in commercialization knowledge and resources available. The Committee therefore urges NCATS to continue to work with CTSAs to provide opportunities to translate research.

OFFICE OF THE DIRECTOR

Appropriations, 2026	$2,475,514,000
Committee recommendation	2,555,514,000

The Committee provides $2,555,514,000, an increase of $80,000,000, for the Office of the Director [OD]. The items below include issues and programs specific to the OD as well as those that involve multiple Institutes and Centers.

AD/ADRD Clinical Trial Diversity.—The Committee recommends that NIH fund or conduct Black/African American-, Latino/Hispanic- and women- only research studies to better understand the underlying etiology of cognitive impairment and dementia in these groups that have disproportionately higher prevalence of disease.

Advancing New Approach Methodologies [NAMs] Research.—The Committee acknowledges that NAMs complement understanding of human biology and advance human health and looks forward to reviewing the report requested in Senate Report 119–55 on this topic. The Committee supports NIH's efforts to expand human-based research technologies—such as tissue chips and computational models, and the establishment of the Office of Research Innovation, Validation, and Application to coordinate the development and expansion of non-animal approaches in NIH-funded research as well as the work done under the Complement Animal Research In Experimentation [Complement-ARIE] Program; and creating the Standardized Organoid Modeling [SOM] Center to spur the development, standardization, validation, and use of NAMs, when scientifically appropriate. The Committee notes NAMs have the potential to provide scientists with better predictive value for human responses in some areas of research compared to traditional animal models, but there remain areas of research in which NAMs are not yet able to replace animal models. The Committee further notes that in July 2025, NIH announced that it will no longer issue Notices of Funding Opportunities that exclusively support animal models or limit or specify which types of models must be used, a change that aims to ensure researchers propose using the most scientifically justified model. The Committee encourages NIH to ensure peer reviewers have expertise in evaluating the adequacy of non-animal research methods. Additionally, to improve trans-

parency and promote consistent communication, the Committee encourages NIH, in coordination with the Interagency Coordinating Committee on the Validation of Alternative Methods [ICCVAM], to standardize public-facing definitions and terminology with the ICCVAM glossary. The Committee further encourages NIH to consider establishing a framework for NAMs that includes the criteria for qualification and validation of NAMs as well as a process for periodic review and updating of NAMs. The Committee requests NIH include an update in the fiscal year 2028 congressional justification on efforts by the agency to prioritize human-based research models.

Advancing Women's Health Data Science.—The Committee appreciates NIH's recent efforts to develop common data elements [CDEs] related to women's health. To better coordinate and integrate investments in women's health research across NIH, the Committee recognizes the continued need for a data science resource that will further facilitate the systematic collection and sharing of clinical and research data in women's health. There is a robust amount of data from NIH-supported longitudinal studies, such as All of Us, the Study of Women's Health Across the Nation [SWAN], the Nurses Study, Midlife Development in the United States [MIDUS], the Women's Health Initiative [WHI], and the National Clinical Cohort Collaborative [N3C], that could be leveraged to answer important questions about women's health across the lifespan. The Committee urges the Office of Research on Women's Health [ORWH] and the Office of Data Science Strategy [ODSS] to collaborate with relevant Institutes, Centers, and Offices and hold a public workshop to comprehensively review the data that are currently available to fill gaps in women's health research and identify the best ways for NIH to curate and make the existing datasets widely available to the research community. The workshop should also explore future research opportunities in alignment with goals from the NIH Strategic Plan for Data Science, including improving access to and use of clinical and real-world data, and supporting data infrastructure that could provide greater connections across multiple datasets for more facile analytics, by bringing together the study investigators, data science experts, and other women's health research stakeholders.

Advisory Councils.—Advisory councils are a fundamental part of NIH's grant making process. The Committee notes that in 2025 NIH disbanded or terminated several of its advisory councils and boards established under the Federal Advisory Committee Act [FACA] to provide advice and recommendations to the NIH Director, Institute and Center [IC] Directors, and senior scientific staff. This includes the Advisory Committee to the Director [ACD], several IC advisory councils, and many other special emphasis panels and study section review groups, all of which are part of NIH's grant making process. The Committee notes that the process for selecting members on FACA Committees is rigorous and time consuming, usually requiring 2 years of screening candidates through a series of background and ethics checks, formally nominating them, and seeking agency and Department approval. The Committee requests an update on the status of NIH's FACA advisory councils and boards and the agency's plan to reconstitute its FACA

Advisory Councils, particularly any IC Advisory Councils that have been disbanded or terminated.

AI and Technology Development.—The Committee is pleased with NIH's efforts to expand the use of the "innovation funnel" model of technology development beyond its initial successful application to respiratory disease diagnostics. The incorporation of this model into NIH's flagship AI program, Bridge2AI, is an important next step towards delivering safe and effective AI-based solutions to biomedical challenges and supporting AI-enabled discovery for health. As NIH continues to develop the second stage of Bridge2AI, the Committee encourages the agency to ensure the innovation funnel approach is fully integrated into the Bridge2AI ecosystem.

AI for Drug Development.—The Committee recognizes the significant potential of AI and advanced computational modeling to accelerate the discovery and optimization of novel cancer therapeutics. The Committee urges NIH, including NCI, to expand investments in AI enabled drug development tools, such as predictive modeling, digital biological twins, multimodal biomedical datasets, and high throughput computational screening platforms. The Committee further urges NIH to strengthen collaboration with institutions of higher learning to advance foundational and applied research in these areas. Finally, the Committee urges NIH to prioritize research that integrates AI approaches with experimental oncology data conducted in partnership with academic research institutions to improve target identification, therapeutic design, and clinical decision support for cancer patients.

All of Us Research Program.—The Committee provides $50,000,000 for the All of Us Research Program. This year, the All of Us Research Program became the world's largest integrated dataset combining unparalleled genomic depth with real-world clinical and wearable data. More than 747,000 participants across all 50 States and territories have shared data, enabling the linkage of nearly 482,000 electronic health records connected to 535,000 whole genome sequences. All of Us dramatically expands the real-world data available to researchers and has scaled clinical use, bridging the gap between genetic codes and real-world diagnoses. Some participants in All of Us have received potentially life-saving information that has led to early detection and prevention of cancer development, more effective, personalized treatment after heart-surgery, and insights into patterns such as sleep on pain management and flu risk. More than 400 Intramural Research Program investigators across 23 NIH Institutes and Centers are actively using All of Us. As NIH evaluates plans for the activities supported by this program, the Committee encourages the agency to consider the merits of integrating such activities into an existing institute or center such as NCATS or NHGRI.

Alzheimer's Disease and Alzheimer's Disease-Related Dementias and Parkinson's.—The Committee strongly encourages NIA and NINDS to expand the use of fiscal year 2027 and beyond AD/ADRD funding to fund projects studying dementia in PD. PD is the second most common and fastest growing neurodegenerative disease globally and is characterized by the abnormal folding of a protein in the brain, which is similar to what typically occurs in AD/ADRD. Channeling additional resources into research could help to unlock

groundbreaking dementia-relevant discoveries in crucial areas like PD and other closely associated neurological disorders.

Angelman Syndrome.—The Committee recognizes the importance of advancing research in AS, a rare neurogenetic disorder with significant unmet medical need. The Committee is aware that ongoing gene therapy and gene-targeted approaches, including gene editing and CRISPR technologies, require robust natural history studies with long-term follow-up to inform clinical development and regulatory decisionmaking. With appropriate clinician education on data collection during follow up, real-world evidence and observational data collection can significantly enhance natural history study data. Natural history databases could collect post-market data with or in addition to sponsor data collection to ensure that data adds to the general understanding of the condition and the long-term impact of potential therapies. The Committee urges NIH to prioritize and support funding for natural history studies and real-world data collection in AS to establish critical benchmarks and facilitate the evaluation of emerging therapeutics. The Committee further encourages NIH, including NINDS and NCATS, to also continue facilitating natural history studies, real-world data collection, clinical outcome measures, biomarker development, and gene targeted approaches in AS, while also supporting coordination and timely data sharing across stakeholders.

Artificial Intelligence and Machine Learning.—The Committee continues to provide $135,000,000 for the Office of Data Science Strategy to support activities as described in Senate Report 119–55.

Autism Research.—The Committee urges the Director to ensure that fiscal year 2027 NIH spending on research on ASDs meets the authorized funding level set by the Autism CARES Act of 2024 (Public Law 118–80) and ensure such research addresses the underlying biology, including genetics, environmental factors and their interaction, co-occurring medical conditions, and treatment and services needs, and includes the entire population of individuals with ASD, including those with profound autism. Consistent with Public Law 118–80, the Committee urges NIH to prioritize and expand research addressing core statutory areas of need, specifically the development and evaluation of certain interventions and services, lifespan outcomes, the biology and prevalence of ASD, early identification and diagnosis, and disparities affecting underserved populations, and directs NIH to ensure that all research activities for autism follow widely-accepted scientific practices in order to ensure research integrity.

Biomedical Research Facilities.—The Committee continues to provide $80,000,000 for grants to public and nonprofit entities to expand, remodel, renovate, or alter existing research facilities or construct new research facilities as authorized under section 404I of the PHS Act (42 U.S.C. 283k). The Committee urges NIH to make awards that are large enough to underwrite the cost of a significant portion of newly constructed or renovated facilities. The Committee also encourages NIH to allocate no less than 25 percent of funding for this program to institutions of emerging excellence, which could include those in IDeA States, to ensure geographic and institutional diversity.

Cephalopod Research.—The Committee recognizes that there are no federally required welfare standards for the use of cephalopods in federally funded research because all invertebrate animals are excluded from the PHS Policy on the Humane Care and Use of Laboratory Animals, which provides certain welfare standards for vertebrate animals. The Committee recognizes that implementing and complying with the PHS Policy requires reference to guidelines in the Guide for the Care and Use of Laboratory Animals [the Guide], which does not currently include cephalopod-specific welfare guidelines, and updates are overseen by NASEM. The Committee also recognizes that researchers must still justify their use and numbers when proposing research seeking NIH funding. The Committee acknowledges that other countries have established oversight requirements for cephalopods when used in government-funded research. The Committee encourages NIH to consider developing guidance for the humane care and use of cephalopods in NIH-supported research, including possibly expanding the definition of "animal" in the PHS Policy to include cephalopods.

Child Health and Lifespan Health Research.—The Committee is aware of the recent report and recommendations from the National Academies on ways to strengthen how NIH supports child health research, including by placing a child health coordinating function within the Office of the Director. The Committee encourages NIH to build upon this recommendation potentially by establishing an Office of Child and Lifespan Health Research within the Office of the Director to establish research priorities, particularly for research that spans multiple Institutes and Centers, including career development and training needs. The Committee directs NIH to promulgate policies to ensure the appropriate inclusion of children within NIH-sponsored research projects, address gaps in pediatric expertise within study sections, and improve the categorization and classification of child health research within NIH reporting tools. The Committee requests a report on implementation within 180 days of enactment of this act.

Childhood Post-Infectious Neuroimmune Disorders/PANS/PANDAS.—The Committee notes that although NIH supports research on Pediatric Acute-Onset Neuropsychiatric Syndrome [PANS] and Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus [PANDAS], more needs to be done to understand the causes, risk factors, and mechanisms underlying these debilitating disorders. Furthermore, consensus definitions of these disorders are needed to best advance these efforts. The Committee encourages research that includes: (1) basic and mechanistic studies to elucidate immune, infectious, and neurobiological pathways that trigger acute-onset neuropsychiatric symptoms; (2) population-based studies and registries to document prevalence, risk factors, and long-term outcomes, including the progression into chronic illness during childhood and adulthood; and (3) therapeutic research to develop and test pharmacologic, behavioral, and immunomodulatory interventions tailored to the unique pathophysiology of these disorders. Such research should aim to generate mechanistic insights, establish robust epidemiological evidence, and identify effective interventions to improve outcomes for affected children. The Committee encourages NIH to prioritize

funding for these activities and to report in its fiscal year 2028 CJ on research progress and efforts to translate findings into clinical practice.

Chimpanzees.—The Committee is pleased that NIH has relocated the remaining chimps from Holloman Air Force Base in Alamogordo, New Mexico to Chimp Haven. The Committee underscores the importance of compliance with Public Law 106–551, the Chimpanzee Health Improvement, Maintenance, and Protection Act, which mandates the retirement of chimpanzees owned or supported by the Federal Government to appropriate sanctuary care and looks forward to reviewing the report required under this heading in Senate Report 119–55.

Chronic Pain as a Chronic Disease.—The Committee recognizes chronic pain as a complex, multifactorial chronic disease affecting more than 50 million adults and nearly 15 million children and adolescents. Rates of new chronic pain cases now exceed those of other major chronic diseases and pain remains the leading reason Americans seek medical care. The NIH investment in pain research remains disproportionately low relative to its prevalence and economic impact. Chronic pain costs an estimated $560,000,000,000 to $635,000,000,000 annually and is the leading cause of disability and workforce reduction nationwide. When pain begins in childhood or adolescence, it often persists into adulthood, increasing risk for long-term disability, mental health disorders, reduced educational attainment, and diminished workforce participation. Chronic pain frequently co-occurs with other chronic diseases—including cardiovascular disease, diabetes, autoimmune disorders, and cancer—reflecting shared biological mechanisms and compounding health burdens across the lifespan. Therefore, the Committee urges NIH to incorporate chronic pain into chronic disease and whole-person health research initiatives, strategies, and reports. The Committee also encourages NIH to sustain and strengthen cross-Institute coordination of non-HEAL pain research activities to leverage shared infrastructure and accelerate translation of scientific findings into clinical practice. The Committee further directs NIH to submit an annual report detailing total expenditures on pain research across Institutes and Centers and, for each funding announcement supporting pain-related research, to provide the total investment and a breakdown of amounts attributable to HEAL and non-HEAL funding sources.

Common Fund.—The Committee acknowledges the role of the NIH Common Fund in advancing biomedical research and fostering innovative research collaborations across various NIH Institutes, Centers, and Offices to catalyze discovery across all biomedical research and to create a space where investigators and multiple NIH Institutes, Centers, and Offices collaborate to address scientific challenges and opportunities that are high-priority for NIH as a whole. The Committee encourages the Common Fund to consider establishing an RNA program to support work in identifying and quantifying all RNAs and mapping their modifications to fully sequence RNA. The Committee requests an update on this effort in the fiscal year 2028 CJ.

Compensation for Trainees and Early Career Researchers.—The Committee appreciates that the future of U.S. economic competi-

tiveness and our Nation's ability to address national, economic, and health security threats depends on sustaining a robust STEM workforce. Ensuring individuals from communities that are underrepresented in the STEM field can enter and sustain a career as part of the STEM workforce is essential to strengthening the research workforce going forward. The Committee is recognizes that financial barriers are increasingly deterring graduate and postdoctoral students, particularly those from underrepresented communities, from pursuing STEM careers. The lack of Cost-of-Living Adjustments [COLAs] can make it financially unrealistic for postdoctoral scholars to accept positions, particularly in high-cost areas—areas in which academic medical centers are located. The Committee commends NIH for continuing to propose increases in stipends for postdoctoral scholars. These increases are essential to returning National Research Service Awards [NRSA] to their inflation-adjusted pre-pandemic levels and brings the agency closer to offering real dollar increases in the stipend of early career researchers that are needed to ensure a strong STEM workforce.

Creutzfeldt-Jakob Disease [CJD].—The Committee commends the National Alzheimer's Project Act Advisory Council reports that have acknowledged the scientific connection between prion diseases and AD/ADRDs, and specifically named CJD. The Committee continues to encourage NIH to recognize prion diseases as ADRDs and fund more research for prion diseases, like CJD. ADRDs have already benefited from prion disease research, and further integration of the fields could lead to beneficial new treatments and improve our scientific understanding of these devastating diseases.

Disability Health Research.—The Committee supports NIH's implementation of the Disability Health Strategic Research Plan and recognizes its importance in strengthening disability inclusive research across the Institutes and Centers. The Committee encourages NIH to dedicate additional resources, including funding for staffing and coordination activities, to ensure effective implementation. The Committee also supports NIH's goal of improving health outcomes for people with disabilities. The Committee recognizes that achieving this requires a sustained commitment to disability health research at NIH and a comprehensive, coordinated approach across all Institutes and Centers. The Committee further urges NIH to evaluate long term organizational needs and establish a centralized disability research office to sustain cross agency leadership and accountability and provide strategic leadership, coordination, and oversight of disability health research activities across NIH and advance a comprehensive NIH-wide disability research agenda, including leading the implementation of the NIH Strategic Plan for Disability Research fiscal year26–fiscal year30. This Office would work in coordination with relevant NIH components, including the Office of Extramural Research and the Intramural Research Program, to strengthen the inclusion of people with disabilities in clinical research and to enhance data collection, infrastructure, and workforce development in disability health research. The Committee requests NIH provide a report within 180 days of the enactment of this act, describing its plans for establishing this Office, including its structure, staffing, budget, and priorities. Additionally, the Committee requests an update on the implementation

of the strategic plan and related disability health activities at NIH in the fiscal year 2028 CJ.

Duchenne and Becker Muscular Dystrophy [DMD/BMD].—NIH support for basic and translational research in DMD/BMD has enabled important advances in treating these conditions; however, significant unmet medical needs remain across the community. The treatment landscape varies widely depending on a patient's genotype, age, and stage of disease, and no available treatments are curative. The Committee appreciates NIH's focus on funding rare disease research that benefits Duchenne patients as well as the Muscular Dystrophy Coordinating Committee's update of its Action Plan. With wide research and adoption of gene and targeted therapies, the Committee recognizes a critical opportunity to advance platform technologies for targeted therapies that can be efficiently replicated across multiple rare mutations and conditions. The Committee encourages NIH to continue to advance next generation backbone chemistry for platform technologies, with a particular focus on more challenging and rare genotypes that are often not addressed in gene-targeted therapy development. The Committee urges NIH to develop a multi-Institute strategy to accelerate discovery of platform approaches to DNA- and RNA-directed therapies and a strategy to address expedited development pathway complexities such as extrapolation standards.

ENGAGE Report Implementation.—The Committee commends NIH for convening the Engaging the Public as Partners in Clinical Research [ENGAGE] Working Group and expressing its desire to begin implementation in fiscal year 2027. The ENGAGE Report provides four overarching recommendations and actionable strategies to standardize and strengthen meaningful engagement of patients and communities in NIH-funded research across all Institutes and Centers and disease areas. Meaningful engagement enhances scientific rigor, feasibility, and relevance, while strengthening transparency, accountability, and public trust. The Committee urges NIH to advance implementation of the ENGAGE recommendations in a coordinated and measurable manner. The Committee requests NIH to submit, within 120 days of enactment, an implementation plan outlining timelines, leadership accountability, resource allocation, evaluation metrics, and mechanisms for cross-Institute coordination. The Committee requests a report no later than 1 year after submission of the implementation plan describing progress achieved, challenges encountered, and steps taken to facilitate meaningful engagement practices across the agency.

Environmental Influences on Child Health Outcomes [ECHO].—The Committee continues to include $180,000,000, for the ECHO program. ECHO currently funds the Navajo Birth Cohort Study. The Committee encourages expanding the study to include a larger representation of Navajo children in the cohort to allow for a better understanding of the impacts of environmental exposure in the Navajo Nation.

Expanding Support for Young Investigators.—NIH has been criticized for funding too many late career scientists while funding too few early career scientists with new ideas. The Committee is concerned that the average age of first-time R01 funded investigators remains 42 years old. More than twice as many R01 grants are

awarded to investigators over 65 than to those under 36 years old. The Committee appreciates NIH's efforts to provide support for early-career researchers through several dedicated initiatives, including the NIH Director's New Innovator Award, Next Generation Researchers Initiative, Stephen Katz award, and the NIH Pathway to Independence Award. The Committee encourages NIH to continue supporting these important initiatives and to expand support for early career researchers by increasing the number of award recipients for these programs in future years. The Consolidated Appropriations Act, 2024 (Public Law 118–122) directed NIH to provide a "professional judgement" budget to the Committee to grow and retain the early career investigator pool, accelerate earlier research independence, and ensure the long-term sustainability of the biomedical research enterprise. Building off of these efforts, the Committee directs NIH to provide an update on the activities to grow and retain early career investigators.

Facilities and Administrative Costs [F&A].—The Committee continues to recognize that indirect cost recovery has been essential for supporting research at universities, nonprofit laboratories, medical centers and other entities eligible for Federal research awards and is key to sustaining U.S. leadership in scientific research and technological innovation. The Committee therefore continues to include a general provision prohibiting NIH, or any other department or agency, from developing or implementing any policy, guidance, or rule, including publication of a notice of proposed rulemaking, that would alter the manner in which negotiated indirect cost rates have been implemented and applied under NIH regulations, as those regulations were in effect during the third quarter of fiscal year 2017. The Committee acknowledges that there is room for improvement in the system used to identify and recover indirect cost rates under the Uniform Grant Guidance, particularly with respect to the need for greater transparency into these costs. Various models have been suggested to achieve these improvements, including the Financial Accountability in Research [FAIR] model advanced by the Joint Associations Group on Indirect Costs [JAG], which the Committee believes merit further consideration. Therefore, the Committee continues to direct the departments and agencies funded in this act to engage in discussions with the Committees and other stakeholders in the research community on proposals to achieve these improvements.

Firearm Injury and Mortality Prevention Research.—The Committee continues to include $12,500,000 for this activity.

Focused Ultrasound.—The Committee understands focused ultrasound is a non-invasive, non-pharmacological, relatively safe, and cost-effective alternative or complement to conventional surgery, radiation, or drug-based treatments that holds tremendous promise to treat numerous debilitating conditions and diseases including AD/ADRD, breast cancer, gynecological cancers, uterine fibroids, endometriosis, and substance abuse disorder. The Committee encourages NIH to continue engaging with the focused ultrasound stakeholder community and requests a briefing on efforts to increase focused ultrasound research funding within 120 days of enactment of this act.

Food is Medicine.—The Committee supports research investigating the role of nutrition in preventing and addressing chronic disease, including the impact of food processing methods and ingredients on health outcomes. The Committee understands that food is medicine services, including medically tailored meals, medically tailored groceries, and produce prescriptions, can be effective to treat and manage diet-related chronic conditions that are among the greatest contributors to healthcare costs, negative health outcomes, and declining life expectancy. The Committee requests an update in the fiscal year 2028 CJ on activities related to food is medicine research, including any collaborations with the scientific community or consideration of Food is Medicine Centers of Excellence.

Forced Swim Test and Tail Suspension Test.—The Committee is encouraged by NIH efforts to decrease the use of animal models in research, but notes the continued use of certain neurobehavioral approaches, such as the forced swim test and tail suspension test, which are known to have poor predictive value for understanding human mental illness, like depression, or developing effective therapeutics. The Committee acknowledges that other countries have limited the use of the forced swim test due to scientific and animal welfare concerns. The Committee urges the NIH to limit funding for grants involving the forced swim test or tail suspension test. The Committee also encourages NIH to continue to increase support for human-specific mental health and behavioral research, including imaging, epidemiological, clinical, computational, and cell-derived approaches, that can provide more translational insights into the underlying neurobiology of human mental illness.

Foreign Influence.—To support NIH's efforts to expeditiously complete grant compliance reviews, the Committee continues to include $2,500,000 for this activity within the Office of Extramural Research. The Committee directs NIH to provide biannual briefings on compliance, oversight, and monitoring reviews where non-compliance related to foreign interference has been identified.

Gabriella Miller Kids First Pediatric Research Program.—The Committee includes $12,600,000 to support pediatric research as authorized by the Gabriella Miller Kids First Research program, which is the same as the fiscal year 2026 enacted level.

Genomic Sequencing.—The Committee continues to support the All of Us Research Program and similar population-scale genomic initiatives. The Committee encourages NIH to accelerate the sequencing of 1 million or more participant genomes and to expand the use of whole genome sequencing technologies to build a comprehensive, longitudinal genomic dataset. The Committee encourages NIH to continue to prioritize procurement of next-generation sequencing instruments and reagents from domestic manufacturers to support supply chain security and American competitiveness in the life sciences. The Committee further encourages NCI to expand investment in genomic sequencing as part of precision oncology initiatives, including potential use of All of Us biospecimens. The Committee encourages NCI to increase funding for tumor genomic profiling, germline sequencing, and multiomic data integration efforts, and to ensure that sequencing-based diagnostics and research tools developed under NIH funding are validated and made acces-

sible to the broader research community. The Committee directs NCI to provide an update on genomic sequencing expenditures by program, platform type, and research application in the fiscal year 2028 CJ.

Harassment Policies.—NIH has taken major steps over the last several years to address harassment in biomedical research settings. In 2020, NIH clarified the longstanding requirement for institutions to seek prior approval when changing personnel on a grant or moving the grant to a new institution. The request for approval was expected to mention whether the change was related to concerns about safety or work environments (e.g. due to concerns about harassment, bullying, retaliation, or hostile working conditions). These notifications allow NIH to make informed decisions about any changes to awards including requests to transfer awards to a new institution. Authority provided by the Consolidated Appropriations Act, 2022 (Public Law 117–35) made it mandatory for institutions to inform NIH of disciplinary actions taken against senior or key personnel, regardless of whether they prompted changes, including transferring a grant between institutions. If an ongoing investigation is incomplete and the individual under investigation leaves their current position, new authority provided by the Consolidated Appropriations Act, 2026 (Public Law 119–75) requires institutions that receive NIH funding to complete any investigation undertaken due to concerns about harassment, bullying, retaliation, or hostile working conditions, even if during the course of the investigation the individual under investigation leaves their current position and is no longer employed by the institution. NIH is directed to continue providing annual updates to the Committees on holding both NIH-funded institutions and researchers accountable for such incidents, including through the loss of Federal funding and issuance of government-wide debarment and suspension of perpetrators. Finally, the Committee continues to direct NIH to share investigation reports, conclusions, and the results of any investigation involving senior/key personnel on an NIH award due to concerns about harassment, bullying, retaliation, or hostile working conditions with another NIH recipient organization on a need-to-know basis.

Health Impacts on Children of Technology and Social Media Use.—The Committee remains concerned about the impacts of technology use and media consumption on infant, children, and adolescent development. The Committee appreciates NIH's ongoing engagement on this important topic and encourages NIH to prioritize research into the learning, cognitive, physical, and socioemotional impacts of young people's contextual use of technologies as well as long-term developmental effects on children's social, communication, and creative skills. The Committee also encourages NIH to study potential correlations between increased use of digital media and technologies and suicidal thoughts and ideation among children. The Committee urges NIH to consider different forms of digital media and technologies, including mobile devices, smart phones, tablets, computers, and virtual reality tools, as well as social-media content, video games, and television programming. The Committee encourages continued collaboration between NIMH and

NICHD for these activities. The Committee requests an update on these activities within 120 days of enactment of this act.

IDeA Networks for Clinical and Translational Research [IDeA-CTR].—The Committee notes the success of the IDeA Clinical and Translational Research centers to develop infrastructure and human resources to more effectively conduct clinical and translational research. Further, the Committee notes the potential for further enhancement and progress through meaningful collaboration with the CTSA program, particularly in rural areas. The Committee encourages NIGMS and NCATS to provide a general roadmap for collaborative opportunities that preserve the autonomy of both programs while removing barriers to allow for rapid scientific advancement and improved local care and research.

Immune Thrombocytopenia [ITP].—The Committee commends NIH for its efforts to advance research into rare blood disorders and encourages further progress through the establishment of an ITP Centers of Excellence network that coordinates cross-cutting research activities at NIAID and NHLBI with potential public health work opportunities through CDC and its Public Health Approaches to Rare Blood Disorders Program. The Committee requests NIH provide an update on its ITP work in the fiscal year 2028 CJ.

INCLUDE Down Syndrome Research Initiative.—The Committee includes no less than $115,000,000, an increase of $15,000,000, for the INvestigation of Co-occurring conditions across the Lifespan to Understand Down syndrome [INCLUDE] Project. The Committee remains pleased with NIH's focus on large cohort studies across the lifespan, novel clinical trials, and multi-year, NIH-wide research driving important advances in understanding immune system dysregulation, Alzheimer's disease, and leukemia that is contributing to improvements in the health outcomes and quality of life of individuals with Down syndrome as well as millions of other individuals. The Committee looks forward to receiving the updated plan requested in Senate Report 119–55.

Infection-Associated Neuropsychiatric Conditions [IANC].—The Committee encourages NIH, including NIAID and NINDS, to expand research on neurological complications of infections that trigger psychiatric and cognitive manifestations of infectious diseases, including Lyme disease, Bartonella, other tick-borne pathogens, and PANS and PANDAS that can trigger neuropsychiatric symptoms across the lifespan. Trans-agency research could examine mechanisms by which infections and pathobiome interactions contribute to depression, anxiety, cognitive impairment, and behavioral symptoms in people of all ages. The Committee encourages NIH to support parallel tracks of research funding, including: (1) basic translational research on infection-driven neuroinflammation and immune-mediated psychiatric dysfunction; (2) mechanistic studies of how microbial communities influence neurotransmitter systems and brain function; (3) population-based studies leveraging electronic medical record databases to characterize the prevalence and clinical course of IANC; and (4) development and testing of novel therapeutic interventions specifically designed to address the unique pathophysiology of infection-triggered psychiatric illness. The Committee directs NIH to submit a report within 1 year of en-

actment of this act on research progress in this area, including specific plans for funding novel therapeutic development and plans for longitudinal studies integrating infectious disease, immunologic, and psychiatric measures.

Institutional Development Award Networks for Clinical and Translational Research..—The Committee continues to note the importance of the IDeA–CTR centers to develop infrastructure and human resources to more effectively and efficiently conduct clinical and translational research and acknowledges the impact that an enhanced network with more well-defined partnerships will have on research and care in rural areas. The Committee encourages NIGMS and NCATS to actively pursue partnership opportunities between the IDeA–CTRs and CTSAs that preserve the autonomy of both programs while removing barriers to allow them to effectively partner for rapid scientific advancement and improved local care and research.

Limb-Girdle Muscular Dystrophies [LGMD].—The Committee is concerned regarding the lack of progress in development of specific treatments for over 30 forms of LGMD, a devastating and disabling disease. Many individuals lack a definitive genetic diagnosis despite available genetic testing. Therefore, the Committee encourages research to elucidate the underlying pathophysiology for different genetic causes of LGMD, including common biological pathways and protein interactions to enable the development of therapies that can target multiple LGMD subtypes. The Committee also encourages the development of rigorous natural history studies to support drug development and clinical care. Research identifying responsive, robust, validated and noninvasive biomarkers across both pediatric and adult populations is essential to improve patient stratification, endpoint selection, and treatment timing. These research investments will support the FDA's biomarker qualification activities, enable fit-for-purpose clinical trial endpoints, and prevent unnecessary delays in the evaluation and delivery of emerging therapies.

Long COVID Treatments.—The Committee remains concerned about the economic and overall health impact that Long COVID inflicts on the Nation. It is currently estimated that between 6 percent and 19 percent of those infected with SARS–CoV–2 go on to develop Long COVID, resulting in up to 20 million Americans suffering from this set of debilitating chronic symptoms. Long COVID is characterized by a wide range of symptoms including severe fatigue, non-restorative sleep, cognitive dysfunction, and widespread pain. Further, it resembles other post-acute infection syndromes [PAISs], such as fibromyalgia, myalgic encephalomyelitis/chronic fatigue syndrome [ME/CFS] and related conditions, known as chronic overlapping pain conditions [COPCs] or nociplastic syndromes. While the Committee is pleased that NIH's HEAL and RECOVER initiatives plan to target some specific symptoms of Long COVID, the Committee is concerned that NIH has not expanded the evaluation of treatments to address many common symptoms associated with Long COVID either individually or that present as syndromes which are combinations of symptoms. Furthermore, NIH's research program has defined Long COVID narrowly, excluding many of the common symptoms plaguing Long COVID suf-

ferers. In June 2024, NASEM released the 2024 NASEM Long COVID Definition, which encompasses extensive lists of the symptoms and diagnosable conditions that current science attributes to Long COVID. The Committee urges NIH to rebalance its research program to prioritize clinical trials in pursuit of effective treatments and to use the NASEM Long COVID definition to guide its choice of symptoms and conditions to be addressed by the candidate treatments. Such trials should target key symptoms and symptom complexes associated with Long COVID, including widespread pain, fatigue, non-restorative sleep, brain fog, dizziness, post-exertional malaise [PEM], postural orthostatic tachycardia syndrome [POTS], and loss of taste and smell. Further, the Committee urges NIH to prioritize the support of clinical trials evaluating therapies for Long COVID, including therapies that have demonstrated efficacy in treating COPCs or nociplastic syndromes that overlap with Long COVID.

Lung Health Disparities.—The Committee is concerned about the disproportionate impact of lung conditions, such as asthma, COPD, and lung cancer on populations experiencing health disparities and encourages NHLBI to work with NIMHD to advance research in this area. The Committee requests an update from both NHLBI and NIMHD in the fiscal year 2028 CJ.

Made in America Research Equipment.—The Committee continues to support efforts to reinforce the Nation's limited infrastructure to produce essential products for biomedical research such as medical devices, equipment, reagents, and consumables. The Committee strongly encourages NIH to develop a long-term plan for NIH grantees to give preference to and result in purchases directly from domestic manufacturers to the maximum extent possible. The Committee directs NIH to provide an update in the fiscal year 2028 CJ on steps it has taken to support this goal.

Menopause.—The Committee commends the work of SWAN to examine mid-life women's health, including physical, biological, psychological, and social changes. Further, the Committee recognizes the NIH's Pathway to Prevention [P2P] menopause workshop held in April 2026 to identify domains for additional research, infrastructure development, and implementation efforts. Additional research is needed to identify the most effective treatments for menopausal symptoms, understand the broader health implications of menopause, and develop more individualized and evidence-based approaches for menopause care. The Committee anticipates the forthcoming independent panel report summarizing the P2P menopause workshop and highlighting research gaps and future priorities; a convening of Federal partners across several agencies and NIH Institutes and Centers to coordinate efforts; and the ORWH launch of the COMpetency in Menopause and Integrated Therapy [COMMIT] Challenge to identify, amplify, and reward curricula and training for healthcare providers that comprehensively addresses the menopausal transition, including hormone therapy. The Committee encourages NIH to establish and lead a Federal coordinating body on menopause research to build upon this work and ensure efforts are aligned across agencies. Finally, within 120 days of enactment, the Committee requests NIH to provide an update on

planned research and workforce training efforts that develop from this work.

Messenger RNA [mRNA] Platform Technology.—The Committee recognizes the significant potential of mRNA research and development to advance prevention and treatment strategies across a broad range of diseases and to provide a versatile platform for rapid and scalable therapeutics to treat some of the most significant diseases. Scientific progress has demonstrated that mRNA approaches can be rapidly adapted to address emerging infectious threats while also showing promise for applications in rare diseases, cancer, and other chronic conditions. The flexibility and scalability of these platforms make them an important component of the Nation's biomedical research, preparedness, and response capabilities. The Committee encourages NIH, in coordination with ASPR, to continue supporting research and development activities that help ensure the United States maintains a leading role in the advancement and application of mRNA technologies. The Committee further encourages NIH, in coordination with BARDA and other relevant agencies, to provide a report not later than 180 days after enactment of this act on current Federal activities supporting mRNA platform research and development. The report should include an overview of basic, translational, and advanced development efforts; coordination across agencies; domestic manufacturing and supply chain considerations; and remaining scientific or technical gaps that may limit preparedness for emerging infectious threats or progress against chronic diseases. The Committee supports continued cross-agency collaboration to advance mRNA platform technologies as part of a forward-looking strategy to strengthen national preparedness, reinforce American scientific leadership, and promote secure domestic innovation capacity.

Multi-Purpose Prevention Technologies.—The Committee encourages NIH, and particularly NICHD and NIAID, to work with other Federal, public, and private sector partners to accelerate research, development, and implementation of multipurpose prevention technologies that are effective, affordable, acceptable, and easy to deliver.

Multi-Year Funding of Research Project Grants [RPGs].—Historically, the majority of NIH research grants have been awarded for more than 1 year but funded incrementally wherein each year's commitment is obligated from that year's appropriation provided by Congress. The Committee notes that the fiscal year 2027 President's Budget States that in fiscal year 2027 NIH proposes to fully fund the outyear commitments of all competing research project grant [RPG] awards. The Committee is concerned about the impact of this policy on application success rates and that providing grantees with funding for every year of the RPG upfront would significantly reduce the number of grants NIH is able to fund. The Committee therefore continues to include a general provision to limit the amount of funds that can be obligated for awards that fully fund out-year commitments and directs NIH to fund as many new awards as possible based on receipt of meritorious applications. The Committee urges Institutes and Centers that receive funding increases in fiscal year 2027 to obligate additional funds to support new and competing research project grants. Throughout fiscal year

2027, NIH is directed to brief the Committees no less than monthly on the status of grant funding opportunities, applications, awards, continuations, terminations, or cancelations. Such briefing shall include a report on grant awards by Institute or Center that fund more than the current year of performance.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome [ME/CFS] Research Roadmap.—The Committee recognizes the urgent need to advance research for ME/CFS, especially given its overlap with Long COVID and relevance across multiple Institutes and Centers, and commends NIH for approving the ME/CFS Research Roadmap and developing an implementation plan in response to prior Committee direction. Building on this work, the Committee encourages NIH to support new and expanded research activities consistent with the Roadmap's recommendations, including but not limited to biomarker discovery, development and validation of diagnostic tools, and interventional and clinical trials across relevant Institutes and Centers. The Committee urges NIH to implement the ME/CFS Research Roadmap's recommendations and to include in the fiscal year 2028 CJ a summary of ME/CFS-related research investments; a description of how Roadmap implementation is being coordinated across Institutes and Centers; and an explanation of how ME/CFS research supported under the Roadmap complements and informs NIH's research on Long COVID, post-acute infection syndromes, and related autonomic and neuro-immune disorders.

National Biobank.—The Committee recognizes that for the United States to remain the global leader in biomedical research and to drive down overall healthcare expenditures, medical research institutions and private sector innovators in the traditional pharmaceutical industry as well as the AI industry must have access to large-scale, high-quality datasets that represent the U.S. population. The Committee notes that the All of Us Research Program has established a nationally representative research cohort integrating genomic data, electronic health records, survey data, and biospecimens. This program, and other existing NIH data and specimen biorepository resources, provide a strong foundation that can be expanded to accelerate progress for patients by incorporating advances in AI, scalable multiomic technologies, and longitudinal data integration. The Committee encourages the NIH Director to build upon the scientific and infrastructure foundations of All of Us and other NIH resources with the intention of maintaining American competitiveness in clinical trials, pharmaceutical research and development, and AI driven science research. Expanding this data-driven effort would drive the development of better treatments and prevention strategies for the diseases that affect Americans, including chronic diseases. It would enable researchers to better understand the relationships between genetics, environmental exposures, life experience, and disease risk; improve risk prediction and early detection; and support the development of more precise and efficient therapeutic strategies, creating significant benefits for the American people and driving down the overall cost of care. The Committee requests that the NIH Director leverage the All of Us Advisory Panel which may seek additional input from CMS, academia, AI experts, and the life sciences industry, to

define immediate scientific priorities and a roadmap for how to utilize the All of Us Research Program and other NIH resources to expand its existing biobank efforts and to incorporate advances in AI, scalable multiomic technologies, and longitudinal data integration into its infrastructure. The Committee directs NIH to include an update in the fiscal year 2028 CJ on its plans to leverage and scale the All of Us initiative and other existing NIH resources, including providing a draft budget for this initiative.

Neurofibromatosis [NF].—The Committee supports efforts to increase funding and resources for NF research and treatment at multiple Institutes, including NCI, NINDS, NIDCD, NHLBI, NICHD, NIMH, NCATS, and NEI. Children and adults with NF are at elevated risk for the development of many forms of cancer, deafness, blindness, developmental delays and autism. The Committee encourages NCI to continue to support a robust NF research portfolio in fundamental laboratory science, patient-directed research, and clinical trials focused on NF-associated benign and malignant cancers. The Committee also encourages NCI to support preclinical research and clinical trials. Because NF can cause blindness, pain, and hearing loss, the Committee urges NEI, NINDS, and NIDCD to continue to support fundamental basic science research on NF relevant to restoring normal nerve function. Based on emerging findings from numerous researchers worldwide demonstrating that children with NF have a higher chance of developing autism, learning disabilities, motor delays, and attention deficits, the Committee encourages NINDS, NIMH, and NICHD to continue their support of research investigations in these areas. Since NF2 accounts for some genetic forms of deafness, the Committee encourages NIDCD to expand its investment in NF2-related research. NF1 can cause vision loss due to optic gliomas. The Committee encourages NEI to expand its investment in NF1-focused research on optic gliomas and vision restoration.

NIH Staff.—The Committee recognizes NIH's unique scientific expertise, which has propelled the success and dominance of the U.S. biomedical research enterprise. To maintain and recruit the best and most qualified scientists, clinicians, and experts in their fields of discipline, it is also crucial that NIH is able to offer competitive salaries in line with industry, universities, academic medical centers, and hospitals. Therefore, NIH is directed to continue to offer salary ranges for these employees to a maximum of $350,000 due to their leadership roles and the much higher compensation earned by their counterparts in other sectors.

Notices of Funding Opportunities [NOFOs].—The Committee continues to direct NIH to post monthly on its website a list of the estimated publishing and award dates of funding opportunities it plans to announce for the subsequent 6 months. Additionally, to the extent practicable, the Committee directs NIH to post anticipated publishing and award dates of future funding opportunities in fiscal year 2027.

Office of Autoimmune Disease Research [OADR].—Approximately 8 percent of the U.S. population is living with an autoimmune disease, and nearly 80 percent of those with an autoimmune disease are women. The Committee supports the development of funding opportunities through OADR and requests NIH provide a plan

within 60 days of enactment of this act that includes potential grant opportunities and a timeline of expected funding opportunities to encourage young investigators and new research institutions to explore research in this space.

Office of Nutrition Research [ONR].—The Committee provides an increase of $5,000,000 for ONR to support increased NIH investment in nutrition and its relation to human health and disease and to coordinate emerging research efforts, including through Food is Medicine research.

ORWH and AD/ADRD Research.—The Committee is pleased with the progress made in advancing AD/ADRD research and the strategic frameworks in place to align program planning with the AD/ADRD implementation milestones. However, the Committee notes the disproportionate effect of AD/ADRD on women. Women are two-thirds of people living with AD/ADRD and sex-based differences in risk exist beyond life expectancy alone. The Committee is supportive of the ongoing NIH-funded research on sex-based differences in AD/ADRD, including investigations into how sex influences mechanisms of risk, resilience, disease presentation, and treatment response. This research occurs throughout the entire research continuum, from basic discovery research through translational and clinical studies. The Committee encourages NIH to build a robust pool of ongoing, active milestones directed specifically at studying sex-based differences in AD/ADRD, including but not limited to understanding the array of factors (e.g., endocrine contributions, genetics, societal and lifestyle factors) that may uniquely contribute to the risk of Alzheimer's in women, as well as differential treatment outcomes. This information will be critical to delivering precision medicine-derived interventions to all Americans affected by this disease. The Committee requests that ORWH be integrated into AD/ADRD planning efforts, such that priorities of that office are aligned with initiative planning for AD/ADRD at the institute level, consistent with findings from the 2025 NASEM report on women's health research at the NIH. The committee also encourages NIH to include plans and accomplishments in the area of sex-based differences in brain health in future updates of the AD/ADRD Professional Judgement Budget and AD/ADRD progress report.

ORWH.—The Committee notes bill language that was included in the Consolidated Appropriations Act, 2022 (Public Law 117–103) that funding for ORWH be made available for direct grant making to address women's health research needs that are not being addressed by Institutes and Centers. The Committee includes $116,480,000, an increase of $10,000,000, for the ORWH. Within this amount, the Committee continues to allocate $10,000,000 to the Building Interdisciplinary Research Careers in Women's Health [BIRCWH] program with the goal of strengthening the workforce pipeline through mentorship of early career scientists engaged in women's health research. ORWH's work contributes to improving the health of women from head to toe and across the lifespan, positively impacting the health of all. Congress is committed to ensuring women's health research is represented and appropriately integrated across NIH to advance rigorous, reproducible, and high-quality research. The Committee notes that the congressionally

mandated ORWH Biennial Reports include a breakdown of women's health research activities and priorities by Institute and Center and looks forward to reviewing the next report.

Osteopathic Medical Schools.—The Committee notes that Colleges of Osteopathic Medicine [COMs], which educate more than 25 percent of all the Nation's medical students, receive only 0.1 percent of NIH funding. The Committee notes that while application success rates for competing RPGs from COMs are similar to the broader pool of all institutes, NIH receives very few applications from COMs. The Committee appreciates recent engagement with osteopathic leaders and urges NIH to continue encouraging osteopathic researchers to apply for funding and participate in advisory councils and study sections and to ensure osteopathic medicine is integrated across all NIH Institutes and Centers. The Committee encourages NIH to facilitate partnerships between COMs and NCCIH's Resource Centers for Advancing Research on Complementary and Integrative Health [REACH Centers] to expand research training in clinical, translational, and implementation science, including research on osteopathic manipulative treatment and other integrative approaches in real-world health systems. The Committee directs NIH to provide an update on these activities in the fiscal year 2028 CJ.

Pediatric Infection-Associated Neuropsychiatric Conditions [IANC].—The Committee encourages NICHD, and other Institutes and Centers, to continue supporting research on how infections trigger or contribute to neuropsychiatric conditions in children and adolescents, including infection-triggered immune-mediated disorders such as PANS and PANDAS, as well as direct infection effects from pediatric Lyme disease and other tick-borne diseases. Research should include parallel funding streams to support: (1) basic translational research on mechanisms by which infections cause neuropsychiatric dysfunction in the developing brain; (2) longitudinal studies tracking cognitive, emotional, and behavioral outcomes in children with IANC; (3) maternal-fetal transmission studies examining mechanisms and developmental consequences of in utero exposure to tick-borne pathogens; (4) population-based studies utilizing electronic medical record databases to characterize the burden and clinical course of pediatric IANC; (5) development of innovative therapeutic interventions specifically designed for the pediatric population; and (6) development of family support interventions. The Committee directs NICHD to submit a report within 1 year of enactment of this act on progress in this research, including specific plans for funding novel treatment development.

Pediatric Research Coordination.—The Committee directs NIH to prioritize pediatric health research in its funding decisions across all ICs. The Committee encourages NIH to provide to funding and adequate resources to the NIH Pediatric Research Consortium [NPeRC] or an equivalent Committee. NPeRC should continue to operate under the leadership of the NICHD Director, who should establish membership to include senior leaders within each relevant IC. NIH is encouraged to explore improvements to the NIH Research, Condition, and Disease Categorization [RCDC] system, create a roadmap for pediatric research in coordination with all ICs, and provide a progress report to Congress within 1 year of en-

actment of this act. The Committee encourages NIH to increase funding for the NIH Clinical Center [CC] to prioritize pediatric research, and to develop capabilities to conduct research among infants and children less than 2 years of age. The Committee urges NIH to prioritize hiring the specialized workforce needed to support research in children by providing pediatric workforce education and training opportunities at the CC with a focus on infants and younger children and to collect data on the proportion of pediatric research studies at the CC.

Perinatal Transmission of Lyme Disease.—The Committee remains concerned about persistent gaps in evidence regarding the frequency, mechanisms, and clinical consequences of perinatal transmission of Borrelia burgdorferi, including the potential for congenital Lyme disease and associated short- and long-term health outcomes. The Committee encourages NIH to support multidisciplinary research to better characterize congenital and perinatal outcomes, including studies examining in utero exposure, pregnancy complications, neonatal outcomes, and developmental trajectories in affected children. Within 1 year of enactment of this act, the Committee directs NIH to provide a report on its plans to advance research on perinatal transmission of Lyme disease. NIH is encouraged to identify resources required and potential obstacles to progress.

Peripheral Neuropathy.—Peripheral neuropathy is a condition that affects 30 million Americans, many of whom experience considerable pain and disability. The Committee encourages NIH to develop a coordinated approach to the diagnosis and treatment of various types of peripheral neuropathy. There are several known causes, but more research is needed to better understand the multiple causes and manifestations of this debilitating condition.

Polycystic Ovary Syndrome [PCOS].—The Committee encourages NIH to support research on the cardiovascular and cardiometabolic consequences of PCOS, also known as Polyendocrine Metabolic Ovarian Syndrome [PMOS], and to support research into the mental and behavioral health burden of PCOS, a condition affecting up to 15 percent of women. The Committee recognizes that individuals with PCOS/PMOS face a significant cardiovascular disease burden that is neither well understood nor adequately addressed through current treatment. Research indicates that individuals with PCOS/PMOS face approximately a 68 percent increased risk of CVD events compared to those without the condition. Despite this burden, the mechanisms driving cardiovascular risk in PCOS/PMOS remain unclear; current first-line treatments have not been shown to reduce cardiometabolic risk in this population; and pharmacological interventions that have shown promise have not been rigorously evaluated in clinical trials for cardiovascular outcomes. The Committee urges NIH, including NHLBI, to support research on the mechanisms underlying cardiovascular risk in PCOS/PMOS, including longitudinal studies of cardiometabolic risk trajectories across the lifespan, and clinical research evaluating the safety and efficacy of pharmacological interventions to reduce cardiovascular risk in this population.

POTS and other Autonomic Nervous System Disorders.—The Committee recognizes the substantial burden of autonomic nervous

system disorders, including POTS, and remains concerned that the Federal research portfolio for these conditions is not commensurate with patient impact and unmet medical need. The Committee also notes the need for sustained, coordinated research efforts to accelerate the development of evidence-based diagnostics and treatments. The Committee urges NIH to host a POTS expert symposium with participants from NINDS, NHLBI, NIDDK, NICHD, and leading external researchers and stakeholders to examine the current state of POTS research and gather input on updates in POTS research progress since the initial NIH POTS expert symposium that was held in July 2019. The Committee requests NIH include an update in the fiscal year 2028 CJ on the current state of POTS research; recent progress made on the POTS research priorities identified in NIH's January 2020 report to Congress, "Postural Orthostatic Tachycardia Syndrome [POTS]: State of the Science, Clinical Care, and Research;" and potential areas of unmet need in POTS research. The Committee further encourages NIH to expand and coordinate research on POTS and other autonomic nervous system disorders across relevant Institutes and Centers. This includes supporting targeted funding opportunities, translational research, and appropriately designed clinical studies and ensuring stable pathways for investigator-initiated research applications. The Committee encourages NIH to support research addressing both infection-associated and non-infectious forms of POTS and other autonomic nervous system disorders, and to identify opportunities to reduce duplication and accelerate progress across the NIH portfolio.

Prevention Research and Inflammatory Bowel Disease [IBD].—The Committee is encouraged by emerging research indicating that IBD, also known as Crohn's Disease and ulcerative colitis, may be detectable at stages early enough to enable timely interventions. The Committee encourages NIH to build upon this knowledge by supporting research into measures to prevent and manage the onset of disease symptoms and disease progression. The Committee also recognizes the need to establish nutrition research priorities, identify knowledge gaps, including the relationship of ultra-processed foods and IBD, and better understand precision nutrition and dietary responses to address diet-related chronic diseases. The Committee urges NIH to explore the feasibility of an NIH-wide research initiative focused on supporting research to develop and test evidence-based dietary interventions to prevent and manage chronic diseases such as IBD.

Primate Research Centers.—The Committee recognizes the critical importance of the NIH National Primate Research Centers [NPRCs], which conduct innovative, irreplicable research to discover new advances in genetics, neuroscience, vision, and stem cell biology and therapy, as well as develop effective vaccines and therapies for HIV/AIDS and other infectious diseases. The Committee continues to provide $30,000,000 in funding to remodel, renovate, or alter existing research facilities or construct new research facilities for non-human primate resource infrastructure, as authorized under 42 U.S.C. section 283k. Within 90 days of enactment of this act, the Committee directs NIH to provide a briefing on its

plans for disbursing the additional infrastructure funds appropriated in fiscal years 2026 and 2027.

Psychedelic Research.—The Committee recognizes the increased interest and need to study psychedelics and their potential therapeutic effects. The Committee encourages NIH to expand its current research agenda across its Institutes and Centers also encourages NIH to work with FDA in developing and supporting public-private collaborations to advance all forms of psychedelic research for therapeutic purposes.

RCDC Funding Levels.—The Committee provides discretionary funding for specified programs, projects, and activities [PPAs] according to the amounts included in this act and the explanatory statement accompanying this act. For funding levels not specified in this act or the explanatory statement accompanying this act, the Committee urges NIH as appropriate to maintain consistent funding in fiscal year 2027. The Committee directs NIH to notify the Committee regarding any deviation by more than 10 percent of the average annual funding level provided in fiscal years 2019–2026 for any RCDC category and provide a justification for that deviation. Finally, the Committee directs NIH to continue providing quarterly briefings to the Committee on up-to-date RCDC expenditures.

Reducing the Administrative Burden on Researchers.—The Committee remains concerned about the status of NIH's implementation plans following a 2019 final report on administrative burden. The Committee reiterates the directives described in Further Consolidated Appropriations Act, 2024 (Public Law 118–47).

Replication Experiments and Fraud Detection.—The Committee supports NIH efforts to fund replication experiments on significant lines of research and continues the briefing directive under the heading "Replication and Reproducibility Experiments" under Senate Report 119–55.

Research on Long COVID.—The Committee remains concerned about the lack of FDA-approved diagnostics and treatments for the estimated one in 19 Americans living with Long COVID. The Committee urges NIH to focus on interventional drug trials, biomarker discovery, and the development of diagnostic tests and therapeutics. Such research should also examine and target conditions commonly associated with Long COVID, including dysautonomia, POTS, and ME/CFS.

Research on Non-Human Primates [NHPs].—The Committee recognizes the critical role of NHP research in virtually all areas of biomedical research to understand disease pathology and support the development of novel treatments. Research with these unique models makes irreplaceable contributions to understanding the biological processes that cause disease, which is necessary for the development, safety, and efficacy testing of new therapeutics before clinical trials. NHP research will be vital to studying both the underlying mechanisms and potential cures for existing and emergent diseases. NHP research remains critical to understand the causes of degenerative and brain diseases and to improve the effectiveness of new compounds and non-pharmaceutical treatments such as deep brain stimulation and neuromodulation, cancer, chronic pain, and metabolic disorders. The Committee urges NIH to award funding to meritorious research proposals to study these

neurodegenerative and other disorders, including studies that utilize NHPs, using non-human primates to study neurological diseases as well as research into preventing the next pandemic.

Research on the Behavioral Impacts of AI.—The Committee encourages NIH to include the Office of Behavioral and Social Sciences Research in ongoing and future AI initiatives to ensure the psychological and behavioral impacts of AI are considered. Research is needed on the safety, efficacy, and effectiveness of AI-driven mental health tools, the impact of algorithmic decision-making on therapeutic alliances, and the role of AI in addressing or exacerbating differences in measurable health outcomes between populations. The Committee directs NIH to provide an update within 180 days of enactment of this act outlining OBSSR's role in addressing the psychological and behavioral impact of AI.

Research Transparency.—As demonstrated over the past several years, the Committee remains committed to funding NIH research and ensuring that our Nation's researchers, particularly our early career scientists, have the support to make the scientific breakthroughs that may transform healthcare. However, it is critical that NIH can ensure funds are used for the best possible research that fulfill the core research mission of NIH and that NIH continues enhanced oversight in the review and approval process. The Committee appreciates that in response to prior language, NIH continues to confirm in writing made available on a publicly accessible website that each grant or agreement promotes efforts to seek fundamental knowledge about the nature and behavior of living systems and/or the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

Research with International Partners.—The Committee supports the Administration's efforts to enhance oversight of NIH-funded research conducted overseas at foreign universities and laboratories. NIH's shift from using foreign subawards to a new application and award structure for grants that involve foreign entities will ensure NIH can track Federal funding and ensure recipients are complying with all NIH grants terms and conditions. This policy change follows congressional concerns, as well as audits by multiple Federal agencies that found deficiencies in NIH's ability to oversee grants to foreign recipients. Among these are the GAO reports, "The National Institutes of Health Did Not Receive 81 of 109 Required Audit Reports for Foreign Grant Recipients," published December 14, 2023, and "NIH Could Take Additional Acts to Manage Risks Involving Foreign Subrecipients," issued June 14, 2023. While the Committee supports the Administration's efforts to enhance oversight of international research on clinical trials and human subjects research, the Committee notes that pediatric cancer, rare disease, HIV, and infectious disease research often rely on clinical trial participants and biospecimens from foreign countries in order to aggregate enough samples or patients for robust research. The Committee directs NIH to work with trusted research partners abroad to continue support for key areas of research.

Scientific Management Review Board [SMRB] Activities.—The Committee looks forward to receiving the report on NIH's SMRB activities requested in Senate Report 119–55 and reiterates the on-

going requirement for an annual report on SMRB plans and activities as directed in Senate Report 119–55.

Sex Differences in Aging Biology.—The Committee recognizes growing evidence that women and men age differently. Women, on average, live longer than men but suffer worse health outcomes, making more doctor visits, taking more medications, losing more time from work due to illness, and undergoing more medical procedures. Emerging evidence from preclinical studies also suggests that interventions designed to extend lifespan or healthspan often work in only one sex. Despite these observations, the biological mechanisms underlying sex differences in aging and age-related disease remain poorly understood. The Committee therefore encourages NIH to prioritize research on sex differences in aging across the course of life. Given the cross-cutting relevance of this research to multiple Institutes and Centers, and virtually all aspects of later life health, the Committee urges the Director to create a program within the Common Fund to investigate the causes of biological sex differences in aging.

Strategic Decisions.—The Committee encourages NIH, as part of any future strategic decisions regarding the location of intramural research facilities, to take into consideration factors such as cost-effectiveness and feasibility of leveraging collaborations with other research partners and institutions.

Support for Women's Health Research Workforce.—The Committee recognizes that providing mentorship and training opportunities to physician scientists in fields foundational to women's health, such as the obstetrics, gynecology, and reproductive sciences is critical to maintain a strong women's health research workforce. The Committee notes the success of existing training programs at NIH, administered by NICHD and ORWH, and urges expansion of these programs to attract researchers and support career pathways for scientists and physician-scientists through all stages of a career dedicated to women's health. The Committee requests an update in the fiscal year 2028 CJ on the research activities and the number of new women's health researchers supported by these training programs in fiscal year 2027.

The Committee also recognizes that individuals with PCOS/PMOS experience a significant and costly mental health burden that remains poorly understood at the mechanistic level. Research indicates that individuals with PCOS/PMOS face approximately a 60 percent increased risk of depression or anxiety and a significantly elevated risk of eating disorders compared to those without the condition. Despite this burden, it is not known whether the elevated rates of mental health disorders in PCOS/PMOS are driven by the biological effects of chronic hormonal and metabolic disruption, by psychosocial factors associated with the condition, or by their interaction, and evidence-based mental health treatments have not been rigorously evaluated for effectiveness in this population. The Committee urges NIH, including NIMH, to support research on the biological and psychosocial mechanisms underlying mental health disorders in PCOS/PMOS and on the effectiveness of evidence-based screening and intervention approaches in this population, including studies to determine whether PCOS/PMOS-associ-

ated mental health conditions are clinically and mechanistically distinct from those in the general population.

The Committee further encourages NIH, including NICHD, to continue to support targeted research of endocrine-disrupting chemicals in PCOS/PMOS. The Committee encourages research on the genetic contributions to PCOS/PMOS and metabolic and immune system dysfunction of PCOS/PMOS. The Committee urges NIH to continue to support research on the efficacy of bioidentical progesterone, insulin resistance medication, including metformin and GLP–1 drugs, and laparoscopic ovarian drilling. Finally, the Committee encourages research on the impact of PCOS/PMOS and related comorbidities, including infertility.

Timely Access to Funds.—The Committee notes the importance of grant and other award recipients receiving timely access to awarded funds. Therefore, the Committee directs NIH to award competitive grants as expeditiously as possible and noncompetitive grant renewals within 30 days of the end of their period of performance, except in the case of a grant or award where there has been a finding of financial mismanagement, research fraud, or malfeasance. Finally, the Committee directs NIH to provide grant and other award recipients timely access to their award dollars when they submit a draw down request to the agency.

Training Future Pediatric Researchers.—The Committee recognizes that developing the future biomedical research workforce is a top priority of the NIH Unified Strategy and is concerned about the decline in the number of physician-scientists entering pediatric research, noting a more than 35 percent decline over the past 3 years in the number of first-year pediatric residents who have earned PhDs, as well as past and potentially future reductions to highly effective institutional training awards, and the impact these reductions have on the pediatric research workforce and overall national goals to improve child health. The Committee urges NIH to work across multiple Institutes and Centers to increase funding for pediatric research workforce training and to develop a multi-year and multi-IC strategy to increase support for these programs.

Tuberous Sclerosis.—The Committee urges NIH to fund research focused on supporting ongoing progress for finding cutting-edge treatments and potential cures for Tuberous Sclerosis Complex [TSC] at amounts no less than $30,000,000 in fiscal year 2027. Because TSC impacts multiple organ systems, the Committee encourages the Director to coordinate the participation of multiple Institutes and Centers to update the TSC research plan, last updated in 2015, aimed at addressing the numerous medical and neuropsychological burdens associated with TSC while deciphering the biology underlying phenotypic heterogeneity. The Committee further encourages the Director to issue Highlighted Topics to address priorities identified in the updated TSC research plan. Manifestations of TSC are highly variable among affected individuals, and TSC can be a model condition for developing precision medicine approaches to predict and treat each individual's symptoms to maximize the benefit-risk ratio.

Von Hippel-Lindau [VHL] Disease.—The Committee recognizes that finding a treatment and cure for VHL disease, in which the VHL tumor suppressor gene is damaged or nonexistent, is key for

treating and curing not only the rare disease of VHL but also many other forms of cancer. The role of the VHL gene is central in how cells sense and adapt to oxygen and nutrient availability and how this mechanism leads to abnormal cell or cancer growth. As a result, nearly a dozen medications currently used to treat various forms of cancer are the direct result of research in VHL biology. The Committee encourages multiple NIH Institutes and Centers to support additional intramural and extramural research on VHL disease and biology, seeking both pharmacological and gene therapy treatments for VHL and other cancer patients. The Committee requests an update on these activities in the fiscal year 2028 CJ.

Women's Health Research.—The Committee recognizes the need for increased, sustained, and integrated investment in women's health research at NIH and urges NIH to establish a central fund within ORWH to support interdisciplinary women's health research with a focus on innovation and accelerating biomedical discoveries on diseases and conditions that differently, disproportionately, or exclusively affect women. This effort should support research across NIH and incentivize Institutes and Centers to prioritize women's health research and collaborate in an interdisciplinary way to address the most pressing research gaps and allow NIH to catalyze the ambitious, multi-faceted, interdisciplinary research projects that are needed to advance women's health in a meaningful way, such as research on the impact of perimenopause and menopause on heart health, brain health, and bone health. The Committee urges NIH to continue to expand basic, clinical, and translational research into women's health, including the mechanisms of endometriosis, fibroids, pelvic floor disorders, and other gynecological conditions; and advance early diagnostic and later prognostic markers of these heterogeneous conditions. Additionally, the Committee directs NIH to provide an update in the fiscal year 2028 CJ on these research activities and the number of new women's health researchers supported by these programs in fiscal year 2027.

Youth Tobacco Cessation Research.—The Committee recognizes that despite millions of youth using at least one tobacco product, there are no FDA-approved tobacco cessation therapies for people under 17 and few well-studied, evidence-based behavioral interventions for youth tobacco use. The Committee encourages NIH to continue to support research on effective tobacco cessation modalities for youth under age 18, including pediatric studies of the safety and effectiveness of cessation treatments currently approved for adults. Studies should account for the broad range of tobacco products used by youth, including cessation options for individuals interested in quitting cigarettes, e-cigarettes, smokeless tobacco, and cigars.

BUILDINGS AND FACILITIES

Appropriations, 2026	$350,000,000
Committee recommendation	350,000,000

The Committee provides $350,000,000, which is the same as the fiscal 2026 enacted level, for Buildings and Facilities. The Committee commends the agency for continuing to develop a sound capital planning process and for keeping the Committee informed on

such activities. These efforts have been supported by the Committee with continuation of a general provision permitting NIH to use up to $100,000,000 of research funding for alterations and repairs. The Committee directs NIH to continue to provide biannual updates of its efforts to develop best practices and its maintenance and construction plans for projects whose cost exceeds $5,000,000, including any changes to those plans and the original baseline estimates for individual projects. Finally, the Committee also directs NIH to describe in its fiscal year 2028 and future CJs how the projects requested in its budgets tie to its capital planning process, including the Research Facilities Advisory Committee's role in determining which projects are selected for inclusion in the budget.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

Appropriations, 2026	$1,500,000,000
Committee recommendation	1,500,000,000

The Committee provides $1,500,000,000, which is the same as the fiscal 2026 enacted level, for the Advanced Research Projects Agency for Health [ARPA–H]. The Committee continues to believe ARPA–H requires a different culture and mission than NIH's other 27 Institutes and Centers.

Amyotrophic Lateral Sclerosis [ALS].—The Committee urges ARPA–H to support $30,000,000 in R&D programs and projects to support ALS clinical trials, develop therapies, targeted therapies, and treatments for ALS and related neurodegenerative disorders.

Antimicrobial Resistance.—The Committee recognizes that combating antimicrobial resistance and securing the domestic pharmaceutical supply chain are critical national security priorities. To address the threat of multidrug-resistant wound infections, the Committee encourages ARPA–H to prioritize the domestic development and scale-up of biomimetic antimicrobial platforms capable of rapid, broad-spectrum bactericidal activity against Gram-positive and Gram-negative pathogens associated with polymicrobial infections. Responsive technologies should demonstrate strong in vitro bactericidal activity, no evidence of resistance induction following repeated long-term exposure, and high cytocompatibility at therapeutic doses. The Committee further encourages support for modular nanoscale platforms with tunable chemistry or payloads that can be deployed through topical, systemic, localized, or device-integrated applications and that are supported by preclinical in vivo evidence of wound stabilization, wound healing, and bacterial clearance. To ensure Made in America priorities, preference should be given to scalable platforms that onshore production, leverage regional research hubs, utilize well-characterized components, and are supported by mechanistic and translational data to demonstrate readiness for field-deployable infection-control use.

Briefings.—The Committee continues to direct ARPA–H to provide quarterly briefings to the Committee on its process, staffing, and scientific priorities and progress. The Committee expects such briefings to address how ARPA–H's activities are designed to advance biomedical research and development and the mission to create breakthrough technologies, as well as how to balance long-term trans-disciplinary scientific challenges with short-term research goals.

Commercialization Network.—Speeding the translation of innovative health technologies to market is essential for the success of ARPA–H. The Committee has previously expressed its strong support for this aspect of ARPA–H's work, particularly for the collaborative network of researchers, entrepreneurs, and investors built by the agency and for the role of funding sprints to rapidly accelerate innovation in priority areas. Within 90 days of the enactment of this act, the Committee directs ARPA–H to provide a briefing on the status of its commercialization activities.

Diagnostic Tests and Precision Medicine for Long COVID, Lyme Disease, and other Chronic Medical Conditions.—The Committee remains concerned with the impact of Long COVID on the Nation's economy and overall health. While the NIH's RECOVER initiative targets specific symptoms of the disease, the Committee urges ARPA–H to expand research on diagnostic tests that utilize the growing field of AI/ML and corresponding precision medicine treatments for Long COVID. This prioritization is essential to address the growing public health and economic burden affecting millions of Americans experiencing prolonged symptoms after SARS–CoV–2 infection. One area of opportunity is to accelerate clinical trials for novel AI/ML-based mechanistic biomarkers and their corresponding precision medicine treatments for Long COVID as well as Lyme Disease with which Long COVID shares mechanistic parallels. Further supporting these clinical trials may also accelerate the development of diagnostic tools and effective therapies for many other chronic medical conditions through the discovery of additional biomarkers.

Emerging Health Threats.—The Committee recognizes that ARPA–H plays a unique role in the U.S. science and technology enterprise. Modeled after the Defense Advanced Research Agency [DARPA] and the Biomedical Advanced Research and Development Authority [BARDA] but more broadly focused on improving health outcomes for all Americans, ARPA–H is expected to pursue transformative advances in health research beyond the scope of other public or private efforts. American citizens and interests can be threatened by endemic and emerging diseases in any part of the world. The Committee urges ARPA–H to contribute in unique ways to combating existing and emerging health threats here and abroad and to strengthen U.S. science and technology capacity, competitiveness, and leadership.

Long COVID Research.—ARPA–H is urged to invest in Long COVID research to ensure its high-risk, high-reward research is focused on drug trials, biomarker development, and research on conditions associated with Long COVID, including dysautonomia, postural orthostatic tachycardia syndrome [POTS], and myalgic encephalomyelitis/chronic fatigue syndrome [ME/CFS]. The Committee further urges ARPA–H to coordinate with NIH on these efforts to augment NIH's Long COVID research portfolio. ARPA–H is also urged to prioritize research and development programs and projects that can enable clinical trials evaluating therapies targeting key Long COVID symptoms and symptom complexes associated with Long COVID including widespread pain, fatigue, non-restorative sleep, brain fog, dizziness, post-exertional malaise [PEM], POTS, and loss of taste and smell.

Neurodegenerative Disease Research.—The Committee recognizes the urgent need to advance high risk, high reward research to serve the millions of Americans facing neurodegenerative diseases including Alzheimer's, Parkinson's, ALS, and related disorders. The Committee commends recent ARPA–H programs and projects exploring protein aggregation, tissue repair, and other promising areas for neurodegenerative disease research. The Committee urges ARPA–H to prioritize programs and projects that can improve disease diagnosis, diversify the clinical treatment pipeline, speed clinical trials for neurodegenerative diseases, and deliver impacts patients and families.

Rapid Therapeutics in Behavioral Health.—The Committee was encouraged by ARPA–H's announcement of the Evidence-Based Validation & Innovation for Rapid Therapeutics in Behavioral Health [EVIDENT] program and its commitment of $139,000,000 to address longstanding gaps in objective mental and behavioral health measurement. The Committee urges ARPA–H to build on this effort by supporting R&D efforts related to new clinical and implementation trials focused on improving scalability and access to promising rapid-acting interventions, including neuroplastogens and neuromodulation with a priority for funding trials that receive State funding or prioritize populations disproportionately impacted by PTSD and other serious mental health conditions, including women and veterans.

Reporting.—ARPA–H shall notify the Committee at least 30 days in advance of entering into any interagency agreement greater than $25,000,000 from any appropriation available to ARPA–H to any other agency or Department. Such notification shall include the source of funding, including the applicable legislative citation, a description of the obligation, and a justification for the transfer.

Tick-Borne Diseases [TBD] Portfolio.—The Committee encourages ARPA–H to evaluate the potential benefits of supporting a TBD portfolio. The Committee encourages ARPA–H to build upon the progress of the Lyme and TBD Clinical Trials Network.

Women's Health.—The Committee notes the success of ARPA–H's Sprint for Women's Health Activities and urges ARPA–H to build on this initiative and continue support to address women's health and accelerate and scale tools, products, and platforms to improve women's health outcomes.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

The Committee provides $7,459,444,000 for the Substance Abuse and Mental Health Services Administration [SAMHSA]. The Committee includes $133,667,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended) and $12,000,000 in transfers from the PPH Fund.

SAMHSA is the public health agency responsible for supporting mental health programs and behavioral healthcare, treatment, and prevention services throughout the country.

The Committee continues bill language that instructs the Assistant Secretary of SAMHSA and the Secretary to exempt the Mental Health Block Grant; the Substance Use Prevention, Treatment, and Recovery Services Block Grant; and the State Opioid Response

grants from being used as a source for the PHS evaluation set-aside in fiscal year 2027.

Eligible Grantees.—Where permitted in the authorizing statute, the Committee directs SAMHSA, when issuing new funding opportunity announcements, to include faith-based organizations as eligible applicants.

Grant Opportunities.—SAMHSA is directed to consult with the Committee not less than 3 weeks prior to issuing a funding opportunity announcement [FOA] for any competitive grant program and provide a notice to the Committee not less than 5 days prior to publicly issuing it.

Harm Reduction.—The Committee recognizes the administration's efforts to prioritize prevention, treatment, and long-term recovery in relation to substance use disorder, including the availability and provision of opioid overdose reversal medications such as naloxone to reduce overdose deaths. The Committee directs SAMHSA to provide timely and clarifying guidance to grantees and applicants, as needed, on eligible activities.

Training and Technical Assistance to Grantees.—The Committee encourages SAMHSA to provide specialized training and technical assistance for grantees, particularly for programs serving infants and children.

MENTAL HEALTH

Appropriations, 2026	$2,823,446,000
Committee recommendation	2,845,446,000

The Committee provides $2,845,446,000 for mental health services. The Committee includes $21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended) and $12,000,000 in transfers from the PPH Fund.

Programs of Regional and National Significance [PRNS]

The Committee provides $1,081,433,000 for PRNS within the Center for Mental Health Services, including $12,000,000 in transfers to PRNS from the PPH Fund. These programs address priority mental health needs by developing and applying evidence-based practices, offering training and technical assistance, providing targeted capacity expansion grants, and changing the delivery system through family, client-oriented, and consumer-run activities.

Within the total provided for PRNS, the Committee includes funding for the following activities:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
CAPACITY:		
Seclusion and Restraint appropriations	$1,147,000	$1,147,000
Project AWARE appropriations	140,001,000	142,001,000
State Grants appropriations	*110,501,000*	*112,501,000*
Community Violence and Trauma appropriations	*17,500,000*	*17,500,000*
School-Based Trauma Informed Care appropriations	*12,000,000*	*12,000,000*
Mental Health Awareness Training appropriations	27,963,000	27,963,000
Healthy Transitions appropriations	18,451,000	18,451,000
Infant and Early Childhood Mental Health appropriations	15,000,000	15,000,000
Interagency Task Force on Trauma Informed Care appropriations	2,000,000	2,000,000
Children and Family Programs appropriations	7,729,000	7,729,000
Consumer and Family Network Grants appropriations	3,954,000	3,954,000
Project LAUNCH appropriations	19,605,000	19,605,000

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Mental Health System Transformation appropriations	3,779,000	3,779,000
Primary and Behavioral Health Care Integration appropriations	55,877,000	55,877,000
National Strategy for Suicide Prevention appropriations	30,200,000	30,200,000
Zero Suicide appropriations	*23,800,000*	*23,800,000*
American Indian and Alaska Native appropriations	*4,400,000*	*4,400,000*
Mental Health Crisis Response Grants appropriations	20,000,000	20,000,000
988 Lifeline appropriations	534,618,000	549,618,000
Specialized Services for Youth appropriations	*33,100,000*	*33,100,000*
Spanish Language Services appropriations	*10,000,000*	*10,000,000*
Garrett Lee Smith-Youth Suicide Prevention State Grants	45,806,000	45,806,000
State Grants appropriations	*33,806,000*	*33,806,000*
State Grants Transfer from Prevention and Public Health Fund	*12,000,000*	*12,000,000*
Garrett Lee Smith-Youth Suicide Prevention Campus Grants appropriations	10,488,000	10,488,000
American Indian and Alaska Native Suicide Prevention appropriations	4,931,000	4,931,000
Tribal Behavioral Grants appropriations	26,250,000	26,250,000
Homeless Prevention Programs appropriations	28,096,000	28,096,000
Minority AIDS appropriations	9,224,000	9,224,000
Criminal and Juvenile Justice Programs appropriations	11,269,000	11,269,000
Assertive Community Treatment for Individuals with Serious Mental Illness appropriations	6,000,000	6,000,000
Science and Service:		
Garrett Lee Smith-Youth Suicide Prevention Resource Center appropriations	11,000,000	11,000,000
Practice Improvement and Training appropriations	7,828,000	7,828,000
Consumer and Consumer Support Technical Assistance Centers appropriations	1,918,000	1,918,000
Primary and Behavioral Health Care Integration Technical Assistance appropriations	3,991,000	3,991,000
Minority Fellowship Program appropriations	11,059,000	11,059,000
Disaster Response appropriations	1,953,000	1,953,000
Homelessness appropriations	2,296,000	2,296,000
Eating Disorder Identification, Treatment, and Recovery appropriations	2,000,000	2,000,000

988 Suicide and Crisis Lifeline [988 Lifeline].—Suicide is a leading cause of death in the United States, claiming more than 48,000 lives in 2024. The Committee provides $549,618,000 for the 988 Suicide and Crisis Lifeline and the Behavioral Health Crisis Coordinating Office. This amount includes funding to continue to strengthen the 988 Lifeline and enable the program to continue to respond in a timely manner to an increasing number of contacts. The 988 Lifeline coordinates a network of independently operated crisis centers across the United States by providing suicide prevention and crisis intervention services for individuals seeking help. The Committee continues to request a briefing within 90 days of enactment, and quarterly briefings thereafter, on the 988 Lifeline spend plan and related activities.

988 Lifeline Administrative Flexibility for States.—The Committee is aware of operational variations between requirements established by the National administrator and State standards and contracting practices for 988 providers; however, the Committee understands that SAMHSA has recently provided States with increased operational flexibility. Within 180 days of enactment of this act, the Committee directs SAMHSA to provide a briefing on steps taken to work with States, including on alignment of 988 services with State behavioral health systems.

988 Performance Metrics.—The Committee directs SAMHSA to maintain a publicly available Web site, to be updated monthly, which provides data on the total number calls, texts, and chats routed through 988. The metrics should include the answer rate,

response time, contact length by contact type, and the total number of contacts by service type.

988 Program Integrity.—The Committee remains concerned about the suicide rates among youth and young adults. The Committee recognizes the vital services provided through the 988 Lifeline and the important role of State partners in suicide prevention and behavioral health. As States establish and develop 988 programs, the Committee encourages SAMHSA to ensure States have the flexibility to use a technology platform that allows for low wait times and that facilitates a seamless coordination with local crisis and emergency response teams, accommodates a connection to follow-up and community resources, and ensures that sensitive user data is being safeguarded and protected, while meeting SAMHSA's established minimum standards through SAMHSA's 988 Network Administration that support integration into the broader 988 system. The Committee requests SAMHSA include information on 988 program integrity activities, including with respect to safeguarding 988 user data and privacy, and a review of work with States and other 988 program partners in the 988 Lifeline spend plan briefing.

988 Lifeline Text and Chat-Based Capabilities.—The Committee encourages SAMHSA to continue to make funding competitively available to chat and text backup centers to provide the capacity and infrastructure to handle contacts from vulnerable youth through calls, chats, and texts, including to National backup centers, as well as to local centers, to improve local text and chat answer rates. Within the total for the 988 Lifeline, the Committee continues $10,000,000 for specialized services for Spanish speakers seeking access to 988 services through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.

The Committee also supports SAMHSA's efforts to ensure access to the 988 Lifeline through various forms of communication, including phone calls, text and chat functions, and video services through American Sign Language for Americans who are deaf or hard of hearing.

988 Response Rate.—The Committee notes the progress made in reducing the rate of 988 calls abandoned while waiting to be connected to a counselor. The Committee directs SAMHSA, in partnership with the National administrator and State and local contact center operators, to evaluate, to the extent possible, reasons for disconnect; and, in line with industry standards, to improve systems that help minimize disruptive and non-helpseeking contacts to maximize connection for individuals seeking crisis services to local 988 crisis centers. Within 60 days of enactment of this act, the Committee further directs SAMHSA to provide a briefing to the Committee with a status update on this effort.

Adolescent and Young Adult Awareness of the 988 Lifeline.—The Committee encourages SAMHSA to coordinate with the relevant Departments and young adult behavioral health stakeholders, such as stakeholders serving secondary school and postsecondary students, to increase adolescent and young adult awareness of 988, in-

cluding via the publication of 988 on newly issued student identification cards and driver's licenses, including digital IDs.

Data Collection.—The Committee is aware that there is a lack of data on whether 988 users receive follow-up outreach after a crisis contact, a critical gap in the National crisis response system. Follow-up services are widely recognized as an evidence-based intervention that can reduce suicide risk and help connect individuals to ongoing care. Within 180 days of enactment of this act, the Committee directs SAMHSA to provide a report on current follow-up service provision and requirements for 988 crisis centers, as well as a professional judgment estimate on the costs of establishing a National reporting framework and service provision for all follow-up services provided through 988 and implementing standardized metrics into existing reporting requirements for all 988 crisis centers.

Specialized Services for Youth.—The Committee continues $33,100,000 for these services and instructs SAMHSA to follow the directives included in Senate Report 118–84.

Youth-to-Youth Peer Support.—The Committee recognizes that young people are uniquely situated to provide peer support for teens and young adults who are struggling with their mental health. The Committee is also aware that youth-to-youth engagement, when conducted by youth with professional support and training, has proven effective at reaching young people in crisis. Youth-to-Youth Peer Support is currently underused across the Nation. The Committee encourages SAMHSA to ensure that the 988 Lifeline maintains appropriate capacity, training, and referral capabilities to support youth who contact the Lifeline for help, including through peer services. The Committee further encourages SAMHSA to consider partnering with a nonprofit organization that has delivered youth-to-youth crisis intervention and hotline services to establish continuous coverage for peer support services.

Eating Disorder Identification, Treatment, and Recovery.—The Committee provides $2,000,000 for the National Center of Excellence for Eating Disorders at SAMHSA. The funding will support increased engagement with primary care providers, including pediatricians, to provide specialized advice and consultation related to the screening and treatment of eating disorders. The Committee also supports work on pediatric training models for pediatric providers for prevention, early intervention, treatment, and ongoing support protocols for youth with or at-risk of developing an eating disorder. The Committee directs SAMHSA to continue devoting sufficient resources to support the work of the National Center of Excellence by competitive grant or contract, as authorized in section 1131 of Public Law 117–328. Within 180 days of the enactment of this act, SAMHSA shall release a public report detailing actions it has taken to support the Center of Excellence to advance education, training, and awareness of eating disorders.

First Responder Mental Health.—The Committee is concerned by the significant mental and behavioral health challenges faced by first responders due to the demanding and often traumatic nature of their work, which results in widespread stress, burnout, and mental health struggles. The Committee encourages SAMHSA to consider steps to address the mental health challenges faced by

first responders, including through the use of confidential, trained peer specialists who can offer immediate emotional support, crisis intervention, resources for mental health treatment, and referrals to ongoing care and peer support networks.

Garrett Lee Smith-Youth Suicide Prevention State Grants.—The Committee provides $45,806,000, of which $12,000,000 is included in transfers from the PPH Fund, for Garrett Lee Smith-Youth Suicide Prevention State Grants, which will support the development and implementation of early intervention programs and youth suicide prevention strategies. Additionally, the Committee includes $11,000,000 for the Garrett Lee Smith-Youth Suicide Prevention Resource Center.

Garrett Lee Smith-Youth Suicide Prevention Campus Grants.—The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally underresourced. The Committee understands that campus-based student groups that both educate and train students on primary prevention and intervention for those at risk of experiencing mental health and substance use disorders can be beneficial in increasing the likelihood classmates will seek treatment. The Committee recommends SAMHSA encourage applicants to seek input from relevant stakeholders, including student-serving mental health groups on campus, to better reach students in need of support. Additionally, the Committee directs SAMHSA to continue the waiver of matching funds for minority-serving institutions and community colleges included in the 2024 funding notice and as directed in Public Law 118–47. This will help meet these growing needs and address disparities in access to mental health services. The Secretary may continue to waive such requirement with respect to an institution of higher education not covered by those definitions, if the Secretary determines that extraordinary need at the institution justifies the waiver.

Healthy Transitions.—The Committee includes $18,451,000 for the Healthy Transitions program, which provides grants to States and Tribes to improve access to mental healthcare treatment and related support services for young people aged 16 to 25 who either have, or are at risk of developing, a serious mental health condition.

Infant and Early Childhood Mental Health.—The Committee provides $15,000,000 for grants to non-profits and human service agencies, including State agencies, Tribal communities, universities, or medical centers that are in different stages of developing infant and early childhood mental health services. These entities should have the capacity to lead partners in systems-level change, as well as in building or enhancing the basic components of such early childhood services, including an appropriately trained workforce. Additionally, the Committee recognizes the importance of early intervention strategies to prevent the onset of mental disorders, particularly among children. Recent research has shown that half of those who will develop mental health disorders show symptoms by age 14. The Committee encourages SAMHSA to work with States to support services and activities related to infants and toddlers, such as expanding the infant and early childhood mental

health workforce; increasing knowledge of infant and early childhood mental health among professionals most connected with young children to promote positive early mental health and early identification; strengthening systems and networks for referral; and improving access to quality services for children and families who are in need of support.

Interagency Task Force on Trauma Informed Care.—The Committee includes $2,000,000 to continue the Interagency Task Force on Trauma-Informed Care, which was reauthorized by section 206 of the SUPPORT for Patients and Communities Reauthorization Act of 2025 (Public Law 119–44). The Committee supports the Task Force's authorized activities, including the dissemination of trauma-informed best practices and the promotion of such models and training strategies through all relevant grant programs. The Committee encourages the Task Force to collaborate with the National Child Traumatic Stress Network on these activities.

Mental Health Awareness Training.—The Committee provides $27,963,000 to continue existing activities, including Mental Health First Aid. Mental Health Awareness Training and Mental Health First Aid have allowed Americans, as well as first responders, to recognize the signs and symptoms of common mental health disorders. In continuing competitive funding opportunities, SAMHSA is directed to include as eligible grantees local law enforcement agencies, fire departments, and emergency medical units with a special emphasis on training for crisis de-escalation techniques. SAMHSA is also encouraged to allow training for college students, veterans, armed services personnel, and their family members and broaden applicable settings for trainings to include non-educational and non-healthcare settings where appropriate within the Mental Health Awareness Training program. Additionally, SAMHSA is encouraged to prioritize grants to eligible entities that will serve within States where there is a high prevalence of adverse childhood experiences and youth substance use disorders.

Mental Health Community Programs.—The Committee recognizes the growing body of peer-reviewed clinical research demonstrating that arts and cultural engagement produces measurable health outcomes for individuals experiencing mental health challenges, substance use disorders, social isolation, and loneliness, with particular relevance for veterans, rural populations, and youth. The Committee encourages SAMHSA to work with healthcare providers and community-based arts and cultural organizations to increase awareness of arts and cultural engagement as an evidence-based, non-pharmaceutical intervention option and to consider arts-based mental health programming for youth as an eligible activity within applicable grant programs and block grants. The Committee further encourages SAMHSA to promote, among the providers and facilities it funds, awareness of and connection to arts and cultural organizations operating in their communities and service areas, so that existing resources may be more fully utilized in support of patient health and recovery.

Mental Health Crisis Response Grants.—The Committee understands the significant need for crisis services in order to divert people experiencing a mental health crisis away from the criminal justice system and into mental health treatment. The Committee in-

cludes $20,000,000 for communities to create or enhance existing crisis response programs that may include teams of mental health professionals, law enforcement, emergency medical technicians, and crisis workers to provide immediate support and stabilization to those in crisis.

Minority Fellowship Program.—The Committee includes $11,059,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness services for underserved minority populations. The Committee understands the importance of increasing the pool of culturally competent pediatric mental health professionals, including child and adolescent psychiatrists, to address the Nation's youth mental health crisis. The Committee again encourages SAMHSA to prioritize and increase the number of pediatric behavioral health treatment providers, including child and adolescent psychiatrists, selected to participate in the minority fellowship program.

National Strategy for Suicide Prevention.—The Committee provides $30,200,000 for suicide prevention programs. Of the total, $23,800,000 is for the implementation of the Zero Suicide model, which is a comprehensive, multi-setting approach to suicide prevention within health systems.

Additionally, suicide is often more prevalent in highly rural areas and among the American Indian and Alaskan Native populations. According to CDC, American Indian/Alaska Natives [AI/AN] have the highest rates of suicide of any racial or ethnic group in the United States. In order to combat the rise in suicide rates among this population, the Committee includes $4,400,000 for AI/AN within Zero Suicide.

The Committee also notes with concern that suicide has been the leading cause of death for Asian American, Native Hawaiian, and Pacific Islander [AANHPI] youth ages 10 through 24 in recent years. The Committee encourages SAMHSA to examine the prevalence and causes of behavioral health conditions among AANHPI youth, including by identifying ways to address this disparity and improve access to behavioral healthcare for AANHPI youth.

Furthermore, the Committee is concerned about the rise in the number of suicides in the United States over the past 20 years and notes some data showing that where assisted suicide is legalized, rates of non-assisted suicide spike. The Committee directs SAMHSA to submit a report within 180 days of the enactment of this act that details a Federal action plan aimed at preventing non-assisted suicide and assisted suicide in States that have legalized assisted suicide.

Finally, the Committee is concerned about discrimination in assisted suicide against people living with disabilities or a terminal diagnosis. The Committee directs SAMHSA, in consultation with the National Council on Disability, to submit a report within 180 days of enactment of this act that addresses the mental health challenges of living with a disability, terminal prognosis, or chronic condition; a review of State data, in States where assisted suicide has been legalized, regarding people with disabilities who request assisted suicide and euthanasia; and opportunities to increase suicide prevention efforts within these patient populations.

Primary and Behavioral Health Care Integration.—The Committee notes that one of the goals of the Primary and Behavioral Health Care Integration Grant program is to improve patient access to bidirectional integrated care services. The Committee provides $55,877,000 for the program to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare, as well as $3,991,000 for technical assistance, and directs SAMHSA to fund the psychiatric collaborative care model implemented by primary care physician practices as authorized under section 1301(i)(2) of division FF of Public Law 117–328. Pursuant to such law, these technical assistance centers may be funded through cooperative agreements.

Further, the Committee directs SAMHSA to prioritize populations with co-occurring conditions of serious mental illness or substance use disorders, along with chronic physical conditions, including those defined as "special populations" under 42 U.S.C. 290bb-42(a)(4). Finally, the Committee directs SAMHSA to coordinate with HRSA to facilitate dissemination of technical information on screening at-risk patients in integrated care models to Federally Qualified Health Centers and Rural Health Clinics.

Project AWARE.—The Committee provides $142,001,000 for Project AWARE. This program increases awareness of mental health issues and connects young people who have behavioral health concerns and their families with needed services. The Committee encourages SAMHSA to continue using funds to ensure that students receive early support for mental health needs so that they can succeed academically, socially, and emotionally through the provision of mental health services in schools and for school-aged youth. The Committee requests SAMHSA provide an update on these efforts in the fiscal year 2028 CJ.

Of the amount provided for Project AWARE, the Committee directs SAMHSA to use $17,500,000 for discretionary grants to support efforts in high-crime, high-poverty areas and, in particular, communities that are seeking to address relevant impacts and root causes of community violence and trauma. These grants should maintain the same focus as fiscal year 2026 grants. SAMHSA is encouraged to continue consultation with the Department of Education in administration of these grants. The Committee requests a report on progress of grantees in the fiscal year 2028 CJ.

The Committee recognizes the increased need for school and community-based trauma services for children, youth, young adults, and their families and the need to support school staff with training in trauma-informed practices. Within the total for Project AWARE, the Committee directs $12,000,000 for programs to increase student access to evidence-based, culturally relevant, trauma support services and mental healthcare through established partnerships with local trauma-informed support and mental health systems as amended and extended via the SUPPORT for Patients and Communities Reauthorization Act of 2025 (Public Law 119–44).

Project AWARE helps Tribes and Tribal organizations to develop sustainable school-based mental health programs and services. Within the funds made available for Project AWARE, the Com-

mittee urges SAMHSA to consider the needs of Tribes and Tribal organizations.

School-Based Mental Health Services.—The Committee understands the importance of providing mental health services to students, including through annual, school-based mental health and well-being screenings. The Committee encourages SAMHSA to work with the Department of Education to recommend regular screenings in public schools that use evidence-based or scientifically validated screening tools routinely used in healthcare systems, including through a digital platform or application, for use by students at public schools. The Committee also encourages qualified professionals to administer or oversee screenings and to ensure referral pathways to in-school or community-based mental health supports are in place prior to conducting screenings.

Mental Health Block Grant [MHBG]

The Committee provides $1,017,571,000 for the MHBG, including $21,039,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

The MHBG distributes funds to 59 eligible States and territories through a formula based on specified economic and demographic factors. Grant applications must include an annual plan for providing comprehensive community mental health services to adults with a serious mental illness and children with a serious emotional disturbance.

The Committee continues to support the statutory requirement that at least 10 percent of the funds for the MHBG program be set aside for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders. The Committee continues to direct SAMHSA to include in budget justifications a detailed table showing at a minimum each State's allotment, name of the program being implemented, and a short description of the program.

Crisis Set-Aside.—The Committee continues the 5 percent set-aside within the MHBG for States to implement evidence-based, crisis care programs to address the needs of individuals in crisis, including those with serious mental illnesses and children with serious mental and emotional distress. The Committee directs SAMHSA to continue to use the set-aside to fund, at the discretion of eligible States and territories, some or all of a set of core crisis care elements, including 24/7 mobile crisis units, local and Statewide call centers with the capacity to respond to distressed or suicidal individuals, and other programs that allow the development of systems where individuals can always receive assistance during a crisis.

AI/AN.—The Committee recognizes that AI/AN populations in the United States have higher rates of illicit drug use, opioid misuse, and misuse of prescription drugs compared to other racial groups. The Committee encourages SAMHSA to consider the needs of Indian Tribes and Tribal organizations within the MHBG.

Children's Mental Health Services

The Committee provides $132,000,000 for the Children's Mental Health Services program. This program provides grants and tech-

nical assistance to support comprehensive, community-based systems of care for children and adolescents with serious emotional, behavioral, or mental disorders. Grantees must provide matching funds, and services must be coordinated with the educational, juvenile justice, child welfare, and primary healthcare systems. The Committee continues to include a 10 percent set-aside for an early intervention demonstration program with persons not more than 25 years of age at clinical high risk of developing a first-episode psychosis.

Assisted Outpatient Treatment for Individuals with Serious Mental Illness

The Committee provides $21,420,000 for Assisted Outpatient Treatment for Individuals with Serious Mental Illness. This program supports community-based mental health treatment for individuals who meet certain criteria through civil court orders.

Projects for Assistance in Transition from Homelessness

The Committee provides $66,635,000 for Projects for Assistance in Transition from Homelessness, which address the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. Funds are used to provide an array of services, such as screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment.

Protection and Advocacy for Individuals with Mental Illness

The Committee provides $40,000,000 for Protection and Advocacy for Individuals with Mental Illness. This program helps ensure that the rights of mentally ill individuals are protected while they are patients in all public and private facilities or while they are living in the community, including in their own homes. Funds are allocated to States according to a formula based on population and relative per capita incomes.

National Child Traumatic Stress Initiative

The Committee provides $100,887,000 for the National Child Traumatic Stress Initiative [NCTSI], which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events.

The Committee supports the NCTSI for building, evaluating, disseminating, and delivering evidence-based best practices, including through universities, hospitals, and front-line providers, to prevent and mitigate the impact of exposure to trauma among children and families. The Committee directs SAMHSA to ensure the NCTSI maintains its focus on collaboration, data collection, and the provision of direct services and that the NCTSI mission or grant opportunities not be limited to training only. The Committee also encourages SAMHSA to continue awarding new Category I, II, and III grants to meet core mission activities of NCTSI, support collaboration among the grantees, and expand the capacity of current National Child Traumatic Stress Network grantees for activities related to child trauma.

Certified Community Behavioral Health Clinics

The Committee includes $385,500,000 for the Certified Community Behavioral Health Clinics [CCBHC] expansion program, which allows communities to improve access to mental health and substance use disorder treatment services. The Committee continues to direct SAMHSA to prioritize resources that maximize grants for new and existing CCBHCs and continue SAMHSA's efforts to examine and approve CCBHC accreditation products, expand CCBHC audiences eligible to receive training and technical assistance though a single joint technical assistance center, provide expanded technical assistance to improve integrated care, and develop a CCBHC data infrastructure and data repository program. The Committee also continues to direct SAMHSA to support States through CCBHC planning grants and the provision of technical assistance for States interested in adopting, implementing, and sustaining Statewide CCBHC efforts.

Accreditation.—The Committee urges SAMHSA to examine and approve accreditation products that certify CCBHCs in having met requirements as established by SAMHSA. CCBHC grantees should receive independent accreditation from an approved entity as part of participation under this program. Funding included under this program is permitted for grantees' use to obtain any such required independent accreditation in lieu of self-attestation for meeting the CCBHC requirements as a part of reducing paperwork and administrative burden, and SAMHSA shall consider the costs of accreditation when establishing funding levels for clinics under this grant. The Committee further permits SAMHSA to use funds under this program to establish the accreditation process and expand the audiences eligible to receive training and technical assistance, to include (but not be limited to) demonstration CCBHCs and CCBHCs participating in a State-led implementation effort under a Medicaid State Plan Amendment, waiver, or other Medicaid authority.

Data Infrastructure.—The Committee encourages SAMHSA to develop a CCBHC data infrastructure and data repository program while establishing a data reporting partnership with at least one State currently operating a Statewide CCBHC network. With more than 500 CCBHCs operating in 46 States, it is incumbent upon the agency to assure a high level of accountability in concert with expanded access to intensive community-based services for persons with serious mental illness and substance use disorders. Within 90 days of enactment of this act, the Committee requests a briefing from SAMHSA on opportunities to undertake this project using the funds provided.

Demonstrated Efficacy in CCBHCs.—The Committee recognizes that data received from CCBHCs to date demonstrates that the coordinated, integrated, and high-quality CCBHC approach to mental health and substance use services is particularly effective for hard-to-reach populations, including veterans, children with behavioral health disorders, individuals in immediate crisis, and the homeless. The Committee directs SAMHSA to provide a report no later than 180 days after enactment that examines CCBHC outreach and services to each of these patient populations.

Integrated Care.—The Committee continues to recognize that individuals living with serious mental illnesses and substance use

disorders face higher risks for developing chronic physical conditions commonly associated with long-term use of certain mental health medications. These common conditions include diabetes, cardiovascular disease, and medication-induced movement disorders such as tardive dyskinesia. The Committee continues to provide $500,000 for technical assistance activities to improve care coordination with primary care, primary care screening and monitoring, and integrated care. The Committee directs SAMHSA to provide a briefing to the Committee 90 days after enactment of this act on how fiscal year 2026 funds have been used to expand technical assistance through the CCBHC State Technical Assistance Center and the CCBHC Expansion Grantee National Training and Technical Assistance Center. Further, the Committee directs SAMHSA to coordinate this technical assistance with activities supported under Primary and Behavioral Health Care Integration Grants and Technical Assistance.

Eligible Audiences.—The Committee affirms that funding under this line may be used to support CCBHC technical assistance for CCBHC expansion grant recipients, State CCBHCs outside of the expansion program, States in the CCBHC Demonstration program, States planning to be part of the Demonstration, States with CCBHC programs independent of the Demonstration, and States considering adopting the CCBHC model.

Planning Grants.—The Committee permits SAMHSA to use funds under this program for cooperative agreements for CCBHC State planning grants, authorized by section 223(c) of the Protecting Access to Medicare Act of 2014 (Public Law 113–93), to support States in developing and implementing certification systems for CCBHCs, establishing Prospective Payment Systems for Medicaid reimbursable behavioral health services, and preparing an application to participate in a 4-year CCBHC Demonstration program.

SUBSTANCE ABUSE TREATMENT

Appropriations, 2026	$4,172,298,000
Committee recommendation	4,203,298,000

The Committee provides $4,203,298,000 for substance use disorder services and treatment programs, including PRNS, the State Opioid Response grants, and the substance use prevention and treatment block grant to the States. The Committee includes $81,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

Programs of Regional and National Significance

The Committee provides $570,219,000 for PRNS within the Center for Substance Abuse Treatment [CSAT]. The Committee includes $2,000,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

PRNS include activities to increase capacity by implementing service improvements using proven evidence-based approaches, as well as science-to-services activities that promote the identification of practices thought to have potential for broad service improvement.

Within the total provided for PRNS, the Committee includes funding for the following activities:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
CAPACITY:		
Opioid Treatment Programs/Regulatory Activities	$10,724,000	$10,724,000
Screening, Brief Intervention, and Referral to Treatment [SBIRT]	26,840,000	26,840,000
Screening, Brief Intervention, and Referral to Treatment [SBIRT] PHS Evaluation Funds	2,000,000	2,000,000
Targeted Capacity Expansion-General	125,416,000	125,416,000
Medication Assisted Treatment	*114,000,000*	*114,000,000*
Tribal Set-aside	*15,500,000*	*15,500,000*
Grants to Prevent Prescription Drug/Opioid Overdose	16,000,000	16,000,000
First Responder Training	59,000,000	61,000,000
Rural Focus	*34,000,000*	*36,000,000*
SIREN Act	*13,500,000*	*15,500,000*
Pregnant and Postpartum Women	38,931,000	40,931,000
Recovery Community Services Program	4,434,000	4,434,000
Children and Families	30,197,000	30,197,000
Treatment Systems for Homeless	37,114,000	37,114,000
Minority AIDS	66,881,000	66,881,000
Criminal Justice Activities	80,000,000	80,000,000
Drug Courts	*75,000,000*	*75,000,000*
Improving Access to Overdose Treatment	1,500,000	1,500,000
Building Communities of Recovery	17,000,000	18,000,000
Peer Support Technical Assistance Center	2,000,000	2,000,000
Comprehensive Opioid Recovery Centers	7,000,000	8,000,000
Emergency Department Alternatives to Opioids	8,000,000	8,000,000
Treatment, Recovery, and Workforce Support	12,000,000	12,000,000
Youth Prevention and Recovery Initiative	3,000,000	3,000,000
Science and Service:		
Addiction Technology Transfer Centers	9,046,000	9,046,000
Minority Fellowship Program	7,136,000	7,136,000

Building Communities of Recovery and Peer Support Technical Assistance Center.—The Committee urges SAMHSA to promote the expansion of recovery support services and to reduce stigma associated with substance use disorders. The Committee recognizes the coordinated efforts of this program to connect people in recovery to a wide array of community resources, including housing services, primary care, and employment resources, among others, and urges the program to expand its reach to others in need of support. The Committee also continues $2,000,000 for the National Peer Run Training and Technical Assistance Center to provide addiction recovery support to peer networks and recovery communities.

Comprehensive Opioid Recovery Centers.—The Committee includes $8,000,000 to help ensure that people with substance use disorders can access proper treatment, which was reauthorized by section 303 of the SUPPORT for Patients and Communities Reauthorization Act.

Contingency Management.—SAMHSA is directed to include as an allowable or required use of funds, for all applicable grants, contingency management services that are funded and applied in an evidence-based manner to supplement the treatment of substance use disorders.

Drug Courts.—The Committee provides $75,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that all funding for drug treatment activities is allocated to serve people diagnosed with a substance use disorder as their primary condition.

SAMHSA is further directed to ensure that all drug court recipients work with the corresponding State alcohol and drug agency in the planning, implementation, and evaluation of the grant. The Committee also further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented.

Furthermore, the Committee is aware that certain drug court programs receiving Federal funds restrict participants from utilizing FDA-approved medications for opioid-use disorder, including long-acting injectable formulations. The Committee finds such restrictions inconsistent with current clinical evidence and Federal treatment standards. The Committee directs that the SAMHSA Drug Courts program should be modified to include all FDA-approved medications for opioid use disorder, including methadone, buprenorphine, naltrexone, and long-acting injectable buprenorphine. The Committee notes that long-acting injectable formulations present advantages within the drug court context, including medication adherence and reduced risk of diversion, which are concerns frequently cited by drug court practitioners, and sustained therapeutic effect that supports participants in meeting programmatic obligations. The Committee encourages SAMHSA to coordinate with Federal partners, including the Bureau of Justice Assistance, on these efforts.

Emergency Department Alternatives to Opioids.—The Committee includes $8,000,000 to award grants to hospitals and emergency departments to develop, implement, enhance, or study alternatives to opioids for pain management in such settings as authorized in section 1221 of Public Law 117–328.

First Responder Training.—The Committee provides $61,000,000 for First Responder Training grants. Of this amount, $36,000,000 is set aside for rural communities with high rates of substance use, of which $15,500,000 is provided to make awards through a new award competition to rural public and non-profit fire and EMS agencies to train and recruit staff, provide education, and purchase equipment (including medications such as naloxone and protective equipment) as reauthorized in the Supporting and Improving Rural EMS Needs [SIREN] Reauthorization Act (Public Law 118–84). The Committee directs SAMHSA to ensure funding is for new awardees and allows awards in amounts less than the maximum award amount to ensure nationwide funding.

Grants to Prevent Prescription Drug/Opioid Overdoses.—The Committee recognizes that the number of young Americans dying due to opioid overdose is rising. The Committee acknowledges the existing Grants to Prevent Prescription Drug/Opioid Overdoses program and encourages the Secretary to expand eligibility to provide schools access to this program for training and for opioid overdose reversal agents, such as naloxone.

Medication-Assisted Treatment.—The Committee includes $114,000,000 for medication-assisted treatment, of which $15,500,000 is for grants to Indian Tribes, Tribal organizations, or consortia. These grants should target States with the highest age adjusted rates of admissions, including those that have demonstrated a dramatic age-adjusted increase in admissions for the treatment of opioid use disorders. The Committee continues to di-

rect CSAT to ensure that these grants include as an allowable use the support of medication-assisted treatment and other clinically appropriate services to achieve and maintain abstinence from all opioids, including programs that offer low-barrier or same day treatment options.

Additionally, the Committee directs SAMHSA to permit the use of funds provided to develop, replicate, and evaluate State models for uninsured individuals that incorporate FDA-approved long-acting injectable medications for serious mental illness, alcoholism, and opioid dependence. One example of such a model is the Florida Alcohol and Drug Abuse Association program. The Committee urges SAMHSA to emphasize continuity of care across all clinical settings, including hospitals, corrections, post-release, and community supervision, and to prioritize voluntary, clinically appropriate, and patient-centered treatment. SAMHSA shall assess outcomes associated with these models and disseminate findings to inform replication by States and regions.

Medications for Opioid Use Disorder.—The Committee urges SAMHSA to include as an allowable use of funds all FDA approved medications for opioid use disorder and overdose reversal and other clinically appropriate services to treat opioid use disorder.

Minority Fellowship Program.—The Committee includes $7,136,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance use disorder treatment services for minority populations that are underserved.

Opioid Treatment Program and Regulatory Activities.—The Committee is aware of the important work conducted by the Division of Pharmacologic Therapies [DPT] to facilitate the use of medications for opioid use disorders in combination with other evidence-based treatment and recovery support services. The Committee is also aware of the important role State alcohol and drug agencies play in leading this work at the State level. Therefore, the Committee urges CSAT/DPT to continue coordinating consistently with State alcohol and drug agencies across DPT's portfolio to ensure maximum efficiency and effectiveness.

Opioid Use Disorder Recurrence.—The Committee is concerned that relapse following withdrawal management from opioids is a contributing factor to the overdose crisis. The Committee appreciates SAMHSA's efforts to address this within the Federal grant population by emphasizing the potential benefits of withdrawal management for opioid use disorder followed by medication to prevent recurrence, when considered as part of a comprehensive treatment plan through shared patient-provider decision-making and through fully informed consent. The Committee encourages SAMHSA to disseminate and implement this policy in all settings where withdrawal management is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings.

Opioid Use in Rural Communities.—The Committee is aware that response to the opioid use disorder crisis continues to pose unique challenges for rural America. Rural areas can struggle with limited access to care, and there is a shortage of health profes-

sionals necessary for identifying, diagnosing, and treating patients with substance use disorders, as well as assisting individuals in recovery. As a result, responding to the opioid crisis in rural America requires a comprehensive approach, which may involve: an integrated approach to care; collaboration, when appropriate, with patients and their families; involvement of community partners and institutions; advancing competency and skills development for healthcare providers treating people with substance use disorders; training to provide care in a culturally responsive manner; and the use of technologies to ensure improved access to medically underserved areas through the use of telehealth and the addition of treatment programs where feasible. The Committee encourages SAMHSA to support initiatives to advance these objectives, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically underserved areas, as well as programs that emphasize a comprehensive community-based approach involving academic institutions, healthcare providers, and local criminal justice systems.

Pregnant and Postpartum Women.—The Committee includes $40,931,000 for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members. The Committee encourages SAMHSA to prioritize funds to support an additional cohort of State Pilot Program grantees to strengthen and expand the State system's ability to provide integrated, evidence-based substance used disorder and maternal mental health services for pregnant and postpartum women and their families.

Screening, Brief Intervention, and Referral to Treatment [SBIRT].—The Committee understands that substance use disorders, including opioid use, typically begin in adolescence, and that preventing early substance use is an effective strategy to prevent problems later in life. The Committee is also aware that SBIRT has been shown to be a cost-effective model for reducing and preventing underage drinking and other substance use but that many health providers, especially pediatricians and those in underserved communities, have not been trained to use the method effectively. The Committee encourages SAMHSA to use funds for the adoption of SBIRT protocols in primary care and other appropriate settings that serve youth 12 to 21 years of age, as well as for the adoption of system-level approaches to facilitate the uptake of SBIRT into routine healthcare visits for adults.

Treatment Assistance for Localities.—The Committee recognizes the use of peer recovery specialists and mutual aid recovery programs that support medication for addiction treatment and directs SAMHSA to support evidence-based, self-empowering, mutual aid recovery support programs that expressly support medications for substance use disorder treatment in its grant programs.

Treatment, Recovery, and Workforce Support.—The Committee includes $12,000,000 for SAMHSA to continue implementation of section 305 of the SUPPORT for Patients and Communities Reauthorization Act. Substance use disorder counselors serve a critical role in supporting individuals as they go through treatment, coun-

seling, case management, and other recovery-oriented services. The Committee encourages SAMHSA to include substance use disorder counselors where appropriate in order to further assist communities in their ability to grow the workforce pipeline and ultimately increase access to these services.

Women's Addiction Services Leadership Institute.—The Committee is aware that CSAT implemented for 10 years an important workforce development initiative known as the Women's Addiction Services Leadership Institute [WASLI]. The program, which ended in 2018 due to insufficient funding, strengthened the capacity of emerging leaders to meet the needs of women with substance use disorders by developing participants' leadership skills and creating a network of the next generation of leaders in women's addiction services. A total of 112 emerging leaders graduated from WASLI, and 56 coaches received training in executive coaching. The Committee supports reinstating WASLI within the Addiction Technology Transfer Centers in order to close a significant gap in Federal support and to strengthen and retain the women's substance use disorder services workforce.

State Opioid Response Grants

The Committee provides $1,610,000,000 for grants to States to address the opioid crisis. Bill language provides not less than 4.25 percent for grants to Indian Tribes or Tribal organizations. The Committee supports the 15 percent set-aside for States with the highest age-adjusted mortality rate related to substance use disorders, as authorized in Public Law 117–328. The Assistant Secretary is encouraged to apply a weighted formula within the set-aside based on State ordinal ranking. Activities funded with this grant may include treatment, prevention, and recovery support services. The Committee continues to direct SAMHSA to conduct a yearly evaluation of the program to be transmitted to the Committees no later than 180 days after enactment of this act. SAMHSA is directed to make such evaluation publicly available on SAMHSA's Web site. The Committee further directs SAMHSA to continue funding technical assistance within the administrative portion of the appropriated amounts for the State Opioid Response [SOR] grants to provide locally based technical assistance teams, as has been done through the Opioid Response Network. The Committee recognizes the importance and essential work currently being done by the Opioid Response Network in delivering technical assistance to State and territory SOR grantees, sub-recipients, and others addressing opioid use disorder and stimulant use disorder in their communities.

SOR Formula Data.—The Committee remains concerned that the fatal overdose data used in determining the 15 percent set aside reflects all drug poisoning deaths, which does not accurately identify rates of total overdoses from opioids, including fentanyl. The Committee urges the Assistant Secretary to consider using data pertaining to opioid-specific drug overdoses.

SOR Funding Cliffs.—The Committee continues to direct SAMHSA to avoid significant funding cliffs between States with similar opioid mortality data and to prevent unusually large changes in a State's SOR allocation when compared to the prior

year's allocation. The Committee acknowledges SAMHSA's work to avoid cliffs in recent funding cycles, for instance, by expanding the number of States that are eligible for the 15 percent set aside. SAMHSA shall submit to the Committee a work plan of the proposed allocation of funds not later than 30 days prior to awarding grants.

Rural Opioid Technical Assistance Regional Centers [ROTA–R] Cooperative Agreements.—The Committee directs SAMHSA to maintain funding for the 10 cooperative agreements under the ROTA–R program at not less than the fiscal year 2026 level without consolidation of the program.

Substance Use Prevention, Treatment, and Recovery Services Block Grant

The Committee provides $2,023,079,000 for the Substance Use Prevention, Treatment, and Recovery Services [SUPTRS] Block Grant. This includes $79,200,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

The Committee recognizes the importance of the block grant, given its flexibility, to allow States to direct resources to address the most pressing needs. This funding stream is also critical in assisting States to address all substance use disorders, including, but not limited to, those related to fentanyl, alcohol, cocaine, and methamphetamine in addition to new and emerging drug threats such as xylazine, 7–OH, medetomidine, and others. Additionally, States may use SUPTRS Block Grant funds to support medications and recovery support for the treatment of alcohol use and other substance use disorders, including to support peer recovery housing. The Committee also notes the importance of the block grant's 20 percent prevention set-aside, which is a vital source of primary prevention funding. The block grant provides funds to States to support alcohol and drug use prevention, treatment, and rehabilitation services. Funds are allocated to States according to a formula.

Funding Flexibilities.—To address the growing need for substance use disorder prevention and treatment, States, territories, and their communities have been developing innovative ways to engage the millions of people with substance use disorders to access treatment services. The Committee encourages SAMHSA to implement funding flexibilities that enable States, territories, and their communities the ability to roll over unused SUPTRS dollars, allowing for these innovative programs to continue after they have been implemented.

SUBSTANCE ABUSE PREVENTION

Appropriations, 2026	$240,879,000
Committee recommendation	240,879,000

The Committee provides $240,879,000 for the Center for Substance Abuse Prevention [CSAP], the sole Federal organization with responsibility for improving accessibility and quality of substance use prevention services.

The Committee continues to direct SAMHSA to ensure that all the funding provided to CSAP, as well as the 20 percent prevention set aside in the SUPTRS Block Grant, be used only for evidence-based substance use prevention activities.

Programs of Regional and National Significance

The Committee provides $240,879,000 for PRNS within CSAP. These programs support the development of new practice knowledge on substance use prevention; identification of proven effective models; dissemination of science-based intervention information; State and community capacity building for implementation of proven, effective substance use prevention programs; and programs addressing new needs in the prevention system.

Within the total provided for PRNS, the Committee includes funding for the following activities:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
CAPACITY:		
Strategic Prevention Framework/Partnerships for Success	$137,484,000	$137,484,000
Strategic Prevention Framework Rx	*10,000,000*	*10,000,000*
Federal Drug-Free Workplace	5,139,000	5,139,000
Minority AIDS	43,205,000	43,205,000
Sober Truth on Preventing Underage Drinking (STOP Act)	14,500,000	14,500,000
National Adult-Oriented Media Public Services Campaign	*2,500,000*	*2,500,000*
Community-Based Coalition Enhancement Grants	*11,000,000*	*11,000,000*
Interagency Coordinating Committee to Prevent Underage Drinking	*1,000,000*	*1,000,000*
Tribal Behavioral Health Grants	25,665,000	25,665,000
Science and Service:		
Center for the Application of Prevention Technologies	9,493,000	9,493,000
Science and Service Program Coordination	4,072,000	4,072,000
Minority Fellowship Program	1,321,000	1,321,000

Hair Testing.—The Committee recognizes that section 5402 of the Fixing America's Surface Transportation [FAST] Act (Public Law 114–94) required the Secretary to "issue scientific and technical guidelines for hair testing as a method of detecting the use of a controlled substance for purposes of section 31306 of title 49, U.S. Code," which is the drug and alcohol testing program for operators of commercial motor vehicles. More than a decade has passed, and HHS has only issued proposed mandatory guidelines in 2020. The Committee directs the Department to issue final guidance, in accordance with the FAST Act, as expeditiously as possible and to report to the Committee within 120 days of enactment of this act.

Minority Fellowship Program Support for Prevention Workforce.—The Committee directs SAMHSA to award $1,321,000 in Minority Fellowship Program funds to support a separate prevention fellowship program that will increase the number of culturally competent prevention specialists to help expand prevention programming for underserved minority populations. The Committee directs SAMHSA to ensure the CSAP-funded fellowships focus on substance use disorder prevention related activities.

Prevention Technology Transfer Centers [PTTC] Network.—The Committee supports the work of the PTTC Network and efforts related to certified prevention specialists and the Prevention Fellowship program. This program supported 42 early career prevention fellows throughout each HHS region where they gained hands on experience working in State alcohol and drug agencies. Fellows, coached by mentors, developed leadership skills; received training in professional development; acquired proficiency in core competencies to prepare for certified prevention specialist exams; and

prepared for employment opportunities in the substance use prevention field.

Strategic Prevention Framework.—The Committee provides $137,484,000 for the Strategic Prevention Framework. Within the total provided, $127,484,000 is for the Strategic Prevention Framework-Partnerships for Success program, and $10,000,000 is for Strategic Prevention Framework-Rx. The Strategic Prevention Framework is designed to prevent the onset of substance misuse while strengthening prevention capacity and infrastructure at the State, community, and Tribal levels. The Committee recognizes that substance use prevention is underutilized relative to its ability to prevent and delay substance use initiation, as well as slow the pathways to addiction and overdose, and that demand for community-based primary prevention resources far outpaces available funding.

Sober Truth on Preventing [STOP] Underage Drinking Act.—The Committee provides $14,500,000 for the STOP Act. Of this funding, $11,000,000 is for Community-Based Coalition Enhancement Grants, $2,500,000 is for the National Adult-Oriented Media Public Services Campaign, and $1,000,000 is for the Interagency Coordinating Committee on the Prevention of Underage Drinking [ICCPUD].

The Committee understands ICCPUD funding has been used for activities that fall outside its authorization as specified in Public Law 109–422. The funding provided in this act for ICCPUD shall only be used for the purpose of preventing or reducing underage drinking and not for any other purpose.

Synar Compliance.—The Synar program monitors and enforces the prohibition on the sale or distribution of tobacco products to minors by requiring States to conduct random, unannounced inspections of tobacco retailers to prevent underage purchasing. The Committee notes that under the Federal Tobacco 21 law, States that are out of compliance with Synar risk a 10 percent reduction in their SUPTRS Block Grant allocation. The Committee recognizes the role of Synar implementation under Tobacco 21 to increase tobacco retailer inspections, conduct retailer education, and recruit additional personnel to fulfill this public health obligation.

Tribal Behavioral Health Grants.—SAMHSA has administered Tribal Behavioral Health Grants for mental health and substance use prevention and treatment for Tribes and Tribal organizations since fiscal year 2014. In light of the continued growth of this program, as well as the urgent need among Tribal populations, the Committee directs the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program.

HEALTH SURVEILLANCE AND PROGRAM SUPPORT

Appropriations, 2026	$202,994,000
Committee recommendation	169,821,000

The Committee provides $169,821,000 for Health Surveillance and Program Support activities. The Committee includes $31,428,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This activity supports Federal staff and the administrative functions of the agency. It also provides funding to SAMHSA's surveil-

lance and data collection activities, including national surveys such as the National Survey on Drug Use and Health.

Within the total provided for Health Surveillance and Program Support, the Committee includes funding for the following activities:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Health Surveillance	$50,623,000	$50,623,000
PHS Evaluation Funds	*30,428,000*	*30,428,000*
Program Support	63,600,000	63,600,000
Performance and Quality Information Systems	10,200,000	10,200,000
Drug Abuse Warning Network	10,000,000	10,000,000
Public Awareness and Support	13,260,000	13,260,000
Behavioral Health Workforce Data PHS Evaluation Funds	1,000,000	1,000,000
Congressionally Directed Spending	54,311,000	21,138,000

Block Grant Reporting Requirements.—The Committee acknowledges the important role of the Mental Health Block Grant and Substance Use Prevention, Treatment, and Recovery Services Block Grant in supporting States' efforts to provide resources for expanded mental health and substance use disorder treatment and prevention services. The Committee reiterates the request for a report, as included in Public Law 118–47, regarding the lack of transparency and information that is provided to Congress and the public about how States are distributing those funds and for what programs or services they are being used.

Congressionally Directed Spending.—Within the funds included in this account, $21,138,000 are for the projects, and in the amounts, specified in the table titled "Congressionally Directed Spending Items" at the end of this explanatory statement.

Drug Abuse Warning Network.—The Committee provides $10,000,000 for the Drug Abuse Warning Network [DAWN]. Authorized by the 21st Century Cures Act, DAWN is a surveillance system to monitor emergency department visits in order to help public health workers, policy makers, and other stakeholders respond effectively to emerging substance use trends.

Emerging Mental Health and Substance Use Treatment Workforce and Training.—The Committee recognizes that several emerging mental health and substance use treatments-including psychedelic therapies, neuroplastogens, accelerated transcranial magnetic stimulation [TMS], and other neuromodulation devices and protocols-provide a potential pathway to reducing the burden of mental illness and substance use disorders. The Committee encourages SAMHSA to assess the behavioral health workforce and training needs for delivery of these emerging treatments and, as appropriate, to assess workforce preparedness and training needs associated with emerging behavioral health treatments, including therapies that have been approved or cleared by the FDA. The Committee also encourages SAMHSA to give special consideration to ensuring workforce preparedness in rural and exurban areas and regions with a high concentration of veterans and Medicaid and/or Medicare-eligible patients.

Health Information Technology.—The Committee understands that adoption of health information technology [health IT] among behavioral health providers currently lags behind that of other pro-

vider types and recognizes the benefits of advancing health IT in behavioral healthcare settings. The Committee supports the efforts of the Behavioral Health Information Technology Initiative [BHIT] to pilot the inclusion of behavioral health data elements in health IT within the SUPTRS and Mental Health block grants. The Committee encourages SAMHSA to explore providing States with flexibility within the block grant administrative cap to pursue the additional incorporation of health IT.

National Survey on Drug Use and Health [NSDUH].—The Committee recognizes the importance of the NSDUH for providing critical data to inform best practices and public policy on mental health and substance use. The Committee encourages SAMHSA to continue collecting this data and analyzing trends for high-risk populations.

Program Support.—The Committee includes $63,600,000 for program support, to ensure SAMHSA has the resources and staff to further its mission.

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Appropriations, 2026	$345,380,000
Committee recommendation	329,532,000

The Committee provides $329,532,000 for the Agency for Healthcare Research and Quality [AHRQ]. This funding is combined with $149,000,000 in mandatory funding from the Patient-Centered Outcomes Research Trust Fund. AHRQ's mission is to enhance the quality, appropriateness, and effectiveness of health services, as well as access to such services. AHRQ conducts, supports, and disseminates scientific and policy-relevant research on topics such as promoting high-quality care and patient safety, eliminating healthcare disparities, using information technology, and evaluating the effectiveness of clinical services.

RESEARCH ON HEALTH COSTS, QUALITY, AND OUTCOMES

Health costs, quality, and outcomes [HCQO] research activity is focused on improving clinical practice, strengthening the healthcare system's capacity to deliver quality care, and tracking progress toward health goals through monitoring and evaluation.

Within the total provided for HCQO, the Committee includes funding for the following activities:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Research on Health Costs, Quality, and Outcomes	$214,109,000	$204,109,000
Center for Primary Care Research	*2,000,000*	*2,000,000*
Long COVID	*10,000,000*	*11,000,000*
Menopause Research	*5,000,000*	*5,000,000*
Patient Safety Data Platform	*4,000,000*	*4,000,000*
United States Preventive Services Task Force [USPSTF]	*11,542,000*	*11,542,000*

Center for Primary Care Research.—The Committee continues to provide $2,000,000 for the Center for Primary Care Research authorized by 42 U.S.C. 299b-4(b). The Center supports clinical primary care research, as well as strategies to improve primary care delivery and advance the development of primary care researchers. The Committee supports efforts to coordinate research in areas

such as multiple chronic conditions, symptom syndromes such as Long COVID, behavioral and social health integration, telehealth in primary care, shared decision-making, and patient experience of care. The areas of focus should include, but not be limited to, expanding research on persons with multiple co-morbid conditions and improving primary care in rural and underserved areas.

Improving Maternal Health.—The Committee continues to support AHRQ efforts to address the complex challenges of ensuring safe and healthy pregnancies and childbirth, particularly for underserved women who are at substantially higher risk of complication and death.

Long COVID.—The extensive incidence of individuals suffering from Long COVID presents an ongoing challenge to the healthcare system, patients, and their caregivers. The Committee includes $11,000,000 to continue the work of the Long COVID Centers of Excellence and the Long COVID Care Network. The Committee continues to direct AHRQ to coordinate these efforts with other federally funded Long COVID research initiatives and to encourage robust data collection and data sharing efforts among agencies and grantees. The Committee directs AHRQ to provide a spend plan on its proposed Long COVID activities for fiscal year 2027 and to brief the Committee within 30 days of enactment of this act.

Menopause Research.—The Committee provides $5,000,000 for a Menopause Research to Action Network to scale and accelerate existing and emerging research evidence and care delivery models into routine clinical practice. The Network shall focus on improving treatment and management of perimenopause and menopausal symptoms, as well as related chronic conditions, to help improve mid-life health outcomes among women. In doing so, the Committee directs AHRQ to: (1) prioritize projects that propose scaling up evidence-based interventions that have demonstrated potential for improving care delivery and outcomes; (2) ensure the Network has the capability to collect and disseminate new findings and best practices widely, including to rural and underserved areas; and (3) coordinate these efforts with other Federal healthcare agencies. Within 60 days of enactment of this act, the Committee directs AHRQ to provide a briefing on the Menopause Research to Action Network and planned activities for the forthcoming fiscal year.

Opioid Research.—The Committee supports AHRQ's continued research regarding opioid and substance use disorders, including efforts focused on management of substance use disorders in primary care settings.

Patient Safety.—The Committee continues to support AHRQ's research to address failures in the diagnostic process and to support the Diagnostic Safety Centers of Excellence. The Committee directs AHRQ to use available funding to develop systems, measures, and technology solutions with the targeted goal of reducing preventable harm from delayed or missed diagnoses and improving diagnostic outcomes for patients. The Committee includes no less than $4,000,000 to support an accessible Web based, evidence-based patient safety data platform that provides a comprehensive compendium of the most up-to-date information on best practices and evidence-based protocols, research, case studies, and other reports that contribute to improving patient outcomes and strengthening

health system safety. The platform should be designed to capture best practices and other relevant information across all care settings, including outpatient settings and home healthcare, and should include content that is specifically designed for patients and their caregivers that is available in a format they can easily access and understand. Within 30 days of enactment of this act, the Committee directs AHRQ to provide a briefing detailing its activities to advance patient safety efforts.

United States Preventive Services Task Force [USPSTF]

The Committee provides $11,542,000 for the United States Preventive Services Task Force [USPSTF], which works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services. The USPSTF is comprised of independent national experts in preventive medicine and primary care who volunteer to serve the public interest. The Committee directs the members of the USPSTF to continue to uphold their mission and commitment to scientific evidence, transparency, and ensuring that Americans have access to affordable preventive health services supported by a preponderance of scientific evidence.

Cervical Cancer Screening Guidelines.—The Committee supports current cervical cancer screening guidelines that promote the use of comprehensive and innovative testing modalities, while keeping the choice of the specific screening method between the patient and their healthcare provider. Screening programs should maximize early detection, minimize unnecessary procedures, and ensure broad access for all eligible populations without mandating which test must be used.

MEDICAL EXPENDITURE PANEL SURVEY

The Committee provides $72,791,000 for the Medical Expenditure Panel Survey [MEPS], which collect detailed information annually from households, healthcare providers, and employers regarding how Americans use and pay for healthcare. The data from MEPS are used to develop estimates of healthcare utilization, expenditures, sources of payment, and the degree of health insurance coverage of the U.S. population.

PROGRAM SUPPORT

The Committee provides $52,632,000 for program support. This activity funds the overall management of AHRQ, including salaries, benefits, and overhead costs.

Agency Activities.—The Committee reinforces the need for AHRQ to maintain appropriate staffing levels necessary to fulfill its statutory responsibilities, including carrying out programs, projects, and activities funded in fiscal year 2026 and fiscal year 2027, and therefore continues to include a general provision regarding HHS staffing requirements.

Additionally, the Committee directs AHRQ to provide timely responses to inquiries from the Committee. Within 30 days of enactment and monthly thereafter, AHRQ is directed to provide a monthly briefing to the Committee regarding activities funded by this act, including updates on its statutory health services research

pursuits. Further, the Committee continues to direct AHRQ to provide 48 hours' advance notification of any significant developments and public meetings, including meeting cancellations or disbandments, related to the activities of the USPSTF. AHRQ is directed to notify the Committee when members of the Task Force are removed prior to the conclusion of their term and to provide a justification for the removal.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

Appropriations, 2026	$508,148,791,000
Committee recommendation	468,678,021,000

The Committee provides $468,678,021,000 in mandatory funding for Grants to States for Medicaid.

The fiscal year 2027 funding level excludes $316,514,725,000 in fiscal year 2026 advance appropriations for fiscal year 2027. As requested by the administration, $321,205,275,000 is provided for the first quarter of fiscal year 2028.

The Medicaid program provides medical care for eligible low-income individuals and families. It is administered by each of the 50 States, the District of Columbia, and the U.S. territories. Federal funds for medical assistance are made available to the States according to a formula that determines the appropriate Federal matching rate for State program costs. This matching rate is based on the State's average per capita income relative to the National average and cannot be less than 50 percent.

PAYMENTS TO HEALTHCARE TRUST FUNDS

Appropriations, 2026	$593,817,000,000
Committee recommendation	686,855,000,000

The Committee provides $686,855,000,000 in mandatory funding for payments to healthcare trust funds.

This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits and for Medicare Part D drug benefits and administration, plus other reimbursements to the Federal Hospital Insurance Trust Fund for Part A benefits and related administrative costs that have not been financed by payroll taxes or premium contributions.

PROGRAM MANAGEMENT

Appropriations, 2026	$3,669,744,000
Committee recommendation	3,669,744,000

The Committee provides $3,669,744,000 for CMS program management, which includes funding for research and evaluations, program operations and demonstrations, survey and certification programs, and Federal administration.

Program Operations

The Committee provides $2,479,823,000 for the Program Operations account, which covers a broad range of activities, including claims processing and program safeguard activities performed by

Medicare contractors. These contractors also provide information, guidance, and technical support to both providers and beneficiaries.

Access to AI-Enabled Devices.—The Committee recognizes the potential for artificial intelligence [AI] to enhance the clinical capabilities of providers and improve patient care and outcomes. The Committee supports CMS's continued work to examine the criteria that should be adopted in making reimbursement decisions for AI-enabled technologies and encourages CMS to leverage the feedback it has received from stakeholders in future proposed rulemaking. Such rulemaking should provide clear, targeted criteria to participating providers and medical technology innovators regarding reimbursement for FDA-authorized, AI-enabled medical devices that offer a meaningful benefit to patient care. CMS shall report to the Committee 90 days after enactment of this act or in advance of publication of the next proposed rulemaking, whichever occurs sooner, on how the agency is addressing these considerations.

Advancing Value-Based and Outcome-Based Care Models.—The Committee supports efforts to design and implement payment models that promote value-based care, whole-person care, and improved health outcomes and encourages CMS to adopt advanced technology solutions that enable these models by integrating interoperable data platforms, predictive analytics, and AI. The Committee encourages CMS to prioritize investments in secure, cloud-based systems and standardized data frameworks that support real-time performance measurement, risk adjustment, and outcome tracking across providers and payors. Such capabilities should reduce administrative burden, improve transparency, and ensure timely access to care for beneficiaries while maintaining compliance with privacy and security requirements.

Affordable Care Act Notifications.—The Committee continues bill language requiring the administration to provide detailed enrollment figures to the Committees on Appropriations not less than two full business days before any public release of the information.

Alzheimer's Disease Therapies.—The Committee continues to express disappointment with CMS's decision to limit coverage of FDA-approved monoclonal antibodies for the treatment of Alzheimer's disease. The Committee urges CMS to reconsider the National Coverage Determination policy to provide full access for Medicare beneficiaries to these FDA-approved Alzheimer's treatments.

Application of Plasma-Derived Product Exclusion.—The Committee notes all biological products derived from human whole blood or plasma are excluded from the Medicare Drug Price Negotiation Program established under section 1192 of the Inflation Reduction Act. The Committee understands that plasma-derived components of biological products originate from human plasma and therefore are immune-compatible and can deliver therapeutic benefits across a variety of medical treatments. These therapies are uniquely susceptible to supply-chain vulnerabilities caused by fluctuation in donor supply and are subject to manufacturing challenges and regulatory requirements intended to ensure safe and responsible handling. Products with plasma-derived components are excluded from the Drug Price Negotiation Program to avoid undermining future research and development. These policy consider-

ations apply equally to all products that include a plasma-derived component. The Committee encourages CMS to consider these factors in carrying out the Medicare Drug Price Negotiation Program.

Area Wage Index.—The Committee notes that the current Medicare Area Wage Index system creates significant and persistent disparities in reimbursement that threaten access to care and provider stability. The Committee directs the Secretary, acting through CMS, to submit a report to the Appropriations Committee and relevant authorizing committees detailing the extent and causes of these disparities, their impact on hospitals in the lowest quartile of wage index values, and the resulting effects on access to care not later than 90 days after the date of enactment of this act. To the extent practicable, the Committee requests the report include specific administrative and regulatory actions CMS could take under existing authorities to address the wage index discrepancies.

Behavioral Health Care Coordination.—The Committee recognizes that behavioral health conditions are prevalent within the Medicare population, as older adults face unique risks, including social isolation and co-occurring chronic disease, which may include elevated rates of depression, substance use disorder, and suicide. The Committee is concerned that Medicare beneficiaries with behavioral health conditions do not always receive timely care for these conditions and supports CMS's efforts to improve behavioral healthcare navigation in order to advance outcomes for beneficiaries, including through the appropriate use of technology.

Biology Guided Radiation Therapy [BGRT].—The Committee recognizes CMS's efforts to facilitate access to BGRT services but notes that there are concerns regarding inadequate payment for BGRT. The Committee encourages CMS to continue to collect robust claims data and work with stakeholders to establish appropriate and sufficient pricing for these services.

Biosimilars.—The Committee notes concerns about the lack of access to lower cost biosimilars for Medicare Part D enrollees, including the prevalence of formulary exclusions of lower priced biosimilars and the application of step therapy by some plans. The Committee notes the potential savings for patients and taxpayers through swift inclusion of biosimilars on Medicare Part D formularies. The Committee therefore encourages CMS to examine existing barriers to biosimilar adoption, including Part D and Medicare Advantage [MA] plan practices that impede access to lower priced products. CMS should also provide beneficiary focused education on the availability of biosimilars on Medicare Plan Finder and real-time benefit tools, as well as ensure guidance and regulations for Part D formulary development and design appropriately enable the adoption of biosimilars with lower list prices.

Further, the Committee is aware of the increasing use of private-label or affiliated marketing arrangements for biological products and biosimilars by vertically integrated entities participating in Federal health programs. The Committee is concerned about the impact of vertical integration and affiliated product steering on market competition, formulary access, and long-term pricing dynamics that could impact the increased competition for biosimilars and value they provide to patients and the marketplace.

Botulinum Neurotoxin [BoNT] for Dystonia.—The Committee recognizes that BoNT is an important advancement in treatment for Dystonia patients for its ability to deliver life-changing benefits and improvement on quality of life. The Committee urges CMS to work with community stakeholders to implement a National Coverage Determination policy for BoNT treatment to ensure that Dystonia patients have access to this FDA-approved treatment.

Breast Cancer Diagnostics and Personalized Treatment.—The Committee recognizes the importance of early screening and diagnostic tests for breast cancer, which can be treated successfully if caught early. Under current law, health plans and health insurance are required to provide no-cost coverage for breast cancer screenings, but not diagnostic testing. The Committee encourages CMS to evaluate ways to ensure that women have access to approved diagnostic tests when clinically appropriate to promote accuracy in diagnoses, lower treatment costs, and support better outcomes. The Committee encourages CMS to examine coverage for breakthrough innovations approved by the FDA that are also recommended by medical societies or included in clinical cancer guidelines that provide personalized, predictive insights on the degree of benefit of radiation therapy in post-surgical early-stage breast cancer care.

Cardiovascular Disease [CVD].—The Committee recognizes that one in three adults in the United States received care for a cardiovascular risk factor or condition in 2023 and that existing research indicates that elevated low-density lipoprotein cholesterol [LDL–C] levels can cause atherosclerotic CVD, which can lead to heart attack or stroke. The Committee urges CMS to examine the impact of adding a quality measure of appropriate LDL–C testing as part of its Universal Foundation initiative.

Certified Registered Nurse Anesthetists [CRNAs].—The Committee is aware of challenges surrounding patient access to anesthesia services, particularly in rural areas. Therefore, the Committee supports CMS in its continued consideration of the benefits of having CRNAs perform services.

CGM and Insulin Pump Reclassification.—The Committee recognizes the critical role of advanced technology in improving patient safety and health, particularly for people with diabetes. Continuous glucose monitoring [CGM] systems and insulin pumps help people with diabetes prevent adverse events related to blood glucose levels, and disruptions in access can have serious health consequences. The Committee notes that CMS has finalized a rule that would include these devices in the durable medical equipment competitive bidding program, despite patient access concerns. Within 180 days of enactment of this act, CMS is directed to provide a report to the Committee regarding the impact of the rule on patients' ability to access medically appropriate CGMs and insulin pumps.

Further, the Committee encourages CMS to ensure a range of CGMs and related insulin supplies are available to patients and to conduct ongoing oversight of DME suppliers and contractors.

Chronic Kidney Disease [CKD].—The Committee encourages CMS to work to promote access to early screenings, testing, and diagnosis for individuals at high-risk for developing CKD, including focused efforts to ensure the Medicare benefit guidelines reflect the

most recent clinical CKD guidelines for high-risk populations for CKD.

Center for Medicare and Medicaid Innovation [CMMI] Drug Pricing Models.—Americans from all walks of life deserve access to life-saving treatments and cures. The Committee recognizes that pharmaceutical innovation, swift availability, and affordability are all essential components of patient access. Mandatory drug pricing models conducted through CMMI should reflect a balance of each access facet, in addition to reducing program expenditures. Accordingly, the Committee directs GAO, in consultation with CMS as appropriate, to conduct an independent analysis of whether, and how, the Global Benchmark for Efficient [GLOBE] Drug Pricing Model or the Guarding U.S. Medicare Against Rising Drug Costs [GUARD] Model rules—once finalized—could affect patient access, including affordability, beneficiary out-of-pocket costs, formulary coverage, tier placement, cost-sharing, benefit design, utilization management, and incentives to invest in or bring to market new medicines for Medicare beneficiaries. The analysis shall assess whether such effects are consistent with preserving or enhancing the quality of care received by Medicare beneficiaries. The Committee directs GAO to brief the Appropriations Committee and relevant authorizing committees on the analysis within 30 days of completion.

Coding Intensity.—The Committee notes that MA plan payments are risk-adjusted to provide sufficient resources to deliver comprehensive care for individuals with complex health needs. Additionally, CMS applies a broad-based intensity adjustment equally to all MA health plans, regardless of the variance in coding intensity that exists. The Committee encourages CMS to work with Congress and relevant stakeholders to evaluate the feasibility of implementing reforms to risk adjustment and coding intensity that have the potential to enhance payment accuracy and protect patient access.

Cognitive Screening and Diagnostic Tools.—The Committee notes the importance of early cognitive screening as a critical step in diagnosing a patient with Alzheimer's disease and Alzheimer's Disease-Related Dementias [AD/ADRD] and recognizes the limited uptake among Medicare beneficiaries during the Medicare annual wellness visit. Additionally, the Committee notes that AD/ADRD blood-based biomarker tests are a tool for addressing the growing burden of dementia compared to traditional diagnostic methods. The Committee encourages CMS to explore coverage policies that would improve access to cognitive screening tools and AD/ADRD blood-based biomarker tests under Medicare.

Colorectal Cancer.—The Committee remains concerned by increases in colon cancer incidence and death rates, especially among individuals younger than age 50. Screening significantly reduces colorectal cancer mortality, and Medicare covers several innovative screening technologies. The Committee notes that the National Committee for Quality Assurance [NCQA] is an independent, nonprofit organization that sets standards to improve healthcare. NCQA develops quality measures based on rigorous, evidence-based standards for preventive services, which are incorporated into MA and commercial health insurance, among other markets.

The Committee urges CMS to work with the NCQA to ensure screening measures are grounded in strong clinical evidence and meaningful benefit-to-burden analysis.

Further, under section 2713 of the Public Health Service Act, plans and issuers must cover, without patient cost sharing, evidence-based preventive services recommended by the United States Preventive Services Task Force [USPSTF]. The Committee encourages CMS to clarify that all FDA-approved bowel preparation products that meet established medical efficacy guidelines and are prescribed by a clinician for a preventive colorectal cancer screening shall be treated as integral to the preventive service.

Finally, the Committee highlights the recommendation of the U.S. Multi-Society Task Force on Colorectal Cancer that after the initial screening, asymptomatic individuals with a personal history of polyps should receive more frequent colonoscopy exams given the increased risk of new polyps. The Committee encourages CMS to consider this and other evidence-based data when reviewing guidelines on colorectal cancer screening frequency.

Comprehensive Cancer Centers.—The Committee recognizes that many MA plans do not provide beneficiaries with access to breakthrough clinical trials, genomic medicine, consultation with oncology sub-specialists, or comprehensive supportive care and other patient-specific services, all of which are features of care at National Cancer Institute [NCI]-designated comprehensive cancer centers [CCCs] and other academic healthcare institutions. Within 180 days of enactment of this act, the Committee directs CMS to provide a briefing on Medicare beneficiary access to NCI–CCCs in both MA and traditional Medicare.

Consideration of Special Characteristics of Vaccine Products.—The Committee encourages HHS to take into account certain characteristics unique to vaccine products in determining their fair value during negotiation of the maximum fair price pursuant to the Medicare Drug Price Negotiation Program provisions of the Inflation Reduction Act. Vaccines, while low in cost per unit, might meet the spending threshold for inclusion in the Medicare Drug Price Negotiation Program due to their widespread use; however, CMS employs quality measures such as Merit-based Incentive Payment System [MIPS] and MIPS Value Pathways [MVPs] to promote increased vaccine utilization and widespread use.

Consistency in Medicare Allergy Immunotherapy Coverage.—Allergy immunotherapy is successfully used to help treat patients with environmental allergies by gradually exposing patients to increasingly potent amounts of allergen "doses"' with subcutaneous injections, starting with a buildup phase and eventually reaching a maintenance level. The Committee notes that Medicare recently confirmed coverage of the buildup phase in addition to the maintenance phase of allergy immunotherapy. The Committee encourages CMS to adopt a definition of "dose" that is consistent with clinical parameters and common practice for procedure codes related to allergy immunotherapy preparation and administration.

Convenient Access Standards.—The Committee notes that existing convenient access standards for Medicare Part D beneficiaries based on geographic distance may not take into account all methods of access to medications. The Committee encourages CMS to

consider appropriate updates to the existing network adequacy standards and to provide feedback and information on policies that could improve patient access to drugs and pharmacist services, including potential changes to Part D network adequacy standards.

Coverage for Emerging Technologies.—The Committee encourages CMS to expand efforts to ensure beneficiaries have access to novel and innovative medical technologies, including treatments, devices, and diagnostics.

Critical Access Hospital Recertification Reviews.—The Committee is aware that CMS conducts regular Critical Access Hospitals [CAH] recertification reviews to ensure that facilities comply with Federal conditions of participation and other requirements. The Committee is concerned that CMS has recently terminated CAH designation for facilities that had maintained CAH status for years and serve as a lifeline in rural communities, jeopardizing the health and safety of patients. The Committee encourages CMS to review the CAH Recertification Checklist used by State Survey Agencies [SAs] to determine if the agency could consider new factors that impact accessibility when evaluating compliance with distance requirements. Such factors for consideration could include hazardous seasonal weather, frequent reoccurring circumstances that significantly slow traffic patterns, and perspectives from State and local officials regarding primary and secondary roadway designation. Lastly, the Committee notes that it is the responsibility of Regional Offices [ROs] and SAs to properly maintain documentation related to the facility's original designation as a necessary provider and that CMS does not penalize a facility for not maintaining such documentation so long as the facility had maintained such designation through previous recertifications.

Data Transparency.—The Committee encourages CMS to establish a process to collect data at the parent plan, contract, and plan benefit package levels from Medicare Advantage Organizations [MAOs] and report on prior authorization requests, denials, and appeals by type of service, enrollee health status, demographic characteristics, county of residence, disenrollment patterns, switching behavior, marketing channel by which beneficiaries were enrolled (e.g., broker, direct); and, for specific plans within a contract, reason for prior authorization denials and share of claims that are denied after service has been provided.

Digital Services Modernization.—The Committee supports CMS's ongoing efforts to modernize and enhance both internal and external digital services in alignment with the requirements of the 21st Century Integrated Digital Experience Act (Public Law 115–336) and recognizes that full implementation of this law will strengthen CMS's ability to deliver critical healthcare services.

Disproportionate Share Hospital [DSH] Payments.—The Committee recognizes that the Federal Medicaid statute generally requires DSH payments to hospitals treating large numbers of low income patients in every State except Tennessee. The Committee is concerned that Tennessee, despite routine allotments from Congress, is the only State without permanent funding, placing it at a unique disadvantage, and encourages the administration to work with Congress to find a permanent solution to ensure a Medicaid DSH payment allotment is available to Tennessee. Further, the

Committee recognizes that some hospitals have experienced fluctuations in their Medicare DSH calculations due to a variety of factors. The Committee encourages CMS to consider solutions that would enable hospitals to better anticipate Medicare DSH changes.

Additionally, the Committee is concerned that changes finalized by CMS to the Medicare DSH calculation in the fiscal year 2024 Inpatient Prospective Payment System [IPPS] rule [CMS–1785–F] harms hospitals in States that rely on section 1115 demonstrations with uncompensated/undercompensated care pools. Specifically, CMS revised its policy for determining the Medicare DSH calculation to exclude inpatient days associated with patients receiving benefits under CMS-approved section 1115 demonstrations with uncompensated/undercompensated care pools. For decades, CMS policy included these patients in the Medicare DSH calculation. However, the fiscal year 2024 IPPS change disproportionately impacts non-expansion States that rely on section 1115 demonstrations with uncompensated/undercompensated care pools to serve vulnerable populations. The Committee encourages CMS to reconsider its policy to ensure that inpatient days associated with patients receiving benefits under CMS-approved section 1115 demonstrations, including uncompensated or undercompensated care pool programs, are treated as Medicaid-eligible days for purposes of the Medicare DSH calculation and included in the DPP Medicaid fraction numerator.

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies [DMEPOS] Competitive Bidding Program [CBP].—The Committee notes that individuals in non-rural, non-competitive bidding areas with disabilities and chronic conditions may face challenges with access to essential medical equipment. As CMS continues to consider ways to make health care more affordable and accessible, the Committee urges CMS to prioritize geography, volume, and inflationary pressures as important measures in determining effective use of blended rates for DME reimbursement.

Further, the Committee is aware of CMS's decision to include ostomy, tracheostomy, and urological prosthetic supplies in the Medicare CBP. These supplies have not been included in the program previously. The Committee notes that subjecting these supplies to competitive bidding without sufficient analysis could potentially disrupt patient access, compromise clinician decision-making, and harm domestic manufacturing. The Committee requests an update on this topic in the fiscal year 2028 CJ.

Electrodiagnostic [EDX] Medicine.—The Committee is concerned about ongoing poor, excessive, and sometimes fraudulent EDX testing and recognizes concerns that enforcement of existing requirements remains inadequate. Both the CPT code book and existing Medicare regulations require EDX testing to be performed onsite, in real time, and by a qualified provider; however, these standards are not always followed or enforced. The Committee encourages HHS and CMS to collaborate with professional and patient stakeholders to strengthen enforcement mechanisms to address poor testing and inaccurate billing and ensure that patients have access to qualified providers who can appropriately perform, interpret, and guide studies onsite and in real time.

Enhanced Medicaid Program Integrity to Reduce Fraud, Waste, and Abuse.—The Committee is concerned by persistent program integrity vulnerabilities that allow erroneous, duplicative, and improper payments within the Medicaid program. The Committee urges CMS to strengthen program integrity efforts through enhanced data matching, eligibility verification, and cross-program enrollment checks, including improved use of national data tools to identify dual enrollment and recover improper payments. CMS is further encouraged to expand tools that detect identity fraud and verify U.S. citizenship and State residency. Within 180 days of enactment of this act, CMS shall submit a report to the Committee describing actions taken to reduce fraud, waste, and abuse, including improvements to eligibility verification, State compliance with enrollment safeguards, and deployment of enhanced data analytics and program integrity tools.

Essential Medical Devices.—The Committee is concerned by the healthcare system's increased reliance on medical devices and supplies from countries outside of the United States, which could negatively impact domestic manufacturing capacity. The Committee supports efforts to promote purchases of American-made medical devices and is similarly encouraged by CMS payment policies to provide new payment adjustments to hospitals for their share of additional costs incurred for certain supplies, such as domestically made N95 respirators. The Committee requests a briefing 1 year after enactment of this act on the payments for domestic N95 respirator procurement and additional efforts by CMS to support domestic procurement of essential medical devices and supplies, including any new or proposed supplemental payments for essential medical devices, such as needles, syringes, and blood collection products.

Generic Drug Shortages.—The Committee is concerned about generic drug shortages, particularly those impacting generic sterile injectables, which include many cancer drugs, emergency medicines, and anesthesiology medications. The Committee encourages CMS to work with Congress and relevant stakeholders on analyzing Medicare and Medicaid payment policies' impact on supply chains and economic incentives across the drug supply chain, including for generic drug suppliers, wholesalers, and healthcare providers.

Genetically Targeted Technologies [GTTs].—GTTs predominantly target rare, genetic-based diseases, but can also target broader populations in novel ways. GTTs require complex and long development timelines and high upfront investment, similar to large molecule therapies. The Committee encourages CMS to partner with NASEM to produce a report not later than 1 year after enactment of the act assessing whether current prescription drug pricing policies on GTTs have an effect on future innovation. The report may include, as appropriate, a literature review; analysis of available Federal data; and interviews with patient organizations, clinical experts, potential drug sponsors, and other relevant stakeholders; as well as recommendations for any policy changes to mitigate adverse effects on GTT innovation while maintaining the goals of Federal prescription drug pricing reforms.

Health Insurance Exchange Transparency.—The Committee continues bill language that requires CMS to publish cost information for the following: Federal Payroll and Other Administrative Costs; Exchange related Information Technology [IT]; Non-IT Program Costs, including Health Plan Benefit and Rate Review, Exchange Oversight, Payment and Financial Management, Eligibility and Enrollment; Consumer Information and Outreach, including the Call Center, Navigator Grants and Consumer Education and Outreach; Exchange Quality Review; Small Business Health Options Program and Employer Activities; and Other Exchange Activities. Cost information should be provided for each fiscal year since the enactment of the Patient Protection and Affordable Care Act [ACA]. CMS is also required to include the estimated costs for fiscal year 2028.

Hospice and Dementia Care.—The Committee recognizes the value of hospice care for patients with AD/ADRD, including hospice's potential to both improve quality of life and reduce Medicare expenditures. The Committee encourages CMS to work with Congress and relevant stakeholders to ensure that Medicare's enrollment and eligibility processes consider the unique nature of dementia care, including by reducing unnecessary barriers to services. The Committee requests an update on CMS's efforts to address access challenges for beneficiaries with AD/ADRD, including those that may result from existing protocols or processes, in the fiscal year 2028 CJ.

HPV Screenings for Cervical Cancer.—The Committee recognizes that self-collection has the potential to reach individuals who are never screened or under screened for HPV, which makes up about half of women who are diagnosed with cervical cancer in the United States. The Committee urges CMS to examine ways to ensure that there is appropriate coverage for this screening methodology upon FDA approval.

Inpatient Psychiatric Bed Availability.—The Committee recognizes the importance of availability of inpatient psychiatric beds for individuals with acute mental health needs. The Committee notes that existing payment policies within Medicaid may affect the availability of these inpatient beds nationwide. The Committee encourages CMS to ensure adequate access to mental health inpatient beds to meet the level of ongoing need, particularly for youth facilities. The Committee also requests that CMS consider how reimbursement for facilities beyond 16 beds impacts care options in urban, suburban, and rural communities.

Inpatient Rehabilitation Facility Review Choice Demonstration.—The Committee notes that CMS has conducted a Review Choice Demonstration [RCD] for Inpatient Rehabilitation Facilities [IRFs] in select States since August 2023. Given the program's expansion, the Committee encourages CMS to improve program transparency for patients, providers, and Congress by releasing more timely and robust data, including publishing State-level reports within 60 days following the closing of each review cycle. Such transparency will enable the agency, patients, providers, and Congress to assess whether the program is operating as intended and without reducing beneficiary access to care and creating undue regulatory burden for providers.

Long-term Care Facility Metrics.—The Committee supports efforts to improve the quality of care and outcomes for individuals served by long-term care facilities, including skilled nursing facilities, and recognizes that many residents of these facilities have a range of chronic and disabling conditions, including neuropsychiatric symptoms associated with AD/ADRD, neurodegenerative disorders, and serious mental health issues. The Committee understands that CMS is reexamining the long-stay antipsychotic medication quality measure in the Skilled Nursing Facility Five-Star Quality Rating System and is taking steps to ensure that such reporting distinguishes between appropriate and inappropriate use of these medications. The Committee supports these important efforts and encourages CMS to prioritize patients and ensure that concordant documentation from the prescriber and consultant pharmacist helps support determination of appropriate use. To ensure the measure update meets the needs of beneficiaries, the Committee encourages CMS to bring together stakeholders to help inform this process and directs CMS to provide an update on these activities in the fiscal year 2028 CJ.

Long-term Care [LTC] Pharmacy Services.—The Committee is aware that pharmacies providing LTC specialized services are frequently reimbursed at retail rates, despite providing clinical services to include intensive adherence support and interdisciplinary care coordination. The Committee urges CMS to work with stakeholders to ensure appropriate access to these services, particularly in rural and underserved areas, across a variety of assisted living facilities, such as congregate living settings and mental health clinics.

Additionally, the Committee notes that negotiating and contracting practices between Medicare Part D Plan Sponsors and their pharmacy benefit managers may impact beneficiary access to LTC pharmacy services and network adequacy requirements. The Committee urges CMS to consider these practices and ensure convenient access.

Lastly, the Committee is encouraged by the benefits of pharmacies at-home in extending quality LTC services beyond institutional settings to patients in a place of residence, including for medically complex patients. The Committee encourages CMS to understand the value that such pharmacy models demonstrate towards measurable reductions in medication waste, improved cost-savings through patient outcomes, and allowance for fewer inpatient hospital admissions and emergency department visits.

Lowering the Cost of Care.—The Committee supports American taxpayers' access to earned Medicare benefits. The Committee encourages CMMI to consider creative pilot projects that lower the cost of care for Medicare-eligible Americans choosing to retire abroad. Not later than 180 days after enactment of this act, CMS is directed to brief the Committee on Appropriations and the relevant authorizing committees on this effort.

Marijuana Use.—The Committee recognizes the impact that marijuana-related medical incidents have on hospitals, emergency departments, and clinicians across the United States. The Committee encourages CMS to collect data and report to Congress on

Federal and State Medicaid expenditures for hospital services directly linked to marijuana use.

Maternal Health.—The Committee recognizes the importance of rural hospitals in providing maternal healthcare services, educating patients, and ensuring postpartum safety. The Committee is concerned that insufficient reimbursement, coupled with difficulties in maternity care provider recruitment and retention, threaten the viability of these services in rural hospitals. Such factors have contributed to the closures of labor and delivery departments and growing maternal health deserts. The Committee encourages CMS to work with HRSA and other relevant agencies across the Federal Government to support technical assistance for at-risk facilities and to consider innovative approaches through HHS's programs to help maintain access to maternal health care in rural areas.

The Committee also encourages CMS to ensure accurate and robust data collection for measuring maternal health outcomes, including from individual hospitals.

Medicare Clinical Laboratory Fee Schedule.—The Committee recognizes that challenges in private-payor data collected under the Protecting Access to Medicare Act (Public Law 113–93) did not fully reflect prevailing commercial market payment rates and testing volumes, particularly due to the limited participation of large segments of the laboratory market. As a result, Medicare payment rates established under the Clinical Laboratory Fee Schedule [CLFS] did not represent the broader private market. The Committee encourages CMS to educate all applicable laboratories about their data reporting obligations and to take immediate steps to ensure that current data collection and rate-setting methodologies more accurately capture the full commercial laboratory market, including consideration of revised reporting requirements and statistically valid sampling approaches. The Committee directs CMS to notify the Appropriations Committee and the relevant authorizing committees immediately if the commercial market data it receives for CLFS rate-setting is over-representative or under-representative of any segment of the laboratory market. CMS is strongly encouraged to engage stakeholders and provide transparency regarding how commercial market data are evaluated and incorporated into payment determinations.

Medicare Part D Manufacturer Discount Program Phase-In Eligibility.—The Committee understands that CMS has adopted a definition of the term "marketed" for purposes of the Medicare Part D Manufacturer Discount Program [MDP] "phase-in" benefit. The Committee notes that current law requires that Part D discounts be phased in for eligible drugs "marketed" as of the MDP enactment date, which was August 16, 2022, by "specified manufacturers" and "specified small manufacturers." The Committee is aware that in the Contract Year 2027 Part D Final Rule issued on April 6, 2026, CMS finalized in regulations a definition of "marketed," which looks to whether an applicable drug had documented Part D expenditures on or before the MDP enactment date. The Committee notes that such an interpretation of "marketed" may inadvertently exclude small, U.S. based innovators that engaged in permissible, FDA-recognized pre-approval promotional and marketing activities. The Committee encourages CMS to ensure that its defi-

nition does not unfairly exclude small manufacturers of novel, transformative therapies—particularly for oncology and rare disease—from the MDP phase-in protections intended by Congress.

Medicare Fee-for-Service Claims Processing Modernization.—The Committee supports efforts by CMS to modernize Medicare's fee-for-service claims processing systems portfolio. Doing so will help the agency lay important groundwork for continued improvements and efficiencies in service delivery and payments for Medicare beneficiaries, providers, and claims processors. The Committee directs CMS to include in its fiscal year 2028 CJ status updates on all ongoing projects undertaken by CMS with respect to modernization of these systems.

Medicare Prescription Payment Plan.—The Committee encourages CMS to provide information to Congress and to the public regarding (1) the number of beneficiaries who have opted into the Medicare Prescription Payment Plan, including trends and demographic breakdowns; (2) the total number of beneficiaries categorized as "likely to benefit" by participation in the program; (3) information on the methods that CMS is utilizing to encourage participation; and (4) information on additional outreach efforts that CMS is conducting with stakeholders, including provider associations and societies, patient and consumer advocacy groups, and pharmacy benefit managers. Providing such information can advance transparency and inform potential improvements to the program. The Committee also encourages CMS to assess and identify barriers to participation and make targeted investments in data analysis, focus groups, outreach, education, and enrollment facilitation efforts to increase beneficiary uptake.

Navigator Capacity.—The Committee encourages CMS to support Americans' ability to select a health plan that best fits their needs, which may include appropriately funding the Federal Navigator Program. In doing so, the Committee requests that CMS prioritize resources to Navigators serving rural communities, Tribal populations, and other underserved groups. Within 120 days of enactment of this act, the Committee asks CMS to communicate a proposed action plan to the Appropriations Committee and relevant authorizing committees. The plan should include funding needs, anticipated Navigator workload, strategies to expand localized outreach, and measurable performance metrics.

No Surprises Act.—The Committee is aware of published reports of abuse in the Independent Dispute Resolution [IDR] process, which could drive increased costs for employers, unions, consumers, the Federal Government, and taxpayers. The Committee directs CMS, in coordination with ASPE, to submit a report to the Committee not later than 180 days after the date of enactment of this act, which shall include an examination of ineligible claims; payment determination amounts; the prevalence of third-party initiators; and IDRE performance in assessing, communicating, and issuing determinations.

Non-addictive Opioid Alternatives.—The Committee remains concerned about the high mortality rate due to the opioid overdose crisis and is pleased that FDA approved its first non-addictive opioid alternative in 2025. The Committee encourages CMS to work with Congress on efforts to facilitate coverage and access to non-addict-

ive alternatives to opioids for acute pain treatment and management.

The Committee encourages CMS to provide a report to the Appropriations Committee and relevant authorizing committees, as well as post on a publicly available website, no later than 90 days after enactment of this act, on steps taken to encourage Part D coverage and access to non-opioid acute pain treatments, including any barriers to access identified and actions CMS can take within its existing authority to address such barriers. To the extent practicable, the report may also include utilization rates, approval and denial rates, and steps taken to ensure timely, clinically appropriate access to non-addictive opioid alternatives.

Non-pharmacologic Treatments for Pain.—Non-pharmacologic treatments for pain management have shown to be effective in reducing pain and reliance on prescription opioids. The Committee encourages CMS to support access to non-pharmacologic treatments, like osteopathic manipulative treatment and other alternative treatments as appropriate, for back and other pain.

Nurse Practitioners.—The Committee notes that nurse practitioners are the fastest growing provider group within the Medicare program; however, administrative barriers may impact their ability to provide care for patients. The Committee encourages CMS to evaluate its policies and conditions of participation for nurse practitioners across all settings in accordance with Executive Order 13890 on Protecting and Improving Medicare for Our Nation's Seniors, which called for removing burdensome requirements in the Medicare program that are more stringent than applicable Federal or State laws require and that limit professionals from practicing at the top of their profession.

Nutrition Interventions.—The Committee recognizes that healthy foods, including fresh fruits and vegetables, are key to individual health and well-being; however, cost can be a barrier for lower income individuals. Nutrition support interventions, such as produce prescriptions and medically tailored meals, continue to show great promise in improving health among food insecure individuals who suffer from chronic, diet-related conditions such as heart disease and diabetes. Several States have received CMS approval to cover certain nutritional supports and other services, and the Committee encourages CMS to continue to assist States in efforts to increase access to healthy foods. Further, the Committee encourages CMS to work with Congress and stakeholder organizations to assess Medicare coverage of medically tailored meals, including through a new demonstration.

Organ Procurement Organization [OPO] Performance.—The Committee recognizes that in recent years, CMS has taken steps to increase oversight of OPOs, including by establishing new methods to evaluate performance and issuing rules to decertify OPOs falling below the median performance on certain metrics. The Committee applauds CMS's bold actions on OPO decertification to protect patients through transplant processes.

CMS has a considerable responsibility for ensuring that OPOs operate in a safe, fair, and efficient manner that is transparent, accountable, and effective. Patients are also at risk if OPOs are unable to operate due to stringent or unworkable requirements from

CMS. As CMS continues to work with OPOs to ensure that the organ donation system promotes patient safety and operates effectively, the Committee encourages the agency to prioritize outreach and education to stakeholders; alleviate disruption; ensure that OPOs can effectively expand into new service areas, when necessary; and issue clarifying guidance. CMS is directed to continue to promote accountability, identify vulnerabilities, and issue strict corrective actions as needed to ensure that any donation process does not continue if patient safety concerns arise.

Organ Recovery Cost Reimbursement.—The Committee notes that OPO Recovery Centers can increase the number of organs available for transplantation and intensive care unit bed capacity for living patients. The Committee recognizes that there are concerns with the current reimbursement methodology for organ transportation and recovery, including concerns that the methodology may serve as a financial disincentive to utilize OPO Recovery Centers effectively. Therefore, the Committee encourages CMS to assess existing policies to ensure that transplant centers are appropriately reimbursed for furnishing deceased donor organ management and recovery services.

Palliative Care and Care Coordination.—The Committee recognizes the importance of providing community-based palliative care and care coordination for Medicare beneficiaries. The Committee encourages CMS to consider developing models to provide such care to beneficiaries who have a diagnosis of a serious illness or injury and to include palliative care teams working as an independent practice or associated with a hospice program, home health agencies, hospitals, integrated health systems, and other facilities as appropriate.

Pharmacy Direct and Indirect Remuneration Fees.—The Committee is concerned about the dramatic increase of retroactive pharmacy price concessions commonly referred to as "pharmacy direct and indirect remuneration [DIR] fees" in Medicare Part D. The fees are often assessed weeks or even months after a prescription has been filled, preventing pharmacies from knowing at the time of dispensing what their true reimbursement will be for that prescription. The Committee commends HHS and CMS for aiming to address the DIR issue and urges continued administrative action and oversight to further address this issue while working to prevent financial strain on community pharmacies.

Postpartum Care to Reduce Maternal Mortality.—The Committee recognizes postpartum care is critical to the health of mothers and babies and that care in the first year following pregnancy is especially important for those who experience preeclampsia, gestational diabetes, hypertension, hyperlipidemic syndrome, and postpartum depression, among other conditions. Mental health conditions are the number one underlying cause of maternal mortality, accounting for approximately 23 percent of all pregnancy-related deaths, while blood clots and infections each account for 9 percent of deaths. CMS is encouraged to work with the NCQA to update the Healthcare Effectiveness Data and Information Set [HEDIS] metric for prenatal and postpartum care to include visits from 84 days to 1 year postpartum.

Prescription Digital Therapeutics [PDT].—The Committee recognizes the use of PDTs to treat conditions like substance use disorder, attention-deficit/hyperactivity disorder, insomnia, major depression, diabetes, stroke, schizophrenia, and cancer. The Committee encourages CMS to work with stakeholders and Congress to promote appropriate access to PDTs.

Prior Authorization Reporting.—The Committee is concerned that the use of cost control measures such as utilization management, step therapy, and prior authorization of prescription drugs by payors in the Medicare and commercial markets are causing delays in patients accessing their prescribed medications. The Committee encourages CMS to examine current prior authorization reporting requirements and the reporting of prior authorization of prescription drugs by MA plans, Medicaid and CHIP fee-for-service plans, Medicaid managed care plans, CHIP managed care entities, and Qualified Health Plan [QHP] issuers on the Federally Facilitated Exchanges [FFEs].

Program of All-Inclusive Care.—The Committee recognizes the importance of the Program of All-Inclusive Care [PACE], which enables medically complex older adults with significant long-term care needs to remain living at home. Given the increasing need for home and community-based care for older adults and those living with disabilities, the Committee encourages CMS to examine ways to increase access to PACE services for Medicare beneficiaries, Medicaid beneficiaries, and dually eligible individuals, including in overlapping service areas, and to work with relevant stakeholders to establish a quality measurement framework that improves the effectiveness and consistency of PACE quality data reporting.

Provider Directory Modernization and Infrastructure.—The Committee appreciates CMS's efforts to advance a National Provider Directory for Healthcare Access and underscores the importance of accurate, up-to-date provider data for effective program administration and patient access to care. As this work proceeds, the Committee urges CMS to leverage existing integrated platforms for provider data submission already widely used across public and private health programs, to the maximum extent practicable, and to avoid unnecessary duplication or fragmentation that would increase costs and administrative and operational burden for providers and other stakeholders. The Committee recognizes that providers, States, and private-sector entities routinely operate across multiple Federal, State, and commercial health programs and rely on shared provider data systems to meet overlapping provider directory requirements. Accordingly, the Committee supports current private sector platforms for data submission to avoid disruption of existing provider data workflows.

The Committee remains concerned by the prevalence of "ghost networks" in rural healthcare, where up to 86 percent of listed providers in insurance and MA directories are unreachable or unbookable. These inaccuracies may delay care, leading to poor health outcomes and increased emergency room utilization. The Committee encourages CMS to examine the use of bookable directories that allow patients to find and schedule care in real-time and to develop a framework linking provider reimbursement and conditions of participation under government health programs to the

real-time exposure of their appointment availability to these networks.

Psychologists' Services.—The Committee recognizes that several States authorize licensed psychologists with appropriate training to prescribe psychotropic medications, helping to address behavioral health workforce shortages, especially in rural and highly rural areas. The Committee encourages CMS to evaluate existing statutory and regulatory authorities under Medicare that may permit reimbursement for services furnished by prescribing psychologists in States where they are licensed and practicing within their scope of practice.

Psychosocial Rehabilitation Model.—The Committee notes the health, economic, and overall societal benefits associated with alleviating social isolation among people with serious mental illness [SMI] and encourages CMS and SAMHSA to examine the impact of expanding access to community-based models like accredited clubhouses to reach a broader subset of the population with SMI through Federal support.

Reducing Costly Osteoporotic Fractures.—The Committee remains concerned that every year, older Americans suffer over two million bone fractures related to osteoporosis and that many are not getting the evidence-based post fracture care needed to reduce costly and preventable secondary fractures. The Committee continues to encourage CMS to establish a clear payment mechanism for evidence-based post-fracture care that has been shown to reduce the rates of costly secondary fractures through improved screening, treatment initiation and adherence, patient and caregiver education and counseling, and comprehensive falls prevention strategies. Further, the Committee encourages CMS to work with professional societies and patient organizations to promptly publish and disseminate materials detailing how providers can use existing Medicare codes to bill for such evidence-based post-fracture care.

Reducing False-Positive Sepsis Blood Cultures.—The Committee notes concerns about the problem of the contamination of blood culture tests used to diagnose blood stream infections such as sepsis. These false-positive test results lead to serious morbidity and mortality among misdiagnosed patients, significant spending on unnecessary treatment, and the overuse of antibiotics. The Committee requests semiannual briefings in fiscal year 2027 related to this topic regarding CMS's actions to protect patients and improve patient outcomes, as well as on the status of relevant quality measures and the agency's coordination with the CDC on these matters.

Reimbursement Parity.—The Committee encourages CMS to examine the pattern of differing reimbursement rates for various procedures specific to women and urges CMS to establish a distinct code for the endometriosis excision procedure.

Remote Digital Cytology Reading.—The Committee recognizes that high-quality cytology reading plays a critical role in the early detection and accurate diagnosis of cancer and can improve diagnostic certainty, better inform treatment decisions, and reduce the need for more costly and invasive procedures. The Committee encourages CMS to examine the use of remote cytology reading under appropriate quality and safety standards to improve patient access to timely diagnostic services, particularly in underserved and rural

areas, support laboratory workforce flexibility, and enhance preparedness for future public health emergencies.

Risk Corridor Program.—The Committee continues bill language prohibiting the CMS Program Management appropriation account from being used to support risk corridor payments.

Robotic Stereotactic Radiosurgery [SRS].—The Committee remains concerned that inadequate reimbursement for robotic SRS and robotic stereotactic body radiation therapy [SBRT] may threaten patient access to this highly specialized treatment option for many types of cancer in both hospital and freestanding cancer center settings. The Committee strongly encourages CMS to protect Medicare beneficiary access to these services, including by maintaining the distinct G codes that accurately describe robotic SRS and robotic SBRT services, which can safely deliver life-saving cancer treatment in a timely and cost-efficient manner, improving patient compliance and reducing burdens on patients and providers.

Rural and Critical Access Hospitals.—The Committee is concerned that 28 rural hospitals have closed since 2021 and that 46 percent of rural hospitals are operating at a financial loss. The Committee continues to encourage CMS to provide legislative recommendations in the fiscal year 2028 CJ that would allow vulnerable, rural hospitals, including those with Critical Access Hospital designation, to receive relief in the near-term, and to offer feedback on payment systems that can ensure that more hospitals serving rural and underserved populations are able to operate in a more financially sustainable way.

Rural Health Transformation Fund Transparency and Reporting.—The Committee notes the benefit of accurate and transparently reported information about awards made under the Rural Health Transformation [RHT] Fund. The Committee encourages CMS to establish a set of standardized reporting definitions for use across the dedicated Web-based reporting instrument to help enable compatibility with existing provider datasets, support cross-program analysis, and allow CMS to more efficiently compare information across States, while still preserving States' ability to explain unique circumstances, innovative models, or region-specific challenges through narrative responses. The Committee further encourages CMS to establish a public-facing portal on CMS.gov that allows users to view and download non-sensitive RHT reporting data across all 50 States. The Committee requests semi-annual briefings from CMS providing an update on RHT activities and detailing the distribution of funding, including the amounts of funding going to rural hospitals, rural providers, and geographic distribution.

Rural Residency Programs.—The Committee encourages CMS to examine how Graduate Medical Education payments could be used to support physician training in non-hospital settings. Within 60 days of enactment of this act, CMS is directed to provide a briefing to the Committee on how Congress could address provider training constraints in FQHCs and other non-hospital settings.

Sepsis Improvement Activities.—The Committee encourages CMS to support sepsis improvement activities targeting bottom quartile performing hospitals. This effort would expand the reach of CDC

and CMS by employing specific expertise in the implementation science of quality improvement in healthcare settings.

Spinal Column Recovery.—The Committee encourages CMS to support the recovery of the spinal column from deceased donors to the extent allowable under existing authorities. Deceased donor spinal columns contain bone marrow that can be processed and cryopreserved as transplantable units, which can be rapidly deployed to support patients with life-threatening conditions. The Committee encourages CMS to consider standardized consent, recovery, and distribution protocols that would allow for spinal column recovery.

School-Based Services [SBS].—The Committee recognizes the importance of SBS in promoting the health of children and adolescents. As more States look to expand SBS, the Committee encourages CMS to examine State reporting requirements and review and update reporting systems to better collect information about SBS for students beyond what is provided pursuant to a student's individualized education program or individualized family services program. Further, the Committee supports the work of the CMS Technical Assistance Center to support education agencies and reduce administrative burdens, particularly for small and rural schools. Within 30 days of enactment of this act, the Committee directs CMS, in coordination with the Department of Education, to provide a briefing on actions taken to expand access to SBS.

Sexually Transmitted Infection [STI] Screening and Treatment Initiative.—The Committee is concerned with the high rates of STIs in all populations, but especially in young adults and pregnant women. Consequently, the Committee encourages CMS to develop and implement an STI initiative that ensures adequate reimbursement for STI screening, treatment, and partner services consistent with current guidelines.

Stark Law Compliance.—The Committee is concerned that the definitions of "commercially reasonable" and "fair market value," which were updated in 2021, are not being applied during the review of certain hiring practices by hospitals. The Committee encourages the agency to apply these updated definitions as established in the CMS Final Rule "Medicare Program; Modernizing and Clarifying the Physician Self-Referral Regulations" to help support value-based care.

State Information Technology [IT] and Data Systems.—The Committee notes significant new demands on the data and IT systems that support State Medicaid programs. The Committee supports CMS's ongoing communication, technical assistance, and funding opportunities to facilitate these essential system upgrades. The Committee directs the CMS Administrator to continue the agency's work with governors and State Medicaid directors to implement effective strategies to reduce unintended coverage losses and improve the accuracy of eligibility determinations. Such an approach should continue to include timely technical assistance and promoting use of technology, electronic data sources, AI, and personnel to reduce data siloes, streamline verifications, enhance data matching, uphold beneficiary privacy, and upgrade system capacity.

Step Therapy.—The Committee is concerned that "fail first" utilization management, commonly referred to as step therapy, may

delay clinically appropriate therapy, disrupt continuity of care, and impose administrative burdens on providers and families. The Committee is also concerned about the impact of such policies on pediatric patients, where treatment delays may have developmental and long-term health consequences, and notes that evaluating step therapy solely on pharmacy spending may not reflect the full fiscal impact if delays increase other medical utilization. The Committee encourages CMS to assess the impact of step therapy on patients in Medicare, Medicaid (including managed care), CHIP, and other payors with specific attention to pediatric populations.

Further, the Committee urges CMS to review the current regulatory framework governing step therapy for Part B drugs in MA and consider actions to help ensure that fail first protocols do not create inappropriate barriers to medically necessary care. In conducting this review, the Committee urges the agency to consider whether additional safeguards or clarifications may be appropriate to protect beneficiary access and improve program transparency.

Streamlining CMS Systems, Data, and Operational Processes.—The Committee supports CMS in its efforts to modernize and streamline technology platforms, data management, and operational processes to increase efficiency, reduce duplication, and improve data accessibility across programs. The Committee encourages CMS to adopt advanced commercial solutions that enable enterprise-wide integration, workflow automation, and data interoperability to support consolidation of technology licenses, standardization of common operational functions, and modernization of business systems to eliminate redundancies and improve scalability. These investments should focus on reducing administrative burden, improving transparency, and ensuring cost-effective delivery of CMS programs. The Committee requests an update on progress toward these objectives in the fiscal year 2028 CJ.

Supplemental Benefits.—Within 1 year of enactment of this act, the Committee directs CMS to provide a report to the Appropriations Committee and relevant authorizing committees on the availability, utilization, and oversight of supplemental benefits offered by MA plans and contracts. Utilization and cost to beneficiaries at the enrollee level should also be reported.

Supplemental Oxygen Access.—The Committee recognizes reported disruptions in the supply chains for supplemental oxygen and encourages CMS to work with community stakeholders to close existing coverage gaps and reduce any burdens to patients. Within 180 days of enactment of this act, the Committee directs CMS to provide a briefing on ongoing activities and efforts to improve access to supplemental oxygen.

Telehealth.—The Committee recognizes that the Medicare telehealth flexibilities provided during the COVID–19 public health emergency and that have been extended in recent years have been critical for ensuring patients across the country receive the care they need, especially individuals in rural and underserved areas. The Committee continues to support these flexibilities to maximize access to care.

Think Differently Database Act.—The Committee recognizes the Think Differently Database Act (Public Law 118–225) became law on January 4, 2025, and requires CMS to establish a comprehen-

sive Web site on resources covered by Medicaid for individuals with disabilities and their caregivers. The Committee supports the establishment of this Web site and directs CMS to provide a briefing on its implementation efforts within 30 days of the enactment of this act.

Treatment in Place.—The Committee encourages CMS to evaluate options for providing Medicare beneficiary access to appropriate treatment in place services furnished by EMS agencies.

Urgent Care Centers.—The Committee recognizes the problem overcrowding and long wait times in emergency departments pose to the American healthcare system. According to CMS's most recently released data in 2022, the median time patients spent in emergency departments was 2 hours, 40 minutes nationwide, up from 2 hours, 18 minutes in 2014. In recent years, CMS has explored ways to mitigate emergency department over-utilization, overcrowding, and long wait times. One such proposal has been better utilization of urgent care centers [UCC] to address capacity issues, resolve non-emergent cases, and improve workforce pressures. The Committee encourages CMS to evaluate opportunities to support UCC utilization, notably in rural and underserved communities, where appropriate.

Vaccine Coverage.—The Committee encourages CMS to ensure that its regulations fully implement section 2713 of the Public Health Service Act and align with the statutory intent of such section, which generally requires commercial insurance coverage of CDC-recommended vaccines without cost-sharing. Further, the Committee notes that physicians and other healthcare providers are trusted sources of information regarding clinically appropriate vaccines and that the introduction of new vaccines and changing vaccine schedules has driven increased dialogue between patients and their trusted healthcare providers. The Committee urges CMS to work with relevant stakeholders to ensure that there are appropriate and active codes for immunization counseling, including counseling provided on a date when no vaccine is available, and to publish the Relative Value Scale Update Committee recommended values so that they are also available to other payors who may wish to cover and pay for the codes.

Waste, Fraud, and Abuse Prevention and Program Integrity Modernization.—The Committee supports CMS in its efforts to move beyond traditional "pay-and-chase" models and adopt proactive, technology-driven approaches to prevent waste, fraud, and abuse before improper payments occur. The Committee encourages CMS to leverage advanced industry solutions, including interoperable data platforms, predictive analytics, and AI tools, to enhance program integrity across Medicare, Medicaid, and Marketplace programs. The Committee encourages CMS to prioritize adoption of proven commercial technologies that support comprehensive data integration, secure cloud analytics, and automated compliance monitoring. The Committee directs CMS to provide an update on progress toward implementing these solutions, including measurable outcomes such as reduced improper payments, improved provider vetting accuracy, and enhanced consumer protections, in the fiscal year 2028 CJ.

Whole Child Health.—The Committee encourages CMS to work with States to address the root causes of poor physical and mental health in children served by Medicaid and CHIP by identifying best practices and pathways to promote financially sustainable pediatric payment and delivery models that support disease prevention and improve pediatric health in a variety of settings. Such efforts may include technical assistance on waivers and State Plan Amendments, tools, and cross-State learning collaboratives. Within 120 days of enactment of this act, the Committee directs CMS to provide a briefing with updates on the agency's activities to better address whole child health within the Medicaid and CHIP programs.

Whole Genome/Whole Exome Sequencing.—The Committee recognizes the growing clinical utility of genomic technologies, including whole genome and whole exome sequencing, in the diagnosis and treatment of pediatric patients with suspected genetic conditions. Early and accurate diagnosis can significantly improve health outcomes, inform appropriate clinical management, and reduce unnecessary and costly diagnostic procedures. The Committee notes that the Medicaid Early and Periodic Screening, Diagnostic, and Treatment benefit requires States to cover medically necessary diagnostic services to correct or ameliorate physical and mental conditions identified through screening for Medicaid-eligible individuals under age 21. The Committee urges CMS to work with State Medicaid programs to ensure access to whole genome and whole exome sequencing for children when medically necessary.

State Survey and Certification

The Committee provides $425,000,000 for State Survey and Certification activities, which ensure that institutions and agencies providing care to Medicare and Medicaid beneficiaries meet Federal health, safety, and program standards. On-site surveys are conducted by State survey agencies, with a pool of Federal surveyors performing random monitoring surveys.

Annual Reports.—The Committee continues to direct CMS to provide, in the fiscal year 2028 CJ, a report to the Committees regarding operational milestones and funding activities under this heading. Such reports shall, at a minimum, include quarterly obligations, unobligated balances (including a breakdown of committed and uncommitted balances), and expenditures of current year discretionary budgetary authority by originating statute. Such reports shall also include operational metrics, such as those found on pages 52 and 53 of the fiscal year 2027 CJ, regarding the numbers and rates of survey and complaint visits by provider type for the applicable quarter.

Federal Administration

The Committee provides $746,867,000 for Federal Administration, which funds the majority of CMS's staff and operating expenses for routine activities, such as planning, implementing, evaluating, and ensuring accountability in the programs administered by CMS.

HEALTHCARE FRAUD AND ABUSE CONTROL

Appropriations, 2026	$941,000,000
Committee recommendation	969,000,000

The Committee provides $969,000,000, to be transferred from the Medicare trust funds, for Health Care Fraud and Abuse Control activities. The Committee recommendation includes a discretionary base amount of $311,000,000 and an additional $658,000,000 in budget adjustment funding. Proactively identifying healthcare waste, fraud, and abuse continues to be a priority for the Committee.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT SERVICES AND FAMILY SUPPORT PROGRAMS

Appropriations, 2026	$4,147,000,000
Committee recommendation	2,792,000,000

The Committee provides $2,792,000,000 in fiscal year 2027 mandatory funds for Child Support Enforcement and Family Support programs. In addition, the Committee provides $1,700,000,000 in advance funding for the first quarter of fiscal year 2028.

These funds support States' efforts to promote the economic security of low-income families, including administrative expenses, matching funds, and incentive payments to States for child support enforcement; grants to States to help establish and administer access and visitation programs between noncustodial parents and their children; payments to territories for benefits to certain aged, blind, or disabled individuals; and temporary benefits for certain repatriated citizens.

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM

Appropriations, 2026	$4,045,000,000
Committee recommendation	4,070,000,000

The Committee provides $4,070,000,000 in base discretionary funding for the Low Income Home Energy Assistance Program [LIHEAP]. In recognition of rising home energy costs, the Committee also provides an additional $1,000,000,000 in emergency supplemental funding for LIHEAP. LIHEAP provides home heating and cooling assistance to low-income households. Sudden, significant, and unexpected decreases in annual funding for States, even when based in part on changes in home energy costs or other formula factors, can be difficult for States to manage. Accordingly, the Committee continues to limit year-to-year fluctuations in allocations to States.

LIHEAP Funding Release.—The Committee recognizes the importance of the timely release of LIHEAP funding, particularly in the fall as States finalize their plans for energy assistance for the upcoming year. The Committee continues bill language requiring ACF to release at least 90 percent of LIHEAP funds to States by November 1, consistent with current practice.

LIHEAP Workforce.—The Committee is concerned that the full-time equivalent staff in the LIHEAP office dropped from 15 in fiscal year 2025 to just one in fiscal year 2026. The Committee notes

that sufficient staff funding for the LIHEAP office has been provided and strongly urges ACF to address any vacancies that will affect program operations or its ability to fulfill its statutory responsibility to provide home heating and cooling assistance to low-income households Nationwide.

Technical Assistance and Program Administration.—Within the total, the Committee includes up to $9,600,000 for program integrity and oversight efforts, of which a portion is intended to continue to support a formula system, which will allow ACF to provide estimates more readily when requested by the Committee.

REFUGEE AND ENTRANT ASSISTANCE

Appropriations, 2026	$5,163,956,000
Committee recommendation	4,322,234,000

The Committee provides $4,322,234,000 for Refugee and Entrant Assistance [REA] programs. These programs provide a variety of benefits and services to refugees, asylees, Cuban and Haitian entrants, immigrants arriving on Special Immigrant Visas [SIV], trafficking victims, and torture victims (collectively referred to below as "refugees"). These programs also provide temporary care and services for unaccompanied children apprehended by the Department of Homeland Security [DHS] or other law enforcement agencies, who have no lawful immigration status in the United States until they can be placed with a parent, guardian, or other sponsor while awaiting adjudication of their immigration status.

The Committee recommendation continues the directive to provide monthly updates to the Committee of arrivals each month by category, including refugees, asylees, Cuban and Haitian Entrants, SIVs, and unaccompanied children. Such updates shall include any changes in estimated funding needs as a result of changing trends.

The Committee believes that the United States Refugee Admissions Program [USRAP] serves as a reflection of U.S. humanitarianism as well as the Nation's strategic interests. The program provides for the safe resettlement of some of the most vulnerable refugees and not only saves lives but also strengthens our National security by providing support and shared responsibility for strategic allies and regions.

The Committee notes the need to maintain a baseline of capacity and encourages HHS, to the extent practicable, to ensure that resettlement agencies are able to maintain their infrastructure and capacity at a level to continue to serve new refugees, previously arrived refugees, and other populations of concern who remain statutorily eligible for integration services, and to ensure that there is capacity for future arrivals to be adequately served.

Community Engagement and Quarterly Consultation.—The Committee recognizes that quarterly consultations and regular community engagement are critical to support refugee integration and encourages HHS to pursue efforts to ensure robust participation in regular community consultations.

Mental Health and Trauma-Informed Care.—The Committee recognizes the importance of the Office of Refugee Resettlement [ORR] providing trauma-informed, culturally appropriate, comprehensive care to the individuals it serves, including unaccompanied children, refugees, victims of trafficking, and survivors of torture. Accord-

ingly, the Committee encourages ORR to partner with an outside organization with expertise in providing such care to evaluate the mental healthcare needs of ORR-eligible populations and any ongoing gaps and challenges in current mental health provision across populations ORR serves.

Spend Plan and Briefings.—The Committee directs ORR to continue providing quarterly spend plans for the Unaccompanied Alien Children [UAC] program with actual and estimated obligations by major category, at the same level of detail that has been provided in previous years. The Committee further expects at least this level of detail to be included in future budget justifications. The Committee also directs the Director of ORR to provide monthly briefings to the Committee.

Transitional and Medical Services

The Committee recommendation includes $435,000,000 for Transitional and Medical Services. This program provides grants to States and nonprofit organizations to provide cash and medical assistance to arriving refugees, as well as foster care services to unaccompanied minors. This funding level is intended to support the number of refugees expected under Presidential Determination 2026—14 of May 21, 2026 (Emergency Presidential Determination on Refugee Admissions for Fiscal Year 2026).

Matching Grant Program.—The Committee continues to support the Matching Grant program and strongly encourages HHS to continue steps that have been previously taken to improve the program to address administrative challenges that can limit the program's reach and effectiveness.

Refugee Support Services

The Committee recommendation includes $413,000,000 for Refugee Support Services [RSS]. This program provides a combination of formula and competitive grants to States and nonprofit organizations to help refugees become self-sufficient and address barriers to employment. This funding level is intended to support the number of refugees expected under Presidential Determination 2026–14 of May 21, 2026 (Emergency Presidential Determination on Refugee Admissions for Fiscal Year 2026).

The Committee strongly encourages ORR to the greatest extent possible to allocate RSS funding based on the best data available that reflects actual needs of providing services to newly arrived refugees. The Committee directs ORR to include information in its fiscal year 2028 CJ on what flexibilities ORR has applied in allocating funding to better reflect needs and any ongoing limitations in doing so.

Education, Training, and Career Opportunities.—The Committee encourages ORR to ensure all eligible populations are made aware of the variety of education, training, and career opportunities available to them through ORR or other Federal partners, including adult education, credential evaluation, pre-apprenticeship, and registered apprenticeship programs. The Committee encourages ORR to continue to collaborate with the Departments of Education and Labor to ensure that new arrivals receive information about these

employment and training opportunities within the first 90 days after arrival.

Preferred Communities.—The Committee supports the Preferred Communities program, which supports intensive case management and other services to address the needs of particularly vulnerable refugee populations.

Victims of Trafficking

The Committee recommendation includes $30,755,000 for Victims of Trafficking programs. These programs support a national network of organizations that provide a variety of services—including case management, counseling, benefit coordination, and housing assistance—for victims of commercial sex and forced labor trafficking.

Within this amount the Committee recommendation includes no less than $5,000,000 for the National Human Trafficking Hotline (Hotline). The Committee notes concern with past reports that the Hotline has not consistently and promptly reported tips, when appropriate and consistent with Federal and State law, of trafficking of adults to law enforcement. The objectives of the Hotline include providing information and service referrals to victims of trafficking using a trauma-informed, victim-centered approach; and notifying law enforcement agencies of potential cases of human trafficking as well as instances when a trafficking victim is in imminent danger, and documenting emerging trafficking schemes to assist in the detection and investigation of trafficking cases.

The Committee commends ACF's recent efforts to ensure that the National Human Trafficking Hotline fulfills its statutory responsibilities to survivors, law enforcement, and the public with urgency, transparency, and measurable accountability through its 2025 Notice of Funding Opportunity (HHS–2025–ACF–IOAS–OTIP–ZV–0002). The Committee supports ACF's implementation of a real-time tip transmission protocol with Federal, State, and local law enforcement. Consistent with the 2025 Notice of Funding Opportunity, transmission for tips involving high-risk cases shall occur within 1 hour of intake and tips involving moderate-risk cases shall be transmitted within 8 hours of intake. The Committee further supports ACF's efforts to establish a law enforcement engagement group to strategically engage local, State, Federal, and Tribal law enforcement to provide training and improve collaboration and standardization of quality tips.

The Committee further commends ACF's efforts to ensure the hotline functions as a direct referral and coordination mechanism rather than a barrier to law enforcement engagement. Survivors contacting the hotline shall receive active, individualized navigation to services rather than referral lists. The Committee directs ACF to continue to engage with anti-trafficking stakeholders to track and report service placement outcomes, where consent is provided.

The Committee supports the performance metrics established in the 2025 Notice of Funding Opportunity and directs that such reports be posted publicly and transmitted to the Committee. The Committee further directs ACF to develop public-facing data dashboards to be featured on the Hotline's website to provide near real-

time, interactive data on call volumes, sources, responsiveness, and geographic trends.

It is critical that the hotline maintain a person-centered approach focused on the victim's well-being. The Committee reaffirms that survivor anonymity be fully protected where requested and appropriate, but anonymity protections should not be used to withhold third-party reports where victim identification is not implicated. The Committee directs ACF to ensure that any disclosures are made in accordance with the framework established by the Abolish Trafficking Reauthorization Act of 2022 (Public Law 117–347).

Unaccompanied Alien Children

The Committee recommendation includes $3,424,479,000 for the UAC program. The UAC program provides temporary care for children who have no lawful immigration status in the United States and who have been apprehended by DHS without a parent or a guardian. HHS provides care for children until they can be placed with a parent or other sponsor living in the United States pending resolution of their immigration status.

Access to Counsel and Child Advocates.—The Committee directs ORR to provide access to counsel consistent with the Trafficking Victims Protection Reauthorization Act [TVPRA] of 2008, which recognizes that unaccompanied children are a particularly vulnerable population requiring dedicated and uninterrupted access to counsel in their immigration proceedings, including safeguarding them from trafficking and exploitation. The Committee also continues to direct ORR to ensure in-person Know Your Rights presentations and legal screenings, administered by qualified providers, for every child in ORR custody and access to legal counsel for any child in prolonged ORR-care. The Committee also continues to direct ORR to ensure that legal services will be in person absent exigent circumstances. The Committee directs ORR to provide monthly briefings on the status of all contracts relating to the provision of these services.

Home Studies.—The Committee notes that the TVPRA requires home studies of potential sponsors when the child is a victim of trafficking, special needs/disabled, a victim of physical or sexual abuse, or if the sponsor clearly presents a risk of abuse, maltreatment, exploitation, or trafficking. The Committee strongly encourages ORR to conduct a home study for every potential sponsor. The Committee acknowledges the Department's efforts to improve ORR's sponsor vetting process and encourages ORR to continue prioritizing the safety and well-being of UACs by enforcing home study requirements.

Influx Care Facilities [ICFs].—The Committee continues to direct ORR to ensure that ICFs will only be used in the future when absolutely necessary and directs ORR to include in its fiscal year 2028 CJ estimates of how much it will spend on ICFs, its estimated capacity needs, the methodology it uses and factors it considers when estimating ICF capacity needs, and in what specific circumstances it will activate capacity in ICFs. The Committee also directs that if ICFs are needed in the future, HHS will ensure they have the physical infrastructure to provide developmentally appro-

priate care for children, including appropriate space for education services, and confidential space for the provision of healthcare, mental healthcare, and legal services.

Length of Care.—The Committee directs ORR to continue to provide daily information to the Committee on the number of children referred to ORR care and weekly reports that include information on the length of care. In addition, the Committee directs ORR to post publicly on its website each month the average length of care for children in its custody.

Office of the Ombuds.—The Committee strongly supports efforts to increase independent oversight of the UAC program. Accordingly, the Committee urges the Office of the Ombuds to provide independent oversight of the UAC program and child-welfare focused recommendations to ORR and the Secretary regarding the care of unaccompanied children.

Post-Release Child Welfare Services.—The Committee supports the expansion of child-welfare focused post release services, and increasing the percentage of children receiving in-person ORR-funded post-release services and home studies conducted by child welfare professionals. These services are critical to ensuring that children are in safe and appropriate homes after they have been released from ORR's care. The Committee directs ORR to provide monthly briefings to the Committee on the number of children receiving ORR-funded post-release services and the types of services provided, and on the number of children receiving child welfare checks from other Federal agencies, the data relied on for determining which children should receive such child welfare checks, and the outcomes of such child welfare checks.

Prioritization of Small-Scale, Community- and Family-Based Placements.—The Committee continues to direct ORR to prioritize the placement of children in small-scale, community- and family-based care providers, including transitional foster care, small group homes, and long-term foster care. The Committee directs ORR to include information in its fiscal year 2028 CJ on its actual and planned capacity by program type.

Report.—The Committee directs ORR to continue to submit biannual reports to the Committee that include the number of UACs that remain in HHS care for longer than 1 year and the number of UACs that HHS has released to sponsors. The report should also include an explanation of the methods ORR uses to follow-up with unaccompanied children after releasing them to a sponsor, including the follow-up method used and number of attempts made. The Department shall make such a report available on its website.

Services for Children in ORR Care.—The Committee directs ORR to ensure it is providing developmentally appropriate, trauma-informed, culturally competent care in the least restrictive setting. The Committee encourages ORR to work with residential care providers, disability experts, and child welfare experts to ensure adherence to Federal, State, and local laws related to standards of care for children, including children with disabilities. Finally, the Committee recognizes that unaccompanied children often share extensive personal information to case managers, clinicians, or other adults while in ORR care, and directs ORR and its grantees and contractors to protect sensitive personal information, behavioral

health records, and mental health records consistent with all applicable child welfare laws, regulations, and licensing requirements.

Youth Aging Out of ORR Care.—The Committee directs ORR to have developed a concrete post-18 plan for every 17-year-old unaccompanied child in ORR care at least 30 days in advance of their 18th birthday to ensure that an appropriate placement has been identified and arranged for the child, along with any necessary social support services, prior to discharge from ORR. The Committee directs ORR to ensure that it is complying with its obligation to protect children's private and confidential information in fulfilling its obligation to engage in post-18 planning for children aging out of ORR care.

Victims of Torture

The Committee recommendation includes $19,000,000 for the Victims of Torture program to provide support to non-profit organizations providing direct support to torture survivors and their families.

PAYMENTS TO STATES FOR THE CHILD CARE AND DEVELOPMENT BLOCK GRANT

Appropriations, 2026	$8,831,387,000
Committee recommendation	8,881,387,000

The Committee provides $8,881,387,000 for the Child Care and Development Block Grant [CCDBG], a formula grant to States that provides financial assistance to families to help pay for child care, and otherwise improve the quality of child care programs.

Child Care Payment Integrity and Modernized Oversight.—The Committee recognizes that the efficient administration of the Child Care and Development Fund is essential to ensuring that Federal resources reach the families and providers who need them most. The Committee is concerned that manual, paper-intensive oversight processes at the State level can lead to administrative bottlenecks, delayed payments, and increased risks of improper payments or fraud. The Committee encourages ACF to support State Lead Agencies in adopting modernized, data-driven oversight platforms that utilize advanced analytics and machine learning to strengthen payment integrity. Such platforms should be capable of integrating fragmented data-including enrollment, attendance, billing, and licensing—to provide continuous, risk-based monitoring without disrupting access to care or placing undue burdens on small providers. ACF shall brief the Committee within 180 days of enactment on efforts to modernize oversight supports and improve technical assistance to State Lead Agencies.

Data Reporting.—The Committee notes that the fiscal year 2027 CJ included fiscal year 2023 data regarding the number of children and families served by CCDBG. The Committee reiterates its concern regarding the lag in this data reporting and looks forward to receiving the briefing as directed by Senate Report 119–55 on the challenges related to collecting this data and recommendations for improving its timeliness.

National Early Care & Education Workforce Center.—The Committee supports the important role of the National Early Care and Education [ECE] Workforce Center and its programs that provide

resources and technical assistance to States, Tribes, territories, and local municipalities to support evidence-based considerations to strengthen compensation, career advancement, and workplace policies for the ECE workforce. The Committee encourages ACF to continue to support the National ECE Workforce Center and the ECE workforce.

Native Hawaiian Child Care Programs.—The Committee notes it has not received the report as directed by Senate Report 119–55 providing the rationale for the funding allocation for past three grant cycles of the Native Hawaiian Non-Profit Organization Child Care Grant, and a plan to align funding with the Native Hawaiian service population in subsequent awards. The Committee reiterates its request for a report.

SOCIAL SERVICES BLOCK GRANT

Appropriations, 2026	$1,700,000,000
Committee recommendation	1,700,000,000

The Committee provides $1,700,000,000 for the Social Services Block Grant [SSBG], a flexible source of funding that allows States to provide a diverse array of services to low-income children and families, the disabled, and the elderly in order to reduce poverty.

The Committee recognizes that Family Resource Centers provide direct assistance to families through parenting support and education, navigation of care and social services, mental health counseling, early learning and afterschool activities, family financial planning, and job training. The Committee notes that preliminary data shows promise in this area, with a 63 percent reduction in child abuse cases and a $4.93 return for every tax dollar invested, according to current research. The Committee supports States that choose to use a portion of their SSBG funding to support services and programs at school and community-based Family Resource Centers to strengthen families through a localized, family-centered approach.

CHILDREN AND FAMILIES SERVICES PROGRAMS

Appropriations, 2026	$14,923,390,000
Committee recommendation	14,965,419,000

The Committee provides $14,965,419,000 for Children and Families Services programs. These funds support a variety of programs for children, youth, and families; Native Americans; survivors of child abuse, neglect, and domestic violence; and other vulnerable populations.

Head Start

The Committee provides $12,406,820,000 for Head Start. Head Start provides grants directly to local organizations to provide comprehensive early childhood education services to children and their families, from before birth to age 5.

Designation Renewal System [DRS].—The Committee continues to encourage HHS to consider the unique challenges faced by Head Start grantees in remote and frontier areas when reviewing such grantees' compliance with health and dental screening requirements as part of the DRS.

Early Head Start [EHS].—The Committee urges HHS to maintain the EHS allocation of funds to at least the current proportion of funding within the overall Head Start appropriations to ensure that eligible pregnant women, infants and toddlers, and families continue to benefit from EHS high-quality, comprehensive services. The Committee encourages HHS to prioritize maintenance of current slots and then expand slots where possible, including through Head Start to EHS slot conversion. Finally, the Committee directs HHS to continue to include in future CJs the actual and estimated number of slots in each of Head Start, EHS, EHS–Child Care Partnerships, and slots converted from Head Start to EHS.

Expanding Head Start in Rural Communities.—The Committee recognizes the importance of Head Start programs in providing comprehensive early childhood education services to families and their children, from before birth to age 5, in rural communities with limited access to early child care providers. The Committee requests a report within 120 days of enactment analyzing current challenges faced by rural Head Start programs; how Head Start program settings, such as center-based, partnerships with child care providers, and home visiting options, and locally-designed programs meet the early childhood education and care needs of children from birth to age 5 in rural communities; and the role of Head Start in providing licensed child care options in rural communities. The Committee encourages ACF to conduct the outlined analysis on Early Head Start, Head Start Preschool, Head Start Programs, American Indian and Alaska Native Head Start Programs, and Migrant and Seasonal Head Start Programs for the report.

Facility Improvement Funding and Report.—The Committee continues to strongly encourage ACF to ensure that all Head Start grantees are aware of any funding opportunities, or funding otherwise available, for making capital improvements to their facilities. Further, the Committee continues to encourage ACF to standardize this process so all grantees have equal opportunity to apply and are aware of priorities and eligible uses of such funds. The Committee looks forward to the report on the state of Head Start facilities as directed by Senate Report 119–55.

Native Hawaiian Programs.—The Committee recognizes the Federal trust responsibility to the Native Hawaiian Community, and that the provision of comprehensive early childhood education is critical to advancing that responsibility. The Committee also notes that the Secretary is required to report on facilities for Native Hawaiian Head Start programs. As such, without any current Native Hawaiian Head Start programs, the Committee directs ACF to provide technical assistance to potential Native Hawaiian Head Start providers interested in applying for Head Start funding opportunities. Identified providers shall be operated by a Native Hawaiian Organization or a Native Hawaiian Educational Organization for the purpose of serving Native Hawaiian children and families, including Native American language immersion programs. ACF is directed to brief the Committee on these efforts no later than 180 days after such a funding opportunity is made public.

Regional Office Closures.—The Committee reiterates the request for a report within 60 days of enactment detailing the justification for regional office closures, the process for reassigning grantees to

new regional offices and the notice provided to grantees, and an analysis of the impact of the closures on agency operations.

Timely Notice of Awards.—The Committee recognizes the importance of the timely release of funding award notices for Head Start grantees. The Committee continues bill language directing the Office of Head Start [OHS] to award funding for continuation awards and new award cycles that continue previous activities under existing awards no later than the day following the expiration of the period of performance. For grants in the Designated Renewal System, OHS may extend the current award in lieu of providing a new award for the purposes of finalizing negotiations with the grantee.

Tribal Colleges and Universities-Head Start Partnership Program.—The Committee includes $10,000,000 for the Tribal Colleges and Universities-Head Start Partnership Program.

Preschool Development Grants

The Committee provides $315,000,000 for Preschool Development Grants. This program, as authorized in the Every Student Succeeds Act (Public Law 114–95), provides competitive grants to States to improve the coordination, collaboration, and quality of existing early childhood programs; improve the transition from early childhood programs to kindergarten; implement evidence-based practices; improve professional development for early childhood providers; and generally improve educational opportunities for children.

The Committee encourages ACF to continue to support States that choose to use a portion of their renewal grant funding to award sub-grants to programs in a mixed delivery system across the State, particularly for low-income and disadvantaged children prior to entering kindergarten, or to improve the quality of local programs through the enhancement of early childhood systems.

The Committee looks forward to the report on the efforts undertaken by grant recipients in fiscal years 2025 and 2026 to strengthen early care and education systems in their respective States as requested in Senate Report 119–55.

Dual Language Learners [DLL].—The Committee encourages ACF to support States that choose to develop high-quality and culturally competent dual immersion preschool programs through Preschool Development Grants. The Committee encourages a focus on training, professional development, and postsecondary education for all caregivers, teachers, and directors to meet the needs of DLLs through dual language acquisition, engaging culturally and linguistically diverse families, home language support, and culturally and linguistically appropriate assessment.

Consolidated Runaway and Homeless Youth Program

The Committee provides $125,283,000 for the Consolidated Runaway and Homeless Youth program. This program supports the Basic Centers program, which provides temporary shelter, counseling, and after-care services to runaway and homeless youth under age 18 and their families; the Transitional Living Program, which provides longer-term shelter and services for older youth; and a national toll-free runaway and homeless youth crisis hotline.

The Committee continues to support the ability of grantees to provide prevention services such as counseling and case management, regardless of their enrollment in residential services. The Committee urges ACF to advise grantees that they are not required to enroll youth in shelter or residential services, nor require the young person to physically travel to the grantee's location in order for an at-risk youth to receive prevention and supportive services.

Cross System Issues.—The Committee encourages ACF to work with other child welfare and juvenile justice programs to ensure that youth involved in multiple systems have meaningful access to services and supports.

Timely Notice of Funding Opportunities.—The Committee recognizes the importance of the timely release of notices of funding opportunities for the Runaway and Homeless Youth Act programs. The Committee directs ACF to issue separate funding opportunities for the Street Outreach Program, Basic Center Program, Transitional Living Program, and Maternity Group Homes.

Education and Prevention Grants to Reduce Sexual Abuse of Runaway Youth

The Committee provides $21,000,000 for Education and Prevention Grants to Reduce Sexual Abuse of Runaway and Homeless Youth. This program provides competitive grants for street-based outreach and education services for runaway and homeless youth who are subjected to, or are at risk of being subjected to, sexual abuse or exploitation.

Child Abuse Prevention and Treatment State Grants

The Committee provides $105,091,000 for the Child Abuse Prevention and Treatment State Grant program. This program provides formula grants to States to improve their child protective service systems.

Infant Plans of Safe Care.—Within the total, the Committee includes $60,000,000 to help States continue to develop and implement plans of safe care as required by section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (Public Law 93–247). The Committee again urges HHS to support States in their implementation of the plans by providing specialized, non-punitive family support services for infants and their birth parents affected by substance use disorders to reduce the need for child welfare or foster care system involvement. The Committee recognizes the intent of plans of safe care and encourages these plans to be put into place before the birth of a child to foster the best outcome for the baby. The Committee continues to direct HHS to provide technical assistance to States on best-practices in this area to address the health, developmental, housing, and treatment needs of infants and their parents and to evaluate States' activities on plans of safe care. The Committee also encourages HHS to provide technical assistance to States on best practices for developing notification systems that are distinct and separate from the system used in the State to report child abuse and neglect in order to promote a public health response to infants affected by substance use disorders, and not for the purpose of initiating an investigation of child abuse or

neglect. The Committee also encourages HHS to ensure such technical assistance includes an emphasis on the role of public health focused plans of safe care in reducing racial disproportionality in child protective services investigations and removals.

Child Abuse Discretionary Activities

The Committee provides $36,000,000 for Child Abuse Discretionary Activities. This program supports discretionary grants for research, demonstration, and technical assistance to increase the knowledge base of evidence-based practices and to disseminate information to State and local child welfare programs.

Child Abuse Hotline.—The Committee continues funding for this program.

Community-Based Child Abuse Prevention

The Committee provides $70,660,000 for the Community-Based Child Abuse Prevention program. This program provides formula grants to States that then disburse funds to local community-based organizations to improve local child abuse prevention and treatment efforts, including providing direct services and improving the coordination between State and community-based organizations. The Committee recognizes the importance of prevention and encourages funds to be used for primary prevention activities and to engage in partnerships at the State and local level to reduce child abuse and neglect and provide supports to families.

Child Welfare Services

The Committee provides $268,735,000 for Child Welfare Services. This formula grant program helps State and Tribal public welfare agencies improve their child welfare services with the goal of keeping families together. These funds help States and Tribes provide a continuum of services that prevent child neglect, abuse or exploitation; allow children to remain with their families, when appropriate; promote the safety and permanence of children in foster care and adoptive families; and provide training and professional development to the child welfare workforce.

The Committee understands that children at risk of entering foster care achieve better outcomes when families provide a safe and stable environment for their children, thereby allowing children to stay safely at home. The Committee acknowledges ACF's recent regulatory efforts to allow Title IV–E foster care agencies to claim Federal financial participation for the administrative cost of an attorney providing legal representation to eligible children and certain other individuals involved in foster care and other civil legal proceedings.

Child Welfare Research, Training, and Demonstration

The Committee provides $21,984,000 for child welfare research, training, and demonstration projects. This program provides grants to public and nonprofit organizations for demonstration projects that encourage experimental and promising types of child welfare services, as well as projects that improve education and training programs for child welfare service providers.

Foster Care Stabilization Services.—The Committee directs ACF to partner with States, tribes, Tribal organizations, and other public or private entities to support and expand emergency support services for foster youth and pre-placement stabilization services. Such services may include short-term assistance to address immediate needs, crisis intervention, and coordination with child welfare and community-based providers to reduce placement disruptions and improve outcomes for foster youth.

Strengthening State Indian Child Welfare Act [ICWA] Compliance.—The Committee recognizes the important role State child welfare agencies play in ensuring the safety of Indian children who come into contact with the State child welfare system. The Committee appreciates the work of the Children's Bureau and the Tribal Engagement Team to support State compliance with the ICWA through technical assistance and through grants to develop strong working relationships between States and tribes. The Committee encourages continued staffing of this team to ensure the ability to fulfill trust obligations to Native children and families The Committee continues $3,000,000 for State-Tribal partnership grants to build collaborations between States and tribes to better address the ongoing challenges Tribal communities face. Further, the Committee encourages ACF, in coordination with the relevant Federal agencies, to develop guidance for States to better serve Indian children who come into contact with the child welfare system. This guidance may include best practices on the timely identification of Indian children and extended family members; timely notice to Tribes of State child custody proceedings; foster care or adoptive placements of Indian children; and case recordkeeping as it relates to transfers of jurisdiction, termination of parental rights, and insufficient active efforts, as defined by ICWA. The Committee instructs the Children's Bureau and the Tribal Engagement Team to brief the Committee within 90 days of enactment regarding implementation of the Indian Child Welfare Act.

Adoption Opportunities

The Committee provides $53,000,000 for the Adoption Opportunities program. This program funds discretionary grants to help facilitate the elimination of barriers to adoption and provide technical assistance to help States increase the number of children adopted, particularly children with special needs.

The Committee recognizes that adoption arrangements at risk of a disruption or dissolution that would result in a foster care placement are eligible for funding under the Family First Prevention Services Act. However, no programs expressly designed to meet the needs of these families have been approved by the Title IV–E Prevention Services Clearinghouse. The Committee directs not less than $2,000,000 for the evaluation of such programs that could qualify for funding under the Family First Prevention Services Act and aim to meet the evidence standards established by the Title IV–E Prevention Services Clearinghouse in accordance with the Family First Prevention Services Act. The Committee encourages ACF to prioritize the evaluation of programs with existing evidence and to support studies that can be completed as rapidly as possible

while meeting the evidence standards of the Title IV–E Prevention Services Clearinghouse.

Adoption-Sensitive Clinical Care.—The Committee encourages HHS to continue and enhance dissemination of this training to hospital-based professionals and other healthcare workers.

National Adoption Competency Mental Health Training Initiative.—The Committee recognizes the importance of building the workforce capacity of child welfare and mental health professionals to achieve permanency for youth in adoptive and kinship homes. Therefore, the Committee continues to provide $2,000,000 for ongoing implementation of web-based training curricula developed by the National Adoption Competency Mental Health Training Initiative, including technical support for all States, Tribes, and Territories to help ensure the curricula are used by State child welfare and mental health professionals.

National Center for Adoption Competent Mental Health Services.—The Committee recognizes the need for States to improve accessibility of mental health services that are responsive to the needs of all youth in the care of the child welfare system and in adoption/guardianship homes. The Committee continues to support the work of the National Center for Adoption Competent Mental Health Services to help States bridge the gap between child welfare and mental health systems and better meet the complex needs of vulnerable youth.

National Training and Development Curriculum [NTDC].—The Committee directs HHS to provide $1,000,000, the same as the fiscal year 2026 enacted level, for the NTDC as directed in the explanatory statement accompanying division B of Public Law 119–75.

Support for Birth Parents.—The Committee recognizes that birth parents who voluntarily place their children for adoption often benefit from post-adoption counseling, support, and resources. The Committee supports programs that provide support groups, resources, and services to birth parents.

Adoption and Legal Guardianship Incentive Payments

The Committee provides $75,000,000 for the Adoption and Legal Guardianship Incentive Payments program. This program provides formula-based incentive payments to States to encourage them to increase the number of adoptions of children from the foster care system, with an emphasis on children who are the hardest to place.

Social Services Research and Demonstration

The Committee provides $30,012,000 for Social Services Research and Demonstration. These funds support research and evaluation of cost-effective programs that increase the stability and economic independence of families and contribute to the healthy development of children and youth.

Within the total provided for Social Services Research and Demonstration, the Committee includes funding for the following activities in the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Diaper Distribution Pilot Project	$20,000,000	$20,000,000
Institutional Child Abuse Study	2,000,000	2,000,000
Preventing Youth Homelessness Demonstration	5,000,000	5,000,000
Other SSRD Activities	3,012,000	3,012,000

Diaper Distribution Grant Demonstration.—The Committee continues to provide $20,000,000 for the purposes of carrying out a diaper distribution grant program. The diaper distribution program will provide grants to social service agencies or other non-profit organizations specifically for diaper and diapering supply needs.

Income and Benefit Review.—The Committee recognizes that for many low-income families, a modest increase in earnings can result in a significant decrease or loss of public assistance benefits that leaves families financially worse off than they were before a wage increase. The Committee notes the need for additional information on how these instances impact workforce participation and upward mobility. Therefore, the Committee directs ACF to examine how wage increases affect low-income families' net financial resources. The Committee urges ACF to study how improving coordination across programs could reduce administrative costs and allow more resources to be redirected toward mitigating the loss of benefits. Finally, the Committee urges ACF to examine how regulatory reforms within anti-poverty programs could lower compliance and administrative costs. ACF shall provide a report to the Committee detailing the findings of the review and any recommendations for legislative or administrative action not later than 180 days after enactment of this act.

Institutional Child Abuse Study.—The Committee urges the Secretary to expeditiously contract with the National Academies of Sciences, Engineering, and Medicine to complete the Institutional Child Abuse Study included in the explanatory statement accompanying division B of Public Law 119–75.

Preventing Youth Homelessness.—The Committee includes $5,000,000 to continue the preventing youth homelessness demonstration program to identify and implement strategies and services for youth between ages 12 and 26 in order to prevent homelessness, including strategies designed to serve youth and young adult populations with a high likelihood of imminently experiencing homelessness, housing instability, or other forms of victimization such as human trafficking to include individuals transitioning out of foster care, the juvenile justice system, or a residential behavioral health system.

The Committee directs that a portion of funds be made available to State agencies, tribes, counties, cities, other units of local government, or community-based organizations for planning and implementation demonstration grants to provide primary prevention for youth and young adults at risk of homelessness. Grantees shall show collaboration with youth with lived expertise in project design and implementation and funds may be used to support the establishment and operation of local youth advisory boards. The remaining funds shall be used to support the demonstrations through evaluation, training, and technical assistance. The Committee recognizes the important work accomplished by the one-time Runaway

and Homeless Youth prevention demonstration program and urges the Family and Youth Services Bureau to continue to support those efforts that can show measurable positive outcomes.

Congressionally Directed Spending

The Committee provides $42,330,000 for the projects, and in the amounts, specified in the table at the end of this explanatory statement.

Native American Programs

The Committee provides $63,500,000 for Native American programs. These funds support a variety of programs to promote self-sufficiency and cultural preservation activities among Native American, Native Hawaiian, Alaska Native, and Pacific Islander organizations and communities.

Native American Language Preservation.—Within the total, the Committee includes $16,000,000 for Native American language preservation activities, including no less than $7,000,000 for Native American language immersion programs, as authorized by section 803C(b)(7)(A)–(B) of the Native American Programs Act (Public Law 88–452).

Community Services Block Grant

The Committee provides $775,000,000 for the Community Services Block Grant [CSBG]. CSBG is a formula grant to States and Indian tribes to provide a wide range of services to alleviate causes of poverty in communities and to assist low-income individuals. States are required to pass on at least 90 percent of these funds to local community-based organizations, the vast majority of which are community action agencies.

Community Economic Development

The Committee provides $22,383,000 for the Community Economic Development program. Community Economic Development grants fund non-profit, Community Development Corporations that help communities address the needs of low-income individuals and families by creating employment and business development opportunities.

Rural Community Facilities

The Committee provides $13,000,000 for the Rural Community Facilities program. The Rural Community Facilities program provides grants to regional non-profit organizations to provide technical assistance to small, low-income rural communities, that are not served by other similar Federal programs, to help manage, develop, and improve safe drinking and wastewater facilities.

National Domestic Violence Hotline

The Committee provides $20,500,000 for the National Domestic Violence Hotline. This national, toll-free hotline provides critical emergency assistance and information to victims of domestic violence 24 hours a day.

The Committee provides continued support for the StrongHearts Native Helpline, which provides critical support and resources to

meet the unique legal and cultural needs of American Indians and Alaska Natives affected by domestic violence.

Family Violence Prevention and Services

The Committee provides $245,000,000 for Family Violence Prevention and Services programs. These funds support programs to prevent family violence and provide immediate shelter and related assistance for survivors of domestic violence and sexual assault and their dependents.

Culturally Specific Services for Domestic Violence and Sexual Assault.—The Committee continues $7,500,000 for culturally specific, community-based organizations to provide culturally specific series for survivors of domestic violence and sexual assault.

Family Violence Prevention and Services Resource Centers.—The Committee understands the benefits of Family Violence Prevention and Services Resource Centers to support communities in building local responses and services for domestic violence survivors. The Committee includes $2,000,000 for the Alaskan Native Women's Resource Center, $2,000,000 for the Native Hawaiian Resource Center on Domestic Violence, and $2,000,000 for the National Indigenous Women's Resource Center to support critical networking and coalition building between these communities across the State and the Nation.

Link Among Domestic Violence, Mental Health, Substance Use, Housing Instability, and Child Welfare Involvement.—The Committee recognizes that research has consistently demonstrated that experiencing abuse by an intimate partner is associated with a wide range of mental health and substance use-related consequences, and it is not uncommon for an abusive partner to undermine efforts to maintain their recovery or intentionally use their partner's struggles with mental health against them. The Committee supports the work of the Office of Family Violence and Prevention Services to invest in targeted support for families affected by domestic violence and related housing insecurity and mental health and substance use conditions, while ensuring families remain together through recovery and prioritize the best interests of children exposed to violence in the home.

Sexual Assault Technical Assistance Initiative.—The Committee strongly recommends providing $2,500,000 for technical assistance grants to providers with extensive knowledge of and demonstrated expertise in sexual assault prevention and response to support all Office of Family Violence and Prevention Services grantees in serving victims of sexual assault.

Chafee Education and Training Vouchers

The Committee provides $44,257,000 for the Chafee Education and Training Voucher program. This program supports vouchers to foster care youth to help pay for expenses related to postsecondary education and vocational training.

Disaster Human Services Case Management

The Committee provides $1,864,000 for Disaster Human Services Case Management. This program assists States in establishing the capacity to provide case management services in a timely manner

in the event of a disaster. It ensures that States are able to meet social service needs during disasters by helping disaster victims prepare recovery plans, referring them to service providers and Federal Emergency Management Agency contacts to identify needed assistance, and providing ongoing support and monitoring through the recovery process.

Program Administration

The Committee provides $209,000,000 for the Federal costs of administering ACF programs.

PROMOTING SAFE AND STABLE FAMILIES

Appropriations, 2026	$482,515,000
Committee recommendation	482,515,000

The Committee provides $482,515,000 for the Promoting Safe and Stable Families program. The Committee provides $420,000,000 in mandatory funds authorized by the Social Security Act (Public Law 74–271) and $62,515,000 in discretionary appropriations.

This program enables States to operate coordinated programs of family preservation services, time-limited family reunification services, community-based family support services, and adoption promotion and support services.

Family First Clearinghouse.—The Committee provides $2,750,000 for the Family First Clearinghouse. The Committee continues to recognize the need to support research into programs that provide rigorous evaluations of established foster care prevention and family support programs within the child welfare population, including programs that support adoption arrangements at risk of a disruption or dissolution that would result in foster care placement, provide mental health prevention and treatment services, substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator programs.

PAYMENTS FOR FOSTER CARE AND PERMANENCY

Appropriations, 2026	$6,843,000,000
Committee recommendation	6,617,000,000

The Committee recommends $6,617,000,000 in mandatory funds for Payments for Foster Care and Permanency. In addition, the Committee recommends $4,000,000,000 in advance mandatory funding for the first quarter of fiscal year 2028. These funds support programs that assist States with the costs of maintaining eligible children in foster care, prepare children for living on their own, assist relatives with legal guardianship of eligible children, and find and support adoptive homes for children with special needs.

ADMINISTRATION FOR COMMUNITY LIVING

AGING AND DISABILITY SERVICES PROGRAMS

Appropriations, 2026	$2,536,679,000
Committee recommendation	2,549,469,000

The Committee provides $2,549,469,000 for the Administration for Community Living [ACL], which includes $27,700,000 to be transferred to ACL from the PPH Fund.

ACL was created with the goal of increasing access to community support for older Americans and people with disabilities. It is charged with administering programs authorized under the Older Americans Act [OAA] (Public Law 116–131) and the Developmental Disabilities Act (Public Law 106–402), as well as promoting community living policies throughout the Federal Government for older Americans and people with disabilities. The Committee continues to fund the Senior Medicare Patrol Program through the Health Care Fraud and Abuse Control Account.

Home and Community-Based Supportive Services

The Committee provides $414,000,000 for the Home and Community-Based Supportive Services program. This program provides formula grants to States and territories to fund a wide range of social services that enable seniors to remain independent and in their homes for as long as possible. State agencies on aging award funds to designated area agencies on aging that, in turn, make awards to local service providers. This activity supports services such as transportation, adult day care, physical fitness programs, and in-home assistance.

Senior Centers.—Senior centers play an important role in providing programs to combat isolation and loneliness, which can be risk factors for depression, substance use disorder, and even suicide. The Committee encourages ACL and the State and local agencies administering programs funded through the OAA to provide ample funding to senior centers to support their general operations and for programming that promotes the health and well-being of seniors, including fitness and falls prevention programs, nutrition classes and consultations, and foot clinics.

Preventive Health Services

The Committee provides $26,339,000 for Preventive Health Services. This program funds activities such as medication management and enhanced fitness and wellness programs. These programs help seniors stay healthy and avoid chronic disease, thus reducing the need for costly medical interventions. The Committee maintains bill language that requires States to use these funds to support evidence-based models that enhance the wellness of seniors.

Protection of Vulnerable Older Americans

The Committee provides $26,658,000 for grants to States for the Long-term Care Ombudsman program and the Prevention of Elder Abuse program. Both programs provide formula grants to States to prevent the abuse, neglect, and exploitation of older individuals. The Ombudsman program focuses on the needs of residents of nursing homes and other long-term care facilities, while the elder abuse prevention program targets the elderly community at large.

National Family Caregiver Support Program

The Committee provides $211,000,000 for the National Family Caregiver Support program. Funds appropriated for this activity

establish a multifaceted support system in each State for family caregivers, allowing them to care for their loved ones at home for as long as possible. States may use funding to provide information to caregivers about available services, assistance to caregivers in gaining access to services, caregiver counseling and training, respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities, and limited supplemental services that fill remaining service gaps.

Direct Support Professional Training.—The Committee notes the high turnover rate for Direct Support Professionals [DSPs] serving people with Intellectual and Developmental Disabilities [I/DD] with State rates ranging from 23.6 percent to 48.6 percent. Notably, 64 percent of DSPs who left their positions were employed for less than 1 year. While many factors explain these data, personnel preparation is certainly a key facet. The Committee is supportive of efforts to address instability within the DSP workforce and encourages ACL to explore ways to strengthen the DSP training infrastructure through its title III Developmental Disabilities Act authority. In the fiscal year 2028 CJ, the Committee encourages ACL to update the Committee on these efforts, as well as the feasibility of a nationwide survey to produce a compendium of DSP pre-service and in-service training programs along with an analysis of their county and State certification status. The Committee recognizes the efforts ACL has made in workforce recruitment, training, and retention since the establishment of the Direct Care Workforce Strategies Center and within 60 days of enactment of this act, requests a briefing on how the work of the Center is addressing the DSP workforce crisis. Further, ACL is encouraged to work with the Department of Labor on shared efforts in this space.

National Family Caregiver Strategy.—The Committee provides $3,000,000 to support demonstration grants that develop, test, and scale models that implement commitments and recommended actions from the National Strategy to Support Family Caregivers.

Native American Caregiver Support Program

The Committee provides $14,000,000 to carry out the Native American Caregiver Support program. This program provides grants to Tribes for the support of American Indian, Alaskan Native, and Native Hawaiian families caring for older relatives with chronic illness or disability, as well as for grandparents caring for grandchildren.

Congregate and Home-Delivered Nutrition Services

The Committee provides $570,342,000 for congregate nutrition services and $386,342,000 for home-delivered meals. These programs address the nutritional needs of older individuals, thus helping them to stay healthy and reduce their risk of disability. Funded projects must make home-delivered and congregate meals available at least once per day, 5 days a week, and each meal must meet a minimum of one-third of daily dietary requirements. While States receive separate allotments of funds for congregate meals, home-delivered meals, and supportive services, they have flexibility to transfer funds between these programs.

Community-Based Organizations.—The Committee recognizes the important work of community-based organizations that provide home-delivered and congregate meals and act as a point of social connection for vulnerable older adults. The Committee encourages State units on aging and area agencies on aging to continue to work with experienced, community-based organizations, such as Meals on Wheels programs, when selecting local nutrition providers and distributing OAA funding.

Evidence-Based Solutions to Senior Hunger and Isolation.—The Committee recognizes, based on a review of 38 research studies, the demonstrated effectiveness of community-based senior nutrition services in improving food security and nutritional quality, reducing use of costly healthcare and long-term care services, and reducing social isolation and loneliness, in fulfillment of key goals of the OAA. The Committee acknowledges the life-changing impacts on the lives of the older adults served, the notable return on investment, and the significant long-term cost savings to taxpayers through the prevention and reduction of use of healthcare services and nursing home placements, as the result of funding for the OAA title III–C Nutrition Program. The Committee encourages the Secretary to highlight these evidence-based solutions to the aging network and relevant State agencies and community-based organizations.

Nutrition Services Incentives Program [NSIP].—The Committee provides $112,000,000 for NSIP. NSIP augments funding for congregate and home-delivered meals provided to older adults. States and Tribes may choose to receive all or part of their funding in the form of commodities from the U.S. Department of Agriculture.

Aging Grants to Indian Tribes and Native Hawaiian Organizations

The Committee provides $40,264,000 for grants to Native Americans. This program provides grants to eligible Tribal organizations for the delivery of nutrition and supportive services to Native Americans.

In-Home Modifications.—The Committee recognizes the importance of in-home services in facilitating the ability of older individuals to remain at home. The Committee encourages ACL to better understand these needs in Native American communities and encourages ACL to undertake an evaluation of the level of need for in-home services that include accessible home modifications for older individuals who are Native Americans. In doing so, ACL should also examine the extent to which current ACL programming is able to meet such needs.

Native American Nutrition and Support Services.—The Committee is aware of concerns regarding potential barriers to Indian Tribes accessing programs and resources under title VI and title III of the OAA. The Committee encourages ACL to convene with stakeholders to understand these concerns and work to ensure that programs and resources are reaching Tribal members.

Aging Network Support Activities

The Committee provides $30,461,000 for Aging Network Support activities. These funds support activities that expand public understanding of aging and the aging process, apply social research and

analysis to improve access to and delivery of services for older individuals, test innovative ideas and programs, and provide technical assistance to agencies that administer programs authorized by the OAA.

Holocaust Survivor Assistance.—The Committee provides $8,500,000 for the Holocaust Survivor Assistance program, which provides supportive services for aging Holocaust survivors and their families, and to other older adult populations that have been exposed to and impacted by traumatic events, including aging military veterans, first responders, victims of childhood and domestic violence, and survivors of man-made or natural disasters.

Housing-Based Care Management Models.—The Committee is supportive of efforts to maintain, expand, or adapt evidence-based, existing population health models serving older adults and young adults with a disability. The Committee encourages ACL to explore the feasibility of housing-based care management models that are scalable, increase primary care access for low-income Medicare and dual eligible beneficiaries on a continuous longitudinal basis, reduce the rate of growth in Medicare spending and nursing home driven Medicaid costs, and benefit those living in any type of publicly assisted housing and the surrounding community where residents have chronic health conditions and are in need of preventive health programs.

Alzheimer's Disease Program

The Committee provides $18,800,000, and $14,700,000 to be transferred from the PPH Fund, for the Alzheimer's Disease Program which includes Demonstration Grants to States and the Alzheimer's Disease Initiative. Within this funding, the Committee supports the continuation of the National Alzheimer's Call Center, which is available in all States, 24 hours a day, 7 days a week, year-round, to provide expert advice, crisis counseling, care consultation and information referral services in at least 140 languages, for persons with Alzheimer's disease, their family members and informal caregivers. The Committee provides no less than $2,000,000 to continue the National Alzheimer's Call Center.

Supporting States with Aging Populations.—The Committee recognizes that the risk of Alzheimer's disease and related dementias increases with age and that States with larger concentrations of older adults may face increased demand for supportive services and caregiver assistance. The Committee directs ACL to consider the proportion of a State's population that is age 65 and older when evaluating applications for grants under the Alzheimer's Disease Programs Initiative.

Younger-Onset Dementias with Behavioral Symptoms.—The Committee is concerned that individuals living with younger-onset dementia with behavioral symptoms, including frontotemporal degeneration [FTD], frequently lack access to appropriate long-term services and supports and are at heightened risk of involuntary discharge from long-term care facilities due to behavioral symptoms. Inconsistent placement practices, inadequate staff training, and limited crisis response capacity contribute to avoidable hospitalizations, caregiver burnout, and poor outcomes. Using their authority under the OAA, the Committee encourages ACL, in consultation

with other relevant agencies, to explore the feasibility of a best practices toolkit to support dementia-capable systems of care for individuals with younger-onset dementia with behavioral symptoms, and what resources are required for such efforts. The toolkit should prioritize placement navigation and criteria for matching individuals to appropriate care settings; facility readiness, workforce competencies, and non-pharmacologic approaches to managing behavioral symptoms; caregiver education, respite, and support services; and crisis prevention, de-escalation, and response pathways designed to reduce emergency department utilization, law enforcement involvement, and involuntary discharges. Within 180 days of enactment of this act, ACL shall brief the Committee on efforts to better serve individuals with FTD and the feasibility of such coordinated efforts. Further, the Committee encourages ACL to consult with relevant stakeholders on supporting dementia-capable systems.

Lifespan Respite Care

The Committee provides $12,000,000 for the Lifespan Respite Care program. The Lifespan Respite Care program provides grants to States to expand respite care services to family caregivers, improve the local coordination of respite care resources, and improve access to and quality of respite care services, thereby reducing family caregiver strain.

Chronic Disease Self-Management Program

The Committee provides $8,000,000 to be transferred from the PPH Fund to ACL for the Chronic Disease Self-Management Program [CDSMP]. This program assists those with chronic disease with education to manage their conditions and improve their health status. Topics covered by the program include nutrition; appropriate use of medications; fitness; and effective communications with healthcare providers. Multiple studies have shown CDSMP to result in significant and measurable improvements in health and quality of life, as well as reductions in hospitalizations and emergency room visits.

Elder Falls Prevention

The Committee provides $7,500,000, including $5,000,000 to be transferred from the PPH Fund, for Elder Falls Prevention activities at ACL. Preventing falls will help seniors stay independent and in their homes and avoid costly hospitalizations and hip fractures, which frequently lead to nursing home placement.

Elder Rights Support Activities

The Committee provides $33,874,000 for Elder Rights Support activities, which support programs that provide information, training, and technical assistance to legal and aging services organizations in order to prevent and detect elder abuse and neglect.

Legal Services for Older Americans.—The Committee notes the Secretary's responsibilities under section 420 of the OAA to make grants and enter into contracts to provide a national legal assistance support system. Within 180 days of enactment of this act, the Committee requests a report on ACL's efforts to protect elder rights

as well as actions ACL has taken to comply with section 420 of the OAA.

Aging and Disability Resource Centers

The Committee provides $8,619,000 for Aging and Disability Resource Centers. These centers provide information, one-on-one counseling, and access for individuals to learn about their long-term services and support options with the goal of allowing seniors and individuals with disabilities to maintain their independence.

State Health Insurance Assistance Program

The Committee provides $55,242,000 for State Health Insurance Assistance Programs, which provide accurate and understandable health insurance information to Medicare beneficiaries and their families.

Paralysis Resource Center

The Committee provides $10,700,000 for the Paralysis Resource Center [PRC]. This program has long provided essential, comprehensive information, and referral services that promote independence and quality of life for the over five million people living with paralysis and their families. The Committee directs ACL to support the National PRC at not less than $10,000,000.

Limb Loss

The Committee provides $5,200,000 for the Limb Loss program, which supports programs and activities to improve the health of people with limb loss, promote their well-being and quality of life, prevent disease, and provide support to their families and caregivers. Maintaining these programs is critical to support independent living within the disability community across their life course.

The Committee urges the Department to continue prioritizing the Center's activities and expand efforts to provide care coordination and mental health programs, address disparities in access to limb preservation and prosthetic care, and strengthen outreach to rural and underserved communities. Early investment in these services reduces long-term healthcare and social services expenditures by supporting workforce participation, decreasing preventable complications, and helping individuals avoid reliance on safety net programs.

Traumatic Brain Injury

The Committee provides $13,118,000 for the Traumatic Brain Injury program. The program supports implementation and planning grants to States for coordination and improvement of services to individuals and families with traumatic brain injuries. Such services can include pre-hospital care, emergency department care, hospital care, rehabilitation, transitional services, education, employment, long-term support, and protection and advocacy services.

Developmental Disabilities State Councils

The Committee provides $81,000,000 for State Councils on Developmental Disabilities. These Councils work to develop, improve,

and expand the system of services and supports for people with developmental disabilities at the State and local level. Councils engage in activities such as training, educating the public, building capacity, and advocating for change in State policies with the goal of furthering the inclusion and integration of individuals with developmental disabilities in all aspects of community life.

Technical Assistance.—The Committee directs ACL to provide not less than $800,000 for technical assistance and training for the State Councils on Developmental Disabilities. In addition, the Committee encourages ACL to consult with Developmental Disabilities Assistance and Bill of Rights Act [DD Act] stakeholders prior to announcing opportunities for new technical assistance projects and to notify the Committee prior to releasing new funding opportunity announcements, grants, or contract awards with technical assistance funding.

Developmental Disabilities Protection and Advocacy

The Committee provides $45,000,000 for protection and advocacy programs for people with developmental disabilities. This formula grant program provides funds to States to establish and maintain protection and advocacy systems that protect the rights of people with developmental disabilities who are receiving treatment, services, or rehabilitation.

Proper Settings of Care.—The Committee encourages ACL to consider the needs and desires of patients, families, caregivers, legal representatives, and other stakeholders, as well as the need to provide proper settings for care, in its enforcement of the DD Act. The Committee strongly urges the DD Act programs to remain objective and neutral in education and outreach materials and activities concerning options that beneficiaries have.

Voting Access for Individuals with Disabilities

The Committee provides $10,000,000 to improve voting access for individuals with disabilities. This program provides grants to protection and advocacy organizations to ensure that individuals with disabilities have the opportunity to participate in every step of the electoral process, including registering to vote, accessing polling places, and casting a vote.

Developmental Disabilities Projects of National Significance

The Committee provides $12,250,000 for projects of national significance to assist people with developmental disabilities. This program funds grants and contracts that develop new technologies and demonstrate innovative methods to support the independence, productivity, and integration into the community of people with developmental disabilities.

University Centers for Excellence in Developmental Disabilities

The Committee provides $45,119,000 for the University Centers for Excellence in Developmental Disabilities [UCEDDs] to continue to meet their obligations under the DD Act. UCEDDs provide training, technical assistance, service, research, and information dissemination to people with disabilities, their families, State and local government agencies, and providers, to build the capacity of

communities and create improvements in the service delivery system for people with I/DD and other disabilities, including those from underrepresented populations. The funding also will support technical assistance to strengthen and support the National network of UCEDDs as they disseminate research, training, and practices nationwide.

Independent Living

The Committee provides $128,183,000 for the Independent Living program, which helps ensure that individuals with disabilities can live productive and independent lives in society. Funding helps States sustain, improve, and expand independent living services and establish and support a network of centers for independent living.

National Institute on Disability, Independent Living, and Rehabilitation Research [NIDILRR]

The Committee provides $119,000,000 for the NIDILRR, which supports research and activities that help to maximize the full potential of individuals with disabilities in employment, independent living, and social activities. NIDILRR is the only government entity charged to focus on the whole person with a disability and their ability to function independently and maintain a high quality of life among all personal, societal and environmental factors. The Committee recognizes the importance of rehabilitative research for Americans with disabilities, including those experiencing developmental disability, limb loss, traumatic brain injury, spinal cord injury, and burn injury. The Committee continues funding to support the Traumatic Brain Injury Model Systems National Data and Statistical Center.

Assistive Technology

The Committee provides $40,000,000 for Assistive Technology [AT]. AT provides States with funding to support individuals with disabilities of all ages to obtain devices and services that will increase, maintain, or improve their functional capabilities.

Aging and Disability Technology Innovation.—The Committee recognizes the growing demands placed on family caregivers and the workforce shortages affecting long-term care services and support. The Committee strongly encourages ACL to evaluate and promote the use of innovative technologies that reduce caregiver burden, support independent living, and enable older adults and individuals with disabilities to safely age in place. The Committee urges ACL to work with public and private partners to identify scalable technology solutions, including assistive technologies such as assistive robotics platforms, and digital care coordination tools that can improve care delivery efficiency while helping address healthcare workforce constraints. ACL is encouraged to incorporate technology adoption and best practices into existing aging network programs. The Committee directs ACL to brief the Committee within 180 days on opportunities to accelerate deployment of evidence-based technology solutions that support caregivers and strengthen home-and community-based care.

Program Administration

The Committee provides $36,000,000 for program administration at ACL. These funds support salaries and related expenses for program management and oversight activities.

Congressionally Directed Spending

The Committee includes $13,758,000 for aging and disability services projects, as specified in the table at the end of this explanatory statement.

ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

The Committee provides $3,734,597,000 for the Administration for Strategic Preparedness and Response [ASPR] to prevent, prepare for, and respond to the health consequences of chemical, biological, radiological, and nuclear [CBRN] threats and other public health emergencies, including pandemic influenza. ASPR is responsible for coordinating national policies and plans for medical and public health preparedness and for administering a variety of public health preparedness programs that protect the health and security of the American public.

Department of Defense Coordination.—The Committee understands the critical role of the Department of Defense [DOD] in the larger U.S. Government and private sector efforts to address CBRN threats as well as emerging infectious diseases. The DOD possesses unique capabilities that contribute to interagency efforts to prevent, detect, and respond to outbreaks of infectious disease worldwide. The Committee encourages prioritizing and aligning investments in medical countermeasures [MCMs] among all Federal stakeholders to ensure that effective countermeasures are developed to meet both military and civilian needs, and to prevent potential duplication of efforts. The Committee urges ASPR and DOD to coordinate to leverage private industry expertise to meet these needs.

Domestic Manufacturing and Onshoring of Drug Delivery Systems and Essential Medicines.—The Committee recognizes the importance of expanding U.S. capacity for high-quality drug-delivery components, including pre-fillable syringes, drug-delivery systems, self-administered injectable therapies, wearable injectors, and other device-drug platforms that support the shift from infusion-based care to subcutaneous and at-home treatment. The Committee also recognizes that reliance on foreign sources of active pharmaceutical ingredient [API] and key starting materials is a national security vulnerability and that strengthening domestic production of supporting components including API and key starting materials will advance patient access to critical medications and therapies, reduce strain on healthcare facilities, and bolster U.S. supply-chain resilience. The Committee encourages ASPR to work with established U.S.-based drug-delivery manufacturers and biopharmaceutical partners to reduce reliance on foreign sources and support continued innovation. The Committee encourages ASPR to support supply-chain redundancy and surge readiness for critical drug-delivery and supporting components to ensure consistent availability during periods of increased demand, public-health emergencies, or other

disruptions affecting the Public Health Industrial Base and medical product supply chain. The Committee directs ASPR, in consultation with FDA and other relevant operating divisions, to provide a report within 180 days of the enactment of this act detailing: gaps in domestic production capacity; barriers that currently exist that impede the establishment of U.S.-based production capacity; and, opportunities for public-private collaboration to support U.S. production going forward. Such report should outline any additional authorities or resources required to reduce dependence on high-risk foreign sources for essential medicines, including antibiotics, and drug delivery and supporting components, including API and key starting materials.

Enhanced Rural Capabilities.—The Committee is aware of the challenges facing emergency medical response to natural or man-made disasters in rural areas. Resources are often limited and remote, leading to delays in treatment that result in poor outcomes. The Committee notes the role of telehealth and other supportive systems can be invaluable, quickly providing life-saving tools across a range of medical applications.

Ensuring a Domestic Manufacturing Capability for MCMs.—The Committee supported BARDA's investment to accelerate the expansion of domestic manufacturing capacity for ancillary supplies, like needles and syringes, during the COVID–19 pandemic. The Committee remains concerned that the United States is dependent on foreign sources for critical raw materials and manufacturing of antibiotics and antivirals for infectious diseases. The Committee is aware of the need to onshore critical raw materials and invest in companies through public-private partnerships for domestic manufacturing of antibiotics and antivirals for treatment of infectious disease. Therefore, the Committee urges ASPR to prioritize funding for companies that are investing in domestic manufacturing of therapeutics, especially products dependent on China for sourcing of raw materials. Additionally, the Committee directs ASPR to provide details in the fiscal year 2028 CJ on the progress of onshoring investments to establish a resilient domestic supply chain for antibiotics and antivirals.

Essential Medicines Ready Reserve Program.—The Committee recognizes the importance of the Administration's efforts to strengthen pharmaceutical supply chain resilience through the Strategic Active Pharmaceutical Ingredients Reserve [SAPIR], including maintaining reserves of APIs for drugs that are especially critical to the health and security interests of the Nation. The Committee is concerned that APIs alone may not ensure the availability of essential medicines during a supply chain disruption, public health emergency, or natural disaster because such ingredients must first be manufactured into finished dosage forms, tested, packaged, and distributed. Therefore, the Committee encourages ASPR to establish a vendor-managed finished dosage inventory. In carrying out this activity, ASPR should prioritize, to the maximum extent practicable, finished dosage forms manufactured in the United States and shall focus on medicines identified through the SAPIR initiative, including drugs that are especially critical to the health and security interests of the Nation, essential medicines, and medical countermeasures. The Committee directs ASPR to pro-

vide recommendations in the fiscal year 2028 CJ regarding the funding required to implement an essential medicines ready reserve program as well as proposed implementation plans and inventory targets.

Health Security and Preparedness.—The Committee looks forward to receiving the report required under this heading in Senate Report 119–55.

Interagency Alignment of Biomedical Countermeasures Research and Development.—The Committee has prioritized investments in R&D of biodefense MCMs through several different HHS components, depending on their particular missions and areas of expertise; however, there are no rigorous mechanisms in place to ensure the alignment of MCM requirements, priorities, projects, and project transitions across each of the agencies responsible for various phases of product development, including basic research, preclinical development, advance development, and procurement. The Committee urges ASPR to coordinate with the White House Office of Pandemic Preparedness and Response [OPPR], and interagency partners that comprise the Public Health Emergency Medical Countermeasures Enterprise, to improve alignment and efficiency of MCM research and development activities across Federal agencies, especially to ensure the end-to-end development of needed products, technologies, or platforms. ASPR is encouraged to work with NIAID, BARDA, FDA, CDC, related efforts of the DOD's biodefense R&D programs, and similar R&D programs funded by the Department of Energy.

PHS Act Evaluation Funding.—The Committee understands that at the start of fiscal year 2025, the Department departed from its prior practice and included certain biodefense programs among the programs assessed under section 241 of the PHS Act. The Committee has strong concerns that the Department repeated this in fiscal year 2026, given the congressional direction provided in the explanatory statement that accompanied Division B of Public Law 119–75. Therefore, the Committee has included new bill language to preserve those biodefense programs from assessment under section 241 of the PHS Act.

Public Health Emergency Medical Countermeasures Enterprise [PHEMCE].—The Committee recognizes the importance of the PHEMCE in ensuring the Nation's preparedness for CBRN and emerging infectious disease threats. The Committee directs ASPR to continue to partner with PHEMCE interagency partners in the execution of those functions. The Committee further directs ASPR, working with PHEMCE and intelligence community partners, to provide an annual classified threat briefing to the Committees on Appropriations, and as situations arise that may materially impact our MCM enterprise. This advisory committee should encompass a diverse array of external partners to ensure comprehensive expertise in addressing various threats, thus fortifying the Nation's overall preparedness. To the extent practicable, PHEMCE's strategic planning and decision-making around stockpile needs, requirements, and interactions with other government agencies and the communication of such decisions should be made in concert with the advisory committee considering the inputs from private partners. ASPR is directed to report to the Committee biannually to

provide an update on these activities, including efforts to engage industry representatives.

Report on Essential Medicines Risk Assessment.—The Committee looks forward to receiving the report requested under this heading in Senate Report 119–55.

Reporting.—The Committee directs ASPR to brief the Committee monthly regarding activities funded by this act and other available appropriations. The agency shall notify the Committee at least 24 hours in advance of any obligation greater than $25,000,000 from any appropriation available to ASPR. The agency shall also notify the Committee at least 24 hours in advance of any grant or contract termination greater than $25,000,000 from any appropriation available to ASPR. Such notifications shall include the source of funding, including the applicable legislative citation, a description of the obligation, and a justification for the termination, if applicable. In addition, ASPR shall submit two separate monthly reports in electronic format summarizing the details of any grant or contract obligations and terminations to the Committee. Such reports shall be due not later than 30 days after the end of each month and shall be cumulative for the fiscal year with the most recent obligations or terminations listed at the top. Finally, ASPR shall also notify the Committee at least 24 hours in advance of any funding transfer greater than $25,000,000 from any appropriation available to ASPR to any other operating division within HHS, other agency, or other Department. Such notification shall include the source of funding, including the applicable legislative citation, a description of the obligation, and a justification for the transfer.

Rural Medical Autonomy.—The Committee looks forward to receiving the report requested under this heading in Senate Report 119–55.

RESEARCH, DEVELOPMENT, AND PROCUREMENT

Appropriations, 2026	$3,207,991,000
Committee recommendation	3,232,991,000

The Committee provides $3,232,991,000 for ASPR's Research, Development, and Procurement activities. This appropriation supports the advanced research, development, regulatory approval, and procurement of life-saving medical products-drugs, vaccines, therapeutics, diagnostics, and medical devices-that are collectively known as medical countermeasures [MCMs]. These MCMs serve as life-saving technologies during public health emergencies involving CBRN threats and other emerging threats, while advancing the day-to-day public health and medical capabilities. In addition to developing these products, this appropriation also supports ensuring certain qualifying MCMs and medical supplies are stockpiled to be ready to deploy when needed.

Biomedical Advanced Research and Development Authority [BARDA]

The Committee includes $1,065,000,000, an increase of $15,000,000, for BARDA. BARDA supports the advanced development of vaccines, therapeutics, diagnostics and devices for potential serious public health threats, including chemical, biological, radiological, and nuclear threats, pandemic influenza, and emerging and

re-emerging infectious diseases. The Committee encourages BARDA to expand its portfolio of partnerships for broader success.

Antimicrobial Resistance [AMR].—The Committee continues to support advanced research and development of broad-spectrum antimicrobials, particularly for multi-drug-resistant pathogens, and next-generation therapeutics that address the increasing incidence of antimicrobial resistance.

Biotechnology Platform Technologies.—The Committee urges BARDA to focus on developing and validating biotechnology platform technologies that may be capable of addressing a variety of health security threats, including emerging infectious diseases. Recognizing the challenges of developing single MCMs to address a wide range of known and unknown threats, the Committee underscores the importance of early-stage development and validation of innovative, platform-based technologies to the point where BARDA would be confident in the ability of the platform to achieve such results, without developing a specific product for a specific threat.

Bone Marrow Banking for CBRN Response.—The Committee supports the continuation of BARDA's bone marrow banking program as a critical component of national preparedness for CBRN incidents. A cryopreserved supply provides a rapid, deployable treatment that improves product availability, allows for rapid distribution to affected populations, including children, and supports a scalable response to mass casualty event.

CBRN Threats.—The Committee expresses ongoing concern regarding the risks posed by CBRN weapons worldwide. The Committee provides robust funding for BARDA's core national security mission to protect Americans against these deliberate, man-made threats. The Committee urges ASPR to prioritize the development and stockpiling of critical CBRN vaccines, treatments, and diagnostics to ensure uninterrupted access to these life-saving MCMs within the Strategic National Stockpile.

Clostridioides difficile [C. diff].—The Committee continues to recognize that C. diff infections are an urgent problem in patient care settings, resulting in 476,000 infections which cause 20,500 deaths annually in the United States. Currently, one in six patients diagnosed with C. diff will be re-diagnosed in the subsequent 2–8 weeks and one in 11 people over the age of 65 diagnosed with healthcare associated C. diff infection die within 1 month. The Committee continues to encourage BARDA, in partnership with NIH, to support research and clinical trials for the development of a novel treatment for C. diff that prevents antibiotic resistance and recurrent infection, as seen in existing treatments.

Disease Outbreaks With Pandemic Potential.—The Committee supports robust funding for BARDA to engage in public-private partnerships to support advanced R&D of innovative platform technologies and MCM programs focused on (but not limited to) vaccines, therapeutics, diagnostics, and other MCMs for emerging infectious diseases, including novel pathogens and viral families with pandemic potential. The Committee encourages ASPR to prioritize the identification and development of promising technologies that can be leveraged to address a range of future pathogens, including virus families with significant pandemic potential. The Committee

includes funding to support a Rapid Response Capability Medical Countermeasure Program that would support Disease X (also known as viral pathogens with a significant potential to cause a pandemic) MCM activities and the expeditious development of MCMs against priority viral families, including those effective against novel pathogens with pandemic potential.

Infectious Diseases.—The Committee supports robust funding for BARDA's naturally occurring infectious disease programs, including emerging infectious diseases, AMR, and pandemic influenza. The Committee encourages BARDA to account for low-resource settings and vulnerable populations, such as children and neonates, in its funding decisions to produce tools that have wide applicability for many geographies in the United States and globally that lack advanced health infrastructure. The Committee encourages ASPR to project its spending on emerging infectious diseases, AMR, and pandemic influenza in its annual 5-year budget plan. The Committee requests that BARDA continue publicly updating its research portfolios to include pathogen, product, phase, and funding data for all its programs, and to provide the underlying data in tabular form.

Innovative Diagnostics.—The Committee recognizes the value of end-to-end domestic manufacturing of diagnostics. Diagnostics are essential to prevention, protection, and surveillance against known and unknown biological and chemical threats. The Committee urges BARDA to invest in innovative approaches to diagnostics for CBRN and emerging infectious disease threats. The Committee directs BARDA to provide a briefing not later than 180 days after enactment of this act, on its diagnostic portfolio.

Next Generation Broad-Spectrum Antibiotics to Treat Anthrax.—The Committee is aware that technology exists to engineer anthrax and other bacterial biothreat agents to resist conventional antibiotic treatments and that BARDA has procured limited quantities of broad spectrum, next generation antibiotics that can be used against resistant forms of anthrax and potentially other biothreats. The Committee encourages BARDA to continue its focus on procuring next generation antibiotics.

Next Generation Smallpox Biodefense.—The Committee is aware of advancements in next generation therapeutics for smallpox which could address safety and efficacy issues associated with products currently available in the stockpile. The Committee is also aware of initial BARDA investments in the development, FDA approval, manufacture and stockpile of two small molecule antiviral drugs. The Committee urges ASPR to prioritize the development and procurement of next-generation drug products for the treatment of smallpox. Additionally, to ensure the government is investing in safe and effective MCMs, the Committee directs ASPR to perform a gap analysis of the current smallpox MCM portfolio and to update the Committee on these efforts within 1 year of enactment of this act.

Pediatric Blood Supply.—The Committee remains concerned regarding the need for advanced generation blood products that meet the specialized needs to control hemorrhage in children. One of the most pressing challenges in public health emergency preparedness is ensuring that children and special populations are included in

clinical trials as they may require specialized MCMs. BARDA has taken the lead in accelerating development of MCMs tailored to children. The lack of pediatric-specific MCMs poses significant ethical and operational challenges during public health emergencies. Therefore, the Committee urges BARDA to accelerate the conduct of pediatric trials for the use of advanced generation platelet products. The Committee requests an update on BARDA's investments in developing pediatric-specific MCMs in the fiscal year 2028 CJ.

Synthetic Biology and AI Threats.—The Committee is aware that rapid advances in synthetic biology and AI are changing the nature of biological weapons risk by lowering barriers to the design, modification, and recreation of dangerous pathogens. Experts have warned that these technologies could enable bad actors to reintroduce eradicated or controlled diseases, such as smallpox, or to enhance the lethality, transmissibility, or resistance of other high-consequence biological agents, including smallpox, anthrax, viral hemorrhagic fevers, and novel or engineered pathogens, with potentially severe public health and national security consequences. The Committee urges BARDA and other appropriate Federal partners to assess whether current MCM stockpiling levels adequately account for risks associated with synthetic biology- and AI-enabled threats, and to brief the Committee within 180 days of enactment of this act on any gaps identified and recommended actions to address them.

Project BioShield Special Reserve Fund

The Committee includes $860,000,000, an increase of $10,000,000, for Project BioShield. The Committee is committed to ensuring the Nation is adequately prepared against chemical, biological, radiological, and nuclear attacks. These funds support the acquisition of promising MCMs developed through BARDA contracts for the most serious public health threats.

Strategic National Stockpile

The Committee includes $1,000,000,000, which is the same as the fiscal year 2026 enacted level, for the Strategic National Stockpile [SNS].

Acute Radiation Syndrome [ARS].—The Committee notes ASPR has the responsibility of developing and procuring MCMs for naturally occurring and intentional threat agents while ensuring that these are quickly available in the event of an emergency, and that these threats include nuclear and radiological events. The Committee is concerned, however, that ASPR/SNS has only been able to meet 45 percent of the published requirement to protect Americans from ARS. Considering the risks associated with international supply chains and recent geopolitical developments, the Committee encourages ASPR/SNS to prioritize domestically sourced FDA-approved MCMs for ARS and thermal burns. Additionally, given the anticipated delays in treatment initiation due to the extended time needed to deploy personnel and MCMs in the event of a nuclear or radiological incident, the Committee urges ASPR/SNS to prioritize FDA-approved countermeasures with an extended treatment window. Such countermeasures should be effective for deployment at least 48 hours after a radiological event and when administered in

the absence of blood products and other hospital level supportive care. The Committee requests a report within 30 days of enactment of this act that includes an update on ASPR's plans to ensure existing ARS products are maintained at a level that meets the requirement and secure the continued availability of domestically manufactured countermeasures that will be effective under expected conditions of deployment and use.

Made in America Strategic National Stockpile.—The Committee is concerned about the Nation's limited infrastructure to produce essential products such as medical devices, medical equipment, pharmaceuticals, and personal protective equipment [PPE]. The Committee encourages ASPR to develop a long-term sustainable procurement plan that gives preference to and results in purchases directly from domestic manufacturers to the maximum extent practicable.

Medical Countermeasure Stockpile Preparedness.—The most recent Medical Countermeasures Preparedness Review, submitted to Congress as part of the required annual threat-based review of the SNS, found the Department has not met medical countermeasure stockpiling requirements for numerous public health threats. Furthermore, the review demonstrated how the SNS often relies on decades-old products to fulfill other stockpiling requirements. The SNS is a key pillar in the Nation's broader strategy to protect the American people against man-made threats-like anthrax and smallpox-as well as natural disasters. Gaps in the stockpile's preparedness against these threats jeopardize national security. Within 180 days of enactment, the Committee requests a briefing from ASPR regarding progress made by the Department in addressing the stockpile shortfalls identified by the Medical Countermeasures Preparedness Review.

Nuclear Threat Preparedness.—The Committee notes with concern that the SNS faces potential shortfalls regarding the stockpiling of MCMs necessary in the event of a nuclear event to counter the potential release of radioactive iodine. The Committee encourages ASPR to prioritize investments in the MCMs necessary to protect those within 50 miles for such a response and directs the agency to provide a briefing on measures taken to prepare for a nuclear threat within 180 days of the enactment of this act.

Poxvirus Countermeasures.—The Committee commends ASPR for their role in the successful campaign to stop the 2022 MPox outbreak in the United States by deploying medical countermeasures that were previously developed, purchased and stockpiled for smallpox preparedness. The Committee is concerned however that there may now be an insufficient supply of poxvirus vaccine for immunocompromised individuals as well as poxvirus treatments in the stockpile, especially in light of the continued national security threat of an intentional or accidental release of smallpox. The Committee urges ASPR to prioritize replenishment of MCMs used during the MPox outbreak and requests a briefing within 60 days of the date of enactment on the stockpiling requirements for poxvirus vaccine and therapeutics as included in the 2022 Medical Countermeasure Preparedness Report, submitted to Congress as part of the required annual threat-based review of the SNS.

Replenishing Influenza Antivirals.—The Committee remains concerned about the perennial threat of pandemic influenza and urges HHS to diversify and replenish its stockpile of emergency influenza antivirals to ensure the Nation has multiple current treatment options in the event of an influenza pandemic.

Resupply of Nerve Agent Countermeasures.—The Committee remains concerned that the Nation is not sufficiently prepared for the threats posed by chemical weapons and nerve agents, particularly threats to the American public. Anti-convulsant medicines provide a key means of treatment, yet the SNS currently stockpiles only diazepam auto-injectors, all of which expired in October 2023. The Committee encourages ASPR to take appropriate steps to resupply the expired stock of anti-convulsant medicines in the SNS and requests a briefing within 90 days of enactment on ASPR's plans to procure FDA-approved next generation midazolam auto-injectors to resupply the SNS.

Reusable Respirators.—The Committee recognizes the substantial evidence supporting the value of strategic stockpiling of reusable respirators, as documented by the National Academies of Sciences, Engineering, and Medicine. Due to their longer operational lifetime and extended shelf-life when compared with disposable masks, reusable respirators can be more cost-effective to stockpile. Stockpiling American-made reusable respirators will also ensure that first responders have rapid access to effective protective equipment and not be solely dependent on foreign supply chains and disposable products. The Committee directs ASPR to submit a report no later than 180 days after enactment of this act detailing all purchases of respiratory PPE for the prior fiscal year and current levels of PPE supplies providing respiratory protection, by type, including expiration dates. The report should also include details on specific steps ASPR has taken to invest in warm-basing PPE.

Smallpox Preparedness.—The Committee is aware of advancements in next generation therapeutics for smallpox, specifically monoclonal antibody drugs, which could address safety and efficacy issues associated with products currently available in the stockpile. Therefore, the Committee urges ASPR to prioritize the advanced development and procurement of monoclonal antibody drug products for the treatment of smallpox. Additionally, to ensure the government is investing in safe and effective medical countermeasures, the Committee directs ASPR to perform a gap analysis of the current smallpox medical countermeasure portfolio and to update the Committee on these efforts within 1 year of enactment.

SNS Resource Allocation Strategy and Guidance.—The Committee urges ASPR to enhance transparency on the process for requesting resources from the SNS and how product is allocated to those requesting support during declared public health emergencies. The Committee looks forward to the briefing required in Senate Report 119–55.

SNS Transparency.—The Committee continues the directives and reporting requirements included in Senate Report 119–55.

State Strategic Stockpile Guidance to State and Local Jurisdictions.—The Committee notes that SNS focuses on CBRN threats, and therefore the Committee supports the efforts of State and local jurisdictions to secure additional drugs, vaccines, and other biologi-

cal products, medical devices, and other medical supplies necessary to respond to a public health emergency or a major disaster. The Committee continues to recognize the importance of guidance to States on how best to establish, expand, procure, replenish, maintain, and manage State stockpiles, while ensuring appropriate collaboration with the Federal SNS. The Committee looks forward to receiving the required report on this topic in Senate Report 119–55 The Committee notes that empowering States to support their own stockpiles and to stockpile products that may not be procured on the Federal level will improve States' ability to protect their specific populations and appropriately prepare for and respond to emergencies.

Strengthening Stockpiles to Address Antimicrobial Resistance.—The Committee encourages ASPR, in coordination with the FDA and CDC, to implement a class review system to regularly assess the safety, efficacy, and vulnerability to antimicrobial resistance of existing pipeline products and existing assets in the Project BioShield Special Reserve Fund and SNS that could be used to respond to CBRN and public health threats and to support efforts to maintain an inventory of MCMs appropriate to respond to the continued evolution of antimicrobial resistant organisms.

Pandemic Influenza Preparedness

The Committee recommendation includes $307,991,000, which is the same as the fiscal year 2026 enacted level, for Pandemic Influenza Preparedness. This funding supports efforts to modernize influenza research and development of vaccines and next-generation influenza medical countermeasures, preparedness testing and evaluation, as well as critical domestic vaccine manufacturing infrastructure.

Biotechnology Platform Technologies.—The Committee continues to recognize challenges of developing single MCMs to address a wide range of known and unknown threats and supports efforts by ASPR to develop and validate biotechnology platform technologies that may be capable of addressing a variety of health security threats.

OPERATIONS, PREPAREDNESS, AND EMERGENCY RESPONSE

Appropriations, 2025	$484,606,000
Committee recommendation	501,606,000

The Committee provides $501,606,000 for ASPR's Operations, Preparedness, and Emergency Response activities. This appropriation supports the operations and logistics capabilities across ASPR's programs as well as the tools and resources necessary to support its emergency preparedness and response mission. This includes ASPR's financial management, acquisition, information technology, and its suite of integrated Federal medical response capabilities that is prepared to respond when disaster strikes.

Preparedness and Emergency Operations

The Committee includes $41,154,000, an increase of $10,000,000, for Preparedness and Emergency Operations. The Preparedness and Emergency Operations account funds the Office of Emergency Management, which supports the full spectrum of emergency man-

agement responsibilities, including planning, coordination, logistics, training, and responding to planned events and unplanned incidents.

National Security Special Events [NSSE].—The Committee includes $15,000,000, an increase of $10,000,000, to support NSSEs anticipated to require augmented Federal assistance, such as the July 2028 Olympics.

National Disaster Medical System

The Committee includes $81,904,000, an increase of $5,000,000, for the National Disaster Medical System [NDMS] to improve the disaster readiness of the Nation by better coordinating existing assets with States and regions. In fiscal year 2025, NDMS provided support after disaster events including the DCA plane crash, Hurricane Erin, and the Palisades/Eaton Fire and deployed nearly 1,150 response staff to support NSSEs. The Committee has provided increased funding for NDMS in fiscal year 2027 in anticipation of additional NSSEs anticipated to require augmented Federal assistance, such as the July 2028 Olympics.

Mission Zero.—The Committee includes $5,000,000, an increase of $1,000,000, for civilian trauma centers to train and incorporate military trauma care providers and teams into care centers.

Pediatric Disaster Care.—The Committee includes $7,000,000, which is the same as the fiscal year 2026 enacted level, to support the pediatric disaster care program.

Prepositioning Response Medical Caches Outside the Contiguous United States.—The Committee recognizes the geographic distance of Hawaii and the U.S. Affiliated Pacific Islands [USAPI] and the need to pre-position emergency medical resources in Hawaii to mitigate risks associated with disrupted transportation networks, communications, and supply chains. The Committee urges ASPR to maintain its prepositioning of response medical caches in Hawaii to serve the State and USAPI. These medical caches should have a minimum capability to support up to two 38-person Disaster Management Assistance Teams, in order to provide immediate support to Hawaii and the USAPI during a public health or disease response.

Health Care Readiness and Recovery

The Committee's recommendation includes $313,055,000, an increase of $6,000,000, for Health Care Readiness and Recovery [HCRR]. The HCRR portfolio includes critical programs and activities that strengthen healthcare sector readiness to provide innovative, coordinated, and lifesaving care in the face of emergencies and disasters. The Committee believes this funding should be carefully coordinated within communities to continue to provide our Nation's hospitals and emergency responders the necessary tools to respond quickly and collaboratively to public health emergencies.

Biocontainment Care Capabilities.—The Committee includes $5,000,000 for sustainment and maintenance of ASPR's current inventory of Portable Bio-Containment Units [PBCUs] as well as the possible purchase of additional PBCUs. ASPR's PBCUs support transport for highly infectious disease patients or those exposed to such threats to treatment centers, including the 13 Regional

Emerging Special Pathogen Treatment Centers [RESPTCs] and the National Quarantine Unit. PCBUs ensure the Nation has a capability that enables medical personnel to provide safe, reliable, timely patient evacuation and transportation during infectious disease outbreaks.

EMS Preparedness and Response Workforce Shortage Program.—The Committee encourages ASPR to work with the National Highway Traffic Safety Administration's [NHTSA] Office of EMS, to address the EMS workforce shortage, including in underserved, rural, and Tribal areas and/or address health disparities related to accessing prehospital ground ambulance healthcare services, including critical care transport. The Committee encourages ASPR to work with NHTSA as they develop a pilot program of grants to governmental and non-governmental EMS organizations to support the recruitment and training of emergency medical technicians and paramedics in underserved, rural, and Tribal areas and/or addressing health disparities related to accessing prehospital ground ambulance healthcare services. Within 1 year of enactment, the Committee requests ASPR, in consultation with NHTSA, provide an update on implementation of this new pilot program and recommendations to Congress on what additional resources and authorities are necessary to address EMS readiness and community access to emergency healthcare services.

Hospital Preparedness Program [HPP] Formula Grants.—The Committee includes $240,000,000, which is the same as the fiscal year 2026 enacted level, for cooperative agreements for HPP to continue to fund existing awardees-all States, territories, freely associated States, and four directly funded large cities. The Committee recognizes this grant funding provides critical support to State, local, and regional partners to build healthcare coalitions that enhance regional and local hospital preparedness and improve overall surge capacity in public health emergencies.

National Special Pathogen System [NSPS].—The Committee includes $7,500,000, which is the same as the fiscal year 2026 enacted level, to continue to support the National Emerging Special Pathogens Training and Education Center [NETEC], and $21,000,000, which is the same as the fiscal year 2026 enacted level, to continue to support existing RESPTCs and Special Pathogen Treatment Centers [SPTCs] to prepare for future pandemic threats. Funding will continue to be available to NETEC and RESPTCs for readiness to respond to outbreaks of infectious diseases, for additional treatment centers, for special pathogen medical transport and further establish the National Special Pathogen Systems of Care tier network.

Regional Disaster Health Response System.—The Committee includes $8,000,000, an increase of $1,000,000, for these cooperative agreements to support ASPR's efforts to improve disaster readiness by better coordinating healthcare infrastructure and systems with States and across regions. The Committee urges ASPR to continue improving regional readiness efforts to increase regional ability to respond to threats, leverage local, State, and Federal healthcare assets across coalition and State lines, and improve communications and coordination among participating agencies.

Trauma Care Readiness and Coordination.—The Committee includes $2,000,000, which is the same as the fiscal year 2026 enacted level, to support the efforts of States and consortia of States to coordinate and improve emergency medical services and trauma care during a public health emergency. ASPR shall use these funds to award up to five grants to eligible entities for the purpose of carrying out research and demonstration projects to support the improvement of emergency medical services and trauma care in support of the duties and functions included in section 1204 (42 U.S.C. 300d–6).

Medical Reserve Corps

The Committee recommendation includes $6,240,000, which is the same as the fiscal year 2026 enacted level, for the Medical Reserve Corps [MRC] program. The MRC program is a national network of local volunteer doctors, dentists, nurses, pharmacists, and other community members. The Committee appreciates that funding for MRCs has historically been provided to local units quickly and effectively, thereby allowing for grants to help build and sustain local communities' ability to prepare for and respond to emergencies. The Committee encourages ASPR to continue this locally-driven approach and to allocate this funding via established mechanisms that provide funds directly to local MRC units, which are made up of representatives from their communities.

Industrial Base Management and Supply Chain Office

The Committee provides $10,000,000, which is the same as the fiscal year 2026 enacted level, for ASPR's Industrial Base Management and Supply Chain [IBMSC] Office. This appropriation supports the IBMSC Office's work to ensure that critical supplies are manufactured in the United States. It also provides resources to bolster pandemic preparedness and biodefense against new and emerging threats, which may include investments to accelerate advanced development of investigational vaccines, therapeutics and diagnostics; support emergency manufacturing of critical MCMs and ancillary supplies; and, to the extent feasible, invest in the expansion of the domestic medical supply chain.

The Committee recognizes that deployment of cutting-edge manufacturing technology is an essential component of a feasible pathway toward a resilient domestic manufacturing base for medicines, APIs, and diagnostics. The Committee directs that this funding shall be used to continue and expand ongoing work to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines and diagnostics in the event of a national health emergency.

Industrial Base Manufacturing and Supply Chain.—The Committee supports investments to accelerate advanced development of investigational vaccines, therapeutics and diagnostics; emergency manufacturing of critical MCMs and ancillary supplies; and to build and validate advanced manufacturing processes and facilities capable of storing, producing, and deploying essential medicines and diagnostics in the event of a national health emergency. The Committee urges ASPR to prioritize the development of new Abbreviated New Drug Application [ANDA] by a domestic manufacturer

for priority essential drugs in shortage or at risk of shortage to have domestic manufacturers able to produce a drug if it goes into shortage.

Pharmaceutical Supply Chains.—The Committee supports ASPR's continued investment in strengthening pharmaceutical supply chain resiliency. In response to increasing risks from global disruptions, foreign dependencies, and national security threats, the Committee encourages ASPR to undertake a comprehensive risk assessment of U.S. pharmaceutical supply chains to determine which medicines are most vulnerable, with focus on reliance of foreign entities for critical ingredients, and provide analysis on options for mitigating risk and reducing reliance, with focus on domestic manufacturing solutions.

Strengthening Domestic Manufacturing and Production.—The Committee commends ASPR for its efforts to increase domestic manufacturing capacity of critical medicines or their APIs. The Committee urges a similar effort with respect to essential medical devices, critical diagnostics, and other medical supplies, which are also frequently sourced from outside the United States and share many of the same vulnerabilities in their supply chains.

Warm-Base Manufacturing.—The Committee supports maintaining warm-base surge production capacity contracts with domestic manufacturers who received Federal funding to expand manufacturing capacity during the COVID–19 pandemic. ASPR is encouraged to maintain domestic manufacturing surge capacity and capabilities to prepare for, or respond to, an existing or potential public health emergency or otherwise address threats that pose a significant level of risk to national security.

OFFICE OF THE SECRETARY

GENERAL DEPARTMENTAL MANAGEMENT

Appropriations, 2026	$689,964,000
Committee recommendation	685,964,000

The Committee provides $685,964,000 for General Departmental Management [GDM]. The recommendation includes $64,828,000 in transfers available under section 241 of the PHS Act (Public Law 78–410 as amended).

This appropriation includes funding for cybersecurity and supports activities that are associated with the Secretary's role as policy officer and general manager of the Department. It supports health activities performed by the Office of the Assistant Secretary for Health [OASH], including the Office of the Surgeon General. GDM funds also support the Department's centralized services carried out by several Office of the Secretary staff divisions, including personnel management, administrative and management services, information resources management, intergovernmental relations, legal services, planning and evaluation, finance and accounting, and external affairs.

Within the total provided for GDM, the Committee provides funding for the following activities in not less than the following amounts:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Children's Interagency Coordinating Council	$3,000,000	$3,000,000
Food is Medicine	2,000,000	2,000,000
Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes	2,000,000	2,000,000
KidneyX	5,000,000	5,000,000
LymeX	5,000,000	5,000,000
Preterm Birth	.....	3,000,000
Office of Minority Health:		
Center for Indigenous Innovation and Health	6,000,000	6,000,000
Improving Maternal Health Outcomes	10,000,000	10,000,000
National Lupus Training, Outreach, and Clinical Trial Education	3,000,000	3,000,000
Promoting Language Access Services	4,000,000	4,000,000
Office on Women's Health:		
Combatting Violence Against Women	10,100,000	10,100,000
Eating Disorders Research	1,000,000	1,000,000
Pregnant and Lactating Women's Advisory Committee	200,000	200,000
Reporting on Access to Medical Forensic Exams	5,000,000	5,000,000
Stillbirth Working Group	2,000,000	2,000,000

AD/ADRD Early Intervention.—The Committee encourages the Department to prioritize early interventions for Alzheimer's disease and related dementias [AD/ADRD], and to identify and implement a comprehensive set of actions to assess risk factors for cognitive decline and dementia. Such an assessment should emphasize historically underserved communities, including individuals with Down syndrome. Actions should include: conducting health risk assessments; identifying opportunities to address known risk factors; examining incentives to promote brain health; providing payments for prevention and care delivery models that incorporate brain health as part of care and treatment of other conditions; and examining the development and implementation of quality measures specifically related to brain health.

Algorithmic Risk Detection Systems.—The Committee acknowledges that online platforms increasingly use automated systems to detect suicide or self-harm risk and initiate interventions such as content moderation, platform outreach, or referrals to emergency services. The Committee urges the Secretary to convene suicide prevention experts, clinicians, ethicists, civil rights advocates, and youth advocates to assess current industry practices and to develop privacy-protective transparency and accountability frameworks, with specific attention to potential impacts on youth and other at-risk populations, and safeguarding protocols to minimize harm.

Alzheimer's Advisory Council.—The Committee is encouraged by the Department's leadership to ensure that risk reduction is part of our Nation's plan to end Alzheimer's disease and continues funding for the Advisory Council on Alzheimer's Research, Care and Services. Additionally, the Committee commends the Department for its emphasis on promoting risk reduction across the lifespan in the updated 2026 National Plan. The Committee notes the Department is required to hold quarterly Advisory Council meetings and issue a yearly strategic plan, per the National Alzheimer's Project Act (Public Law 111–375) and directs the Department to continue meeting these requirements. The Committee requests an update in the fiscal year 2028 CJ on the Department's work to invest in proven risk reduction strategies and meet the goals outlined in the 2026 National Plan.

Automated Donor Referral for Bone Marrow.—The Committee encourages HHS to explore, in collaboration with organ procurement organizations and other relevant stakeholders, whether existing electronic donor referral systems could be adapted to facilitate identification of potential deceased donors whose vertebral bodies may be suitable for bone marrow recovery and processing, thereby supporting the availability of stem cell products for transplantation.

Bereavement Care.—The Committee is concerned that individuals and families often suffer severe health, social, and economic declines following the death of a loved one, be it a child, sibling, spouse, or parent. The Committee encourages the Secretary to coordinate efforts across HHS to advance bereavement care for families, including interventions or programs that could help coping or adaptive processing.

Bill-Wide Directives.—The Committee notes the inclusion of a bill-wide directives section of this explanatory statement. This section contains requirements which apply to all agencies funded by this act.

Biotechnology Companies of Concern.—The Committee notes the enactment of the BIOSECURE Act (Section 851 of Public Law 119–60) and encourages HHS to develop a strategy for implementation. The strategy should include, but not be limited to: an assessment of existing or planned grants, loans, or contracts that involve an entity currently on the Department of Defense-managed list of Chinese Military Companies Operating in the United States; the means by which HHS could accurately ascertain whether any grants, contracts, or loans may involve a biotechnology company of concern; and the means by which HHS could clearly and effectively communicate BIOSECURE Act compliance requirements to all grantees, contractors, and loan recipients.

Bone Marrow Banking.—The Committee recognizes the potential of deceased donor bone marrow recovery and cryogenic preservation to expand the availability of hematopoietic stem cell products for transplantation. The Committee encourages HHS to consider the feasibility of expanding deceased donor bone marrow recovery, processing, and cryogenic preservation capabilities to support the clinical availability of such products, consistent with existing statutory authorities and in coordination with relevant stakeholders.

Budget Requests.—The Committee directs the Department to provide current and valid hyperlinks to all HHS budget requests for the previous five fiscal years, including all operating divisions budget requests, on the HHS Web site.

Cardiorespiratory Technology for Infants.—The Committee is concerned with the rise of sudden unexpected infant death across the country, with an increase of nearly 12 percent between 2020 and 2022. The use of new, home cardiorespiratory technology for preventing sudden unexpected infant death has yet to be investigated on a large scale. Within 1 year of enactment of this act, the Committee directs HHS to provide a report regarding the use of home cardiorespiratory monitors to help prevent sudden unexpected infant death, as defined in 42 U.S.C. 300c–11(e). The report should include evidence on the effectiveness, performance, and accuracy of home cardiorespiratory monitors that track the heart

rate, blood oxygen levels, and other vital signs of an infant, particularly those infants who are high risk; new models of care to improve the home sleeping environment of an infant; and any existing barriers to access or opportunities to increase the use of home cardiorespiratory monitors for infants, including recommendations for coverage by Medicaid and commercial insurance plans.

Children's Interagency Coordinating Council.—The Committee recognizes the Assistant Secretary for Planning and Evaluation's [ASPE] role in supporting the work of the Children's Interagency Coordinating Council. The Committee continues current funding at $3,000,000 for the Interagency Council's activities.

Chronic Numbness and Pain after Mastectomy.—The Committee recognizes research demonstrating that long-term impacts after mastectomy can lead to significant functional impairment and quality of life issues for breast cancer survivors. The Committee is aware of technological procedure advancements that can restore normal breast functions, such as sensation, and improve functional impairment, physical safety, and quality of life for breast cancer survivors. The Committee encourages the Secretary, in collaboration with the Office of Women's Health and other relevant HHS agencies, to explore technological advances impacting health outcomes after mastectomy and assess barriers to access including coverage limitations. The Committee requests an update in the fiscal year 2028 CJ about this issue.

Communications With the Committee.—The Committee relies on its relationship with the Assistant Secretary for Financial Resources [ASFR] and agency budget offices to make decisions about how to best allocate budget resources and provide oversight over how taxpayer dollars are spent. ASFR has a responsibility to ensure that the Committee receives accurate and timely information including by ensuring that individual agencies and operating divisions provide program-specific information in a timely manner upon request. Therefore, the Committee continues the directives included under this heading in Senate Report 119–55.

Congressionally Directed Spending [CDS].—Within 60 days of enactment of this act and quarterly thereafter, the Committee directs HHS to provide a report to the Committee detailing the status of CDS funding for the previous four fiscal years. Such a report shall be presented in Excel format and include a project description, project account, House and Senate requestors, the type of award, total obligations, total disbursements, and the percent disbursed.

Deceased Donor Islet Cell Transplantation.—The Committee is aware of clinical evidence demonstrating the safety and efficacy of deceased donor islet cell transplantation for eligible adults with type 1 diabetes experiencing hypoglycemia unawareness and severe hypoglycemia. The Committee appreciates the September 23, 2026 Request for Information [RFI] by the Department seeking public input on how the federal government should regulate certain deceased donor islet cells and cell products used to treat type 1 diabetes. The Committee directs the Secretary, in consultation with HRSA, the Organ Procurement and Transplantation Network, and FDA, to prioritize their consideration of the feasibility of reclassification of unmodified deceased donor islet cells to be designated as human organs under the National Organ Transplant Act (Public

Law 98–507). The Committee directs the Secretary to report to the Committee within 180 days of enactment of this act or 90 days after the November 8, 2026 deadline for comments of the RFI, whichever first, on the feasibility of reclassification, timeline for such reclassification, and recommendations for ensuring safety, quality, and accreditation standards while expanding patient access.

Device Security.—The Committee is concerned about the safety, privacy and national security repercussions of diabetes medical technologies imported from countries of concern, particularly interconnected insulin delivery systems, continuous glucose monitors, and related components. The Committee directs HHS to ensure that government contracts prioritize companies that do not house sensitive data in countries of concern. Within 180 days of enactment of this act, the Committee directs HHS to provide a briefing on its activities to monitor, evaluate, and mitigate safety, quality, and cybersecurity risks associated with diabetes medical technologies imported from countries of concern.

Embryo Adoption Awareness Campaign.—The Committee continues funding at $2,000,000 for the Embryo Adoption Awareness Campaign to educate Americans about the existence of frozen human embryos (resulting from in-vitro fertilization), which may be available for donation/adoption to help other couples build their families. The Committee continues to include bill language permitting these funds to be used to provide medical and administrative services to individuals adopting embryos, deemed necessary for such adoptions, consistent with the Code of Federal Regulations.

Ending the HIV Epidemic [EHE] Initiative.—The Committee continues support for the EHE initiative and directs HHS to: (1) provide a spend plan to the Committee no later than 60 days after enactment of this act, to include resource allocation by State; (2) brief the Committee on the fiscal year 2027 plans no later than 90 days after enactment of this act; and (3) provide the Committee an update on the program's performance data since the beginning of the initiative through the latest available data, making sure to address each of the initiative's goals and performance metrics, no later than 180 days after enactment of this act and updated annually.

Epilepsy.—The Committee recognizes the economic cost and toll in human suffering resulting from epilepsy and supports efforts to improve outcomes for people with epilepsy. The Committee encourages HHS to engage with community stakeholders and promote Federal coordination to advance research, innovation, awareness, and care for those with this condition and their families.

Faith and Community-Based Organizations.—The Committee notes the impact of ongoing efforts and local partnerships to promote healthcare access and address chronic health challenges in underserved communities. The Committee encourages HHS to maintain and advance these partnerships, including with houses of worship and community organizations.

Food is Medicine.—The Committee continues to provide $2,000,000 to support ongoing efforts in OASH for the Food is Medicine [FIM] project to implement a Federal strategy to reduce nutrition-related chronic disease, address food insecurity, and improve health outcomes. The Committee encourages HHS to maintain and

regularly update the knowledge hub and to collaborate with other Federal agencies on best practices, tools, and guidance related to FIM interventions, including design, implementation, and evaluation of pilot programs. Further, the Committee encourages the Office of Secretary to convene stakeholders and coordinate activities to help increase access to medical foods and medical nutrition therapy and develop a national action plan to increase access to medical foods and medical nutrition therapy.

The Committee appreciates that the Administration is prioritizing this initiative in alignment with its Make America Healthy Again goals. The Committee also notes that various agencies throughout the Department currently have or plan to undertake FIM-related programs. Consequently, the Committee directs the Secretary to coordinate FIM activities across the Department and explore how to align these initiatives in a synchronized strategy. Further, the Committee notes the importance of research and evidence to examine policies that support reimbursement and scaling of FIM interventions in healthcare. Therefore, the Committee urges the Secretary to coordinate and consult with other Federal departments with expertise in nutrition such as USDA, VA, and IHS to continue to look towards innovative approaches to improve access to FIM. Finally, given the important role of nutrition education in expanding access to FIM, the Committee supports the Department's efforts to engage with medical accrediting bodies and State continuing medical education [CME] organizations to further incorporate nutrition competencies into training requirements. The Committee requests a briefing within 180 days of enactment of this act on the Department's efforts to coordinate Food is Medicine activities across the Department and with other Federal agencies and to disseminate best practices to States and other stakeholders.

Global Health Research.—The Committee requests an update in the fiscal year 2028 CJ on how CDC, FDA, ASPR, NIH, including the Fogarty International Center, and other agencies jointly coordinate global health research activities with specific metrics to track progress and collaboration toward agreed upon health goals.

Group Purchasing Organizations' [GPOs] Role in Prescription Drug Costs.—The Committee seeks to better understand the influence of pharmacy benefit managers [PBMs] and their respective GPOs on prescription drug pricing. The Committee encourages the Secretary, in consultation with the Federal Trade Commission and the CMS Administrator, to examine the role and impact of GPOs employed by PBMs in negotiating prescription drug pricing, rebates, and fees associated with formulary placement by the PBM, including options for enhancing transparency and oversight of PBM–GPO arrangements. The Committee looks forward to receiving the briefing and final report required in Senate Report 119–55.

Health Data Coordination.—The Committee notes the potential for improving health and wellness through new technologies that measure broad biomarkers, digital data, and other health span, longevity, and status indicators. The Committee encourages the Secretary to coordinate with officials from the White House Office of Science and Technology Policy and Department of Defense to identify and coordinate Federal investments in technology, research, and data governance models aimed at generating and using

of health data for the purpose of improving health and wellness while ensuring the continued protection of individually identifiable health information. These efforts should include the development of new technologies that generate data on health status from biological samples and artificial intelligence [AI] systems that can better integrate health data.

Hospital Cybersecurity Infrastructure.—The Committee recognizes that cybersecurity has been one of the most significant investments hospitals have had to make in the past decade in terms of technology, workforce, and insurance. As the number of health-related cyber-attacks increase, hospitals are reporting that cyber insurance premiums are increasing at a rate of 20–50 percent per year. The Committee encourages the administration to work with hospitals, especially small and rural providers, and other healthcare stakeholders prior to finalizing any new cybersecurity standards.

Housing-Related Supportive Services.—Individuals who have serious and complex health challenges, including mental health and substance use disorders, and chronic medical conditions, require additional supports to maintain stable housing. The Committee supports coordination between the Department of Housing and Urban Development [HUD], CMS, SAMHSA, ACL, and ASPE to provide direct technical assistance to communities leveraging existing programs, like Medicaid, to cover and provide housing-related supportive services and behavioral healthcare. The Committee looks forward to the briefing required under this heading in Senate Report 119–55.

Infectious Diseases.—The Committee recognizes the crucial role HHS plays in advancing progress in the prevention, diagnosis, and treatment of infectious diseases. Within 1 year of enactment of this act, the Committee directs the Secretary to submit a report to Congress detailing the steps that HHS and its agencies are taking to accelerate progress in the fight against infectious disease both domestically and globally, including progress combatting tuberculosis, influenza, avian flu, antimicrobial resistance, sepsis, valley fever, Lyme disease, hantavirus, Ebola, and other existing and emerging viral, bacterial, fungal, and parasitic infections. Such report shall include up-to-date detailed spending on each disease area by agency and operating division and comparisons to prior fiscal years.

Interagency Coordinating Committee on the Promotion of Optimal Birth Outcomes.—The Committee continues to provide $2,000,000 to provide regular progress reports on activities and outcomes of HHS programs directed toward improving maternal health outcomes.

LymeX.—The Committee continues to provide $5,000,000 to advance public-private partnerships and innovation in Lyme disease prevention, diagnosis, and treatment through the HHS Office of the Chief Technology Officer. The Committee encourages the LymeX Innovation Accelerator focus to expand beyond diagnostic innovation, to accelerate therapeutic innovation and fulfill the original vision statement of the program calling for effective treatments that all Americans can afford.

Maternal Health.—Research continues to demonstrate that the United States has higher rates of maternal mortality and adverse

maternal health outcomes than peer countries. The Committee remains concerned by these findings and directs HHS to prioritize efforts to improve maternal health outcomes and reduce maternal mortality. The Committee directs HHS to focus on efforts to improve coordination across maternal health programs, expand the maternity care workforce, develop a maternal health quality outcomes measure, and enhance postpartum social supports for families.

Further, the Committee recognizes the importance of affordable access to prenatal, childbirth, neonatal, perinatal, and postpartum care, including behavioral health services, during the 1 year postpartum period. The Committee notes that out-of-pocket costs may delay or impede timely access to care. Within 180 days of enactment of this act, the Committee requests ASPE to submit a report to Congress on cost-sharing barriers to maternal and postpartum care in private health coverage. To the extent practicable, the report may include considerations for bundled payments and out-of-pocket costs by service category, where feasible; available data on delayed and forgone care attributable to cost; and findings by plan design, income, geography, race, and ethnicity.

Mental Health Grants Dashboard.—The Committee directs the Secretary to establish and operate an interactive, user friendly, Web-based dashboard that improves public access to information about Federal grants related to mental health and substance use disorder, including for potential applicants for such grants.

National Parkinson's Project.—The Committee is encouraged by the Department's ongoing implementation of the National Parkinson's Project, as created by the Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson's Act (Public Law 118–66). The Committee looks forward to the report on implementation required in Senate Report 119–55 and requests an update on activities of the Advisory Council on Parkinson's Research, Care, and Services within 90 days of enactment of this act.

Neglected Tropical Diseases.—The Committee notes that the increasing presence of Neglected Tropical Diseases [NTDs] in the United States, particularly among the Nation's most vulnerable populations, represents a significant health and economic burden. Within 180 days of enactment of this act, the Committee requests a briefing on HHS' efforts to assess the incidence and prevalence of NTDs and identify gaps in research and development impeding the Nation's ability to combat these threats.

Neonatal Abstinence Syndrome [NAS] Study.—The Committee recognizes the ongoing impact of NAS on infants, families, and State Medicaid programs, particularly in communities affected by substance use disorders. The Committee directs the Secretary to conduct a comprehensive study on the prevalence of NAS and on infant and maternal health outcomes associated with pediatric transitional care facilities, defined as residential pediatric recovery centers, that provide inpatient or outpatient treatment for infants with NAS. In carrying out this study, the Secretary shall assess barriers to obtaining valid, accurate, and timely data on NAS prevalence among Medicaid beneficiaries, including under State plans and waivers authorized under title XIX of the Social Security Act. The Secretary shall further evaluate the scope of services and sup-

ports available to infants diagnosed with NAS under such plans and waivers, including the availability and utilization of pediatric transitional care facilities. Not later than 365 days after enactment of this act, the Secretary shall submit to the Committee, and other relevant authorizing committees, a report on the findings of this study, including any recommendations to improve data collection, service delivery, and health outcomes for infants with NAS and their mothers, including ensuring that treatment for NAS includes infants with substance exposure and/or poly-substance exposure beyond opioid exposure, as well as infant treatment alongside the mother. The Secretary shall make such report publicly available on the Department's website upon submission.

Mental Health Parity.—The Committee encourages the Secretary to support State insurance departments for the implementation of mental health parity as authorized in Public Law 117–328.

Nonrecurring Expenses Fund [NEF].—The Committee directs the Secretary to prioritize obligations from resources in the NEF for projects currently underway. The Secretary should complete outstanding projects in a timely manner and prior to funding new projects. As part of the annual CJ, the Department is directed to include the anticipated balances available for transfer into and uses of the NEF for the current and budget fiscal years. Additionally, the Department is directed to provide the Committee quarterly reports for all ongoing projects. The report shall include the following for each project: the agency each project is funded under; a detailed description and timeline for each project; the date the project was notified to the Committee; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; any expected future obligations; and the total unobligated balance in the NEF. In addition, the Committee requests biannual reports on expired balances that are eligible for transfer to the NEF. Such report shall include the Treasury Account Fund Symbol, program name, unobligated balance, and unexpended balance. Such report shall be transmitted no later than 30 days after the close of the second quarter and within 45 days after the close of the fourth quarter of the fiscal year.

Osteoarthritis.—The Committee is concerned with the toll osteoarthritis takes on the millions of Americans who suffer from this debilitating and prevalent condition, both in terms of the adverse quality of life impacts and increased healthcare costs due to the morbidity associated with it. The Committee encourages HHS to support the development of safe and effective treatments for this condition.

Pandemic Preparedness and Response.—The Committee encourages the Secretary to consider innovative models involving AI and other technologies to support biodefense applications for pandemic preparedness and response. The Committee recommends that HHS coordinate with applicable Federal agencies, the private sector, and international partners, as appropriate, and to utilize the recommendations of the National Security Commission on Artificial Intelligence in developing potential programs.

Patient Monitoring Technology.—The Committee encourages HHS to support the evaluation of AI enabled patient monitoring technologies in surgical care settings, including surgical obstetric

care. The Committee encourages HHS to collaborate with clinical leaders, professional societies, and research institutions to develop implementation guidance and support workforce training to integrate, as appropriate, AI-enabled monitoring into routine care for women undergoing cesarean delivery and other surgical procedures.

Payment Management System [PMS].—The Committee notes the importance of ensuring that payees can use the PMS to appropriately access funds in a timely manner in order to limit any challenges or inefficiencies for States and local organizations administering Federal programs. The Committee directs HHS to immediately notify the Committee of any PMS outages or technical problems exceeding 48 hours and any payment delays or disruptions in the PMS distribution of funds exceeding 14 days for individual payees.

PHS Act Evaluation Funding.—The Committee includes amounts made available under section 241 of the Public Health Service Act, as specified in the bill. The Committee continues the assessment of 2.5 percent. The Committee includes new bill language to preserve additional biodefense programs from assessment.

Additionally, as part of the President's Budget Request, HHS is directed to provide the Committee, in electronic format, tables providing PHS evaluation funding exclusions, assessments, and uses for the budget request year. Such tables shall also include a column for the most recently executed full fiscal year and most recently enacted appropriation. HHS is also directed to provide the Committee an updated version of this table on a quarterly basis.

Preterm Birth.—The Committee is encouraged by the enactment of the Prematurity Research Expansion and Education for Mothers who deliver Infants Early Act [PREEMIE] Reauthorization Act of 2025 as part of the Consolidated Appropriations Act, 2026 (Public Law 119–75). This reauthorization continues Congress's commitment to supporting innovative research studies on preterm birth and its causes. The Committee requests that the Secretary act in a timely manner to implement the new HHS-led interagency working group to coordinate on all Federal activities and programs related to preterm birth, infant mortality, and other adverse birth outcomes, as directed, no later than 18 months after the date of enactment of the PREEMIE Reauthorization Act. Furthermore, this Committee provides $3,000,000 for the working group and the National Academies of Sciences, Engineering, and Medicine [NASEM] preterm birth study and requests the Secretary provide an update within 60 days of enactment of this act on the progress of the study and working group activities.

Public Health Service Commissioned Corps.—The Committee recognizes the contributions of the United States Public Health Service Commissioned Corps [USPHSCC] in providing public health and medical expertise and in responding to public health crises domestically and abroad. The nation's ability to respond to future health crises is hindered without adequate funding to sustain the active duty and reserve components. The Committee encourages the Secretary to continue to fund the USPHSCC to adequately carry out their unique mission as the only uniformed service with a public health mission. The Committee notes that USPHSCC offi-

cers do not have access to the same childcare and related family support benefits as members of the Armed Forces and urges the Secretary to review the feasibility, including a cost analysis, of providing comparable benefits.

Regional Offices.—Within 90 days of enactment of this act, the Committee directs HHS to provide a report detailing the operating status of all HHS regional offices, the number of FTEs assigned to each regional office, and the central functions of each office. Such a report shall include details on any newly established offices and expenditures on temporary working spaces. HHS is directed to notify the Committee 48 hours prior to closing any regional offices or opening any new offices or working spaces.

Reorganizations.—The Department has long collaborated with the Committee on any reorganization proposals, including on the substance of the proposal and on the technical elements of aligning appropriations language with the organizational and functional structure of the Department. The Committee shares the Department's goal of improving the health of all Americans and remains committed to working with the Department on shared priorities. The Department's programs touch the lives of nearly every American, and it is paramount that any reorganization improves HHS' ability to carry out its responsibilities, including carrying out the programs, projects, and activities funded in this act in a timely manner.

Restorative Reproductive Medicine [RRM].—RRM seeks to identify and correct underlying causes and factors contributing to infertility and reproductive dysfunction, including through laparoscopic surgery and other techniques to address endometriosis. At least 7 million women in the United States struggle with endometriosis. Medical training in this type of surgical training requires at least one to two extra fellowship years for surgeons, and addressing this gap in care is crucial, given the rising number of endometriosis diagnoses. The Committee encourages HHS to explore scholarship and loan opportunities for medical students and professionals interested in pursuing this specialty.

Rural News Media and Advertising Campaigns.—The Committee continues to recognize the critical role local media plays in delivering public health messages to small or rural communities. Therefore, the Committee directs the Secretary to ensure that local media in small or rural markets are part of Federal public health advertising campaigns. To further this goal, the Committee directs the Secretary, in coordination with the Assistant Secretary for Public Affairs and the Department's media buyer contractors, to utilize local news media in small or rural areas for HHS and its related agencies' public advertising campaigns to reach citizens with key health messages. Local media includes newspapers, including non-daily newspapers; television; and radio. Within 90 days of enactment of this act, the Committee directs the Office of the Secretary to provide a briefing on the efforts of the Department in its utilization of local media in small and rural areas as part of the Department's public health advertising campaigns for the most recent fiscal year for which data is available and plans for subsequent fiscal years, as well as the amount of money allocated to local media in

small and rural areas for fiscal year 2026 broken down by Statewide newspapers, non-daily newspapers, TV, and radio.

Sleep Health and Sleep Disorders.—The Committee recognizes that healthy sleep, much like a healthy diet, contributes to positive health outcomes. Therefore, the Secretary is encouraged to support sleep health and sleep disorder initiatives, as chronic sleep disorders may negatively impact mood, health, longevity, and productivity and contribute to the development of other medical and psychiatric disorders.

Staffing Reports.—The Committee provides funding levels across HHS for the Department and its operating divisions to carry out their statutory responsibilities, including carrying out the programs, projects, and activities funded in this act in a timely manner. Within 30 days of enactment of this act and monthly thereafter, the Committee directs the Department to submit a staffing report in Excel table format to the Committee which shall include the number of on-board staff for each operating and staff division. For each operating and staff division this shall include the number of competitive service and excepted service (delineated by schedule A, B, C, D, title 42, and Policy/Career). For HRSA, this shall include the number of on-board staff disaggregated by Bureau. For CDC, this shall include the number of on-board staff disaggregated by Center and Office. For NIH, this shall include the number of on-board staff disaggregated by Institute, Center, and Office. For ACF, this shall include the number of on-board staff disaggregated by Office. For ACL, this shall include the number of on-board staff disaggregated by the Center, Office, Administration, and Institute level. The Committee notes that these monthly staffing reports should demonstrate the Department and agencies' progress in coming into compliance with the directives included in this explanatory statement. Additionally, as required under section 228 of this act, the Department shall provide the Committee on a biannual basis an Excel table which includes the names, titles, grades, agencies or divisions, and date of hire of all of the political appointees that were employed by the Department during the previous 180 days.

Strengthening Social Well-Being.—The Committee encourages HHS to collaborate with the Institute of Museum and Library Services to identify and report on barriers for public libraries to participate in programs funded under HHS and to identify strategies for libraries to help increase access to health and human services.

Vector-Borne Diseases.—The Committee notes the National Public Health Strategy to Prevent and Control Vector-Borne Diseases in People and encourages continued collaboration and innovation to reach targeted public health outcomes for the United States, including the target of reducing the number of laboratory-confirmed Lyme disease cases 25 percent by 2035 (compared to 2022).

Viral Hepatitis and Chronic Liver Disease Elimination.—The Committee urges the Office of the Assistant Secretary for Health to continue its leadership role in coordinating Federal efforts to eliminate viral hepatitis as a public health threat and to reduce chronic liver disease and liver cancer through sustained interagency collaboration across prevention, screening, treatment, and public awareness activities.

Wuhan Institute of Virology.—The Committee is encouraged by the actions taken to debar the Wuhan Institute of Virology, Chinese Academy of Sciences Capital Construction and EcoHealth Alliance, Inc. from participating in United States Federal Government programs and ensure that they are unable to receive Federal Government funding, pursuant to 42 CFR 180.800. Accordingly, this bill does not include funding for either entity.

The Committee directs the Department to provide a report to the Committee within 30 days of enactment of this act regarding ongoing compliance with the debarment, any updates on debarment proceedings, as appropriate, and ways the Department is ensuring that Federal funds are not awarded to entities based on evidence that provides cause for suspension under 2 CFR 180.700 and 180.800.

Teen Pregnancy Prevention

The Committee provides $101,000,000 for the Teen Pregnancy Prevention Program [TPPP]. This program supports competitive grants to public and private entities to replicate evidence-based teen pregnancy prevention approaches and develop and evaluate new and innovative approaches to prevent teen pregnancy and STIs among adolescents. In addition, the recommendation includes $6,800,000 in transfers available under section 241 of the PHS Act.

TPPP.—The Committee includes $900,000 for ASPE to support the TPPP Evidence Review. The Evidence Review is an independent, systematic, rigorous review of evaluation studies that informs grant making and provides a clearinghouse of evidence-based programs for other Federal, State, and community initiatives.

Office of Minority Health

The Committee provides $70,835,000 for the Office of Minority Health [OMH]. The Office focuses on strategies designed to decrease health disparities and to improve the health status of racial and ethnic minority populations in the United States. OMH establishes goals and coordinates all departmental activity related to identifying and disseminating innovative and effective approaches for improving health outcomes for racial and ethnic minority individuals.

Center for Indigenous Innovation and Health.—The Committee continues to recognize the importance of promoting Indigenous solutions to advance health and continues to provide $6,000,000 for the Center for Indigenous Innovation and Health. The Committee continues to support HHS in its partnership with institutions of higher education with a focus on Indigenous health research, education, and policy among Native Americans and Alaska Natives, as well as a focus on Indigenous health policy and innovation among Native Hawaiians and Pacific Islanders.

Improving Maternal Health Outcomes.—The Committee continues to provide $10,000,000 to support community-based and other eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial and ethnic minority families. The Department should support activities that include but are not limited to identifying evidence-based and evidence-informed practices for: addressing non-medical

factors that affect health outcomes; promoting evidence-based health literacy and pregnancy, childbirth, and parenting education programs; providing support from perinatal health workers; and providing culturally congruent, linguistically appropriate, and trauma-informed training to perinatal health workers.

Promoting Language Access Services.—The Committee continues no less than $4,000,000 to inform limited English proficient [LEP] individuals about their right to and the availability of language access services within HHS-funded programs. The Committee supports the Department's efforts to improve external communications, which should include mediums such as television and radio, to reach LEP communities. The Committee encourages the Department to review communication practices and create uniform applications across all HHS agencies to strengthen communication practices to include digital, television, and radio advertising when working with LEP communities.

Minority HIV/AIDS

The Committee provides $56,000,0000 for the Secretary's Minority HIV/AIDS Fund [MHAF] to strengthen and expand services provided by minority-serving community-based organizations [CBOs] for HIV education and awareness campaigns, testing, prevention, linkage to care, and engagement in care to racial and ethnic minority individuals at risk for or living with HIV in order to address the decline in HIV testing and the challenges with linkage to and retention in care and treatment that occurred during the COVID–19 pandemic. Funding may be prioritized for minority-serving CBOs in the South, which has the highest burden of HIV of any region nationwide. The Committee includes $6,000,000 in funding for the Tribal set aside within the MHAF.

Office of Women's Health

The Committee provides $44,140,000 for the Office of Women's Health [OWH]. This office develops, stimulates, and coordinates women's health research, healthcare services, and public and healthcare professional education across the Department. It advances important crosscutting initiatives and develops public-private partnerships, providing leadership and policy direction to address the disparities in women's health.

Access to Lactation Support Services.—The Committee continues to support HHS' initiatives to improve access to lactation support services for all women who choose to breastfeed, including the recommendations of the Make American Healthy Again Commission. A September 2025 report from NASEM included a number of important recommendations, such as improving breastfeeding training for healthcare professionals, increasing the coverage and quality of the Baby Friendly Hospital Designation, supporting universal access to breastfeeding counseling at the community level, and the need for adequate reimbursement for breastfeeding services and supplies. The Committee directs HHS to closely examine the findings of the NASEM report and where feasible, implement its recommended strategies to support families struggling to gain access to quality lactation care.

Combatting Violence Against Women.—The Committee includes $10,100,000 to combat violence against women through the State partnership initiative. This program provides funding to State-level public and private health programs to partner with domestic and sexual violence organizations to improve healthcare providers' ability to help victims of violence and improve prevention programs. The Committee continues to recommend OWH create a State-level pilot program to incentivize substance use disorder treatment providers to be trained on intimate partner violence.

Eating Disorders Research.—The Committee provides $1,000,000 to continue prioritizing projects to support early detection and treatment protocols for women and girls with or at-risk of developing an eating disorder. The Committee encourages OWH to coordinate with SAMHSA's Center of Excellence for Eating Disorders, outside organizations, eating disorders specialists, and other groups as necessary to identify research needs of eating disorders among women and girls.

Pregnant and Lactating Women's Advisory Committee.—The Committee provides no less than $200,000 for the Pregnant and Lactating Women's Advisory Committee. The Committee requests an update in the fiscal year 2028 CJ on progress and Federal activities undertaken to implement the Task Force on Research Specific to Pregnant Women and Lactating Women recommendations.

Reporting on Access to Medical Forensic Exams.—The Committee provides $5,000,000 to OWH to support grants to States and Tribes to collect data and report on access to medical forensic exams for sexual assault survivors, in order to implement sections 503 and 504 of the Violence Against Women Act Reauthorization Act of 2022 (Public Law 117–103). OWH should work collaboratively with States and Tribes and, using data-driven approaches, identify areas for improvement in healthcare delivery systems providing forensic examinations to survivors of sexual assault. The Committee requests a briefing within 90 days of enactment of this act on the Department's efforts to support survivors of sexual assault.

Stillbirth Working Group.—The Committee provides $2,000,000 to support the continued implementation of the recommendations of the Stillbirth Working Group and to continue to engage in efforts to promote evidence-based stillbirth awareness and prevention activities. The Committee continues to direct the Department to prioritize: (1) improved data collection and surveillance systems including the modernization of fetal death reporting and interstate data harmonization; (2) identification of evidence-based risk reduction strategies, especially in disproportionately affected populations: and (3) initiatives to support maternal mental health and bereavement care. The Committee directs the Department to provide a report to the Committee on the progress made toward these directives and the implementation of the Working Group's recommendations and to make such report available on the agency's website within 180 days of enactment of this act. The report should include a spend plan for fiscal year 2027 and operating plans from the prior two fiscal years.

Women's Health Research Study.—To address the persistent gaps in knowledge of women's health and improve access to care, the Secretary should continue to coordinate with NIH and NASEM in

support of research that explores the proportion of research on conditions that are more common or unique to women. The Committee looks forward to receiving the report requested on this topic in Senate Report 119–55.

Women with Bleeding Disorders.—The Committee is concerned that women and girls with bleeding disorders are often diagnosed late, do not receive timely and effective services and treatment, and have been excluded from research efforts. The Committee recognizes the burden that uncontrolled symptoms place on this underserved population and encourages OWH to partner with other HHS agencies, including FDA, CDC, HRSA, and NIH, to undertake activities to improve awareness, diagnosis, treatment, and research for women and girls living with bleeding disorders. The Committee requests an update on these activities in the fiscal year 2028 CJ.

Office of the Assistant Secretary for Administration

Cybersecurity

The Committee provides $100,000,000 for information technology cybersecurity in the Office of the Chief Information Officer and HHS-wide to strengthen the Department's cybersecurity posture. These funds provide continuous monitoring and security incident response coordination for the Department's computer systems and networks.

Office of National Security

The Committee provides $8,983,000 for the Office of National Security to support strategic all-source information, intelligence, defensive counterintelligence, insider threat intelligence, enterprise supply chain risk management, security for classified information, and communications security support across the Department. These funds sustain the Department's security and threat awareness and its ability to respond swiftly and effectively to national and homeland security threats.

Office of Global Affairs

The Committee provides $7,009,000 for the HHS Office of Global Affairs to support its work to lead global health diplomacy and policy coordination efforts for HHS to strengthen U.S. health security and pandemic preparedness.

OFFICE OF MEDICARE HEARINGS AND APPEALS

Appropriations, 2026	$186,155,000
Committee recommendation	185,000,000

The Committee provides $185,000,000 for the Office of Medicare Hearings and Appeals [OMHA]. This Office is responsible for hearing Medicare appeals at the Administrative Law Judge [ALJ] level, which is the third level of Medicare claims appeals. OMHA ensures that Medicare beneficiaries who are dissatisfied with the initial decisions about their benefits or eligibility can appeal and exercise their right to a hearing in front of an ALJ.

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

Appropriations, 2026	$69,238,000
Committee recommendation	69,238,000

The Committee makes available $69,238,000, including $35,863,000 in transfers available under section 241 of the PHS Act, to the Office of the National Coordinator for Health Information Technology [ONC]. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

AI in Health Care.—The Committee recognizes how the use of AI can improve quality healthcare for patients nationwide, including by reducing burdens, streamlining processes, helping clinicians, and improving diagnoses. As AI applications in healthcare continue to evolve and expand, the Committee supports efforts to prioritize the safety and effectiveness of these technologies to enhance patient outcomes while also ensuring guardrails are in place to protect patients. Specifically, the Committee recognizes the value of a comprehensive accreditation program for AI in healthcare to protect patients and providers and yield responsible implementation by ensuring ongoing compliance with laws, regulations, quality standards, and evidence-based practices. The Committee encourages ONC to leverage existing accreditation programs and standards, where appropriate, as a supportive mechanism for ensuring that AI tools in healthcare are developed, deployed, and utilized responsibly.

Biotechnology Supply Chain Security.—The Committee is concerned that reliance on certain foreign biotechnology suppliers, including suppliers subject to the direction, control, or influence of the People's Republic of China, may pose risks to U.S. national security, supply chain resilience, and the protection of sensitive business, health, and biological data. The Committee directs HHS to review the extent to which recipients of HHS funds, contracts, or agreements rely on biotechnology suppliers that present national security concerns, including entities identified on relevant Federal restricted-party or national security lists, and to assess the potential risks such reliance poses to the Department's programs, public health preparedness, and the broader domestic biotechnology industrial base. The Committee further directs HHS to brief the Committee not later than 180 days after enactment of this act on existing authorities, any identified vulnerabilities, and recommendations for reducing reliance on high-risk foreign biotechnology suppliers, including through transition periods and the development of secure domestic or allied alternatives.

Information Blocking Guidance.—The Committee recognizes that ONC's rule to implement the interoperability and information blocking provisions of the 21st Century Cures Act (Public Law 114–255) took significant steps forward to give patients greater access to and improve the electronic flow of electronic health information across care settings. Given the significant penalties and other consequences for information blocking, the Committee urges ONC to continue providing regulated entities and other affected stake-

holders clear, practical guidance regarding foundational concepts in the rule, including activities that are not regarded as information blocking.

Standards for Interoperability.—The Committee continues to include not less than $5,000,000 to support interoperability and information sharing efforts related to the implementation of Fast Healthcare Interoperability Resources standards or associated implementation standards. ONC is responsible for coordinating Federal health information systems and collaborating with the private sector to develop standards for a nationwide interoperable health information technology infrastructure.

Trusted Exchange Framework and Common Agreement [TEFCA].—The Committee notes that ONC has expanded the implementation of TEFCA. The intention of TEFCA is to provide policies, procedures, and technical standards necessary to exchange patient records and health information between providers, State and regional health information exchanges, and Federal agencies; and as it scales nationally, appropriate safeguards are necessary to maintain trust in nationwide health information exchange. The Committee encourages ONC to properly vet organizations seeking to join or be re-vetted in TEFCA, including by strengthening eligibility verification procedures for applicants, implementing ongoing compliance monitoring and auditing mechanisms, engaging in effective enforcement activities, and coordinating with other Federal agencies, as appropriate, to assess security and fraud risks. Not later than 180 days after enactment of this act, ONC shall provide a briefing to the Committee describing (1) participant and sub-participant integrity measures conducted by the agency or its contractors; (2) identified gaps in oversight or risk management; and (3) any additional resources needed to advance these efforts.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2026	$87,000,000
Committee recommendation	87,000,000

The Committee provides $87,000,000 for the HHS Office of Inspector General [OIG].

OIG conducts audits, investigations, and evaluations of the programs administered by the Department's operating and staff divisions, including the recipients of the Department's grant and contract funds. In doing so, OIG addresses issues of waste, fraud, and abuse and makes recommendations to improve the efficiency and effectiveness of the Department's programs and operations.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2026	$39,798,000
Committee recommendation	39,798,000

The Committee provides $39,798,000 for the Office for Civil Rights [OCR] in budget authority. OCR is responsible for enforcing civil rights-related statutes in healthcare and human services programs. To enforce these statutes, OCR investigates complaints of discrimination, conducts program reviews to correct discriminatory practices, and implements programs to generate voluntary compli-

ance among providers and constituency groups of health and human services.

Nondiscrimination on the Basis of Disability.—The Committee recognizes the important role of HHS to mitigate disability discrimination in healthcare. The Committee directs OCR to provide a briefing on its efforts to combat unlawful discrimination of disabled newborn children, including children diagnosed with spina bifida, Trisomy 13, Trisomy 18, and Trisomy 21.

Patient Privacy Regulations.—The Committee recognizes that OCR has been working on matters pertaining to regulatory barriers that impede the delivery of coordinated, value-based care. The Committee urges OCR to ensure that any changes to patient privacy regulations to support coordinated care, case management, and value-based care also protect the privacy and security of electronic protected health information. Additionally, the Committee urges OCR to avoid unintended consequences such as granting unprecedented access to valuable health information by commercial entities as well as eroding patient privacy protections through disclosure of more information than necessary to third-party interests.

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

Appropriations, 2026	$947,182,000
Committee recommendation	967,192,000

The Committee provides an estimated $967,192,000 in mandatory funds for Retirement Pay and Medical Benefits for Commissioned Officers of the U.S. Public Health Service. This account provides for retirement payments to PHS officers who are retired due to age, disability, or length of service; payments to survivors of deceased officers; and medical care to Active Duty and retired officers, as well as their dependents.

PREVENTION AND PUBLIC HEALTH FUND

In fiscal year 2027, the level transferred from the Prevention and Public Health Fund after accounting for sequestration is $1,438,075,000. The Committee includes bill language in section 222 of this act that requires that funds be transferred within 45 days of enactment of this act to the following accounts, for the following activities, and in the following amounts:

Account	Program	Committee recommendation
Aging and Disability Services Programs	Alzheimer's Disease Prevention Education and Outreach.	$14,700,000
Aging and Disability Services Programs	Chronic Disease Self-Management	8,000,000
Aging and Disability Services Programs	Falls Prevention	5,000,000
CDC-Wide Activities	Preventative Health and Health Services Block Grants.	160,000,000
CDC-Wide Activities	Public Health Infrastructure and Capacity	90,000,000
Chronic Disease Prevention and Health Promotion	Tobacco	200,000,000
Chronic Disease Prevention and Health Promotion	Hospitals Promoting Breastfeeding	9,750,000
Chronic Disease Prevention and Health Promotion	Million Hearts Program	5,000,000
Chronic Disease Prevention and Health Promotion	Heart Disease & Stroke	111,105,000
Chronic Disease Prevention and Health Promotion	Diabetes	118,130,000
Chronic Disease Prevention and Health Promotion	National Early Child Care Collaboratives	5,000,000
Emerging and Zoonotic Infectious Diseases	Epidemiology and Laboratory Capacity	40,000,000
Emerging and Zoonotic Infectious Diseases	Healthcare Associated Infections	12,000,000

Account	Program	Committee recommendation
Environmental Health	Childhood Lead Poisoning	51,000,000
Immunization and Respiratory Diseases	Section 317 Immunization Program	596,390,000
Mental Health	Garrett Lee Smith-Youth Suicide Prevention State Grants.	12,000,000

GENERAL PROVISIONS

Section 201. The bill continues a provision placing a $50,000 ceiling on official representation expenses.

Section 202. The bill continues a provision limiting the use of certain grant funds to pay individuals more than an annual rate of Executive Level II or capping NIH investigator salaries.

Section 203. The bill continues a provision restricting the Secretary's use of taps for program evaluation activities unless a report is submitted to the Committees on Appropriations of the House of Representatives and the Senate on the proposed use of funds.

Section 204. The bill modifies a provision authorizing the transfer of up to 2.5 percent of PHS Act (Public Law 78–410) funds for evaluation activities.

Section 205. The bill continues a provision restricting transfers of appropriated funds and requires a 15-day notification to the Committees on Appropriations of the House of Representatives and the Senate.

Section 206. The bill continues a general provision allowing National Health Service Corps contracts to be canceled up to 60 days after award.

Section 207. The bill continues a provision regarding requirements for family planning applicants.

Section 208. The bill continues language which States that no provider of services under title X of the PHS Act (Public Law 78–410) may be exempt from State laws regarding child abuse.

Section 209. The bill continues language that restricts the use of funds to carry out the Medicare Advantage Program if the Secretary denies participation to an otherwise eligible entity.

Section 210. The bill continues a provision prohibiting the use of funds for lobbying activities related to gun control.

Section 211. The bill continues a provision that limits the assignment of certain public health personnel.

Section 212. The bill continues a provision that facilitates the expenditure of funds for international health activities.

Section 213. The bill continues a provision permitting the transfer of up to 3 percent of AIDS funds among ICs by the Director of NIH and the Director of the Office of AIDS Research at NIH.

Section 214. The bill continues language that requires that the use of AIDS research funds be determined jointly by the Director of NIH and the Director of the Office of AIDS Research and that those funds be allocated directly to the Office of AIDS Research for distribution to the ICs consistent with the AIDS research plan.

Section 215. The bill continues a provision authorizing the Director of NIH to enter into certain transactions to carry out research in support of the NIH Common Fund.

Section 216. The bill continues a provision permitting NIH to use up to $100,000,000 of IC funding for construction, improvements, and repairs of facilities.

Section 217. The bill continues a provision that transfers funds from NIH to HRSA and AHRQ, to be used for National Research Service Awards.

Section 218. The bill continues a provision that provides BARDA with authority to enter into a multiyear contract for up to 10 years and to repurpose unused termination costs to pay contract invoices.

Sections 219. The bill continues a provision requiring the CJ to include certain FTE information with respect to the ACA.

Section 220. The bill continues a provision related to ACA exchange funding transparency.

Section 221. The bill continues a provision prohibiting funds for the Risk Corridor program.

Section 222. The bill continues a provision requiring the Secretary to transfer Prevention and Public Health Fund resources within 45 days.

Section 223. The bill continues a provision related to breast cancer screening recommendations.

Section 224. The bill continues a provision on NIH indirect costs.

Section 225. The bill continues a provision requiring Congressional notification prior to NIH transfers of opioid funds internally.

Section 226. The bill continues a provision related to notifications for ACA enrollment and Community Health Centers awards.

Section 227. The bill continues a provision related to Medicare administrative funds.

Section 228. The bill continues a provision requiring staffing reports.

Section 229. The bill continues a provision on HHS staff travel for medical care.

Section 230. The bill continues a provision allowing private donations for the care of unaccompanied children.

Section 231. The bill continues a provision limiting the use of funds for unlicensed shelters for unaccompanied children.

Section 232. The bill continues a provision requiring Congressional notification prior to the use of influx facilities as shelters for unaccompanied children.

Section 233. The bill continues a provision regarding Member access to unaccompanied children facilities.

Section 234. The bill continues a provision requiring monthly reporting of unaccompanied children.

Section 235. The bill continues a provision for CDC employees dependents' schooling of CDC employees stationed in a U.S. territory.

Section 236. The bill continues a provision related to CDC funding.

Section 237. The bill modifies a provision rescinding funding from the Nonrecurring Expenses Fund.

Section 238. The bill continues a provision regarding HHS staffing requirements and CDC reorganizations.

Section 239. The bill continues a provision regarding NIH grants.

Section 240. The bill includes a new provision rescinding funding from the Refugee and Entrant Assistance account.

TITLE III

DEPARTMENT OF EDUCATION

Any references in this title of the explanatory statement to the "Secretary" or the "Department" shall be interpreted to mean the Secretary of Education or the Department of Education, respectively, unless otherwise noted.

EDUCATION FOR THE DISADVANTAGED

Appropriations, 2026	$19,127,790,000
Committee recommendation	19,132,790,000

The Committee provides $19,132,790,000, for programs in the Education for the Disadvantaged account. Funds appropriated in this account primarily support activities in the 2027–2028 school year.

Grants to Local Educational Agencies [LEA]

The Committee provides $18,426,802,000, for the title I–A grants to local educational agencies [LEAs] program. Title I–A grants to LEAs provide supplemental education funding, especially in high-poverty areas, for LEAs to provide extra academic support to help raise the achievement of eligible students or, in the case of school-wide programs in which the vast majority of students participate in title I–A programs, help all students in high-poverty schools meet challenging State academic standards. Title I–A grants are distributed through four Elementary and Secondary Education Act [ESEA] formulas in amounts provided by this act: basic, concentration, targeted, and the education finance incentive grant [EFIG].

Of the funds available for title I–A grants to LEAs, up to $5,000,000 shall be available on October 1, 2026, for transfer to the Census Bureau for poverty updates; $7,580,625,000 will become available on July 1, 2027; and $10,841,177,000 will become available on October 1, 2027. The funds that become available on July 1, 2027, and October 1, 2027, will remain available for obligation through September 30, 2028.

Education for Children and Youth Experiencing Homelessness.—The Committee notes the variation in the amounts reserved under the required title I–A set-aside intended to support the enrollment, attendance, and academic success of homeless children and youths. The Committee directs the Department to strengthen its efforts to support effective implementation of program requirements to support such students. The Committee further directs the Department to brief the Committee no later than 60 days after enactment on completed and planned actions, along with an associated timeline, including technical assistance, guidance, and monitoring activities, to improve effective implementation of the relevant Federal requirements.

School Support and Improvement.—The Committee notes that GAO reporting has identified a lack of State education agency [SEA] and LEA capacity to implement school support and improvement requirements of the ESEA. Previous monitoring conducted by the Department found noncompliance with these requirements, which established a framework for SEAs, LEAs and schools to implement evidence-based solutions to improve outcomes for the most underperforming subgroups of students in schools and the lowest performing schools in each State. The Committee directs the Department to resume monitoring efforts and provide support to ensure effective implementation of ESEA requirements.

The Committee also believes greater transparency is needed regarding findings and corrective actions from prior monitoring of ESEA school support and improvement requirements, as well as the use of section 1003 funds. While the Department's website includes monitoring protocols and reports, it lacks comprehensive transparency into all monitoring activities, including the implementation of corrective actions taken by SEAs and LEAs to achieve compliance. The Committee directs the Department to update its 2024 Report to Congress to include implemented actions and to continue publicly reporting findings and required or recommended actions resulting from all monitoring and performance reviews of State implementation of title I–A of ESEA. This reporting must include findings from both comprehensive and targeted monitoring, as well as the implementation of corrective actions and recommendations. The Committee further directs the Department to publish the results of targeted monitoring of State compliance with title I–A requirements, including State report cards, on its website within 30 days of providing such findings to SEAs. Finally, the Committee encourages the Department to improve transparency around the use of section 1003 funds, particularly regarding the evidence-based interventions implemented, the student populations served, and the outcomes achieved. The Committee looks forward to the briefing required in Senate Report 119–55 on the Department's plans to comply with these directives and its ongoing efforts to improve SEA, LEA, and school implementation of ESEA requirements.

State Reservation for Administration of Title I.—The Committee bill includes new language that increases the amount of title I funds States may reserve for administration of parts A, C, and D of title I of the ESEA. The new language provides each State with administrative resources of the greater of $500,000 or 1 percent of its allotment under such parts of title I and each outlying area with a reservation of $60,000. In addition, the new language requires the 1 percent reservation calculation to be updated to reflect the fiscal year 2015 enacted appropriations for such programs.

Comprehensive Literacy State Development Grants

The Committee provides $199,000,000 for the Comprehensive Literacy State Development Grants program. This program provides competitive grants to SEAs that then subgrant at least 95 percent of such funds to eligible entities to support efforts to improve the literacy skills of children and students from birth through 12th grade in high-need schools and early education pro-

grams in a State for each of several age bands through implementation of evidence-based practices and interventions.

Evidence-Based Instruction for Students With Language-Based Learning Disabilities.—The Committee notes that ESEA requires the Secretary to prioritize applications proposing evidence-based activities to develop or enhance comprehensive literacy instruction plans that ensure high-quality instruction and effective strategies in reading and writing for children from early childhood education through grade 12.

The latest evaluation report of the predecessor program showed that not all States funded their most disadvantaged schools; few subgrantee school districts purchased programs supported by rigorous evidence and few teachers in funded schools reported using such programs; and few teachers used the kinds of comprehensive literacy instruction consistent with research and emphasized by the program less widely than expected. Few teachers reported engaging in all six features of high-quality comprehensive literacy instruction. The Committee directs the Department, in collaboration with the Institute of Education Sciences [IES], to provide a briefing on its program support, monitoring and oversight, and evaluation work over the past year and plans for the current and future year, including with respect to State and local efforts to strengthen and enhance teacher training on the identification of language-based learning disabilities and evidence-based methods of literacy instruction for students with language-based learning disabilities.

Innovative Approaches to Literacy

The Committee provides $30,000,000 for the Innovative Approaches to Literacy program. This program provides competitive grants to national not-for-profit organizations and school libraries for providing books and childhood literacy activities to children and families living in high-need communities. This includes programs that provide high-quality books on a regular basis to children and adolescents from low-income communities to increase reading motivation, performance, and frequency.

The Committee continues to direct the Department to reserve no less than 50 percent of funds under this program for grants to develop and enhance effective school library programs, which may include providing professional development to school librarians, books, and up-to-date materials to high-need schools. School library programs increase access to a wide range of print and electronic resources and provide learning opportunities for all students, particularly those who are less likely to have access to such materials at home. The Committee also encourages the Department to use a portion of the funds under this program for grants to pediatric literacy programs that are provided during well-child visits by medical providers trained in research-based methods of early language and literacy.

In addition, the Committee directs the Department to ensure that grants are distributed among eligible entities that will serve geographically diverse areas, including communities that are rural, Tribal, or where English is not the primary language. The Committee also encourages the Department to include a priority for initiatives that support biliteracy and multilingual approaches or pro-

vide professional development in multilingual education for existing school staff and teachers.

Migrant Education Program

The Committee provides $375,626,000 for the title I Migrant Education program. This funding supports grants to SEAs to ensure that migratory children receive full and appropriate opportunities to meet the same challenging State academic standards that all children are expected to meet and help such children overcome educational disruption and other factors that inhibit the ability of such children to succeed in school. Funding also supports activities to improve interstate and intrastate coordination of migrant education programs, as well as identify and improve services to the migrant student population.

Neglected and Delinquent

The Committee provides $49,239,000 for the Neglected and Delinquent program. This program, authorized under subpart 1 of title I–D of the ESEA, provides financial assistance to SEAs for education services to neglected and delinquent children and youth in State-run institutions and for juveniles in adult correctional institutions. States are authorized to set aside at least 15 percent, but not more than 30 percent, of their Neglected and Delinquent program funds to help students in State-operated institutions make the transition into locally operated programs and to support the successful reentry of youth offenders who are age 20 or younger and have received a secondary school diploma or its recognized equivalent. The Department is authorized to reserve up to 2.5 percent of the appropriation for national activities, including technical assistance. The Committee continues to urge the Department to increase its direct and technical assistance support to further assist grantees in their efforts to improve and report on program outcomes.

Special Programs for Migrant Students

The Committee provides $52,123,000 for Special Programs for Migrant Students, which consist of the High School Equivalency Program [HEP] and the College Assistance Migrant Program [CAMP]. HEP projects are 5-year grants to institutions of higher education [IHEs] and other nonprofit organizations to recruit migrant students ages 16 and older and provide the academic and support services needed to help them obtain a high school equivalency credential and subsequently gain employment, attain admission to a postsecondary institution or a job training program, or join the military. CAMP projects are 5-year grants to IHEs and nonprofit organizations to provide tutoring, counseling, and financial assistance to migrant students during their first year of postsecondary education in order to support postsecondary education program completion.

The Committee urges the Department to accelerate the program development timeline so grant competitions can be announced early enough for the Department to make new and non-competing continuation awards before July 1.

IMPACT AID

Appropriations, 2026	$1,630,151,000
Committee recommendation	1,640,151,000

The Committee provides $1,640,151,000 for the Impact Aid program. Impact Aid provides financial assistance to LEAs affected by the presence of Federal activities and federally owned land. These LEAs face unique challenges because they must educate children living on federally owned land, such as military bases, while federally owned property is also exempt from local taxes, a primary source of revenue for LEAs. LEAs also enroll students residing on private property whose parents may be exempt from paying sales and income taxes, reducing the revenue available to support these LEAs.

Basic Support Payments

The Committee provides $1,487,000,000 for the Basic Support Payments program. Under this statutory formula, payments are made on behalf of all categories of federally-connected children to compensate school districts for lost tax revenue.

Payments for Children With Disabilities

The Committee bill provides $49,316,000 for Payments for Children With Disabilities. Under this program, additional payments are made for certain federally connected children eligible for services under the Individuals with Disabilities Education Act [IDEA].

Facilities Maintenance

The Committee provides $4,835,000 for Facilities Maintenance. This activity provides funding for emergency repairs and comprehensive capital improvements to certain school facilities owned by the Department and used by LEAs to serve federally connected military dependent students. Funds appropriated for this purpose are available until expended.

Construction

The Committee provides $19,000,000 for eligible LEAs for school construction activities allocated through the authority for formula grants to LEAs under section 7007(a) of the ESEA.

Payments for Federal Property

The Committee provides $80,000,000 for Payments for Federal Property. These payments compensate LEAs specifically for revenue lost due to the removal of Federal property from local tax rolls, regardless of whether any federally connected children attend schools in the LEA.

SCHOOL IMPROVEMENT PROGRAMS

Appropriations, 2026	$5,781,178,000
Committee recommendation	5,792,328,000

The Committee provides $5,792,328,000 for the School Improvement Programs account.

Supporting Effective Instruction State Grants

The Committee provides $2,190,080,000 for Supporting Effective Instruction State Grants. States and LEAs may use funds for a range of activities related to the certification, recruitment, professional development, and support of teachers and administrators. Activities may include reforming teacher certification and licensure requirements, addressing alternative routes to State certification of teachers, recruiting teachers and principals, improving access to effective teachers, and implementing teacher mentoring systems, evaluation and support systems, merit pay, and merit-based performance systems. These funds may also be used by SEAs and LEAs to support or implement strategic staffing models and LEAs to hire teachers to reduce class sizes.

The appropriation for this program primarily supports activities associated with the 2027–2028 academic year. Of the funds provided, $508,639,000 will become available on July 1, 2027, and $1,681,441,000 will become available on October 1, 2027. These funds will remain available for obligation through September 30, 2028.

Nita M. Lowey 21st Century Community Learning Centers

The Committee provides $1,334,673,000 for the Nita M. Lowey 21st Century Community Learning Centers program. Funds are allocated to States by formula, which in turn, award at least 95 percent of their allocations to LEAs, community-based organizations, and other public and private entities. Grantees use these resources to establish or expand community learning centers that provide activities offering significant extended learning opportunities, such as before and after-school programs, recreational activities, drug and violence prevention, and family literacy programs for students and related services to their families. Centers must target their services to students who attend schools that are eligible to operate a schoolwide program under title I of ESEA or serve high percentages of students from low-income families.

The Committee is aware of concerns with the lack of efficiency and the delivery process within the 21st Century Community Learning Center program, and continues to urge the Department to examine the distribution of funds through State departments of education to ensure that their competitive grant and reporting process is streamlined, adheres to congressional intent, is void of additional regulations, and does not disadvantage rural schools, including but not limited to, creating barriers to partnership with non-profit organizations.

State Assessments Grants

The Committee provides $380,000,000 for the State Assessments Grants program. This program provides formula grants to States for the development and implementation of standards and assessments required by the ESEA, including improving such assessments through the adoption of through-course assessments and other innovative assessments that meet ESEA's requirements. This program may assist States and LEAs in carrying out audits of their assessment systems to eliminate low-quality or duplicative assessments. It also provides competitive grants to States, including con-

sortia of States, to improve the quality, validity, and reliability of academic assessments. These competitive grants may also be used to support State planning leading to an Innovative Assessment Demonstration Authority [IADA] application. The appropriation includes more than the statutorily required amount for formula grants that would be available for competitive grants for state assessments [CGSA].

Report on Improvements in Assessments.—The Committee recognizes that assessments serve different purposes, ranging from formative purposes to inform classroom instruction to summative purposes to inform school accountability and improvement. CGSA was authorized to support grantees seeking to improve both formative and summative assessments, depending on needs within their States. The Committee notes the directive in Senate Report 119–55 for the Department, through IES, to report on innovative work it has supported or is supporting on assessments, including through awards made through fiscal year 2025 under the CGSA program and looks forward to receiving the report. The Committee requests an update on this work not later than 45 days after enactment of this act.

Education for Homeless Children and Youth

The Committee provides $129,000,000 for carrying out education activities authorized by title VII, subtitle B of the McKinney-Vento Homeless Assistance Act. This program provides assistance to each State to support an office of the coordinator of education for homeless children and youth to develop and implement State plans for educating children and youth experiencing homelessness, and to make subgrants to LEAs to support the education of those children and youth. Grants are made to States based on the total that each State receives in title I–A grants to LEAs. States must subgrant not less than 75 percent of funds received to LEAs and may reserve remaining funds for State level activities. Under the McKinney-Vento Homeless Children and Youth Program, SEAs must ensure that children and youth experiencing homelessness have equal access to the same free public education, including a public preschool education, as is provided to other children and youth.

The Committee bill continues to include language providing an additional 12 months for educational agencies and institutions to obligate and expend Education for Homeless Children and Youth [EHCY] funds.

Training and Advisory Services

For Training and Advisory Services authorized by title IV of the Civil Rights Act (Public Law 88–352), the Committee provides $6,575,000. The funds provided will support awards to operate regional equity assistance centers [EACs]. EACs provide services to LEAs, SEAs, and other customers upon request.

The Committee directs the Department to prioritize the underlying purpose of the program as authorized by the Civil Rights Act, which is to desegregate public schools and ensure equal access to high-quality educational opportunities for all students without regard to race, sex, national origin, or religion.

Native Hawaiian Education

The Committee provides $46,000,000 for the Education for Native Hawaiian program. In addition, the Committee bill continues a provision that clarifies the use of funds for administrative costs.

The Committee bill continues to provide $650,000 for the Native Hawaiian Education Council, of which $150,000 is provided to support the Council's work to conduct at least one community consultation each year on each of the islands of Hawaii, Maui, Oahu, and Kauai regarding Native Hawaiian education program and other Federal grants, and additional community consultations as needed to consider impacts to the Native Hawaiian Community of key Federal education programs, policies and activities.

The Committee continues the set-aside of funds made available for the Education for Native Hawaiians program for grants for construction, renovation, and modernization of any public elementary school, secondary school, or structure related to a public elementary school or secondary school. The Committee intends that should funds be available for new awards, they shall be made competitively available to organizations in need of assistance with infrastructure improvement for increased capacity.

Alaska Native Education

The Committee provides $46,000,000 for the Alaska Native Education. These funds help address the unique educational needs of Alaska Native schoolchildren. Funds are used for the development of supplemental educational programs to benefit Alaska Natives.

Outreach and Program Responsiveness.—The Committee directs the Department to make every effort to ensure that grants are awarded well in advance of the school year, to maximize grantees' ability to hire the necessary staff and have their programs ready to go with the start of Alaska's school year in mid-August. The Committee continues to direct the Department to ensure that Alaska Native Tribes, Alaska Native regional non-profits, and Alaska Native corporations, particularly those that have received no or few grants under this program, have the maximum opportunity to successfully compete for grants under this program by providing these entities multiple opportunities for technical assistance in developing successful applications for these funds, both in Alaska and via various forms of telecommunications. The Committee also strongly encourages the Department to include as many peer reviewers as possible who are Alaska Natives or who have experience with Alaska Native education and Alaska generally on each peer review panel.

Priorities.—The Committee directs the Department to run grant competitions under the Alaska Native Education program in line with the program purposes in section 6303 of the ESEA.

Use of Funds.—The Committee continues bill language that allows funding provided by this program to be used for construction and overrides the authorizing statute's requirement to make noncompetitive awards to certain organizations.

Rural Education

The Committee provides $230,000,000 for rural education programs. The Committee directs rural education funding to be equal-

ly divided between the Small, Rural School Achievement Program, which provides funds to LEAs that serve a small number of students, and the Rural and Low-Income School Program, which provides funds to LEAs that serve concentrations of poor students, regardless of the number of students served.

The Rural Education Achievement Program [REAP] is the only dedicated Federal funding stream for supporting rural schools. In 2020, the Department announced that some LEAs were using alternative poverty data to demonstrate eligibility for the Rural and Low-Income School Program in place of the U.S. Census Bureau's Small Area Income and Poverty Estimates, as required by section 5221(b)(1)(A)(i) of the ESEA. The Department had routinely accepted these data since the program was created in 2002. In fiscal years 2021, 2022, and 2023, those LEAs that would have been eliminated abruptly from eligibility were held harmless at a declining rate that would have continued to fall through fiscal year 2027. In fiscal year 2024, bill language was included to hold the affected LEAs harmless at the fiscal year 2023 level. The Committee has also increased funding for REAP in the most recent fiscal years and includes an increase of $5,000,000 for this fiscal year. The Committee understands that changes to eligibility for funding received under this program create very significant challenges for several LEAs and States, at no fault of their own, and therefore continues to include bill language that will hold the affected LEAs harmless at the fiscal year 2023 level during this fiscal year.

Comprehensive Centers

The Committee provides $50,000,000 for the Comprehensive Centers program. These funds provide support to a network of comprehensive centers that are operated by research organizations, agencies, IHEs, or partnerships thereof. Centers provide training and technical assistance identified in annual State service plans to build the capacity of SEAs and the Bureau of Indian Education [BIE], and through them LEAs, and schools, to provide a high quality education to all students.

Section 202 of the Educational Technical Assistance Act of 2002 requires centers to report on their activities and the SEAs and LEAs assisted during the preceding year. The Committee requests the Secretary publicly post these reports not later than 180 days after enactment of this act. Centers play an important role in supporting State and local efforts to close opportunity gaps and improve educational outcomes, particularly for students attending schools implementing comprehensive support and improvement or targeted or additional targeted support and improvement activities. The Committee directs the Department to brief the Committee not later 60 days after enactment of this act on planned work of the centers to comply with the ESEA, build capacity of SEAs and LEAs to effectively implement required school support and improvement activities, and address educator shortages, including through strategic staffing models.

Student Support and Academic Enrichment Grants

The Committee provides $1,380,000,000 for Student Support and Academic Enrichment [SSAE] Grants. This program provides for-

mula grants to States based on each State's share of title I–A grants, which then sub-grant to LEAs, to help improve academic achievement by supporting activities that provide students with a well-rounded education, ensure safe and supportive learning environments, and use technology to improve instruction.

Technical Assistance and Capacity Building.—The reservation for technical assistance and capacity building shall be used to support SEAs and LEAs in carrying out authorized activities under this program identified by SEAs and LEAs. In future CJs, the Department shall continue to provide current and planned expenditures for this reservation and include a plan for how resources will be spent to provide technical assistance and to build the capacity of SEAs and LEAs.

Report on Use of Funds.—The Committee continues to direct the Department to obtain and examine data on State and local expenditures, outlined by specific authorized activities, and provide information about how LEAs plan to evaluate the effectiveness of their activities. The Committee directs the Department, within 180 days after the enactment of this act, to provide a briefing to the Committee on implementation of this directive.

INDIAN EDUCATION

Appropriations, 2026	$196,746,000
Committee recommendation	196,746,000

The Committee provides $196,746,000 for Indian Education programs.

Grants to Local Educational Agencies

For grants to LEAs, the Committee provides $110,381,000. These funds provide financial support to elementary and secondary school programs that serve Indian students, including preschool children. Funds are awarded on a formula basis to LEAs, schools supported and operated by the Department of the Interior/Bureau of Indian Education, and in some cases directly to Indian Tribes.

Special Programs for Indian Children

The Committee provides $72,000,000 for Special Programs for Indian Children. Funds are used for demonstration grants to improve Indian student achievement from early childhood education through college preparation programs, and for professional development grants for training Indians who are preparing to begin careers in teaching and school administration.

The Department is directed to use no less than $5,000,000 of funds available to continue the teacher retention-initiative intended to help address the shortage of Indian, Alaska Native, and Native Hawaiian educators and to expand their impact on students' education. The initiative must support teacher leadership models as a method to increase the retention of effective, experienced Indian, Alaska Native, and Native Hawaiian teachers. Outcomes and models of culturally-responsive teacher leaders participating in this program must have their growth and effectiveness measured and these findings shall support the development of evidence-, research- and culturally responsive teacher leadership models. The Depart-

ment is directed to publish such findings within a year of project implementation.

National Activities

The Committee provides $14,365,000 for National Activities. Funds are used to expand efforts to improve research, evaluation, and data collection on the status and effectiveness of Indian education programs, and to continue grants to Tribal educational departments for education administration and planning. The bill includes language allowing more than 20 percent of these funds to be used for grants for Native American Language Immersion. The Committee bill also continues language allowing the Secretary to make such awards for a period not to exceed 5 years.

Within the total provided for Indian Education National Activities, the following amounts are available for the following activities:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Native American Language Immersion	$4,750,000	$4,750,000
Native American Language Resource Centers	3,000,000	3,000,000
State-Tribal Education Partnerships	4,000,000	4,000,000

Native American Language Immersion Programs.—The Committee provides not less than $4,750,000 for Native American Language Immersion grants. This amount will support new and continuation awards in fiscal year 2027. Funds for the Native American Language Immersion program shall continue to be allocated to all types of eligible entities, including both new and existing language immersion programs and schools, to support the greatest possible geographical distribution and language diversity. Further, the Department shall continue to give the same consideration to applicants that propose to provide partial immersion schools and programs as to full immersion, as the local Tribes, schools, and other applicants know best what type of program will most effectively assist their youth to succeed. Finally, the Committee directs the Department to provide equal consideration to American Indian, Alaska Native, and Native Hawaiian language immersion schools and programs.

Native American Language Resource Centers.—The Committee recognizes the importance of supporting the revitalization of Native American languages, including by encouraging and supporting the use of Native American languages as a medium of instruction. In addition, the Committee recognizes the need to encourage and support early childhood education programs, elementary schools, secondary schools, and IHEs to include Native American languages in the curriculum as the primary mode of instruction, and in the same manner as other world languages, including through cooperative agreements and distance education, and to grant proficiency in Native American languages the same full academic credit as proficiency in other world languages. The Committee recommendation includes $3,000,000 to continue to carry out the policy set forth in Public Law 117–335 and direction provided in prior fiscal years to establish Native American Language Resource Centers.

INNOVATION AND IMPROVEMENT

Appropriations, 2026	$1,191,147,000
Committee recommendation	1,220,248,000

The Committee provides $1,220,248,000 for programs within the Innovation and Improvement account.

Education Innovation and Research

The Committee provides $235,000,000 for the Education Innovation and Research [EIR] program. This program supports the creation, development, implementation, replication, and scaling up of evidence-based, field-initiated State and local innovations designed to improve student achievement and attainment for high-need students. EIR incorporates a tiered evidence framework that provides early-phase, mid-phase, and expansion and replication grants. This supports interventions throughout the pipeline, from smaller grants for early stage projects that are willing to undergo rigorous evaluation to test their efficacy to larger grants to scale-up proven-effective interventions that have demonstrated significant impacts through at least one rigorous evaluation.

Briefing Requirement.—The Committee directs the Department brief the Committee on the fiscal year 2027 funding opportunities available under this program, including any proposed priorities, not less than 14 days prior to a competition announcement being published in the Federal Register.

Grant Priorities.—The Committee notes there is significant demand from the field to test many types of strategies and to examine promising techniques that can be scaled-up in different settings. For example, the EIR program can be a highly effective tool for developing innovative solutions to critical problems, such as worsening teacher shortages, widening achievement gaps, and disparate access to advanced courses for promising students. The program could also support scalable STEM initiatives that serve rural and economically transitioning communities, including those programs that integrate agricultural technology, data science, and project-based learning to strengthen workforce readiness and teacher capacity. The program could also identify and disseminate best practices for integrating STEM and career-connected learning into JROTC and programs serving military-connected students. The Committee also supports EIR funds being used for grants for evidence-based projects that foster knowledge and promote the development of foundational skills that support schools and parents to prepare students to be informed, thoughtful and productive individuals ready to succeed in school and life. The Committee directs funds to continue to support diverse and field-initiated interventions such as the ones noted above, rather than a single nationwide program or award focused solely on one area of educational innovation.

School Support and Improvement.—The Committee recognizes that funds under section 1003(a) of the ESEA are meant to support schools that are currently identified for support, consistent with the statutory requirements for identifying schools for Comprehensive Support and Improvement [CSI], Additional Targeted Support and Improvement [ATSI], and Targeted Support and Improvement

[TSI], but continuing to build the evidence base for school improvement efforts in schools that have exited status and are no longer identified is also important. The Committee encourages the Department to establish a priority for grants to LEAs meeting EIR requirements that would further test the interventions used by CSI, ATSI, and TSI schools that have exited improvement status.

Rural Set-Aside.—The Committee supports the required 25 percent set-aside within EIR for rural areas and encourages the Department to take steps necessary to ensure the set-aside is met and that EIR funds are awarded to diverse geographic areas. The Committee encourages the Department to invest in rural, high-need communities by ensuring grants are awarded to a diverse set of institutions, affecting varied geographic locations, including areas with substantial minority students, which have submitted high quality applications meeting EIR program requirements.

Charter School Program

The Committee provides $500,000,000 for the Charter School Program [CSP]. This program supports the start-up, replication, and expansion of high-quality public charter schools prepared to effectively serve all students.

Program Activities.—The Committee continues bill language providing increased flexibility within the program to effectively respond to the changing needs of the sector and increase the likelihood that Federal funds will be invested in high-quality charter schools prepared to serve all students effectively. The Committee continues to direct Charter School Program competitions to be run on similar cycles. The language will continue to allow for the allocation of not more than $140,000,000 for replication and expansion of high-quality charter schools through the Charter Management Organization [CMO] program established in ESEA.

The bill also allocates not less than $60,000,000 for Facilities Grants under section 4304, including the Credit Enhancement program. The Committee is supportive of construction and renovation of charter school facilities, including storm shelters, safe rooms, and other infrastructure improvements such as fortified roof and wall construction to improve windstorm, tornado, and hurricane resilience, and to ensure that a school building is equipped to support the provision of a high-quality education. The bill also provides not more than $16,000,000 for national activities to provide technical assistance, disseminate best practices, and evaluate the impact of the charter school program. Finally, funds are available for use under 4305(a)(2) for Developer grants and under section 4303 for State Entity grants. The Committee directs the Department to provide a briefing on its planned use of flexibility provided not later than 14 days prior to the announcement of any notice of proposed priorities, notice inviting applications for CSP activities, and announcement of grant awards.

Pre-application Support.—The Committee includes new bill language authorizing State Entity grantees to reserve a maximum of 5 percent of funds to make pre-charter planning subgrants to developers in their States. Research shows that supporting the application phase of developing a new public charter school results in stronger charter school applications, higher authorization rates,

and more effective school openings. The Committee urges the Department to support activities such as pre-application webinars and best practice resources to enable potential applicants to develop proposals meeting all ESEA requirements.

State Entity Subgrantees.—Under the CSP, State Entities receive competitive grants that are subsequently distributed as subgrants to support the opening of new charter schools, the replication of high-quality charter schools, and the expansion of high-quality charter schools. As required by ESEA, when eligible State Entities apply for these grants, they include in their applications the projected number of subgrants that they expect to make in each of those three categories. After completing their subgrant competitions, however, State Entities will typically find that they must deviate from their initial projections in order to support the highest-quality applicants, regardless of category. The Committee notes State Entities received awards based on the quality of their applications, including projections of schools to be opened. However, if the State Entity attempts to but is unable to implement the approved plan, the timely approval of amendments to subgrant projections could facilitate the most effective use of these resources in creating high-quality public educational options for students. The Committee directs the Secretary to allow State Entities to diverge from their original projections after conducting competitions that do not meet subgrant projections in their approved application, in order to fund the highest-quality subgrant applicants that meet all Federal requirements. The Committee further directs the Department to report on the implementation of this directive in next year's CJ.

Technical Assistance.—The Committee includes new bill language to increase the maximum amount that CSP State Entity grantees may reserve for technical assistance to 10 percent of grant funds and for administration to 5 percent of grant funds. The Department is directed to support and evaluate and the effective use of technical assistance resources; evaluate how such funds are used to ensure subgrantees are equipped to meet the needs of all students, and specifically students with disabilities and English learners as required by law; and, brief the Committee not later than 90 days after enactment of this act on its actions and continued plans to effectively oversee the CSP program.

Uses of Funds.—The Committee notes that grant recipients under the Charter Schools Grants to State Entities program historically have encountered delays in their implementation of their grants because of uncertainty over whether certain uses of funds are allowable under the ESEA and while grant administrators go through the process of reviewing individual costs for compliance monitoring. For example, while section 4303(h) allows funding of "appropriate, non-sustained costs when such costs cannot be met from other sources", it is often unclear whether specific costs should be considered sustained or non-sustained, with the confusion sometimes emanating from unclear language in the State statutes that provide funding for charter schools. In other situations, a funding category such as "educator compensation" could encompass activities that are either sustained or non-sustained, depending on the manner in which those activities are carried out.

Magnet Schools Assistance

The Committee provides $139,000,000 for the Magnet Schools Assistance program. This program supports grants to LEAs to establish and operate magnet schools that are part of a court-ordered or federally approved voluntary desegregation plan. Magnet schools are designed to attract substantial numbers of students from different social, economic, ethnic, and racial backgrounds. Grantees may use funds for planning and promotional materials; salaries of instructional staff; transportation, as long as such expenses are sustainable beyond the grant period and not a significant portion of the grant; and the purchase of technology, educational materials, and equipment.

Teacher and School Leader Incentive Grants

The Committee provides $55,000,000 for Teacher and School Leader Incentive Grants. This program provides competitive grants to eligible entities to develop, implement, improve, or expand human capital management systems or performance-based compensation systems in schools. Funds can be used for a wide-range of activities, including developing or improving evaluation and support systems that are based in part on student achievement; providing principals with necessary tools to make school-level decisions; implementing a differentiated salary structure based on a variety of factors; improving the recruitment and retention of effective teachers, principals, and other school leaders; and instituting career advancement opportunities that reward effective teachers, principals and other school leaders.

Strategic Staffing Models.—The Committee is concerned about the decreasing number of candidates entering the teaching profession. The Committee notes the Department included a priority in the fiscal year 2026 competition to support new approaches to human capital management systems [HCMS] and performance-based compensation systems [PBCS] through the development and implementation of strategic school staffing models that include new educator roles, team-based models, distributed expertise, and opportunities for teacher leadership. The Committee encourages the Department to provide an update in the fiscal year 2028 CJ on awards made under this priority.

Ready-To-Learn Television

The Committee provides $31,000,000 for the Ready-to-Learn Television program. This program is designed to facilitate student academic achievement by leveraging the power and reach of public television to develop and distribute educational video programming, and digital content, for preschool and elementary school children and their parents, caregivers, and teachers.

Arts in Education

The Committee provides $31,500,000 for the Arts in Education program. The funding is used for a program of competitive awards for assistance for arts education, including professional development for arts educators, teachers and principals; developing and disseminating accessible instructional materials and arts-based educational programming; and for national and community out-

reach activities that strengthen relationships among LEAs, schools, communities and arts organizations. Funds also are used for evaluation and dissemination activities.

National Program.—The Committee recommendation includes no less than $8,000,000 for a national program grant competition. The Committee includes bill language intended to ensure the Department does not administer the Arts in Education program activities in a consolidated grant competition as it did in fiscal year 2021. The language further requires the Department to use not less than $8,000,000 for an Arts in Education National Program competition following priorities and program requirements of the fiscal year 2022 competition.

Javits Gifted and Talented Students

The Committee provides $16,500,000 for the Javits Gifted and Talented Students Education program. Funds are used for awards to State and local educational agencies, IHEs, and other public and private agencies for research, demonstration, and technical assistance activities designed to enhance the capability of elementary and secondary schools to meet the special educational needs of gifted and talented students. Under ESEA, the Department gives priority to making awards for projects that include evidence-based activities or that develop new information to improve the capacity of schools to operate gifted and talented education programs or to assist schools in identifying and serving traditionally underserved students

Supporting Effective Educator Development

The Committee provides $90,000,000 for the Supporting Effective Educator Development [SEED] program. SEED provides competitive grants to improve teacher and principal effectiveness by supporting pathways that help teachers, principals, or other school leaders with non-traditional preparation and certification obtain employment in underserved LEAs; providing evidence-based professional development; and making services and learning opportunities freely available to LEAs.

Effective School Leaders.—The Committee recognizes the significant impact of effective school principals and other school leaders on student achievement and other student outcomes, and believes the SEED program provides important support for helping ensure that more highly trained school leaders are available for service in schools that have concentrations of students from low-income families. Therefore, the Committee directs the Secretary to continue to use a portion of funds made available for SEED for new awards supporting the preparation of principals and other school leaders.

American History and Civics Education

The Committee provides $23,000,000 for American History and Civics Education, including $3,000,000 for Presidential and Congressional Academies for American History and Civics and $20,000,000 for American History and Civics Education National Activities.

Presidential Academies for the Teaching of American History and Civics offer residential workshops to elementary and secondary

school teachers to strengthen their knowledge through instruction and interaction with primary scholars and accomplished teachers in these fields. The Congressional Academies for Students of American History and Civics provide similar workshops to students to enrich their understanding of American history and civics.

Statewide Family Engagement Centers

The Committee provides $20,000,000 for Statewide Family Engagement Centers. This program provides competitive grants to statewide organizations to promote and implement evidence-based family engagement activities in education programs, and provide training and technical assistance to SEAs, LEAs, schools, and other organizations for carrying out such activities.

Congressionally Directed Spending

The Committee provides $79,248,000 for the projects, and in the amounts, specified in the table at the end of this explanatory statement.

SAFE SCHOOLS AND CITIZENSHIP EDUCATION

Appropriations, 2026	$431,000,000
Committee recommendation	431,000,000

The Committee provides a total of $431,000,000 for activities to promote safe schools, healthy students, and citizenship education.

Promise Neighborhoods

The Committee provides $91,000,000 for the Promise Neighborhoods program. This program awards competitive grants to not-for-profit, community-based organizations for the development of comprehensive neighborhood programs designed to combat the effects of poverty and improve educational and life outcomes for children and youth, from birth through college. Each Promise Neighborhood grantee serves a high-poverty urban neighborhood or rural community. Grants are for up to 5 years, with the final 2 years of funding contingent on grantee performance against program- and project-level performance objectives. Further, grants may be extended an additional 2 years beyond the 5-year project period contingent on grantee performance. The bill continues to provide extended availability of these funds, to allow the Department more flexibility for the timing of new awards and maximize the time for grantee planning activities.

Promise Neighborhoods Extensions.—The Committee directs the Department to use any available fiscal year 2027 funds, not being used for continuation awards, only for 2-year extension grants to high quality Promise Neighborhood grantees that have demonstrated improvements in program performance indicators or for new 5-year implementation awards. If the Departments runs a grant competition for new 5-year awards, it is directed to allow previously awarded grantees with programs that may have recently expired to compete for additional funding for the same neighborhood, provided they have at least 5 years of successfully submitting Government Performance Results Act [GPRA] data, demonstrated improvements in Promise Neighborhoods indicators, and justify the

need for additional funding for their continued implementation of high quality plans and evidence-based activities.

School Safety National Activities

The Committee provides $190,000,000 for School Safety National Activities, including up to $6,000,000 as necessary for Project SERV, which provides assistance to schools and IHEs to respond and recover in the aftermath of violent or traumatic events disrupting the learning environment. School Safety National Activities funding also supports several grant and technical assistance activities intended to improve the safety, health, and well-being of all students. The Committee requests a briefing not later than 14 days prior to the issuance of any notice inviting applications or notice of proposed priorities. The Committee bill includes new language which requires the Department to allocate program funds provided under this program in accordance with the following table:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Mental Health Services Professional Grants	$82,000,000	$82,000,000
Project School Emergency Response to Violence (Project SERV)	up to 6,000,000	up to 6,000,000
School-Based Mental Health Services Grants	82,000,000	82,000,000
School Safety Enhancement Grants	20,000,000	20,000,000

Mental Health Service Professional Development Grant Program and School-Based Mental Health Services Grant Program.—With the goal of addressing the shortage of school-based mental health professionals in our Nation's elementary and secondary schools by expanding the pipeline of these professionals and improving districts' ability to recruit and retain these professionals, the Committee provides $164,000,000 to be equally split between the Mental Health Services Professional Demonstration Grant Program and the School-Based Mental Health Services Grant to increase the number of well-trained school counselors, school social workers, and school psychologists, or other mental health professionals qualified to provide school-based mental health services. The Committee recognizes the significant impact of substance use disorders and adverse childhood experiences on the mental health and academic success of students. Therefore, the Committee encourages the Department to continue to prioritize grants to eligible entities with demonstrated need, which should include States with a high prevalence of adverse childhood experiences and youth with substance use disorders.

School Safety Enhancement Grants.—The Committee directs the Department to continue to carry out this program as described in the explanatory statement accompanying Division B of Public Law 119–75.

Full Service Community Schools

The Committee provides $150,000,000 for Full-Service Community Schools. This program provides support for the planning, implementation, and operation of full-service community schools that improve the integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools. The Com-

mittee encourages the Secretary to prioritize grants to SEAs and LEAs with high concentrations of students in kinship guardianship arrangements, including grandparents raising grandchildren.

ENGLISH LANGUAGE ACQUISITION

Appropriations, 2026	$890,000,000
Committee recommendation	890,000,000

The Committee provides an appropriation of $890,000,000 for the English Language Acquisition [ELA] program.

The Department makes formula grants to States based on each State's share of the Nation's limited-English-proficient and recent immigrant student population. The program is designed to increase the capacity of States and school districts to address the needs of these students. The authorizing statute requires that 6.5 percent of the appropriation be used to support national activities, which include professional development activities designed to increase the number of highly qualified teachers serving limited-English-proficient students; and a National Clearinghouse for English Language Acquisition and Language Instructional Programs. National activities funds are available for 2 years.

Briefing.—The Committee recognizes that every State has English language learners who rely on targeted instruction and dedicated programmatic support to access the curriculum and meet academic standards. The Committee notes the role that the former Office of English Language Acquisition played in managing the Native American and Alaska Native Children in Schools grants, National Professional Development grants, and the National Clearinghouse for English Language Acquisition program as well as providing technical assistance to States and enforcing title III requirements of the ESEA. The Committee intends for these activities to continue as the Department carries out its statutory responsibilities under ESEA with respect to English learner students and requests a briefing not later than 90 days after enactment on the Department's implemented actions and plans to improve outcomes for English learners, which shall also include information on staffing levels and fulfillment of statutory requirements. Additionally, the Department is directed to monitor in fiscal year 2027 not fewer than 5 States for compliance with requirements under title III, including efforts to ensure that LEAs are implementing effective strategies to help English learners achieve content and language proficiency.

SPECIAL EDUCATION

Appropriations, 2026	$15,490,264,000
Committee recommendation	15,541,264,000

The Committee provides an appropriation of $15,541,264,000 for special education programs. The Committee notes the important role that the Office of Special Education Programs [OSEP] plays in ensuring States' compliance with IDEA and requests an update in the fiscal year 2028 CJ on OSEP's IDEA monitoring and technical assistance support efforts maintained by funding provided in this act.

To ensure that children and students with disabilities fully benefit from IDEA, the Committee directs the Secretary to maintain sufficient monitoring efforts to remain current on the 5-year cycle and to continue funding all existing OSEP technical assistance centers. The Department is further directed to brief the Committee on current and planned monitoring, oversight, and technical assistance activities within 45 days of enactment.

Grants to States

The Committee provides $14,278,704,000 for IDEA part B Grants to States. This program provides formula grants to assist States, outlying areas, and other entities in meeting the costs of providing special education and related services for children with disabilities. States pass along most of these funds to LEAs, but may reserve some for program monitoring, enforcement, technical assistance, and other activities. The appropriation for this program primarily supports activities associated with the 2027–2028 academic year. Of the funds available for this program, $4,995,321,000 will become available on July 1, 2027, and $9,283,383,000 will become available on October 1, 2027. These funds will remain available for obligation through September 30, 2028.

Preschool Grants

The Committee provides $420,000,000 for Preschool Grants. This program provides formula grants to States to assist them in making available special education and related services for children with disabilities aged 3 through 5. States distribute the bulk of the funds to LEAs. States must serve all eligible children with disabilities aged 3 through 5 and have an approved application under the IDEA.

Grants for Infants and Families

The Committee provides $545,000,000 for the Grants for Infants and Families program under part C of the IDEA. Part C of IDEA authorizes formula grants to States, outlying areas, and other entities to implement State-wide systems for providing early intervention services to all children with disabilities, ages 2 and younger, and their families. IDEA also gives States the option of extending eligibility for part C services to children 3 and older if they were previously served under part C and will continue to be served until entrance to kindergarten.

State Personnel Development

The Committee provides $38,630,000 for the State Personnel Development program. Ninety percent of funds must be used for professional development activities. The program supports grants to SEAs to help them reform and improve their personnel preparation and professional development related to early intervention, educational, and transition services that improve outcomes for students with disabilities.

Technical Assistance and Dissemination

The Committee provides $39,345,000 for Technical Assistance and Dissemination. This program supports awards for technical as-

sistance, model demonstration projects, the dissemination of useful information, and other activities. Funding supports activities that are designed to improve the services provided under the IDEA.

National Transition Technical Assistance Center for Students and Youth with Disabilities.—The Committee notes the National Transition Technical Assistance Center for Students and Youth with Disabilities has supported state special education and vocational rehabilitation personnel in improving practices that promote better outcomes, specifically leading to competitive integrated employment for students and youth with disabilities, by providing information, tools, and assistance in the use of evidence-based practices. The Committee notes the IDEA requires the Secretary to make competitive grants to, or enter contracts or cooperative agreements with, eligible entities to disseminate information about innovative curricula designs, instructional approaches, and strategies that provide effective transitions between educational settings or from school to post-school settings. Additionally, the Rehabilitation Act of 1973 allows the Secretary to make grants to, or enter into contracts with, eligible entities to improve transition from education, including postsecondary education to employment, particularly competitive integrated employment. The Committee requests the Department provide an update on the required work, outcomes, and multi-year goals and objectives of the center in the fiscal year 2028 CJ.

Technical Assistance and Dissemination.—The Committee maintains support for OSEP's State Deaf-Blind Projects and the Helen Keller National Center for DeafBlind Youths and Adults to strengthen support of the abilities and needs of children with deafblindness, including through intervener services. The Committee encourages the Department to assist SEAs and LEAs seeking to facilitate the availability of intervener services at State and local levels, so students who are deafblind have access to information, communication, and interaction in educational environments. The Department is directed to provide in the fiscal year 2028 CJ an update on actions and plans to ensure that intervener services are available when recommended by the Individualized Education Program team and parents and families are aware of such services as early as possible.

Personnel Preparation

The Committee provides $115,000,000 for the Personnel Preparation program. Funds support competitive awards to help address State-identified needs for personnel who are qualified to work with children with disabilities, including special education teachers and related services personnel. The program is required to fund several other broad areas, including training leadership personnel and personnel who work with children with low-incidence disabilities, and providing enhanced support for beginning special educators.

Doctoral-Level Preparation.—The Committee recognizes that investing in doctoral-level personnel preparation can help address challenges related to shortages of special educators. The Committee is supportive of prioritizing doctoral-level personnel preparation in special education under this program to assist SEAs in reforming and improving their systems for personnel preparation and profes-

sional development in early intervention, educational, and transition services to improve results for children with disabilities.

Parent Information Centers

The Committee provides $33,152,000 for Parent Information Centers. This program makes awards to parent organizations to support parent training and information centers, including community parent resource centers. These centers provide training and information to meet the needs of parents of children with disabilities living in the areas served by the centers, particularly underserved parents, and parents of children who may be inappropriately identified.

Technology and Media Services

The Committee provides $32,433,000 for Technology and Media Services. This program makes competitive awards to support the development, demonstration, and use of technology and educational media activities of value to children with disabilities.

Special Olympics Education Programs

The Committee provides $39,000,000 to support activities authorized by the Special Olympics Sport and Empowerment Act. This funding supports efforts to expand Special Olympics programs and the design and implementation of Special Olympics education programs that can be integrated into classroom instruction and are consistent with academic content standards.

REHABILITATION SERVICES

Appropriations, 2026	$4,648,295,000
Committee recommendation	4,769,906,000

Vocational Rehabilitation State Grants

The Committee provides $4,625,707,000 in mandatory funding for Vocational Rehabilitation [VR] State Grants. State Grants assist States in providing a range of services to help persons with physical and mental disabilities prepare for and engage in meaningful employment. The Committee provides an increase in VR State Grants according to the CPI–U, consistent with the authorizing statute.

Timely Submission of Annual Report.—The Rehabilitation Act requires the Commissioner of the Rehabilitation Services Administration [RSA] to prepare and submit to the President and to the Congress a full and complete report on the activities carried out under the Rehabilitation Act not later than 180 days after the close of each fiscal year. The Committee notes RSA has not submitted such reports for each of fiscal years 2023 through 2025 and directs the Department to submit the statutorily required annual reports as directed by section 13 of the Rehabilitation Act.

Disability Innovation Fund [DIF].—The Committee directs the Department to use a portion of DIF funds for competitive grants, to be awarded in coordination with the Office of Disability Employment Policy, to eligible entities in partnership with State VR agencies for innovative strategies that significantly increase competitive

integrated employment of youth and adults with disabilities. Grants should focus on expanding the capacity and the State network of eligible entities providing employment supports in States and prioritize States that have returned funds to RSA or States from the two lowest quintiles of labor force participation rates for people with disabilities.

The Committee directs the Department to continue to brief the Committee on Appropriations; the Committee on Health, Education, Labor, and Pensions of the Senate; the Committee on Education and Workforce of the House of Representatives; the Committee on Finance of the Senate; and the Committee on Ways and Means of the House of Representatives at least every 6 months with updates on activities funded within DIF.

Client Assistance State Grants

The Committee provides $13,000,000 in discretionary funds for Client Assistance State Grants. This program funds State formula grants to help VR clients or client applicants understand the benefits available to them. States must operate client assistance programs to receive VR State Grant funds.

Training

The Committee provides $29,388,000 for training rehabilitation personnel. This program supports grants to provide training to new VR staff or upgrade the qualifications of existing staff.

Demonstration and Training Programs

The Committee provides $5,796,000 for demonstration and training programs. These programs support activities designed to increase employment opportunities for individuals with disabilities by expanding and improving the availability and provision of rehabilitation and other services. The Committee recommendation includes no less than the fiscal year 2024 enacted level for parent information and training programs.

Protection and Advocacy of Individual Rights

The Committee provides $20,150,000 for the Protection and Advocacy of Individual Rights program. This program provides grants to agencies to protect and advocate for the legal and human rights of persons with disabilities who are ineligible for the protection and advocacy services available through the Developmental Disabilities Assistance and Bill of Rights Act (Public Law 106–402) or the Protection and Advocacy for Individuals with Mental Illness Act (Public Law 99–319).

Supported Employment State Grants

The Committee provides $22,548,000 for the Supported Employment State Grants Program. This program provides grants to States to provide supported employment services for individuals with the most significant disabilities, including youth with disabilities.

Independent Living Services for Older Individuals Who Are Blind

The Committee provides $33,317,000 for Independent Living State Grants. This program supports assistance to individuals over age 55 to help them adjust to their blindness and continue to live independently, including daily living skills training, counseling, community integration information and referral, the provision of low-vision and communication devices, and low-vision screening.

Helen Keller National Center for Deaf/Blind Youth and Adults

The Committee provides $20,000,000 for the Helen Keller National Center for Deaf-Blind Youth and Adults. The Helen Keller National Center consists of a national headquarters in Sands Point, New York, with a residential training and rehabilitation facility where deaf-blind persons receive intensive specialized services; a network of 10 regional field offices that provide referral and counseling assistance to deaf-blind persons; and an affiliate network of agencies.

SPECIAL INSTITUTIONS FOR PERSONS WITH DISABILITIES

The Committee recognizes the significant work underway by the American Printing House for the Blind [APH], the National Technical Institute for the Deaf [NTID], Gallaudet University, and other partners, including the original primary partner, the Alabama Institute for Deaf and Blind, to expand programs and services across the Nation for students who are deaf, blind, deaf blind and multi-disabled, and encourages expanded partnerships. The Committee directs that APH, NTID, and Gallaudet incorporate regular accounting practices for all partnerships, including timely disbursements based on contracted amounts.

AMERICAN PRINTING HOUSE FOR THE BLIND

Appropriations, 2026	$43,431,000
Committee recommendation	45,431,000

The Committee provides $45,431,000 to help support APH. APH provides educational materials to students who are legally blind and enrolled in elementary and secondary education programs to help enable such students to fully participate in and benefit from education programs. The Federal subsidy provides approximately 65 percent of APH's total sales income. Materials are distributed free of charge to schools and States through per capita allotments based on the total number of students who are blind. Materials provided include accessible textbooks, assistive technologies and other educational aids in Braille, large type, recorded form, and computer applications. Appropriated funds may be used for staff salaries and expenses, as well as equipment purchases and other acquisitions, consistent with the purpose of the act to Promote the Education of the Blind (Public Law 45–186).

The Committee includes funding for APH to develop and distribute assistive technologies, books in accessible formats, specially designed educational aids, and the training and support necessary to assist educators, parents and students who are blind or visually impaired to participate in and benefit from education programs. In addition, within amounts provided for APH, the Committee in-

cludes up to $10,000,000 to support production and distribution of an innovative braille and tactile display product developed by the Printing House and its partners.

Center for Assistive Technology Training.—Within the amounts provided for APH, the Committee includes up to $8,000,000, for the Center for Assistive Technology Training, including regional partnerships to provide instruction and technical assistance throughout the United States. The Committee believes training on a national level is essential to ensure teachers and families have the resources necessary to fully utilize APH products and technologies.

NATIONAL TECHNICAL INSTITUTE FOR THE DEAF

Appropriations, 2026	$92,500,000
Committee recommendation	94,500,000

The Committee provides $94,500,000 for NTID. NTID, located on the campus of the Rochester Institute of Technology in Rochester, New York, was created by Congress in 1965 to provide a residential facility for postsecondary technical training and education for persons who are deaf. NTID also provides support services for students who are deaf, trains professionals in the field of deafness, and conducts applied research.

Regional STEM Center.—The Committee includes up to $9,500,000 to continue NTID's current Regional STEM Center partnership. The STEM Center program expands NTID's geographical reach and improves access to postsecondary STEM education and employment for students who are deaf or hard of hearing in underserved areas. This has included professional development for teachers, developing relationships with business and industry to promote employment opportunities, and preparing students to be successful in STEM fields.

GALLAUDET UNIVERSITY

Appropriations, 2026	$167,361,000
Committee recommendation	169,361,000

The Committee provides $169,361,000 for Gallaudet University. The Committee continues to include bill language to allow Gallaudet to use up to $15,000,000 of its appropriation for allowable construction activities.

Gallaudet University is a private, not-for-profit institution offering undergraduate and continuing education programs for students who are deaf, as well as graduate programs in fields related to deafness for students who are hearing and deaf. The university conducts basic and applied research related to hearing impairments and provides public service programs for the deaf community.

This funding also supports the Model Secondary School for the Deaf, which serves as a laboratory for educational experimentation and development; disseminates curricula, materials, and models of instruction for students who are deaf; and prepares adolescents who are deaf for postsecondary academic or vocational education or the workplace. The university's Kendall Demonstration Elementary School develops and provides instruction for children from infancy through age 15.

Early Language Acquisition Project [ELAP].—The Committee includes $8,500,000 to continue the National expansion of ELAP through the Gallaudet University regional centers, of which the current partner is a regional center. ELAP supports early language acquisition for children from birth through age three who are deaf or hard of hearing. This program also supports activities to improve early language acquisition training for early educators, caretakers, and other professionals and allows Gallaudet to expand and build on its current research in this area, and test and evaluate interventions in diverse geographic areas.

CAREER, TECHNICAL, AND ADULT EDUCATION

Appropriations, 2026	$2,181,436,000
Committee recommendation	2,191,436,000

Career and Technical Education

The Committee provides $1,462,269,000 for Career and Technical Education [CTE] programs.

State Grants.—The Committee provides $1,449,848,000 for CTE State grants. Funds provided under the State grant program assist States, localities, and outlying areas to expand and improve their CTE programs and ensure equal access to CTE for populations with special needs. Persons assisted range from secondary students in pre-vocational courses through adults who need retraining to adapt to changing technological and labor market conditions. Per the authorization of the program, after reservations for required set-asides and small State minimums, funds are distributed to a baseline level of the amount awarded to each State in fiscal year 2018, with any remaining funds allocated according to a formula based on State population and State per capita income.

Under the Indian and Hawaiian Natives programs, competitive grants are awarded to federally recognized Indian Tribes or Tribal organizations and to organizations primarily serving and representing Hawaiian Natives for services that are additional to what these groups receive under other provisions of the Perkins Act (Public Law 88–210).

Of the funds available for this program, $658,848,000 will become available July 1, 2027, and $791,000,000 will become available on October 1, 2027. These funds will remain available for obligation until September 30, 2028.

National Activities.—The Committee provides $12,421,000 for national activities, including up to $6,100,000 for Innovation and Modernization grants.

The Committee notes that section 114(d)(2) of the Perkins Act requires the Department to use funds appropriated for national activities for "a series of research and evaluation initiatives for each year for which funds are appropriated." The Committee directs the Department to provide a briefing to the Committee no later than 90 days after enactment on the Department's implementation of the requirements under section 114(d)(2) of the Perkins Act, including past and planned uses of funds for research and evaluation initiatives. The Committee directs the Department to provide a list of the research and evaluation initiatives carried out with such funds

for fiscal year 2027, the amounts planned or obligated for each initiative, and the timeline for competition of each such initiative as well as planned uses for funds in fiscal year 2028 in the fiscal year 2028 CJ.

The Committee continues to encourage the Department to work with the Departments of Defense, Labor, and Commerce to develop a pilot project to increase the quality of, and participation in, CTE programs related to the skills needed for new submarine construction.

The Committee encourages the Department to include a priority for projects that include, as a component of an innovative career and technical education program, evidence-based school-based mentoring activities focused on providing students with the skills and experiences needed to be successful in the workplace in any new competitions under the Innovation and Modernization grants authority.

The Committee looks forward to the briefing requested in Senate Report 119–55 regarding online savings accounts as authorized under the Innovation and Modernization Grants authority in section 114(e) of the Perkins Act.

The Committee recognizes the importance of work-based learning opportunities for high school students and notes the important role that work-based learning coordinators can play in implementing successful work-based learning programs. Work-based learning coordinators conduct outreach, engagement, recruitment, and coordination of work-based learning activities, including, but not limited to, paid internships, youth apprenticeships, or pre-apprenticeships for high school students, with local community employers, especially with in-demand industries of information technology, health sciences, artificial intelligence, and engineering. The Committee urges the Department to support work-based learning coordinators through the Innovation and Modernization Grants authority.

Adult Education

The Committee provides $729,167,000 for Adult Education programs.

Adult Education State Grants.—The Committee recommendation provides $715,455,000 for Adult Education State Grants which provide funding for States for programs that assist adults in becoming literate and in obtaining the skills necessary for employment and self-sufficiency.

National Leadership Activities.—The Committee provides $13,712,000 for adult education national leadership activities.

The Committee encourages the Department to support technical assistance that will help build the evidence-base of adult education programs, including supporting States in prioritizing rigorously evaluated programs and the development of rigorous evidence such as funding randomized control trials, quasi-experimental studies and other evaluation methods that provide for a causal understanding of the effects of programs.

The Committee also encourages the Department to prioritize activities that reengage adults who have dropped out of the labor force, with a priority on States that have low labor participation rates.

STUDENT FINANCIAL ASSISTANCE

Appropriations, 2026	$24,615,352,000
Committee recommendation	39,658,352,000

The Committee provides an appropriation of $39,658,352,000 for programs under the Student Financial Assistance account.

Federal Pell Grant Program

The Committee provides $37,518,352,000 in discretionary funding for the Pell Grant program. This funding level includes an additional $15,043,000,000 to cover the estimated funding shortfall in the program in fiscal year 2027 in accordance with section 406(b) of H. Con. Res. 95 (109th Congress), the concurrent resolution on the budget for fiscal year 2006.

The Committee recommendation includes $6,335 for the discretionary portion of the maximum Pell Grant award. Combined with mandatory funding, under current law, this would provide a total maximum award of $7,395 for the 2027–2028 award year.

Pell Grant Restoration and Prison Education Program.—The Committee continues to recognize the value of the Pell Grant in supporting effective prison education programs for incarcerated individuals, reducing recidivism rates, and saving taxpayer dollars by reducing the overall cost of incarceration. The Committee directs the Department to provide technical assistance that encourages additional institutions to establish a Prison Education Program [PEP] and continue to work to transition all former Second Chance Pell experimental sites to become a PEP. In addition, the Committee strongly encourages the Department to coordinate with the Bureau of Prisons, State departments of corrections, county and local jail administrators, and accrediting agencies to enroll new PEP providers. The Committee directs the Department to submit to the Committee and to publish a publicly available list of approved PEPs on a quarterly basis so that incarcerated students, corrections officials, and policymakers have a public source of information about PEP availability. Within 45 days of enactment, the Committee also directs the Department to provide an update to the Committee on the number of PEP programs approved and the number of programs pending approval.

The Committee also encourages the Department to continue to develop and provide technical assistance and guidance to IHEs on how to support formerly incarcerated students as they leave prison, reenter society, and reenroll in postsecondary education. This guidance should address evidence-based strategies for helping formerly incarcerated people to secure housing, employment, and other Federal benefits, as well as re-enroll in college, access Federal and State financial aid, and secure campus housing and student employment. The Department should convey to IHEs that they should work to ensure that every student who participates in a Prison Education Program is able to reenter their communities successfully post-release.

Workforce Pell Grants.—The Committee directs the Department to collect and report to Congress, no later than 270 days after enactment of this act and each year thereafter, a complete list of programs at IHEs that have gained eligibility for Workforce Pell

Grants, as enacted under Public Law 119–21, with applicable eligibility and outcomes metrics for each eligible program obtained by the Department, disaggregated by State. The Department is further directed to provide quarterly briefings to the Committee, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and Workforce on the implementation of Workforce Pell, including how States are verifying the completion and job placement rates of programs at participating institutions and how the Department is verifying tuition and fees compared with the value-added earnings of each program.

Federal Supplemental Educational Opportunity Grant Program

The Committee provides $910,000,000 for the Supplemental Educational Opportunity Grant [SEOG] program. The SEOG program provides funds to IHEs for need-based grants to students. Institutions must contribute at least 25 percent toward SEOG awards.

Federal Work-Study Program

The Committee bill provides $1,230,000,000 for the Federal Work-Study [FWS] program. This program provides grants to IHEs to help undergraduate, graduate, and professional students meet the costs of postsecondary education through part-time employment. Institutions must provide at least 25 percent of student earnings.

Within the total for FWS, the Committee recommendation includes $11,053,000 for the Work Colleges program authorized under section 448 of the HEA.

STUDENT AID ADMINISTRATION

Appropriations, 2026	$2,058,943,000
Committee recommendation	2,058,943,000

The Committee provides $2,058,943,000 for the Student Aid Administration account. These funds are available until September 30, 2028, and support the Department's student aid management, including administration and operation, expenses.

Accreditation.—The Committee directs the Secretary to provide quarterly updates to the Committee on accreditation, including an update on the number and names of new accrediting agencies that have inquired about gaining recognition; that have begun accrediting activities; and have submitted applications for recognition. The Secretary shall publish a list with all this information annually and make it publicly available on the Department's website.

Briefing Requirement.—The Committee continues to include bill language requiring the Department to provide monthly briefings on general progress related to Federal student loan servicing and repayment. The Committee also directs the Secretary to include updates on implementation of the higher education provisions in the One Big Beautiful Bill Act in the monthly briefings. Information in the briefings should also include, but not be limited to, borrower status, including the percentage of total borrowers in repayment by repayment plan; the percentage of borrowers who are delinquent or not making payments; share of borrowers at-risk of defaulting on their student loans currently in active repayment (defined as re-

payment that is not in deferment or forbearance), by repayment plan; average and median amount repaid through the duration of repayment by repayment plan; average and median income of borrowers who receive forgiveness through IDR; share of borrowers making $0 payments; status of borrowers transitioning out of SAVE forbearance; status of borrowers enrolling in RAP and the Tiered Standard plan; the Department's progress in transitioning the management of the defaulted student loan portfolio to Treasury and the status of such borrowers subject to such transition; how the Department is using the at-risk servicing incentive in the Unified Servicing and Data Solution [USDS] contracts; how Treasury is using involuntary methods to collect defaulted student loans; metrics on student loan servicer performance, including accuracy, call quality, call wait time, abandon rates, PSLF backlog by servicers, and IDR backlog by servicer; metrics on communications with borrowers who are severely delinquent in their loans, including open and click through rates for emails and repayment actions; the Department's progress on processing the backlog of IDR applications; and any changes to communications with borrowers based on data or behavioral economics assumptions gathered during communications campaigns. The Committee further directs the Department to include updates on its campaign around resumed collections of student loans, including the mechanisms used in the communications campaign and outcomes of such campaign including number of borrowers reached, actions taken, the number of borrowers who have called the Debt Management and Collections System call center, and the number of borrowers who have exited default as a result of the communications campaign in the monthly briefings provided. The Committee also directs the Department to produce and broadly disseminate an accessible public report that summarizes this data on an annual basis.

Change Requests.—The Department is directed to continue to notify the Committee of awarded contract Change Requests from the preceding month by the 10th day of the next calendar month regarding changes to student loan servicing.

College Scorecard.—The Committee recognizes the value of institution-level outcomes data, including graduation rates, student loan repayment rates, and post-college earnings data for higher education accountability and directs the Department to maintain the College Scorecard and update the College Scorecard's data no less than once annually. The Committee also encourages the Department to continue refining the existing measures to maximize transparency about postsecondary educational opportunities and outcomes for students.

FAFSA Data.—The Committee directs the Department to maintain and expand the frequency and detail of FAFSA reporting, including quarterly Application Volume Reports, on the Office of Federal Student Aid [FSA] Student Aid Data Center. This data shall include, at minimum: (1) the number of FAFSA submissions and completions processed by FSA and disaggregated by State, demographic characteristics, dependency status, secondary school, and postsecondary school; (2) the number of student-submitted corrections; (3) the number of applications flagged by the Department's real-time fraud detection system described in Electronic Announce-

ment APP–26–03, disaggregated by risk category applicants were placed into; and (4) the amount of Federal student aid disbursed disaggregated by type of aid. The Department shall post the quarterly FAFSA reports no later than 60 days after the end of each applicable quarter and annual application cycle reports no later than 90 days after the end of each applicable cycle.

FAFSA Administration.—The Committee commends the Department for its efforts to ensure the 2026–2027 and 2027–2028 FAFSA processes launched successfully and were fully functioning and on time and remains interested in the continued successful implementation of the FAFSA Simplification Act. While the use of technology, including artificial intelligence, is helpful, it cannot replace the need for experienced Department staff who have knowledge and expertise in the administration of financial aid and technical product development. It is essential that the Department sustain its progress by maintaining sufficient in-house staffing, dedicated FAFSA program leadership, and the engineering and technical capacity that proved critical to recent improvements, in order to avoid any disruption to the continued administration of the FAFSA. Funds provided under this account should be allocated to improve customer service, including by conducting rigorous consumer testing as required by law. The Committee directs the Department to continue to provide quarterly briefings on FAFSA administration, including on the administration of the 2027–2028 FAFSA and its related processes, including consumer testing, FSA ID creation, transmission of ISIRs, availability of corrections, how the new earnings indicator impacts FAFSA completion, and implementation of verification requirements. The Committee also encourages the Department to provide mechanisms for financial aid experts to provide suggestions on how to improve the FAFSA form prior to and during the public comment period on the FAFSA form.

Financial Aid Data.—The Committee notes that FSA retains sensitive information on millions of Americans and reminds the Department of its obligation to fulfill all statutory requirements regarding data sharing and privacy. While data-sharing can produce important new insights and reduce administrative burden for applicants and recipients of Federal benefits, unlawful or inappropriate access of such data undermines the trust that individuals place in the government to use the data responsibly and legally. The Committee looks forward to receiving the report as described in Senate Report 119–55, as modified by the paragraph under this heading in the explanatory statement accompanying Division B of Public Law 119–75.

Higher Education Data Reporting.—The Committee notes that accurate information about costs and outcomes in postsecondary programs is vital to students and their families. The Committee directs the Department to fully implement and enforce all statutory data reporting and collection requirements under the HEA, including the requirement to update and improve the Integrated Postsecondary Education Data System [IPEDS], the requirement that IHEs participate in Federal data collections, including IPEDS, and maintaining the expanded IPEDS data elements required by the HEA.

Homeless and Foster Youth in Higher Education.—The Committee is aware that a number of States have required IHEs to appoint a liaison to assist homeless and foster youth. The Committee urges the Department to support other States and IHEs in establishing such liaisons on campuses. Not later than 120 days after enactment, the Committee directs the Department to provide a briefing to the Committee on steps the Department has taken to encourage IHEs to appoint liaisons for homeless and foster students and barriers identified by such institutions in appointing such liaisons. The Committee further directs GAO, building on its 2016 review (GAO–16–343) of barriers facing homeless and foster youth in higher education, to conduct an updated review of barriers preventing students experiencing homelessness and students with experience in foster care from accessing and succeeding in education beyond high school, and to report to the Committee on actions the Department can take to reduce such barriers. The review shall examine K–12 supports related to college readiness and college access, including counseling and assistance with financial aid applications; implementation of the FAFSA Simplification Act that affects homeless and foster youth, including independent student determinations, institutional practices, data transparency, and Departmental guidance and training; the availability and effectiveness of designated institutional liaisons or other knowledgeable points of contact to support such students in accessing and completing postsecondary education, including what percentage of IHEs have such liaisons, disaggregated by type of institution; the extent to which Federal TRIO programs and GEAR UP identify, conduct outreach to, and effectively serve homeless and foster youth; housing continuity during the academic year and academic breaks; and interagency coordination.

Identity Verification.—The Committee remains concerned about fraud occurring within Federal financial aid programs, including identify fraud, and commends the Department's efforts to address this problem. The Committee recognizes the need for identity verification procedures to ensure Federal student aid is being properly provided to eligible students. The Committee directs the Department to support IHEs and students using the new verification processes and to report to the Committee no less than quarterly the breakdown of the total number of students flagged by the real-time fraud detection system, disaggregated by risk category, and the number and percentage of filers who are selected for, successfully complete, or fail, or do not complete the identity verification disaggregated by first-time and repeat FAFSA filers. The Committee also directs this data to be published annually on the Department's website and as an Electronic Announcement.

IDR Application Backlog Transparency.—The Committee appreciates that the Department has been publicly reporting updates on their progress processing the current IDR backlog. The Committee directs the Department to continue publicly reporting on its progress processing the IDR application backlog on the Federal Student Aid Data Center website, including information on the number of applications received, the number of applications processed and approved, and the number of applications processed and denied.

Institutional Oversight.—The Committee directs the Department to continue to update and post all regularly produced public reporting on the FSA Student Aid Data Center related to oversight of IHEs. FSA should review applicable statutes and regulations to determine if any of the reports mandate specific reporting actions and update public websites accordingly.

Interagency Coordination for Benefits Outreach and Financial Aid.—The Committee notes that students and families would benefit from additional information on public and tax benefit programs that can help them meet their basic needs and cost of attendance, and that the recipients of public and tax benefit programs would benefit from information on financial aid to help them enroll in higher education. The FAFSA Simplification Act supports interagency coordination to conduct outreach for such purposes under sections 483(c)(3) and 485E(c) of the HEA, respectively. The Committee looks forward to the briefing required in Senate Report 119–55.

Maintaining Higher Education Transparency and Research.—Collecting and publishing timely and relevant student access and outcome data that does not publicly release personally identifiable information and related analyses through mechanisms such as third-party research agreements, agency surveys, and administrative data collections with strong privacy protections have been and continue to be essential for the planning, administration, operation, and evaluation of the student aid programs and higher education grant programs. Additionally, students and their families benefit from targeted outreach and enrollment into public and tax benefits for which they may be eligible and which help them afford the cost of college. Such data uses do not result in publicly disclosing personally identifiable information. The Committee urges the Department to maintain secure data collection, reporting that does not publicly release personally identifiable information, privacy-protected research, and interagency data-sharing for students' educational purposes only, including tax information such as income and family size, as part of the administration of the Federal student aid programs under the HEA.

Office of the Chief Economist.—The Committee recognizes the importance of the work of the Office of the Chief Economist. The Committee encourages FSA to collaborate with the Office of the Chief Economist to develop research and data analysis that will support informed policymaking, including studying measures of labor market outcomes of graduates by program and institution type; how new repayment plans affect different types of borrowers, including at-risk borrowers; how new loan limits affect student borrowing and college tuition; and analyzing the costs of postsecondary programs, including through assessment of Student Tuition and Transparency System data reported by institutions.

Ombudsman.—The Committee notes that the Student Loan Ombudsman is required under section 141 of the HEA and plays a critical role in supporting borrowers. The Committee looks forward to the briefing required on this topic in Senate Report 119–55. The Committee directs the Department to include the following information in the annual report required under section 141: data demonstrating the activities and effectiveness of the ombudsman func-

tion, the number of complaints received, the number of cumulative open complaints, the number of pending complaints that have received an initial response, and the number of complaints resolved.

Promoting Safe Campuses.—The Committee is concerned by reports of continued discrimination on college campuses, including hate crimes motivated by antisemitic and anti-Muslim prejudice. As FSA conducts its fiscal year 2027 work on enforcement of the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act [Clery Act], including complaint assessments, media assessments, and program reviews, the Committee encourages FSA to include institutions where known antisemitic or anti-Muslim hate crimes have occurred during the 2025–2026 academic year in such assessments and reviews. The Committee further encourages the Department to issue appropriate and timely fines for violations of the Clery Act.

PSLF Processing.—The Committee is interested in receiving information regarding PSLF processing. The Committee directs the Secretary to continue including information in the required monthly loan repayment briefings on the Department's progress on processing PSLF in fiscal year 2027, including processing of applications for the PSLF buyback program. The Committee also directs the Department to provide updated data on the FSA Student Aid Data Center on the number of PSLF applications, including PSLF buyback applications, processed, approved, or denied on a quarterly basis.

Reprogramming of Funds.—Any reallocation of funds between administrative costs and servicing activities within this account should be treated as a reprogramming of funds, and the Department is directed to notify the Committee in advance of any such changes, pursuant to section 514 of this act.

Return of Title IV Funds.—The Committee continues to encourage the Department to pursue efforts to simplify and streamline the Return of Title IV Funds process for IHEs and students.

Spend Plan Requirement.—The Committee continues bill language requiring the Department to provide a detailed spend plan of the planned uses of funds in this account within 45 days of enactment, and to provide quarterly briefings on its implementation not later than 10 days prior to the start of the quarter. The spend plan shall continue to include, but not be limited to, detailed breakouts by baseline operations and development efforts and servicing, student aid core systems, IT activities, and other FSA activities. These spend plans should also include details on major activities, including USDS, the Student Aid and Borrower Eligibility Reform [SABER] initiative, and implementation of the FUTURE Act, FAFSA Simplification Act, Joint Consolidation Loan Separation Act, Stop Student Debt Relief Scams Act, and One Big Beautiful Bill Act; the implementation of the interagency agreement entered into with the Treasury Department on March 19, 2026 and any updates or amendments to that agreement; and any other activity carried out using amounts provided under this heading for fiscal year 2027. The Department is directed to provide a comparison to the prior fiscal year in such spend plan, as well as include a narrative description of planned activities and any notable comparisons to the prior fiscal year. Further, the spend plan shall include

a crosswalk to activities funded under administrative costs and servicing activities.

STOP Act Implementation.—The Committee is concerned that the Department has not fully implemented the Student Debt Relief Scams Act of 2020 (Public Law 116–251), also known as the STOP Act, which requires the Department to enable third-party data system access to the National Student Loan Data System as described in section 485B(e) of the HEA to ensure attorneys, State officials, and others have information to support student borrowers in addressing issues with their students loans. The Committee looks forward to the briefing required in Senate Report 119–55.

Transition of Borrowers Enrolled in SAVE Plan.—The Committee notes that the Department is in the process of transitioning 7.5 million borrowers currently enrolled in the SAVE plan into alternative repayment options. The Department is directed to provide to the Committee and make publicly available on the FSA Data Center, the number of SAVE borrowers who are able to successfully transition into a new repayment plan by December 31, 2026; the number of SAVE borrowers who applied, but were denied enrollment into an alternative repayment plan by December 31, 2026; the number of pending and processed IDR applications from SAVE borrowers seeking an alternative plan by December 31, 2026; and the number of borrowers automatically placed into the Standard or Tiered Standard repayment plan by December 31, 2026. The Committee further directs the Department to provide each of these data requests disaggregated by student loan servicer.

Unaccompanied Homeless Youth and Other Students Without Parent or Family Support.—The Committee notes that youth who do not have parental support can experience challenges completing the FAFSA and financial aid process. The Committee directs the Department to continue to work with IHEs to ensure that students experiencing, or at risk of, homelessness and who do not have documentation are not incorrectly categorized as provisionally independent. The Committee directs the Department to make publicly available the data about unaccompanied homeless youth and foster youth required by the FAFSA Simplification Act under section 483(c)(1)(D) of the HEA, including for the 2024–2025 and 2025–2026 FAFSA cycles, within 60 days of enactment of this act. The Committee further directs the Department to provide a briefing to the Committee, the Senate Committee on Health, Education, Labor and Pensions, and the House Committee on Education and Workforce within 90 days of enactment on how the Department reviews and conducts oversight on IHEs that have high rates of unfulfilled requests for unaccompanied homeless youth determinations.

HIGHER EDUCATION

Appropriations, 2026	$3,265,598,000
Committee recommendation	3,251,011,000

The Committee provides $3,251,011,000 for higher education programs.

Aid for Institutional Development

The Committee provides $1,021,887,000 for Aid for Institutional Development. These totals do not include separately authorized and appropriated mandatory funding.

Strengthening Institutions.—The Committee provides $102,070,000 for competitive, 1-year planning and 5-year development grants for institutions with a significant percentage of students with financial need and with low educational and general expenditures per student in comparison with similar institutions. Applicants may use these funds to develop faculty, strengthen academic programs, improve institutional management, and expand student services. The Committee directs the Department to run grant competitions under the Strengthening Institutions Program [SIP] in line with the program purpose in section 311 of the HEA. Additionally, the Department is directed to consult with the Committee not later than 2 weeks prior to issuing a notice of proposed priorities, a notice inviting applications, or funding availability for all competitions under SIP. The Department shall also provide a briefing and notice of grant awards to the Committee at least 7 days before grantees are announced.

The Committee encourages the Department to submit a report within 90 days of enactment on participation by faith-based institutions in SIP, including current levels of participation, any barriers to access, and opportunities to expand participation for such institutions within the program.

Hispanic-Serving Institutions [HSIs].—The Committee provides $231,637,000 for competitive grants to institutions at which Hispanic students make up at least 25 percent of enrollment. Funds may be used for acquisition, rental, or lease of scientific or laboratory equipment; renovation of instructional facilities; development of faculty; support for academic programs; institutional management; and purchase of educational materials.

The Committee continues to support funding for programs that promote and support collaboration between HSIs and LEAs that serve a significant number or percentage of Hispanic or Latino students for the purpose of improving educational attainment, including increasing high school graduation rates and postsecondary enrollment, transfer, and completion rates among Hispanic or Latino students, such as by strengthening pathways to postsecondary and workforce development programs.

Promoting Postbaccalaureate Opportunities for Hispanic Americans.—The Committee provides $27,780,000 for competitive, 5-year grants to HSIs to help Hispanic Americans gain entry into and succeed in graduate study. Institutions may use funding to support low-income students through outreach programs; academic support services; mentoring and financial assistance; acquisition, rental, or lease of scientific or laboratory equipment; construction and other facilities improvements; and purchase of educational materials.

The Committee continues to encourage the Department to prioritize awards for projects that support consortiums of HSIs that award PhDs to develop and test new models of cross-institutional partnerships that facilitate mutually reinforcing activities, such as resource-sharing learning communities, mentorship programs for PhD students, graduate research experiences, faculty mentor ca-

pacity-building, and other uses associated with the pursuit and completion of PhDs by Hispanic students.

Strengthening Historically Black Colleges and Universities [HBCUs].—The Committee provides $405,778,000 for the Strengthening HBCUs program. The program makes grants through a statutory formula in the HEA to HBCUs that may be used to purchase equipment; construct and renovate facilities; develop faculty; support academic programs; strengthen institutional management; enhance fundraising activities; provide tutoring and counseling services to students; and conduct outreach to elementary and secondary school students.

Strengthening Historically Black Graduate Institutions [HBGIs].—The Committee provides $102,501,000 for the Strengthening HBGIs program. This program provides 5-year grants to provide scholarships for low-income students and academic and counseling services to improve student success. Funds may also be used for construction, maintenance, and renovation activities; the purchase or lease of scientific and laboratory equipment; and the establishment of an endowment.

Strengthening Predominantly Black Institutions [PBIs].—The Committee provides $22,681,000 for the Strengthening PBIs program. This program provides 5-year grants to PBIs to plan and implement programs to enhance their capacity to serve more low- and middle-income students.

Strengthening Asian American and Native American Pacific Islander-Serving Institutions [AANAPISIs].—The Committee provides $18,906,000 for competitive grants to AANAPISIs that have an enrollment of undergraduate students that is at least 10 percent Asian American or Native American Pacific Islander students. Grants may be used to improve their capacity to serve Asian American and Native American Pacific Islander students and low-income individuals.

Strengthening Alaska Native and Native Hawaiian-Serving Institutions [ANNHs].—The Committee provides $24,850,000 for the Strengthening ANNHs program. The purpose of this program is to improve and expand the capacity of institutions serving Alaska Native and Native Hawaiian students and low-income individuals. Funds may be used to plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; purchase library and other educational materials; and provide education or counseling services designed to improve the financial and economic literacy of students or their families. The Committee continues to include bill language that will permit ANNH grantees to use funding for construction and maintenance of classrooms, libraries, and other instructional facilities.

Strengthening Native American-Serving Non-Tribal Institutions.—The Committee provides $11,600,000 for this program, which serves institutions that enroll at least 10 percent Native American students and at least 50 percent low-income students. This program helps institutions plan, develop, and implement activities that encourage faculty and curriculum development; improve administrative management; renovate educational facilities; enhance student services; and purchase library and other edu-

cational materials. The Committee continues to include bill language that will permit grantees to use funding for construction and maintenance of classrooms, libraries, and other instructional facilities.

Strengthening Tribally Controlled Colleges and Universities [TCCUs].—The Committee provides $53,807,000 for this program. Tribal colleges and universities rely on a portion of the funds provided to address developmental needs, including faculty development, curriculum, and student services. Funds can also be used for construction and renovation. The Committee notes that our Nation's Tribal colleges and universities have significant unmet infrastructure needs. Tribal colleges are also uniquely situated; they often lack access to State funding and other resources available to other public IHEs.

Strengthening Master's Degree Programs at Historically Black Colleges and Universities.—The Committee provides $20,277,000 for this program, authorized by section 723 of the HEA. This program provides grants to specified colleges and universities making a substantial contribution to graduate education opportunities at the master's level in mathematics, engineering, the physical or natural sciences, computer science, information technology, nursing, allied health, or other scientific disciplines.

International Education and Foreign Language Studies

The bill provides a total of $75,664,000 for International Education and Foreign Language Studies programs. Funds are used to increase the number of experts in foreign languages and areas of international studies to meet national security needs through visits and study in foreign countries.

Domestic Programs.—The Committee provides $65,353,000 for domestic program activities related to international education and foreign language studies under title VI of the HEA. Funds are used to support centers, programs, and fellowships. The Committee urges the Secretary to preserve the program's longstanding focus on activities and institutions that address the Nation's need for a strong training and research capacity in foreign languages and international studies, including increasing the pool of international experts in areas that are essential to national security and economic competitiveness.

Overseas Programs.—The Committee provides $10,311,000 for overseas programs authorized under the Mutual Educational and Cultural Exchange Act of 1961 (Public Law 87–256), popularly known as the Fulbright-Hays Act. Funding is provided for group, faculty, or doctoral dissertation research abroad, as well as special bilateral projects. Grants focus on training American instructors and students to improve foreign language and area studies education in the United States.

Model Transition Programs for Students With Intellectual Disabilities into Higher Education

The Committee provides $13,800,000 for the Model Transition Programs for Students with Intellectual Disabilities into Higher Education [TPSID] program. The TPSID program provides competitive grants to IHEs or consortia of IHEs to enable them to create

or expand high quality, inclusive model comprehensive transition and postsecondary programs for students with intellectual disabilities. The Committee directs the Department to ensure the TPSID program maintains support for a national Coordinating Center and a technical assistance center to translate and disseminate research and best practices to IHEs more broadly.

Minority Science and Engineering Improvement

The Committee provides $16,370,000 for the Minority Science and Engineering Improvement program. Funds are used to provide discretionary grants to institutions with minority enrollments greater than 50 percent to purchase equipment, develop curricula, and support advanced faculty training. Grants are intended to improve science and engineering education programs and increase the number of minority students in the fields of science, mathematics, and engineering.

Tribally Controlled Postsecondary Career and Technical Institutions

The Committee provides $13,953,000 for tribally controlled postsecondary vocational institutions. This program provides grants for the operation and improvement of tribally controlled postsecondary vocational institutions to ensure continued and expanding opportunities for Indian students.

Federal TRIO Programs

The Committee provides $1,197,000,000 for Federal TRIO programs, which provide a variety of services to improve postsecondary education opportunities for low-income individuals and first-generation college students. This includes: Upward Bound which offers disadvantaged high school students academic services to develop the skills and motivation needed to pursue and complete a postsecondary education; Student Support Services which provides developmental instruction, counseling, summer programs, and grant aid to disadvantaged college students to help them complete their postsecondary education; Talent Search which identifies and counsels individuals between ages 11 and 27 regarding opportunities for completing high school and enrolling in postsecondary education; Educational Opportunity Centers [EOC] which provide information and counseling on available financial and academic assistance to low-income adults who are first-generation college students; and the Ronald E. McNair Postbaccalaureate Achievement Program which supports research internships, seminars, tutoring, and other activities to encourage disadvantaged college students to enroll in doctoral programs.

Justice-Impacted Students.—The Committee recognizes that EOCs have a long history of helping justice-impacted adults to enroll in college. The restoration of Pell Grants for people in prison presents an opportunity for EOCs to reach more students. The Committee encourages the Department to provide technical assistance and guidance to EOCs on best practices for supporting justice-impacted students, including examples of programs that can serve as models to others. In addition, the Committee encourages the De-

partment to consider how other TRIO programs can support justice-impacted students and provide guidance to IHEs.

Priorities.—The Committee underscores the longstanding, bipartisan congressional support for the Federal TRIO programs and notes there are concerns with the applications for the fiscal year 2026 Talent Search and EOC programs, released in March 2026. Particularly, such concerns are that the applications' shift in emphasis on apprenticeships and other workforce development activities risks coming at the expense of TRIO's core mission of fostering college access and success. The Committee appreciates the Department's support for workforce development and supports expanding such opportunities for students and encourages the Department to examine other programs through which to advance this goal. The applications also resulted in fewer grants being awarded in fiscal year 2026 than in the past, due to a new prioritization of State-level applicants which are eligible for additional priority points and a higher award amount. The Committee understands State applicants may subgrant to other entities but is aware of concerns about the potential impact on current grantees, particularly smaller programs operating in rural areas. Therefore, the Committee includes new bill language requiring the TRIO programs to be administered consistent with prior practice and congressional intent.

Gaining Early Awareness and Readiness for Undergraduate Programs [GEAR UP]

The Committee provides $393,000,000 for GEAR UP, which provides grants to States and partnerships of colleges, middle and high schools, and community organizations to assist cohorts or students in middle and high schools serving a high percentage of low-income students. Services provided help students prepare for and pursue a postsecondary education.

The Committee directs the Department to announce Notices Inviting Applications for New Awards for State Grants and Partnership Grants in the Federal Register. In such notice for State Grants, the Committee directs the Department to uphold the longstanding guidance that States may only administer one active State GEAR UP grant at a time. The Secretary is directed to provide written guidance in the Federal Register notifying applicants that only States without an active State GEAR UP grant, or States that have an active State GEAR UP grant that is scheduled to end prior to October 1, 2027 will be eligible to receive a new State GEAR UP award funded in whole or in part by this appropriation. In making new awards, the Department shall ensure that not less than 33 percent of the new award funds are allocated to State awards, and that not less than 33 percent of the new award funds are allocated to Partnerships awards, as described in section 404(b) of the HEA. The Secretary is further directed to ensure that no request from a State Grant applicant to receive an exception to the GEAR UP scholarship described in section 404E(b)(2) of the HEA shall be denied on the basis of 34 CFR 694.14(c)(3).

Graduate Assistance in Areas of National Need

The Committee provides $18,481,000 to support the Graduate Assistance in Areas of National Need [GAANN] program. GAANN

supports fellowships through 3-year competitive grants to graduate academic departments and programs in scientific and technical fields and other areas of national need as determined by the Secretary. Fellowship recipients must have excellent academic records and high financial need and must be pursuing doctoral degrees or the highest graduate degrees in their academic field. Each fellowship consists of a student stipend to cover living costs and an institutional payment to cover each fellow's tuition and other expenses. IHEs must match 25 percent of the grant amount.

Teacher Quality Partnership Program

The Committee provides $65,000,000 for the Teacher Quality Partnership [TQP] program. The TQP program helps improve the quality of teachers working in high-need schools and early childhood education programs by supporting teacher preparation and residency programs.

The Committee recognizes the need to remove barriers to entry to the teaching profession in order to address teacher shortage issues. Therefore, the Committee urges the Department to prioritize grants to eligible grantees that assist in removing such barriers by providing need-based scholarships or grants and academic supports to help teacher candidates successfully complete preparation programs and meet state licensure requirements.

The Committee recognizes the increasing number of and demand for "Grow Your Own" preparation programs to address shortages of educators (including paraprofessionals, teachers, and school leaders) in our Nation. The Committee urges the Department to continue to support "Grow Your Own" preparation programs, with a focus on programs that increase recruitment efforts in local communities, provide high quality pathways into the profession, improve educator retention, and improve student outcomes.

The Committee also notes the need to ensure future teachers are well trained in data literacy, including how to use data in the classroom to differentiate instruction and improve student outcomes. The Committee urges the Department to prioritize TQP funding for applicants that seek to develop data literacy skills in future teachers.

Child Care Access Means Parents in Schools

The Committee provides $75,000,000 for the Child Care Access Means Parents in Schools [CCAMPIS] program. This program provides competitive grants to IHEs to establish or support campus-based child care programs, to help support needs and participation of low-income parents in postsecondary education.

The Committee directs the Department to prioritize grants to eligible entities serving a significant percentage of Pell-eligible or other low-income students. The Committee urges the Department to prioritize grants to eligible entities that propose flexible child care arrangements (such as evening, weekend, and drop-in child care) in any future competition. The Committee further urges the Department to prioritize grantees who will conduct direct outreach to parenting students regarding State and Federal public benefits, the Child Tax Credit, and education tax benefits for which the student parent may be eligible. The Committee also urges the Depart-

ment to require new grantees to collect data on the total number of parenting students enrolled at the institution and the number of parenting students served by CCAMPIS grant funds. The Committee strongly encourages the Department to assist grantees in leveraging other funding opportunities to help parenting students afford child care, by providing technical assistance and other support to grantees. Additionally, the Committee continues to include bill language allowing the maximum statutory grant cap under HEA Section 419N to be waived and urges the Department to establish a maximum grant cap based on a reasonable estimation of the costs of providing child care for future competitions.

Fund for the Improvement of Postsecondary Education

The Committee provides $115,000,000 for the Fund for the Improvement of Postsecondary Education [FIPSE].

Consultation.—The Department is directed to consult with the Committee not later than 2 weeks prior to issuing a notice of proposed priorities, notice inviting applications, or funding availability for all competitions under FIPSE, as well as provide a briefing and notice of grant awards to the Committee at least 7 days before grantees are announced.

Transfer of Funds.—Any reallocation of funds within the programs listed under FIPSE is a transfer of funds, and the Department is directed to notify the Committee in advance of any such changes, pursuant to section 302 of this act.

Within the total provided for FIPSE, the following amounts are provided for the following activities:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Basic Needs Systems Grants	$10,000,000	$10,000,000
HBCU, TCU, and MSI Research and Development Infrastructure Grants	15,000,000	15,000,000
Postsecondary Student Success Grants	45,000,000	45,000,000
Rural Postsecondary Economic Development Grant Program	45,000,000	45,000,000

Basic Needs Systems Grants.—The Committee includes $10,000,000 for competitive grants to IHEs (as defined in section 101 of the HEA), consortia of such IHEs, systems of higher education, and States to advance systemic solutions to identify, address, and prevent student basic needs insecurity. The Committee directs the Department to continue to carry out this program as described in the explanatory statement accompanying Division B of Public Law 119–75. Additionally, the Committee directs the Department to conduct a new competition for fiscal year 2027.

HBCU, TCU, and MSI Research and Development Infrastructure Grants.—The Committee includes $15,000,000 to increase the capacity of HBCUs, TCCUs, and MSIs to conduct innovative research in emerging technology and industries. The Committee directs the Department to continue to carry out this program as described in Senate Report 119–55.

Postsecondary Student Success Grants.—The Committee includes $45,000,000 for competitive Postsecondary Student Success Grants, to scale evidence-based practices and reforms to improve postsecondary retention and completion rates among underserved students. The Committee directs the Department to continue to carry

out this program as described in the explanatory statement accompanying Division B of Public Law 119–75.

Rural Postsecondary and Economic Development Grant Program.—The Committee recommendation includes $45,000,000 for competitive grants to States, IHEs, consortia of such institutions, or non-profit organizations to support rural students in the enrollment, retention, transfer, and completion of postsecondary education through the Rural Postsecondary and Economic Development [RPED] Grant Program. The Committee directs the Department to continue to carry out this program as described in Senate Report 119–55.

Congressionally Directed Spending

The Committee provides $230,856,000 for the projects, and in the amounts, specified in the table at the end of this explanatory statement.

Hawkins Centers of Excellence

The Committee provides $15,000,000 for Hawkins Centers of Excellence. This program supports the expansion and improvement of teacher education programs at HBCUs and other MSIs in order to support diverse, well-prepared, and effective educators.

The Committee recognizes the importance of high-quality teacher preparation for student learning and teacher retention, and therefore directs the Secretary to prioritize grants to eligible institutions that propose to establish or scale up high-quality teacher preparation pathways that offer extensive preservice clinical training and mentoring by exemplary teachers in grade and subject areas deemed high need by their state. The Committee also recognizes the value of a diverse teacher workforce and directs the Secretary to prioritize grants to eligible institutions that commit to providing scholarships or grants, based on financial need, as well as academic supports to help teacher candidates successfully complete the preparation program and state licensure requirements, and to publicly report on these efforts and outcomes.

HOWARD UNIVERSITY

Appropriations, 2026	$254,018,000
Committee recommendation	254,018,000

The Committee provides an appropriation of $254,018,000 for Howard University. Located in the District of Columbia, Howard offers undergraduate, graduate, and professional degrees through 12 schools and colleges. The university also administers the Howard University Hospital. The Committee includes, within the funds provided, not less than $3,405,000 for the endowment program.

Howard University Hospital.—Within the funds provided, the Committee includes $27,325,000 for Howard University Hospital. The hospital provides inpatient and outpatient care, as well as training in the health professions. It also serves as a major acute and ambulatory care center for the District of Columbia and functions as a major teaching facility attached to the university. The Federal appropriation provides partial funding for the hospital's operations.

COLLEGE HOUSING AND ACADEMIC FACILITIES LOANS PROGRAM

Appropriations, 2026	$298,000
Committee recommendation	298,000

The Committee provides $298,000 for Federal administration of the CHAFL, College Housing Loans, and Higher Education Facilities Loans programs. Prior to fiscal year 1994, these programs provided financing for the construction, reconstruction, and renovation of housing, academic, and other educational facilities. While no new loans have been awarded since fiscal year 1993, costs for administering the outstanding loans will continue through 2030. These funds will be used to reimburse the Department for administrative expenses incurred in managing the existing loan portfolio.

HISTORICALLY BLACK COLLEGE AND UNIVERSITY CAPITAL FINANCING PROGRAM ACCOUNT

Appropriations, 2026	$20,678,000
Committee recommendation	20,678,000

The Committee provides $20,678,000 for the HBCU Capital Financing Program. The HBCU Capital Financing Program makes capital available to HBCUs for construction, renovation, and repair of academic facilities by providing a Federal guarantee for private sector construction bonds. Construction loans will be made from the proceeds of the sale of the bonds.

The Committee includes $20,150,000 for loan subsidy costs in guaranteed loan authority under this program. This will support an estimated $389,319,673 in new loan volume in fiscal year 2027. In addition, the Committee includes $528,000 for administrative expenses.

The Committee recognizes that while Congress previously provided loan relief for certain institutions participating in the HBCU Capital Financing Program, not all eligible institutions received comparable relief. The Committee is concerned that continued capital financing obligations may impede institutional stability, infrastructure modernization, and student success at affected HBCUs. The Committee directs the Secretary, to the extent permitted under existing authorities and subject to the availability of appropriations provided under this act, to use available funds to retire, refinance, restructure, or otherwise modify outstanding obligations issued under the HBCU Capital Financing Program for institutions that did not receive loan cancellation or comparable debt relief under prior Federal action. The Secretary shall notify the Committee not later than 60 days after enactment of this act of the plan for implementation, including estimated budgetary impact.

INSTITUTE OF EDUCATION SCIENCES

Appropriations, 2026	$789,606,000
Committee recommendation	789,606,000

The Committee provides $789,606,000 for the Institute of Education Sciences [IES]. This amount includes $70,000,000 for administrative expenses and centralized support costs for IES. The bill also includes a rescission of $20,000,000 in previously appropriated funds for program administration. The bill continues to require the

IES Director to allocate program funding as identified in the program funding table in this explanatory statement.

This account supports education research, development, dissemination, utilization and evaluation; data collection and analysis activities; the assessment of student progress; and administrative expenses related to such activities. Funds provided to IES are available for obligation for 2 fiscal years.

Under the Education Sciences Reform Act of 2002 [ESRA], Congress established IES to provide national leadership in expanding fundamental knowledge and understanding of education from early childhood through postsecondary study. ESRA requires IES, in carrying out its mission, "to compile statistics, develop products, and conduct research, evaluations, and wide dissemination activities in areas of demonstrated national need and ensure that such activities conform to high standards of quality, integrity, and accuracy and are objective, secular, neutral, and nonideological and are free of partisan political influence" and it is the Committee's expectation that IES will meet those statutory duties and obligations this year and have plans in place to continue doing so in the future.

Obligation.—The Committee recognizes the Department's efforts to reimagine IES. The Committee is concerned that despite these efforts, funds are not being obligated in a timely manner. The Committee encourages the Department to make every effort to follow a timeline that allows prospective grantees sufficient time to submit quality applications, and to obligate funds prior to the end of the period of availability.

RESEARCH, DEVELOPMENT, AND DISSEMINATION

The Committee provides $245,000,000 for education research, development, evaluation, and national dissemination activities. These funds support activities that are aimed at expanding fundamental knowledge of education and promoting the use of research and development findings in the design of efforts to improve education outcomes for students.

Accelerate, Transform, and Scale Initiative.—The Committee supports steps IES has taken to use funds for creating scalable, high impact solutions to improve education outcomes for all learners and eliminate persistent achievement and attainment gaps, including through pilot efforts modeled on Federal advanced research projects agencies. This includes the updated Transformative Research in the Education Sciences program, which is supporting partnerships between researchers, industry professionals, and education agencies to propose transformative solutions to intractable education problems leveraging advances in technology combined with research insights from the learning sciences. The Committee requests quarterly updates on progress on the initiative including the Seedlings to Scale program.

Data Science.—The Committee recommendation supports investment in data science education to support the expansion of and capacity for instruction needed for students to compete and thrive in the changing economy. The Committee urges IES to devote funds to data science research to identify and scale research-based interventions to support data science and data literacy development

among educators and students, especially among underserved and rural populations.

National Academies of Sciences, Engineering, and Medicine [NASEM] Literacy Study.—Recent National Assessment of Educational Progress [NAEP] and Program for the International Assessment of Adult Competencies scores show a troubling decline in literacy achievement for public school students and adult learners. The Committee shares the administration's stated priority to improve literacy outcomes and looks forward to receiving the study required under this heading in Senate Report 119–55.

NASEM Study on the Use of Digital Tools and Learning.—The Committee includes $1,500,000 for the Director to enter into an agreement with the NASEM to conduct a study on the impact of the use of digital technologies, including artificial intelligence, on the health, development, and educational outcomes, including literacy, numeracy, and critical thinking skills, of preschool through secondary school students, and how such technologies can be used effectively and appropriately to support learning at different ages and developmental stages, including identifying evidence-based best practices for educators, caregivers, and learners. The study shall also assess potential risks and unintended consequences associated with the use of these technologies and propose guardrails, design principles, and policy considerations to mitigate harms and promote safe and ethical use. The report shall include recommendations on future directions for research, policy, and practices, including actionable guidance on the responsible integration of digital technologies to improve educational outcomes for children and youth.

Research on Effective Literacy Strategies.—The Committee acknowledges significant State reform to implement the Science of Reading. The Committee therefore directs the IES to conduct research to identify and evaluate State and local strategies associated with significant improvements in student literacy outcomes. Such research should examine SEAs and LEAs that have demonstrated sustained increases in literacy achievement, including improvements on State assessments and the NAEP; and identify the instructional practices, curricular materials, professional development approaches, and policies implemented by such agencies.

STATISTICS

The Committee provides $121,500,000 for data gathering and statistical analysis activities at the National Center for Education Statistics [NCES].

NCES is headed by a Commissioner appointed by the President and has statutory authority without supervision or approval of the Director for carrying out the work of NCES. The Commissioner also serves as the Department's Chief Statistical Officer under the Foundations for Evidence-Based Policymaking Act of 2018. NCES collects data on educational institutions at all levels, longitudinal data on student progress, and data relevant to public policy. NCES also provides technical assistance to SEAs, LEAs, and postsecondary institutions. Activities are carried out directly and through grants and contracts.

Information on College Admissions.—The Committee is aware of the lack of data available demonstrating how legacy status, or relationship to alumni of the institution, factors in first-time, first-year, degree-seeking admissions decisions. Starting with the 2022–2023 IPEDS admission surveys, NCES began to ask if IHEs consider legacy status. The Committee appreciates that NCES will continue to ask if IHEs consider legacy status in the IPEDS Admissions survey. The Committee encourages NCES to consider collecting data on applications, admission, and enrollments by applicants with legacy status at institutions eligible to participate in title IV programs under the HEA and those IHEs that also provide legacy preferences according to their IPEDS response. The Committee requests a briefing on this recommendation not later than 30 days after enactment.

National Postsecondary Student Aid Study [NPSAS].—The Committee recognizes the critical role NCES is statutorily required to undertake through the administration of NPSAS and the importance of the postsecondary information NPSAS provides to researchers, policymakers, and the public. The Committee believes that NPSAS plays a vital role in postsecondary empirical research and analysis and directs NCES to maintain the study's current collection frequency of every 4 years and, to the extent practicable, to continue the administrative-only collection, as was done for NPSAS:18–AC, in the 2 years in between the full collection.

Privacy.—The Committee notes the importance of maintaining privacy when collecting data for statistical purposes. The Committee supports the statutory requirements in ESRA regarding the collection, dissemination, and handling of data to ensure confidentiality and prevent unauthorized disclosure. The Committee is also aware that the Confidential Information Protection and Statistical Efficiency Act is no longer among the privacy assurances that NCES is following when collecting data. Not later than 30 days after enactment, NCES is directed to brief the Committee on how the Department will continue to assure privacy is maintained when collecting data.

Review and Plan.—The Committee notes that the Department commissioned a re-envisioning of IES, resulting in a report, Reimagining the Institute of Education Sciences. This report includes specific recommendations for NCES to modernize data collection and reporting. Within 180 days of enactment of this act, the Committee directs the Department to (i) submit to the Committee, the Committee on Education and Workforce of the House of Representatives, and the Committee on Health, Education, Labor, and Pensions of the Senate a detailed plan to conduct a comprehensive review that will include congressional and stakeholder input of the NCES data collections to determine priority topics; (ii) provide a resources plan with the number of FTEs for NCES to efficiently and cost-effectively carry out its statutory duties -including the NAEP and the NPSAS-and the data programs that support them, including Common Core of Data, Private School of Data, Integrated Postsecondary Education Data System, Education Demographic and Geographic Estimates program, and the partnership programs with States and other critical data partners; and (iii) submit a detailed

plan and proposal to enable NCES to publish more timely statistics that are required under ESRA.

School Cell Phone Bans.—The Committee supports efforts to collect data on and to assess the best practices of school policies, and implementation of such policies, limiting the student use of personal cellular and mobile devices on school grounds or during the school day.

REGIONAL EDUCATIONAL LABORATORIES

The Committee provides $53,733,000 to continue support for the Regional Educational Laboratories [REL] program.

The laboratories are responsible for promoting the effective use and development of knowledge and evidence in broad-based systemic strategies to increase student learning and well-being and further school improvement efforts. The Committee urges IES to continue its efforts to strengthen the connections between practitioners and the research community, so that federally supported research is timely, relevant, and responsive to the needs of the field, helps build capacity of LEAs and SEAs to effectively integrate evidence use in decision-making and is effectively utilized in education policy and practice.

RESEARCH AND INNOVATION IN SPECIAL EDUCATION

The Committee provides $64,255,000 for research and innovation in special education conducted by the National Center for Special Education Research [NCSER].

The Center addresses gaps in scientific knowledge to improve policies and practices in special education and early intervention services and outcomes for infants, toddlers, and children with disabilities. The Committee directs NCSER to continue to fund longitudinal studies and other research initiatives to support States in recruiting and training special and general educators and specialized support personnel so that students with disabilities can access universally designed and inclusive classrooms designed to provide accessible instruction, curricula, materials, and assistive technology, and receive specialized services and supports consistent with the IDEA.

SPECIAL EDUCATION STUDIES AND EVALUATIONS

The Committee provides $13,318,000 for special education studies and evaluations.

This program supports competitive grants, contracts, and cooperative agreements to assess the implementation of IDEA. Funds are also used to evaluate the effectiveness of State and local efforts to deliver special education services and early intervention programs.

STATEWIDE DATA SYSTEMS

The Committee provides $28,500,000 for the Statewide Data Systems program.

This program supports competitive grants to SEAs to support the development, maintenance, and expansion of State longitudinal data systems. Support for these systems will further strengthen State data infrastructure and linkages; contribute to improved data

access, and use for evidence-based policymaking; and build capacity in States to secure and protect data. Early childhood, postsecondary, and workforce information systems may be linked to such systems or developed with program funds. The bill also continues to allow up to $6,000,000 to be used for awards to improve data coordination, quality, and use, including support for the Privacy Technical Assistance Center that serves as a resource on privacy issues for SEAs and LEAs, the postsecondary education community, and others engaged in building and using education data systems.

Grant Priorities.—The Committee notes that States receiving grants in prior years have worked to modernize systems to be more responsive to stakeholder needs, most recently incorporating artificial intelligence tools and school finance indicators in their systems. The Committee directs IES to run a new grant competition to assist States in working toward full capacity to enhance data quality, develop data governance structures, and pilot innovative measures. The Committee urges the Commissioner to require that all applicants have some demonstrable form of data governance and, to the greatest extent possible and wherever applicable, to make use of structured, open, linked, and interoperable data formats in the grant competition. The Committee directs the Commissioner to brief the Committee not later than 30 days prior to the publication of a competition announcement on the full details of the application notice and instructions.

ASSESSMENT

The Committee provides $193,000,000 to provide support for the National Assessment of Educational Progress [NAEP], a congressionally mandated assessment created to measure and report the educational achievement of American students in a range of subjects and analyze trends over time.

Within the funds appropriated, the Committee recommends $8,300,000 for the National Assessment Governing Board [NAGB], which is responsible for formulating policy for NAEP.

The Committee recommendation continues support of $10,000,000 for research and development investments activities to modernize and innovate assessments while reducing future program costs. NAGB and NCES should continue to consult with the authorizing and appropriations committees of Congress as it considers strategies, including those identified by NASEM, in achieving cost efficiencies in and upgrades of its assessment program. Further, the Committee requests that the fiscal year 2028 CJ and fiscal year 2027 administrative and staffing plan describe implemented and planned strategies for cost efficiencies and necessary research and development projects.

Assessment Schedule.—The Committee notes the voluntary assessment schedule for NAEP approved by the NAGB on April 21, 2025 and the updates to include additional State-level data approved on May 15, 2026. The Committee requests regular updates on NCES's progress in implementing the assessment schedule.

PROGRAM ADMINISTRATION

The Committee recommendation includes $70,000,000 for administrative expenses and centralized support costs. Section 309 of this act ensures sufficient funding for centralized support costs is available and properly charged to this appropriation. The Committee directs the Department, IES, and NCES to work together to provide in the fiscal year 2028 and future CJs, as well as the fiscal year 2027 operating plan, the amount for NCES administrative expenses supported by this program administration appropriation necessary to meet statutory duties and obligations.

Administrative and Staffing Plan.—Not later than 30 days after enactment of this act and each quarter thereafter, the Committee directs the IES Director and NCES Commissioner to submit administrative and staffing plans for their respective centers outlining staffing ceilings by national center, the factors considered in allocating staffing ceilings by national center, actual FTE by national center, and an explanation by national center for FTE changes from the preceding quarter. Additionally, the Committee directs the IES Director and NCES Commissioner (with Department and NAGB input as necessary) to describe the planned use of resources and FTEs to meet all statutory deadlines and requirements of ESRA related to education statistics, data collections, research, evaluations, assessments, surveys, and reports.

Cybersecurity and Other Requirements.—The Committee notes the importance of IES's statutorily required activities related to cybersecurity, privacy, accuracy, and confidentiality. The Committee directs the required administrative and staffing plan to include a description of implemented actions and a plan and associated timeline for future actions needed to comply with applicable requirements.

DEPARTMENTAL MANAGEMENT

PROGRAM ADMINISTRATION

Appropriations, 2026	$399,407,000
Committee recommendation	375,000,000

The Committee provides $375,000,000 for program administration. Funds support personnel compensation and benefits, travel, rent, communications, utilities, printing, equipment and supplies, automated data processing, and other services required to award, administer, and monitor Federal education programs. Support for program evaluation and studies and advisory councils is also provided under this account.

Accreditation.—Congress, under section 496(a)(4)(A) of the HEA, requires that accreditors respect the stated mission, including religious missions, of institutions of higher education. The Committee looks forward to receiving the report requested under this heading in Senate Report 119–55.

Agile Software Development.—To align Federal technology procurement with modern standards, Congress urges the Chief Information Officer of the Department, in coordination with the Chief Acquisition Officer and Senior Procurement Executive, when procuring or updating software systems, to base oversight and contract

design on high-level objectives, testing the software product with end-users throughout the development cycle, and funding development teams to improve the product over time, as user needs shift.

Artificial Intelligence in Education.—The Committee urges the Department to issue guidance to State educational agencies and local educational agencies on the thoughtful use of artificial intelligence and other advanced technologies in schools, including ongoing professional development to equip educators with the skills and knowledge needed to use these technologies effectively, strengthen digital literacy, foster critical thinking, and promote ethical and responsible use of artificial intelligence in educational settings.

Assistive Technology [AT].—The Committee recognizes the value of every student with a disability having access to AT to ensure they can access the general curriculum and are provided a free appropriate public education as required by IDEA and section 504 of the Rehabilitation Act of 1973. However, the Committee is aware of concerns that children with disabilities who could benefit from the use of AT cannot access these resources due to challenges reported by school districts, school staff, and parents. The Committee encourages the Department to issue guidance within 120 days of enactment to States and school districts encouraging districts to train school staff and service providers working with IDEA- or section 504-eligible children in all types of AT available and the effective use of AT.

Bill-Wide Directives.—The Committee notes the inclusion of a bill-wide directives section of this explanatory statement. This section contains requirements which apply to all agencies funded by this act.

Campus Antisemitism.—The Committee is deeply concerned with continued reports of discrimination and harassment on college campuses, including incidences of antisemitic discrimination and harassment. The Committee encourages the Department to continue to offer guidance to institutions of higher education for the development of campus policies to combat religiously based discrimination, harassment, and other incidents. The Committee also encourages the Department to offer guidance to institutions of higher education to encourage the prompt reporting of instances in which a member of the university community violates the institution's policies regarding discrimination and harassment, any disciplinary actions taken by the institution in response to such violations, and how the reporting of such violations and disciplinary actions is conducted in a manner that complies with all applicable privacy laws and policies.

Citizenship and Civics Postsecondary Education.—The Committee is concerned by recent surveys indicating that more than 70 percent of Americans lack a basic understanding of the structure of government and rights and responsibilities of citizens in our democracy. As an educated citizenry is critical to our system of democracy, the Committee urges the Department to support institutions of higher education in their efforts to increase student knowledge of, and service to, American civil society.

College Costs.—The Committee is concerned by the increase in college costs and how those increases have contributed to growing student loan debt. The Committee notes that the Department an-

nually publishes the College Affordability and Transparency List as required by the HEA. The College Affordability and Transparency List provides valuable information for students and families on the most and least expensive IHEs by both published tuition and net price. The Committee continues to direct the Department to ensure that this important resource is prominently displayed on the Department's website, including on the College Scorecard website. The Committee encourages the Department to use recently reported data from IHEs to develop detailed estimates of net prices by program for students of different income levels, and to incorporate those measures on the College Affordability and Transparency List and the College Scorecard. The Committee also encourages the Department to note on the College Scorecard profile of any IHE, such IHE's inclusion on the College Affordability and Transparency List, if applicable.

Congressionally Directed Spending Report.—Within 60 days of enactment of this act and every 60 days thereafter, the Committee directs the Department to provide a report detailing the status of funding for Congressional Directed Spending projects for the previous four fiscal years. Such a report shall be presented in Excel format and include a project description, project account, House and Senate requestors, the type of award, total obligations, total disbursements, and the percent disbursed.

Competitive Grant Priorities for Rural Areas.—The Committee continues to encourage the Department to continue efforts to ensure competitive grants are reaching rural areas so that support and solutions developed with Federal funding are relevant to and available in such areas.

Comprehensive Literacy Resources.—The Committee believes it is important for all educators to be prepared to provide high-quality comprehensive literacy instruction for students. Free online comprehensive literacy resources with a specific focus on children in kindergarten through sixth grade that are evidence-based and build upon existing programs that leverage public partnerships and multidisciplinary tools could assist educators with being more prepared to provide such instruction.

EDFacts.—The Department's EDFacts system centralizes performance data supplied by SEAs with other data, which enables the use of performance data to inform decision-making and research. This system includes State-reported information from required assessments that is reported in a standard format, allowing researchers to measure school improvement that is comparable for all schools and LEAs. The Committee encourages the Department to reinstate the more detailed reporting on assessments, which was in effect through 2019, to allow SEAs, LEAs and schools to monitor their performance against similar entities and continue to act to improve their results.

Education Research Data Access.—The Committee directs the Department to respond to all properly filed requests for education research data access-restricted or otherwise within a reasonable timeline. The Committee requests a report not later than 30 days after the end of the fiscal year on the number of properly filed requests, the number of data access requests granted, and the average time for processing such requests.

Educator Reporting.—The Committee commends the Department's work to support implementation of and enforce the requirements in section 1111(g)(1)(B) of the ESEA. The Committee directs continued efforts by the Department to work with each State to publicly report in an accessible manner not less than every 2 years progress made to ensure low-income and minority children enrolled in public schools are not served at disproportionate rates by ineffective, out-of-field, or inexperienced teachers. The Committee directs the Department to provide a briefing not later than 60 days after enactment of this act on the Department's planned support and monitoring efforts and corrective actions and recommendations implemented by States.

ESEA Waivers.—The Committee directs the Department to post approved waivers on the Department's website within 30 days of approving a waiver and provide quarterly briefings to the Committee on any such approved waivers, including how the waiver meets the requirements of ESEA section 8401. The Department is directed to provide the Committee with an annual summary of the reports submitted to the Department pursuant to section 8401(e), including a summary of how waiver recipients address the requirement of section 8401 (e)(1) and (2) regarding progress of schools covered by the waiver in strengthening student achievement and the ways in which the waiver contributed to that progress.

Evidence-Based Grant Making.—The Committee directs the Department to use demonstrated evidence of effectiveness as part of the selection criteria through its Education Department General Administrative Regulations, consistent with authorizations, for all competitive grant programs. Further, non-competitive formula grant funds have a range of evidence requirements and preferences and the Committee directs the Department to support entities receiving funding through those programs through enhancements to its technical assistance and support activities.

Foreign Influence.—The Committee remains concerned about the risks associated with malign foreign influence in American postsecondary education. The Committee is encouraged by the Department's renewed focus on the enforcement of section 117 of the HEA, which requires institutions of higher education receiving Federal financial assistance to disclose gifts from, or contracts with, foreign sources if the value is $250,000 or more as well as to disclose ownership or control by a foreign source. The Committee encourages the Department's continued support for efforts related to improving institutional reporting under section 117, to prevent malign foreign influence, and increase compliance and transparency. The Committee understands the Department began a new, updated reporting portal in January 2026 and encourages the Department to continue providing technical assistance to IHEs on using new system, to promote accuracy, full participation, and increased transparency.

Foundation for Evidence-Based Policymaking Act.—The Committee continues to believe that the execution of the Foundations for Evidence-Based Policymaking Act will enhance the evidence-building capacity of Federal agencies, strengthen privacy protections, improve secure access to data, and provide more and higher quality evidence to policymakers. Within 90 days of enactment, the

Committee directs the Department to provide a briefing on how the Department is continuing to implement the requirements in the Foundations for Evidence-Based Policymaking Act and the effect such implementation is having on the execution of programs funded under this act and the Department's capacity to support the use of evaluation and evidence in its work. The Committee also directs the Department to continue to include in the fiscal year 2028 and future CJs updates on the implementation and planned implementation of such act for the current and future budget years.

Grant Payment Conditions.—The Committee directs the Department to provide the Committee with notification 1 day prior to putting more than a quarter of all the grantees in individual programs on route payment or instituting any other grant payment condition to more than a quarter of all grantees in any individual program. The Committee further directs the Department to provide quarterly reports to the Committee on the number of grantees on grant payment conditions by program, disaggregated by grant payment condition type. Such report shall also detail how long the grantees have been on route payment status and the reasons for placement in such status.

High-Quality Tutoring/Title I Evidence-Based Interventions.—The Committee notes that research shows that using high-quality, evidence-based tutoring programs with evidence of effectiveness, as defined in the 2015 reauthorization of the ESEA, can significantly improve achievement levels in reading and math. These proven systems include three to five sessions a week, integrated as part of the school day, delivered by a human tutor in person or virtually to a group of one to not more than four students at a time; and use a well-structured process, high-quality materials designed for tutoring during the school day, ongoing professional development and coaching for tutors, and assessment tools to benchmark student achievement. Proven tutoring models can bring struggling students up to the achievement level of their peers. The Committee encourages the Department to promote and provide technical assistance to LEAs and support partnerships between LEAs and education-related community-based organizations to implement evidence-based tutoring models.

Immersive Technology Education and Training Programs.—The Committee encourages the Department to support the utilization by grantees of immersive technology such as augmented reality, virtual reality, and mixed reality tools. The use of immersive technologies for training can be cost-efficient and has been found to expedite training processes, increase skills retention, and reduce employee turnover. Immersive technologies can also help expand access to remote training opportunities, which are particularly beneficial for individuals living in rural areas or individuals with disabilities that have different access needs.

Information Collection Activities.—The Committee recognizes the importance of trusted, transparent, timely, disaggregated, and comparable data on how schools and districts are meeting the needs of the students they serve and directs the Secretary to ensure that the Department is fulfilling its responsibilities as required by law.

Interagency Agreements.—The Committee directs the Department of Education and signatory agencies to provide biweekly briefings

to the Committee on Appropriations on implementation of any interagency agreements. These briefings shall include information on staffing transfers, implementation and ongoing costs, metrics on the delivery of services, availability of technical support for programs to grantees, the issuance of Notices Inviting Applications or other funding opportunities, plans for maintaining high standards of quality and objectivity in grant competitions through multi-reviewer peer panels, rates of accessing funds by grantees and any resulting delays through the draw down of funds, updates on monitoring for grantees' compliance with all Federal requirements, implementation of reporting requirements by grantees and Federal agencies and communications with eligible grantees, States, and other stakeholders. Such information shall include comparisons to prior years on a comparable basis.

Additionally, not later than 2 weeks after the date of enactment of this act and each quarter thereafter, the Department is directed, for each interagency agreement entered into on or after February 1, 2025, by the Secretary with another Federal agency, to provide to the Committee and make available to the public in an easily accessible format on the Department's website, a detailed analysis and report that contains information on the actual and estimated obligations for implementing each interagency agreement by each party to such agreement and a comparison to actual expenditures for carrying out such responsibilities for fiscal year 2024. The reports shall contain, at a minimum, information on actual and estimated obligations for each of the following: (1) grant administration, including outreach, grant notices, competitions, review (including peer review), award processes, disbursement, and monitoring; (2) training and professional development of Department, other Federal agency, and State and local grantee staff, such as training on transitioning to and using new grant and payment systems, program administration, and application processes; (3) training of grantees and eligible grant applicants on transitioning to and using new grant and payment systems and processes; (4) detailing, transferring, relocating, and onboarding Department staff to other Federal agencies; (5) changes or upgrades to facilities at the Department or other Federal agencies; (6) changes or upgrades to technology and infrastructure used at the Department or other Federal agencies, or by State and local grantees implementing any such interagency agreement; (7) overhead and administrative expenses attributable to each such interagency agreement; (8) changes in costs of any contracts the Department enters into to carry out programs covered by any such interagency agreement; and (9) reductions in force of Department staff.

Investments in Impoverished Areas.—The Committee directs the Department to update the report provided to the Committee in response to the directive under this heading in the explanatory statement accompanying Division D of Public Law 118–47, within 90 days of fiscal year 2026 data being available.

Legacy and Donor-Affiliated Admissions Practices.—The Committee encourages the Department to work with accrediting agencies to assess whether accreditors consider preferences given to applicants based on alumni or donor affiliation in their review of institutional admissions policies and to provide recommendations on

how these practices could be addressed through existing accreditation standards.

Nonrecurring Expenses Fund [NEF].—The Department is directed to provide the Committee quarterly reports for all ongoing projects. The report shall include the following for each project: a description and timeline for each project; the date the project was notified to the Committee; total obligations to date; obligations for the prior fiscal year; anticipated obligations for current fiscal year; any expected future obligations; and the total unobligated balance in the Fund. For any project ongoing for more than 3 years, the report should include a narrative describing the cause for delay and steps being taken by the agency to ensure prompt completion. In addition, the Department is required to provide biannual reports on expired balances that are eligible for transfer to the NEF. Such report shall include the Treasury Account Fund Symbol, program name, unobligated balance, and unexpended balance. Such report shall be transmitted 30 days after the close of the second quarter and within 45 days after the close of the fourth quarter of the fiscal year. Additionally, as part of the annual CJ, the Department is directed to include the anticipated balances available for transfer into and uses of the NEF for the current and budget fiscal years.

Pooled Evaluation Authority.—The Committee requests that the Department provide a report to the Committee on the planned use of pooled evaluation funds under section 8601 of the ESEA, consistent with the required plan under such section, not later than 15 days prior to any transfer of funds. The Committee also directs the Department to provide a report to the Committee on the planned use of pooled evaluation funds under section 309 of this act not later than 15 days prior to any transfer of funds. Within 60 days of enactment, the Department is directed to provide a briefing to the Committee on the progress of existing studies funded under both pooled evaluation authorities.

Program Priorities and Requirements.—The Committee notes that authorizing laws contain program priorities and requirements across a range of formula and competitive grant programs. The Committee expects the Department to adhere to those priorities and requirements when developing and issuing notices inviting applications and program guidance and administering multi-year grants.

Protecting Personally-Identifiable Information.—The Committee continues to direct the Department to ensure that its employees, contractors, and grantees, including States that receive funds from Statewide Longitudinal Data System grants, adhere to the strictest and highest standards for protecting personally identifiable information.

Reports to Congress.—The Department is directed to provide 5 business days' notice to the Committee before release of any congressionally directed report.

Staffing Report.—Not later than 30 days after enactment, the Department is directed to provide the Committee with a staffing report identifying the total FTE and non-personnel allocations supported by the student aid administration (by branch or division), office for civil rights, and office inspector general appropriations, and the FTE and non-personnel allocations for each program office sup-

ported by the program administration appropriation provided by this act. In addition, the Department shall provide on a monthly basis the number of on-board staff, attrition, approved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each program office supported by, and in total for, the each of the student aid administration (by branch or division), program administration, office for civil rights, and office inspector general appropriations provided in this act. The monthly reports should be detailed by competitive (including career SES) and excepted (including noncareer, limited term SES, and Schedule P/C) service staff. The Department is further directed to provide for each interagency agreement currently in effect, the number of staff and estimated FTE by program office, with totals by office for career or excepted service. The Department shall also provide the Committee on a biannual basis an excel file containing the names, titles, grades, program office, and date of hire of all of the political appointees that were employed by the Department during the previous 180 days.

Technical Assistance and Transparency in the Grant Application Review Process.—The Committee recognizes that the complexity of the Federal grant application process can create a burden on institutions with limited administrative resources. To ensure fair review and transparency in the application process, the Committee directs the Department to communicate and provide clear, accessible, comprehensive technical assistance. Such assistance shall include, at a minimum, webinars with department staff outlining application requirements and training that is explicitly aligned with program scoring criteria.

OFFICE FOR CIVIL RIGHTS

Appropriations, 2026	$140,000,000
Committee recommendation	140,000,000

The Committee provides $140,000,000 for the Office for Civil Rights [OCR]. OCR is responsible for the enforcement of laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and age in all programs and institutions that receive financial assistance from the Department. To carry out this responsibility, OCR investigates and resolves discrimination complaints, supports civil rights data collection, monitors desegregation and equal educational opportunity plans, reviews possible discriminatory practices by recipients of Federal education funds, and provides technical assistance to recipients of funds to help them meet these civil rights requirements.

The Committee notes the importance of OCR in enforcing Federal civil rights laws and maintaining sufficient staffing levels to fulfill those statutory responsibilities. The Committee directs the Department to ensure timely processing of complaints to OCR consistent with its Case Processing Manual and to continue to post a list of all open investigations and case resolution documents. The Committee also requests that OCR provide the Committee with quarterly reports on the average case processing timelines for each category of directed investigations and compliance reviews and the number and type of complaints dismissed, opened for investigation, closed, or resolved.

Combatting Antisemitism.—The Committee is concerned by reports of continued discrimination, including antisemitic harassment, in our Nation's education system. The Committee urges the OCR to strengthen oversight, enforcement of civil rights protections, and data collection related to antisemitism, including in elementary and secondary schools. The Committee directs OCR to ensure timely processing of all current and incoming shared ancestry complaints and directed investigations, including those relating to antisemitism.

Resolution Agreements.—The Committee requests that OCR provide the Committee with an update, not less than quarterly, on the implementation of resolution agreements and rapid resolution process actions to ensure compliance with Federal law in entities that entered resolution agreements or the rapid resolution process with OCR, including information related to the number of cases under monitoring; the number of monitoring reports issued; the number of site visits; and any actions by OCR to modify resolution agreements.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2026	$67,500,000
Committee recommendation	67,500,000

The Committee recommends $67,500,000 for OIG. Of this amount, $3,000,000 is available until expended to provide flexibility for hiring delays and the year-end return of funds for common support provided by the Department that may turn out costing less than anticipated.

OIG has the authority to investigate all departmental programs and administrative activities, including those under contract or grant, to prevent and detect fraud and abuse, and to ensure the quality and integrity of those programs. The Office investigates alleged misuse of Federal funds and conducts audits to determine compliance with laws and regulations, efficiency of operations, and effectiveness in achieving program goals.

GENERAL PROVISIONS

Section 301. The bill continues a provision prohibiting the use of funds to prevent the implementation of programs of voluntary prayer and meditation in public schools.

Section 302. The bill continues a provision giving the Secretary authority to transfer up to 1 percent of any discretionary funds between appropriations.

Section 303. The bill continues a provision making evaluation funds pooled under section 8601 of the ESEA available for obligation on a forward-funded basis.

Section 304. The bill continues a general provision allowing certain institutions to continue to use endowment income for student scholarships.

Section 305. The bill continues a provision extending authorization of the National Advisory Committee on Institutional Quality and Integrity.

Section 306. The bill continues a provision extending authority to provide account maintenance fees to guarantee agencies.

Section 307. The bill continues a provision regarding servicing of Federal Perkins Loans.

Section. 308. The bill continues a provision allowing up to 0.5 percent of funds appropriated in this act for programs authorized under the HEA, except for the Pell Grant program, to be used for evaluation of any HEA program.

Section 309. The bill continues a provision regarding centralized support services for IES.

Section 310. The bill modifies a provision rescinding funding from the Nonrecurring Expenses Fund.

Section 311. The bill modifies a provision rescinding prior year funding for IES program administration.

Section 312. The bill continues a provision regarding timely awards of formula grants.

Section 313. The bill includes a new provision regarding the administration of TRIO programs.

TITLE IV

RELATED AGENCIES

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

SALARIES AND EXPENSES

Appropriations, 2026	$13,124,000
Committee recommendation	13,124,000

The Committee provides $13,124,000 for the Committee for Purchase from People Who Are Blind or Severely Disabled [Commission], of which no less than $3,150,000 shall be made available for the Office of Inspector General.

The Commission provides employment opportunities to approximately 40,000 Americans who are blind or severely disabled each year. The primary purpose of this program is to increase the employment opportunities for people who are blind or have other severe disabilities and, whenever possible, to prepare them to engage in competitive employment. Encompassing nearly $4,000,000,000 in products and services procured, it is the Federal Government's largest employment program for the severely disabled.

Reports.—The Committee continues to request the reports listed under this heading in the explanatory statement accompanying Public Law 118–47.

CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

The Corporation for National and Community Service [CNCS] was established to enhance opportunities for national and community service. CNCS administers programs authorized under the Domestic Volunteer Service Act (Public Law 93–113), the National and Community Service Trust Act (Public Law 103–82), and the SERVE America Act (Public Law 111–13). Grants are awarded to States, public and private nonprofit organizations, and other entities to create service opportunities for students, out-of-school youth, adults, and seniors.

The Committee provides CNCS a total program level of $1,235,806,000.

Bill-Wide Directives.—The Committee notes the inclusion of a bill-wide directives section of this explanatory statement. This section contains requirements which apply to all agencies funded by this act.

Staffing Report.—Not later than 30 days after enactment, CNCS is directed to provide the Committee an operating plan identifying the total FTE, contract support, and non-personnel allocations supported by each appropriations account, including operating expenses, salaries and expenses, and office of inspector general for

each agency department and office supported by each of these appropriations provided by this act. In addition, CNCS shall provide on a monthly basis the number of on-board staff, including FTEs and contractors, attrition, approved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for each agency department and office supported by, and in total for each appropriations account, including operating expenses, salaries and expenses, and office of inspector general, provided in this act. The monthly reports should be detailed by service type (including excepted or appointment) and appointment type (including permanent, term, temporary, and career SES) for all agency staff. CNCS shall also provide the Committee on a biannual basis an excel file which includes the names, titles, pay bands, agency department or office, and date of hire of all of the employees in a position in the excepted service employed by CNCS during the previous 180 days.

Timely Notice of Awards.—The Committee directs CNCS to publish funding opportunity announcements for competitive grant programs with sufficient time for all previously eligible and new applicants to develop quality submissions and to award such funds in a timely manner. Additionally, the Committee directs CNCS to award renewal and non-competing continuations within 7 days of the end of the period of performance, except in the case of a grant or award where there has been a finding of financial mismanagement, fraud, or malfeasance.

OPERATING EXPENSES

Appropriations, 2026	$975,525,000
Committee recommendation	976,525,000

The Committee provides $976,525,000 for the operating expenses of CNCS.

Volunteers in Service to America [VISTA]

The Committee provides $103,285,000 for VISTA. This program provides capacity building for small, community-based organizations with a mission of combating poverty. VISTA members raise resources, recruit and organize volunteers, and establish and expand programs in housing, employment, health, and economic development activities.

National Senior Volunteer Corps

The Committee provides $236,917,000 for the National Senior Volunteer Corps programs, a collection of programs that connect Americans older than the age of 55 with opportunities to contribute their job skills and expertise to community projects and organizations. These programs include the Retired Senior Volunteer Program, the Foster Grandparent Program, and the Senior Companion Program.

AmeriCorps State and National Grants

The Committee provides $636,323,000 for AmeriCorps State and National Grants, which provide funds to local and national organizations and agencies to address community needs in education, public safety, health, and the environment. Each of these organiza-

tions and agencies, in turn, uses its AmeriCorps funding to recruit, place, and supervise AmeriCorps members. AmeriCorps members receive a modest living allowance and other benefits proportional to their level of time commitment.

Alumni Engagement Activities.—The Committee notes significant congressional and stakeholder interest in those activities, including strengthening identification with the AmeriCorps brand; expanding education and workforce pipelines; soliciting feedback from alumni on member experience; directory data sharing; and interagency collaboration on national, public, and military service. The Committee encourages CNCS to support these and other alumni engagement activities.

Civic Bridge Building.—The Committee supports CNCS' goal of uniting Americans through national service and recognizes that service is a proven model of civic bridge building. To advance these shared goals, the Committee continues to encourage CNCS to consider awarding grants, within existing competitions, to: (1) support civic bridge building programs and projects to reduce polarization and community divisions; and (2) provide training in civic bridge building skills and techniques to CNCS members and host sites and provide resources that can be publicly disseminated to support local civic bridge building efforts, among other activities.

Collaboration on Outreach and Recruitment.—The Committee commends collaboration among the Department of Defense, CNCS, the Selective Service System, Peace Corps, and the Office of Personnel Management on raising public awareness about military and national service opportunities. The Committee directs these agencies to continue exploring mutually beneficial ways to promote each agency's service opportunities, including sharing market research, providing ineligible or non-selected applicants with information about other forms of service, piloting joint recruitment efforts, and providing information to individuals transitioning out of military and national service about other opportunities to serve. The Committee requests a briefing from CNCS no later than 60 days after enactment that provides an update on these collaboration efforts.

Commission Investment Fund [CIF].—The Committee recommendation includes no less than the fiscal year 2026 level for the CIF, which provides funds to State commissions for training and technical assistance activities to expand the capacity of current and potential AmeriCorps programs, particularly in underserved areas.

Disaster Response Coordination.—The Committee directs CNCS, in consultation with the Federal Emergency Management Agency, Forest Service, and other relevant Federal partners, to provide a report to the Committee not later than 180 days after enactment of this act on the current status of FEMA Corps, Forest Corps, and other AmeriCorps-supported disaster response activities, including information about interagency coordination, operational capacity, and staffing within CNCS's disaster services functions.

Fixed Price Grant Program.—The Committee believes the fixed amount AmeriCorps State and National grant is a flexible, useful grant vehicle that helps minimize risk and lowers administrative burden on grantees. Section 129(l) of the National and Community

Service Act of 1990, as amended by Public Law 111–13, provides the agency with the authority to adopt other terms and conditions based on the risks associated with the Fixed Price grant program. The Committee is aware of CNCS's initial efforts to review and reform the fixed price grant draw down schedule to better account for start-of-service program costs and expenses grantees can incur. The Committee directs CNCS to ensure that any final drawdown formula policy minimizes the impact that under-enrollment, attrition, and service hour disruptions can have on grantee operations and does not reduce grantee access to their full awarded funds, when compared to the existing fixed price grant drawdown structure.

Flexibility for Programs.—The Committee notes it provided CNCS with the authority to fund certain member service positions under 1,700 hours to help provide flexibility for programs to continue to operate and best meet the needs of their local communities.

National Civilian Community Corps [NCCC]

The Committee provides $37,735,000 for NCCC, a full-time, team-based residential program for men and women ages 18 to 24. Members are assigned to one of two campuses for a 10-month service commitment.

Innovation, Demonstration, and Assistance Activities

The Committee provides $15,706,000 for innovation, demonstration, and assistance activities.

Volunteer Generation Fund.—Within the total, the Committee includes $8,558,000 for the Volunteer Generation Fund authorized under section 198P of the SERVE America Act (Public Law 111–13).

National Days of Service.—The Committee provides $7,148,000 for National Days of Service including the September 11th National Day of Service and Remembrance and the Martin Luther King, Jr. National Day of Service. CNCS may give priority to making grants, entering into Cooperative Agreements, or providing other forms of support to eligible organizations with expertise in: representing families of victims of the September 11, 2001 terrorist attacks and other impacted constituencies; promoting the establishment of September 11 as an annually recognized National Day of Service and Remembrance; and organizing volunteers to engage in service to meet community needs and advance the life and teachings of Dr. Martin Luther King, Jr.

Service Learning.—The Committee encourages CNCS to continue to be a convener of the important work surrounding service learning, including programs in public schools and institutions of higher education.

Evaluation

The Committee provides $6,250,000 for CNCS evaluation activities.

Effective Interventions.—The Committee is aware of CNCS initiatives to help service providers apply scientific evaluation methods to better understand interventions and encourages CNCS to con-

tinue its use of randomized control trials to build causal evidence for effective interventions.

State Commission Grants

The Committee recommendation provides $19,538,000 for State Commission Grants.

THE NATIONAL SERVICE TRUST

Appropriations, 2026	$180,000,000
Committee recommendation	180,000,000

The Committee provides an appropriation of $180,000,000 for the National Service Trust.

The National Service Trust makes payments of Segal education awards, pays interest that accrues on qualified student loans for AmeriCorps participants during terms of service in approved national service positions, and makes other payments entitled to members who serve in the programs of CNCS.

SALARIES AND EXPENSES

Appropriations, 2026	$89,686,000
Committee recommendation	88,686,000

The Committee provides an appropriation of $88,686,000 for CNCS salaries and expenses. The salaries and expenses appropriation provides funds for staff salaries, benefits, travel, training, rent, equipment, and other operating expenses necessary for management of CNCS programs and activities. The Committee continues bill language to support staffing levels necessary to carry out CNCS' statutory responsibilities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2026	$8,595,000
Committee recommendation	8,595,000

The Committee provides an appropriation of $8,595,000 for the CNCS OIG. The OIG's goals are to increase organizational efficiency and effectiveness within the Corporation and to prevent fraud, waste, and abuse.

ADMINISTRATIVE PROVISIONS

The Committee recommendation includes the following general provisions for CNCS: requiring CNCS to make any significant changes to program requirements or policy through rule making (section 401); stipulating minimum share requirements (section 402); requiring that donations supplement and not supplant operations (section 403); aligning requirements regarding the use of Education Awards at GI bill-eligible institutions (section 404); allowing the required background check of certain applicants to be processed by States under terms of the National Child Protection Act (Public Law 103–209) (section 405); allowing CNCS to fund certain member service positions under 1,700 hours (section 406); modifying VISTA members' education awards (section 407); and pro-rated member education awards (section 408).

FEDERAL MEDIATION AND CONCILIATION SERVICE

SALARIES AND EXPENSES

Appropriations, 2026	$48,705,000
Committee recommendation	43,705,000

The Committee provides $43,705,000 for the Federal Mediation and Conciliation Service [FMCS]. FMCS provides mediation, conciliation, and arbitration services to labor and management organizations to prevent and minimize work stoppages and promote stable labor-management relationships. FMCS is also authorized to provide dispute resolution consultation and training to all Federal agencies.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2026	$18,012,000
Committee recommendation	18,012,000

The Committee provides $18,012,000 for the Federal Mine Safety and Health Review Commission [FMSHRC], which provides administrative trial and appellate review of legal disputes under the Federal Mine Safety and Health Act of 1977 (Public Law 91–173). Most cases involve civil penalties proposed by MSHA. FMSHRC's administrative law judges [ALJs] decide cases at the trial level and the five-member Commission provides review of the ALJ's decisions.

INSTITUTE OF MUSEUM AND LIBRARY SERVICES

OFFICE OF MUSEUM AND LIBRARY SERVICES: GRANTS AND ADMINISTRATION

Appropriations, 2026	$291,800,000
Committee recommendation	291,800,000

The Committee provides $291,800,000 for the Institute of Museum and Library Services [IMLS]. This agency supports programs for museums and libraries that encourage innovation, provide lifelong learning opportunities, promote cultural and civic engagement, and improve access to a variety of services and information.

America250.—The Committee commends IMLS' commitment to the 250th Anniversary of the United States in coordination with the U.S. Semiquincentennial Commission (Public Law 114–196) and the White House Task Force on Celebrating America's 250th Birthday (Executive Order 14189). Such efforts have preserved and shared American history at this once-in-a-generation moment resulting in greater civic engagement beyond the Semiquincentennial.

Information Literacy Task Force.—The Committee recommendation includes $2,000,000 within the amount provided for administration to continue the work on information literacy, including the continuation and further development of the Information Literacy Taskforce in accordance with the priorities and guidelines described in the explanatory statement accompanying Public Law 117–103 and Public Law 117–328. The Committee directs the Taskforce to prioritize work on artificial intelligence [AI] and dig-

ital literacy, submit a report to the Committee on the state of AI and digital literacy within the United States, and engage with stakeholders on opportunities for training and educating American learners on AI topics. Such report should also include Task Force recommendations on areas for future research.

Museum and Library Facilities.—The Committee continues to be concerned about the physical condition of library and museum facilities. The Committee received with interest the GAO report required in Senate Report 118–84 on this issue and urges IMLS to take note of the report's findings. The Committee looks forward to the publication of IMLS' research on this issue, as supported in House Report 117–403, and requests that IMLS brief the Committee upon publication.

Staffing Report.—The Committee directs IMLS to submit a report within 30 days of enactment of current IMLS staff and their positions, and any staff vacancies and associated positions.

Tribal Consortia Eligibility.—The Committee continues to instruct IMLS to issue guidance on how consortia of Indian tribes or Tribal organizations could be eligible to apply for Tribal library and related grants.

The Committee bill includes language requiring funds provided in this act to be allocated for the programs and activities, and in the amounts specified in the following table:

Budget activity	Fiscal year 2026 appropriation	Committee recommendation
Library Services Technology Act [LSTA]:		
Grants to States	$181,400,000	$183,000,000
Native American Library Services	5,763,000	5,763,000
National Leadership: Libraries	15,287,000	15,287,000
Laura Bush 21st Century Librarian	10,000,000	10,000,000
Subtotal, LSTA	212,450,000	214,050,000
Museum Services Act:		
Museums for America	28,730,000	28,730,000
21st Century Museum Professional	1,000,000	1,000,000
Native American/Hawaiian Museum Services	3,772,000	3,772,000
National Leadership: Museums	9,348,000	9,348,000
Subtotal, MSA	42,850,000	42,850,000
African American History and Culture Act	6,000,000	4,200,000
National Museum of the American Latino Act	6,000,000	4,200,000
Research, Analysis and Data Collection	5,500,000	5,500,000
Administration	19,000,000	21,000,000

MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

SALARIES AND EXPENSES

Appropriations, 2026	$9,405,000
Committee recommendation	10,698,000

The Committee provides $10,698,000 for the Medicaid and CHIP Payment and Access Commission [MACPAC]. This commission was established in the Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111–3) and is tasked with reviewing State and Federal Medicaid and Children's Health Insurance Program access and payment policies and making recommenda-

tions to Congress, the Secretary of HHS, and the States on a wide range of issues affecting those programs. The Committee appropriation will allow MACPAC to continue to carry out these activities.

Policy Recommendations.—In light of the fiscal challenges facing the Medicaid program, the Committee recognizes the importance of MACPAC's general mandate and Medicaid expertise it provides to Congress. The Commission will continue to undertake serious and sustained analytical work over the coming years to advise Congress on potential policies and needed financing reforms to ensure the sustainability of the program. The Committee encourages MACPAC, if the Commission deems it appropriate, to include proposed Medicaid program changes to offset any recommendations made by the Commission that would have the effect of increasing Medicaid program costs.

MEDICARE PAYMENT ADVISORY COMMISSION

SALARIES AND EXPENSES

Appropriations, 2026	$14,673,000
Committee recommendation	15,048,000

The Committee provides $15,048,000 for the Medicare Payment Advisory Commission [MedPAC], which provides independent policy and technical advice on issues affecting the Medicare program.

Medicare Graduate Medical Education [GME] Report.—The Committee understands that MedPAC in its March 2025 report noted the need for more targeted policies to increase the supply of in-demand health professionals. The Committee encourages MedPAC to build on this earlier work, focusing on the geographic distribution of residency slots and the specialty designation of practicing physicians. The Committee encourages MedPAC, to the extent feasible, to analyze differences across urban, rural, and underserved areas and describe existing Medicare GME policies that target entry into primary care and other health professionals, as appropriate. The Committee encourages MedPAC to identify policies that may improve the geographic distribution of residents and physicians, strengthen the primary care workforce, and expand beneficiary access to care in underserved communities, as appropriate.

NATIONAL COUNCIL ON DISABILITY

SALARIES AND EXPENSES

Appropriations, 2026	$3,850,000
Committee recommendation	3,950,000

The Committee provides $3,950,000 for the National Council on Disability [NCD]. NCD is mandated to make recommendations to the President, Congress, the Rehabilitation Services Administration, and the National Institute on Disability, Independent Living, and Rehabilitation Research on issues of concern to individuals with disabilities. The Council gathers information on the implementation, effectiveness, and impact of the Americans with Disabilities Act (Public Law 101–336) and examines emerging policy issues as they affect persons with disabilities and their ability to enter or re-enter the Nation's workforce and to live independently.

Reports.—The Committee includes an increase of $100,000 for NCD to produce its assisted suicide project as recently prioritized by a vote of the Council in May 2026.

NATIONAL LABOR RELATIONS BOARD

SALARIES AND EXPENSES

Appropriations, 2026	$294,224,000
Committee recommendation	285,499,000

The Committee provides $285,499,000 for the National Labor Relations Board [NLRB], which administers and enforces the National Labor Relations Act of 1935 (Public Law 74–198) and protects employee and employer rights provided under that act. The Committee maintains language restricting the use of electronic voting.

Staffing Report.—Not later than 30 days after enactment, the NLRB is directed to provide the Committee an operating plan identifying the total FTE and non-personnel allocations for the regional office and NLRB headquarters components supported by the appropriations provided in this act. In addition, the NLRB shall provide on a monthly basis the number of on-board staff, attrition, approved hires not yet on-boarded and projected full-year FTE usage, including approved hires, and actual non-personnel expenses, for the regional office and NLRB headquarters components supported by the appropriation provided in this act and corresponding workloads. The monthly reports should be detailed by competitive (including career SES) and excepted (including noncareer and limited term SES) service staff. The NLRB shall also provide the Committee on a biannual basis an excel file which includes the names, titles, grades, program office, and date of hire of all the employees in a position in the excepted service employed by the NLRB during the previous 180 days.

NATIONAL MEDIATION BOARD

SALARIES AND EXPENSES

Appropriations, 2026	$15,113,000
Committee recommendation	14,306,000

The Committee provides $14,306,000 for the National Mediation Board [NMB], which mediates labor-management relations in the railroad and airline industries under the Railway Labor Act (Public Law 88–542). The NMB mediates collective bargaining disputes, conducts elections to determine the choice of employee bargaining representatives, and administers arbitration of employee grievances.

Office of Arbitration.—The Committee notes the increase in recent years of a case backlog at the Office of Arbitration. The Committee further notes that NMB works with a broad roster of qualified arbitrators, though only a limited number are regularly utilized by parties. The Committee encourages NMB to provide additional outreach and education to labor and management parties regarding the availability of arbitrators in order to help reduce the case backlog and about the option of using grievance mediation to process appropriate cases.

OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION

SALARIES AND EXPENSES

Appropriations, 2026	$14,449,000
Committee recommendation	14,223,000

The Committee provides $14,223,000 for the Occupational Safety and Health Review Commission [OSHRC]. OSHRC serves as a court to resolve disputes between OSHA and employers charged with violations of health and safety standards enforced by OSHA.

RAILROAD RETIREMENT BOARD

The Railroad Retirement Board [RRB] administers the retirement/survivor and unemployment/sickness insurance benefit programs for railroad workers and their families under the Railroad Retirement Act (Public Law 93–445) and Railroad Unemployment Insurance Act (Public Law 100–647).

DUAL BENEFITS PAYMENTS ACCOUNT

Appropriations, 2026	$5,000,000
Committee recommendation	4,000,000

The Committee provides $4,000,000 for the Dual Benefits Payments Account together with any estimated income derived from income taxes on vested dual benefits. This appropriation provides for vested dual benefit payments to beneficiaries covered under both the railroad retirement and Social Security systems.

FEDERAL PAYMENTS TO THE RAILROAD RETIREMENT ACCOUNTS

Appropriations, 2026	$150,000
Committee recommendation	75,000

The Committee provides $75,000 for Federal Payments to the Railroad Retirement Account. These funds reimburse the railroad retirement trust funds for interest earned on non-negotiated checks.

LIMITATION ON ADMINISTRATION

Appropriations, 2026	$127,000,000
Committee recommendation	128,000,000

The Committee provides $128,000,000 for RRB's costs associated with the administration of railroad retirement/survivor and unemployment/sickness benefit programs. This account limits the amount of funds in the railroad retirement and railroad unemployment insurance trust funds that may be used by the Board for administrative expenses.

The Committee continues to request annual updates on the project status, including timelines for completion, total anticipated cost of development, funding obligations, and contracts for RRB's fully funded information technology modernization system.

The Committee maintains bill language giving RRB the authority to hire new attorneys in the excepted service.

LIMITATION ON THE OFFICE OF THE INSPECTOR GENERAL

Appropriations, 2026	$14,000,000
Committee recommendation	14,000,000

The Committee provides $14,000,000 for RRB Office of the Inspector General. This Office conducts audits and investigations to protect the integrity of the RRB trust funds and provides comprehensive oversight of all RRB operations and programs.

SOCIAL SECURITY ADMINISTRATION

PAYMENTS TO SOCIAL SECURITY TRUST FUNDS

Appropriations, 2026	$15,000,000
Committee recommendation	15,000,000

The Committee provides $15,000,000 in mandatory funds for payments to Social Security trust funds. This account reimburses the Old Age and Survivors Insurance [OASI] and Disability Insurance [DI] trust funds for special payments to certain uninsured persons, costs incurred administering pension reform activities, and the value of the interest for benefit checks issued but not negotiated. This appropriation restores the trust funds to the same financial position they would have been in had they not borne these costs and they were properly charged to general revenues.

SUPPLEMENTAL SECURITY INCOME PROGRAM

Appropriations, 2026	$49,452,282,000
Committee recommendation	51,588,254,000

The Committee provides $51,588,254,000 in fiscal year 2027 mandatory funds for the SSI program. This is in addition to the $23,500,000,000 provided in the fiscal year 2026 appropriations act for the first quarter of fiscal year 2027. In addition, the Committee provides $24,000,000,000 in advance funding for the first quarter of fiscal year 2028. The SSI program guarantees a minimum level of income to individuals who are disabled, blind, or older than age 65, and meet certain income and resource limitations.

Federal Benefit Payments

The Committee provides a fiscal year 2027 program level of $70,389,000,000 for Federal benefit payments.

Beneficiary Services

The Committee provides $75,000,000 in new mandatory budget authority for beneficiary services.

These funds reimburse vocational rehabilitation [VR] agencies for successfully rehabilitating disabled SSI recipients by helping them achieve and sustain productive, self-supporting work activity. Funds also support the Ticket to Work program that provides SSI recipients with a ticket to offer employment networks [ENs], including VR agencies, in exchange for employment and support services. Instead of reimbursing ENs for specific services, the Ticket to Work program pays ENs based on recipients achieving certain milestones and outcomes.

Research and Demonstration

The Committee provides $70,000,000 in mandatory funds for research and demonstration projects conducted under sections 1110, 1115, and 1144 of the Social Security Act (Public Law 74–271), as amended. These funds support a variety of research and demonstration projects designed to improve the disability process, promote self-sufficiency and assist individuals in returning to work, encourage savings and retirement planning through financial literacy, and generally provide analytical and data resources for use in preparing and reviewing policy proposals.

Administrative Expenses

The Committee provides $4,554,254,000 for SSI program administrative expenses. This appropriation funds the SSI program's share of administrative expenses incurred through the Limitation on Administrative Expenses [LAE] account.

LIMITATION ON ADMINISTRATIVE EXPENSES

Appropriations, 2026	$14,841,978,000
Committee recommendation	14,867,978,000

This account provides resources for SSA to administer the OASI, DI, and SSI programs, and to support CMS in administering the Medicare program. The LAE account is funded by the Social Security and Medicare trust funds for their share of administrative expenses, the general fund for the SSI program's share of administrative expenses, and applicable user fees. These funds support core administrative activities including processing retirement and disability claims, conducting hearings to review disability determination appeals, issuing Social Security numbers and cards, processing individuals' annual earnings information, and ensuring the integrity of Social Security programs through continuing disability reviews [CDR] and SSI redeterminations of non-medical eligibility.

The Committee provides $2,397,000,000 for program integrity activities, including CDRs, SSI redeterminations of non-medical eligibility, and Cooperative Disability Investigations units. This includes $273,000,000 in base funding and $2,124,000,000 in budget adjustment funding.

The Committee also provides up to $176,000,000 for administrative activities funded from user fees. This includes up to $175,000,000 in fees collected from States that request SSA to administer State SSI supplementary payments and up to $1,000,000 from fees collected from non-attorney claimant representatives.

The Committee also provides not less than $2,700,000 for the Social Security Advisory Board. This board advises the Commissioner of Social Security and makes recommendations to Congress and the President on policies relating to the OASI, DI, and SSI programs.

Administrative Law Judges.—The Committee encourages SSA to hire and retain sufficient Administrative Law Judges [ALJs] to keep up with the current hearings workload and employee attrition. The Committee requests that SSA provide within 90 days of enactment, a briefing about ALJ hiring and how it will maintain the right number of ALJs.

AI Transparency.—The Committee is supportive of SSA harnessing emerging technologies to improve customer service. The Committee directs SSA to brief the Committee within 90 days of enactment on how SSA is prioritizing end-to-end risk assessment, evaluation, and quality control for newly introduced AI tools. The Committee encourages SSA to adopt transparent AI reporting metrics, to introduce the use of a post-call AI user survey, and to conduct program audits before and after the launch of new AI tools.

Beneficiary Information on Claims Timing.—The Committee is concerned that many retiring beneficiaries make their claiming decision without a full understanding of the financial implications of benefit reductions for early retirement or delayed retirement credits. The Committee requests a report in the fiscal year 2028 CJ describing SSA's protocols, operating procedures, and informational materials (including nomenclature) used to inform retiring beneficiaries of how changes in their claiming date may affect their monthly benefit after claiming. Such report shall also include changes to such protocols, procedures, materials, and nomenclature SSA has considered using to help beneficiaries make more informed decisions regarding the timing of their retirement claim and improve the public's understanding of the effect of different claiming strategies.

Bill-Wide Directives.—The Committee notes the inclusion of a bill-wide directives section of this explanatory statement. This section contains requirements which apply to all agencies funded by this act.

Communications to my Social Security Account Holders.—The Committee directs SSA to ensure that its communications with the public, particularly direct emails to my Social Security Account holders, be nonpartisan and factual.

Cooperative Disability Investigations [CDI].—The Committee directs SSA to provide an update in its fiscal year 2028 CJ on CDI units, including updates on the program's projected savings to SSA's disability programs, total recovery amounts, and projected savings to other Federal and State programs. Such updates shall also include suggestions regarding other ways Federal and State agencies may partner on anti-fraud initiatives with respect to Social Security programs.

Data Sharing and Systems Integration.—The Committee recognizes the importance of improving access to accurate and timely information to support eligibility determinations and program integrity across Federal and State-administered programs. The Committee encourages SSA, in coordination with the Department of Labor [DOL], to conduct a legal review of the authority, requirements, and limitations governing the sharing of relevant SSA- and DOL-held data with State agencies and third-party entities. The Committee further encourages SSA to evaluate opportunities for secure system integration or automated data exchange solutions while protecting individual privacy and ensuring compliance with applicable law.

Digital Identity Authentication.—The Committee recognizes potential efforts to adopt digital identity authentication technologies to accompany Federal benefit verification practices. The Committee continues to request updates on SSA's efforts in this area, includ-

ing how it is addressing the digital literacy and accessibility needs of the populations it serves and how it is mitigating potential risks and ensuring data privacy.

GAO Study of Reconsideration.—The Committee is aware of the time and resources devoted to disability claims review as part of the SSA reconsideration process. From 1999 to 2018, SSA conducted a pilot in 10 States that eliminated the reconsideration step in disability claims review. The Committee directs GAO to conduct an evaluation of this pilot program, to compare those results against agency operational metrics regarding processing time, claims decision accuracy, or cost impact, and to make recommendations to Congress on potential reforms and considerations.

IT Activities.—The Committee continues to direct SSA to provide a report to the Committee, within 90 days of enactment of this act, detailing the number, amount, and general content of contracts, grants, and cooperative agreements awarded under SSA's IT portfolio. Such a report shall be grouped by heading and subheading on Table 3.29 of the fiscal year 2027 congressional justification.

Medicare DSH.—The Committee notes that SSA has a backlog in the number of applicants for SSI, and this figure is used in the calculation of hospitals' Medicare Disproportionate Share Hospital [DSH] percentage. Many hospitals learn of their patients' SSI status late in the process of calculating their DSH percentage and would be able to plan better for this calculation if they had an estimate earlier. The Committee encourages SSA, in consultation with the Centers for Medicare & Medicaid Services, to be transparent with hospitals in how SSI estimates are made or make a preliminary estimate available midyear.

Service Delivery.—The Committee notes there are significant service delivery challenges at SSA that are impacting critical services that millions of Americans count on. The Committee continues to direct SSA to provide the Committee a monthly report of performance metrics that measure SSA's progress on addressing key service delivery challenges including but not limited to, decreasing disability claim processing times, ensuring prompt processing of retirement claims, addressing delays on SSA's 1–800 number and in field offices. In addition, the Committee looks forward to GAO's review of service delivery challenges at SSA and SSA's steps to address them as requested in Senate Report 119–55. Finally, the Committee directs SSA to ensure that changes to internal policies, including changes to its Program Operations Manual System, are deliberate and include public and stakeholder input when appropriate. The Committee directs SSA to notify the Committee in advance of any changes to its internal policies that could reasonably be expected to meaningfully impact the public's interactions with SSA.

Rural and Frontier Service Delivery.—The Committee is concerned that senior citizens and Americans with disabilities in rural and frontier areas of the Nation are unable to access in-person Social Security services and that access by phone or videoconference is limited. The Committee strongly urges SSA to evaluate its service delivery options in rural and frontier areas and, when feasible, implement expanded access to options that have been most effective for residents of these areas to ensure that SSA is able to pro-

vide timely assistance, whether in-person, by phone, or by video-conference.

Staffing Plan.—The Committee is concerned by any reductions in direct-service operations, including staff at field offices and processing and teleservice centers, and provides resources for SSA to increase the number of staff on the frontlines. The Committee directs SSA to take steps to avoid field office closures, reduced office hours, and increased delays to appointments for beneficiaries seeking in-person support. The Committee directs SSA to provide a monthly report of staff on board by component each month after the date of enactment of this act, and quarterly the number of staff on board by field office and appointment waiting times by field office.

Staffing Reassignments.—The Committee directs SSA to provide sufficient training to all assigned staff before handling benefit questions over the phone. Further, the Committee directs SSA to design a specific training plan for reassigned field staff, which shall include all elements of training typically included for onboarding staff who answer the National phone line. Additionally, the Committee directs SSA to notify the Committees on Appropriations and Finance in the Senate and the Committees on Appropriations and Ways and Means in the House no less than 30 days prior to any proposed permanent reassignment of staff. The notification shall include the purpose of the reassignment; the duration of the reassignment; the number of employees reassigned; the responsibilities of the reassigned employees at their original position; and what changes the agency will implement to offset the resulting workload shifts.

Survivor Benefits Processing.—The Committee notes the importance of ensuring that timely, quality beneficiary services are rendered to current and prospective recipients of survivors benefits. The Committee emphasizes that, as with other types of Social Security benefits, the timing of claiming and associated services can be critical for the livelihood of survivors, especially child beneficiaries.

Representative Payee Review Program.—In 2018, Congress charged the network of Protection and Advocacy [P&A] agencies to monitor for fraud, abuse, and neglect committed by SSA representative payees. The Committee recognizes SSA's efforts to streamline operations and improve process efficiency; however, the Committee is concerned that these efforts could hinder SSA's partnerships with the P&As to address fraud, abuse, and neglect. Accordingly, the Committee directs SSA to dedicate sufficient full-time employees to provide support for the representative payee review program. Further, the Committee directs SSA to ensure that the dedicated staff serve as points of contact for the P&As.

Ticket to Work Improvements.—The Committee recognizes that the Ticket to Work program may be underutilized and can provide important resources for individuals looking to return to work. The Committee encourages SSA to work to identify ways to improve the program's effectiveness through existing and relevant statutory authorities.

Vocational Guidelines.—The Committee is aware that implementation of the Occupational Information System [OIS] project, which

aims to bring the vocational list used in disability determinations in line with current job opportunities, is ongoing. The Committee notes that SSA has obligated and expended significant resources and time on this project to-date. Therefore, the Committee directs SSA, within 90 days of enactment of this act, to provide a briefing to the Committees on Appropriations and Finance of the Senate and the Committees on Appropriations and Ways and Means of the House of Representatives regarding SSA's status in making these changes to occupational data, completed actions to-date, and planned actions for this project over the coming fiscal year.

Work Incentives Planning and Assistance [WIPA] and Protection and Advocacy for Beneficiaries of Social Security [PABSS].—The Committee provides $23,000,000 for WIPA and $10,000,000 for PABSS. These programs provide valuable services to help Social Security disability beneficiaries return to work. The Committee notes that delayed suitability determinations have in some cases significantly affected the ability of PABSS grantees to carry out their mission to protect the rights and best interests of individuals with disabilities.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2026	$114,665,000
Committee recommendation	114,665,000

The Committee provides $114,665,000 for SSA's OIG. This includes $82,665,000 funded from the OASI and DI trust funds for those programs' share of OIG's expenses and $32,000,000 funded from general revenues for the SSI program's share of expenses.

Combating Social Security Impersonation Scams.—The Committee continues to commend the work that SSA OIG has done to combat Social Security impersonation scams. The Committee again encourages SSA OIG to prioritize work with SSA to increase awareness of this scam and to pursue the criminals perpetrating this fraud.

TITLE V

GENERAL PROVISIONS

Section 501. The bill continues a provision authorizing transfers of unexpended balances.

Section 502. The bill continues a provision limiting funding to 1-year availability unless otherwise specified.

Section 503. The bill continues a provision limiting lobbying and related activities.

Section 504. The bill continues a provision limiting official representation expenses.

Section 505. The bill continues a provision clarifying the requirement to identify Federal funding made available in this act as a component of State and local grant funds in all public materials related to such funds.

Sections 506 and 507. The bill continues provisions limiting the use of funds for abortions.

Section. 508. The bill continues a provision restricting human embryo research.

Section 509. The bill continues a provision limiting the use of funds for promotion of legalization of controlled substances.

Section 510. The bill continues a provision prohibiting the use of funds to promulgate regulations regarding the individual health identifier.

Section 511. The bill continues a provision limiting the use of funds to enter into or review contracts with entities subject to the requirement in section 4212(d) of title 38, United States Code, if the report required by that section has not been submitted.

Section 512. The bill continues a provision prohibiting the transfer of funds made available in this act to any department, agency, or instrumentality of the U.S. Government, except as otherwise provided by this or any other act.

Section 513. The bill continues a provision prohibiting Federal funding in this act for libraries unless they are in compliance with the Children's Internet Protection Act (Public Law 106–554).

Section 514. The bill modifies a provision maintaining a procedure for reprogramming of funds.

Section 515. The bill continues a provision prohibiting candidates for scientific advisory committees from having to disclose their political activities.

Section 516. The bill modifies a provision requiring each department and related agency to submit an operating plan.

Section 517. The bill continues a provision requiring the Secretaries of Labor, Health and Human Services, and Education to submit a report on the number and amounts of contracts, grants, and cooperative agreements awarded by the Departments on a non-competitive basis.

Section 518. The bill continues a provision prohibiting SSA from processing earnings for work performed under a fraudulent social security number if based on a conviction for a violation under section 208(a)(6) or (7) of the Social Security Act (Public Law 74–271).

Section 519. The bill continues a provision prohibiting SSA from establishing a totalization agreement with Mexico.

Section 520. The bill continues a provision requiring computer networks to block pornography.

Section 521. The bill continues a provision related to reporting requirements for conference spending.

Section 522. The bill continues a provision related to advertisement costs.

Section 523. The bill continues a provision regarding reporting status of balances of appropriations.

Section 524. The bill continues a provision on grant notifications.

Section 525. The bill continues a provision regarding funding for programs that carry out distribution of sterile needles or syringes.

Section 526. The bill continues a provision requiring questions for the record be submitted within 45 days of receipt.

Section 527. The bill modifies a provision rescinding funds from the Children's Health Insurance Program child enrollment contingency fund.

Section 528. The bill includes a new provision rescinding funds from the Children's Health Insurance Program performance bonus fund.

Section 529. The bill continues a provision related to research and evaluation funding flexibility.

Section 530. The bill modifies a provision rescinding funds from the American Rescue Plan act of 2021 (Public Law 117–2).

Section 531. The bill includes a new provision providing emergency supplemental funding for LIHEAP.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports on general appropriations bills identify each Committee amendment to the House bill "which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session."

The Committee is filing an original bill, which is not covered under this rule, but reports this information in the spirit of full disclosure.

The Committee recommends funding for the following programs and activities which currently lack authorization: Workforce Innovation and Opportunity Act programs; Trade Adjustment Assistance; School-Based Health Centers; Nurse Education Loan Repayment; Education and Training Related to Geriatrics; Mental and Behavioral Health Training; Children's Hospital Graduate Medical Education; Title XVII of the PHS Act; Ryan White CARE Act; Ending the HIV Epidemic; Universal Newborn Hearing Screening; Organ Transplantation; Family Planning; Rural Health programs; Traumatic Brain Injury programs; Public Health Improvement Act; Pandemic and All-Hazards Preparedness Act; Cybersecurity and National Security programs; Healthy Start; Telehealth; Health Professions Education Partnership Act; Children's Health Act; Women's Health Research and Prevention Amendments of 1998; Birth Defects Prevention, Preventive Health Amendments of 1993; Research on Health Costs, Quality, and Outcomes; Substance Use and Mental Health Services programs; Protection and Advocacy for Individuals with Mental Illness; State Opioid Response Grants; Low Income Home Energy Assistance Program; Refugee and Entrant Assistance programs; Child Care and Development Block Grant; Children and Families Services Programs; Head Start; Preschool Development Grants; Runaway and Homeless Youth programs; Adoption and Legal Guardianship Incentive Payments; CAPTA programs; Family Violence programs; National Domestic Violence Hotline; Child Welfare Services; Developmental Disabilities programs; Voting Access for Individuals with Disabilities; Native American Programs; Community Services Block Grant Act programs; National Institutes of Health; Assets for Independence; Alzheimer's Disease Demonstration Grants; Office of Disease Prevention and Health Promotion; Elementary and Secondary Education Act of 1965; Rehabilitation Act of 1973 programs; Helen Keller National Center Act; Education of the Deaf Act; Adult Education and Family Literacy Act programs; Higher Education Act programs; Education Sciences Reform Act; Parts C and D of the Individuals with Disabilities Education Act; Special Olympics Sport and Empowerment Act of 2004; Corporation for National and Community Service; Museum and Library Services Act programs; National Council on Disability; Older Americans Act; Second Chance Act; Work Incentive Planning and Assistance; and Protection and Advocacy for Beneficiaries of Social Security.

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that the Committee report on a bill or joint resolution repealing or amending any statute or part of any statute include "(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken-through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the Committee."

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

TITLE 20—EDUCATION

CHAPTER 28—HIGHER EDUCATION RESOURCES AND STUDENT ASSISTANCE

SUBCHAPTER I—GENERAL PROVISIONS

PART B—ADDITIONAL GENERAL PROVISIONS

§ 1011c. National Advisory Committee on Institutional Quality and Integrity

(a) Establishment

* * * * * * *

(f) Termination

The Committee shall terminate on September 30, [2021] *2027*.

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SUBCHAPTER IV—STUDENT ASSISTANCE

PART D—WILLIAM D. FORD FEDERAL DIRECT LOAN PROGRAM

§ 1087h. Funds for administrative expenses

(a) Administrative expenses

(1) Mandatory funds for fiscal year 2006

* * * * * * *

(4) Continuing mandatory funds for account maintenance fees

For each of the fiscal years 2007 through [2021] *2028*, there shall be available to the Secretary, from funds not otherwise appropriated, funds to be obligated for account maintenance fees payable to guaranty agencies under part B and calculated in accordance with subsection (b).

ELEMENTARY AND SECONDARY EDUCATION ACT OF 1965, PUBLIC LAW 89–10

TITLE I—IMPROVING THE ACADEMIC ACHIEVEMENT OF THE DISADVANTAGED

SEC. 1004. STATE ADMINISTRATION.

(a) IN GENERAL.—Except as provided in subsection (b), to carry out administrative duties assigned under parts A, C, and D of this title, each State may reserve the greater of—

(1) 1 percent of the amounts received under such parts; or

(2) [$400,000] *$500,000* ([$50,000] *$60,000* in the case of each outlying area).

NATIONAL AND COMMUNITY SERVICE ACT OF 1990, PUBLIC LAW 101–610

TITLE I—NATIONAL AND COMMUNITY SERVICE STATE GRANT PROGRAM

PART III—NATIONAL SERVICE PARTICIPANTS

Subtitle D—National Service Trust and Provision of Educational Awards

SEC. 148. DISBURSEMENT OF EDUCATIONAL AWARDS.

(a) IN GENERAL.—

* * * * * * *

(f) TRANSFER OF EDUCATIONAL AWARDS.—

(1) IN GENERAL.— * * *

(2) CONDITIONS FOR TRANSFER.—An educational award may be transferred under this subsection if—

(A)(i) the award is a national service educational award for service in [a national service program that receives a grant under subtitle C] *an approved national service position*; and

DISCLOSURE OF CONGRESSIONALLY DIRECTED SPENDING ITEMS

The Constitution vests in the Congress the power of the purse. The Committee believes strongly that Congress should make the decisions on how to allocate the people's money. As defined in Rule XLIV of the Standing Rules of the Senate, the term "congressionally directed spending item" means a provision or report language included primarily at the request of a Senator, providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority, or other expenditure with or to an entity, or targeted to a specific State, locality or congressional district, other than through a statutory or administrative, formula-driven, or competitive award process.

For each item, a Member is required to provide a certification that neither the Member nor the Member's immediate family has a pecuniary interest in such congressionally directed spending item. Such certifications are available to the public on the website of the Senate Committee on Appropriations (https://www.appropriations.senate.gov/congressionally-directed-spending-requests). Following is a list of congressionally directed spending items included in the Senate recommendation discussed in this explanatory statement, along with the name of each Senator who submitted a request to the Committee of jurisdiction for each item so identified. Neither the Committee recommendation nor this explanatory statement contains any limited tax benefits or limited tariff benefits as defined in rule XLIV.

CONGRESSIONALLY DIRECTED SPENDING

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Ability Beyond Disability, Inc., CT, for expanding workforce training, including providing stipends for participants	200,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Alaska Research Consortium, AK, to support Alaska's seafood industry workforce, including the purchase of equipment	1,800,000	Murkowski
Department of Labor	Employment and Training Administration	Amalgamated Transit Union, Local 587; Seattle, WA, for expanding workforce training, including providing wages and supportive services	995,000	Murray
Department of Labor	Employment and Training Administration	Ann & Robert H. Lurie Children's Hospital of Chicago, IL, for expanding career pathways and workforce training, including providing supportive services such as mentoring	1,500,000	Durbin
Department of Labor	Employment and Training Administration	Appalachian Highlands Community Dental Charities, VA, for expanding dental workforce training	347,000	Warner
Department of Labor	Employment and Training Administration	Apprenti, WA, for expanding apprenticeships, including purchasing equipment	1,621,000	Murray
Department of Labor	Employment and Training Administration	Arlington County Virginia, VA, for expanding workforce training and career coaching	150,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Asian Community Center, NY, for expanding workforce training and apprenticeships, including the purchase of equipment	300,000	Schumer
Department of Labor	Employment and Training Administration	Atlanta Public Schools, GA, for expanding career and technical education and workforce training, including the purchase of equipment	680,000	Warnock
Department of Labor	Employment and Training Administration	B–360 Baltimore Inc., MD, for expanding workforce training, including providing stipends and the purchase of equipment	500,000	Van Hollen
Department of Labor	Employment and Training Administration	Base Camp Coding Academy, MS, to expand training in software development	1,000,000	Hyde-Smith
Department of Labor	Employment and Training Administration	Bean's Cafe, Inc., AK, for the delivery of workforce training, including the purchase of equipment	1,000,000	Murkowski

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Behavioral Health Network of Vermont, Inc DBA Vermont Care Network, VT, for expanding workforce training, including providing internship stipends	750,000	Welch
Department of Labor	Employment and Training Administration	Black BRAND, VA, for expanding workforce training and apprenticeships, including the purchase of equipment, providing stipends, and providing supportive services	453,000	Kaine, Warner
Department of Labor	Employment and Training Administration	BLR Center for Flourishing Communities, IL, for expanding workforce training, including providing supportive services and wage subsidies	840,000	Duckworth
Department of Labor	Employment and Training Administration	Blueprint for Change, HI, for expanding workforce training, including providing stipends and supportive services	152,000	Hirono
Department of Labor	Employment and Training Administration	Boys & Girls Clubs of Central Minnesota, MN, for expanding workforce training, including the purchase of equipment	750,000	Klobuchar, Smith
Department of Labor	Employment and Training Administration	Boys & Girls Clubs of Greater Augusta, GA, for expanding workforce training, including the purchase of equipment and providing participant stipends	795,000	Warnock
Department of Labor	Employment and Training Administration	Bridgeport Caribe Youth Leaders, CT, for providing workforce training in healthcare, including providing supportive services	50,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Bristol Works Inc., CT, for providing workforce training, including the purchase of equipment and providing supportive services	500,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Capital Workforce Partners, Inc., CT, for expanding workforce training, including providing stipends and supportive services	907,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Career Solutions, MN, for expanding workforce training, including providing transportation	350,000	Klobuchar, Smith
Department of Labor	Employment and Training Administration	Center for Economic Growth, Inc., NY, for expanding workforce training, including providing supportive services	800,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	Center for Health Innovation—Public Health Institute (CHI–PHI), NM, for expanding workforce training, including the purchase of equipment	415,000	Luján

Department of Labor	Employment and Training Administration	Center for Urban Families, Inc., MD, for workforce training and career pathways programming, including tuition and supportive services	600,000	Alsobrooks
Department of Labor	Employment and Training Administration	Central Council Tlingit & Haida Indian Tribes of Alaska, AK, for a skilled trades workforce training program	471,000	Murkowski
Department of Labor	Employment and Training Administration	Central Georgia Technical College Foundation Inc., GA, for expanding workforce training, including the purchase of equipment, including a vehicle, and covering tuition costs	835,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	Charter Township of Washington, MI, for strengthening firefighter workforce training, including the purchase of equipment	434,000	Peters
Department of Labor	Employment and Training Administration	City and County of Honolulu, HI, for expanding workforce training, including providing stipends and supportive services	510,000	Hirono
Department of Labor	Employment and Training Administration	City of Philadelphia, PA, for expanding workforce training, including the purchase of equipment and providing supportive services	1,000,000	Fetterman, McCormick
Department of Labor	Employment and Training Administration	Clackamas Community College, OR, for expanding workforce training, including the purchase of equipment	895,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	Columbus Technical College Foundation Inc., GA, for expanding workforce training, including the purchase of equipment	834,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	Community Ambulance Service, PA, for an EMS workforce training program	410,000	McCormick
Department of Labor	Employment and Training Administration	Community Autism Resources & Education Systems (CARES), WV, for a behavioral health workforce training program	836,000	Capito
Department of Labor	Employment and Training Administration	Community College of Allegheny County, PA, for a high voltage technician apprenticeship program, including the purchase of equipment	2,150,000	McCormick
Department of Labor	Employment and Training Administration	Confederated Tribes of the Umatilla Indian Reservation, OR, for expanding workforce training	500,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	Connecticut Center for Arts and Technology, Inc. (ConnCAT), CT, for expanding workforce training, including providing stipends and purchasing equipment	1,000,000	Blumenthal, Murphy

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	County of Oakland, A Michigan Constitutional Corporation, MI, for expanding apprenticeships, including providing supportive services	150,000	Peters
Department of Labor	Employment and Training Administration	Delta Greely School District, AK, for pre-apprenticeship training and medical pathway certifications	215,000	Murkowski
Department of Labor	Employment and Training Administration	Downriver Community Conference, MI, for strengthening workforce training, including the purchase of equipment	750,000	Peters
Department of Labor	Employment and Training Administration	Emory & Henry University, VA, for expanding education and workforce training, including the purchase of equipment	1,200,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Fairbanks Pipeline Training Center Trust, AK, for an energy infrastructure workforce training program, including the purchase of equipment	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	Flint Electrical Joint Apprenticeship Training Committee, MI, for expanding workforce training and apprenticeships, including the purchase of equipment	380,000	Slotkin
Department of Labor	Employment and Training Administration	Floor Covering Education Foundation Inc., GA, for expanding workforce training programs, including the purchase of equipment and providing scholarships	1,000,000	Ossoff
Department of Labor	Employment and Training Administration	Fresno Business Council/San Joaquin Valley Manufacturing Alliance, CA, for expanding workforce training, including the purchase of equipment and providing student stipends	2,620,000	Schiff
Department of Labor	Employment and Training Administration	Galena City School District, AK, for a driver training program	98,000	Murkowski
Department of Labor	Employment and Training Administration	George Mason University, VA, for improving postsecondary education in artificial intelligence, including providing tuition assistance and equipment	2,000,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Georgia Northwestern Technical College Foundation Inc., GA, for expanding workforce training in welding, including the purchase of equipment, including a vehicle	1,630,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	Goodwill of North Georgia Inc., GA, for expanding workforce development opportunities, including purchasing equipment, providing tuition, and paying wages	2,054,000	Ossoff, Warnock

Department of Labor	Employment and Training Administration	Greater Baltimore Urban League, MD, for expanding workforce training, including providing wraparound services and participant stipends	500,000	Van Hollen
Department of Labor	Employment and Training Administration	Green County Development Corporation, WI, for skilled trades training, including the purchase of equipment	750,000	Baldwin
Department of Labor	Employment and Training Administration	Hawaii Ag & Culinary Alliance, HI, for expanding workforce training, including providing stipends	687,000	Hirono
Department of Labor	Employment and Training Administration	Hawaii Building Industry Foundation, HI, for workforce training, including providing wraparound services	852,000	Hirono, Schatz
Department of Labor	Employment and Training Administration	Health Tech Alley Inc, MD, for expanding apprenticeships, including providing stipends and paid work-based learning opportunities	380,000	Alsobrooks, Van Hollen
Department of Labor	Employment and Training Administration	Hinds Community College, MS, for mobile workforce training units	1,988,000	Hyde-Smith, Wicker
Department of Labor	Employment and Training Administration	Home Building Foundation, OR, for expanding workforce training, including the purchase of equipment and providing stipends	1,487,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	Humanim, Inc., MD, for expanding workforce training, including providing wraparound services and student stipends	800,000	Van Hollen
Department of Labor	Employment and Training Administration	Institute for Leadership Education Advancement & Development Inc (I–LEAD), PA, for expanding workforce training, including the purchase of equipment	350,000	Fetterman
Department of Labor	Employment and Training Administration	Integrated Refugee and Immigrant Services (IRIS), CT, for expanding workforce training, including providing stipends and purchasing equipment	200,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	JC Williams Community Center Inc., MA, for expanding workforce training, including the purchase of equipment	750,000	Markey
Department of Labor	Employment and Training Administration	Jewish Lifecare, Manhattan (d/b/a The New Jewish Home, Manhattan), NY, for expanding workforce training, including providing supportive services and transportation and purchasing equipment	2,500,000	Gillibrand
Department of Labor	Employment and Training Administration	Johnstown Area Regional Industries (JARI), PA, for expanding workforce training, including providing supportive services and stipends	300,000	Fetterman

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Junior Achievement of Southwest New England, Inc., CT, for expanding manufacturing workforce development	850,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Kawerak, Inc., AK, for an early childhood education workforce training program	1,011,000	Murkowski
Department of Labor	Employment and Training Administration	Keiki O Ka Aina Family Learning Centers (KOKA), HI, for expanding workforce training in early childhood education	300,000	Hirono
Department of Labor	Employment and Training Administration	Kinship MKE, WI, for workforce training, including supportive services and trainee wages	500,000	Baldwin
Department of Labor	Employment and Training Administration	Living Classrooms Foundation, Inc., MD, for expanding workforce training, including providing wraparound services and wages	400,000	Van Hollen
Department of Labor	Employment and Training Administration	Lomakatsi Restoration Project, OR, for expanding workforce training, including the purchase of equipment and providing supportive services and wages	1,334,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	Los Angeles Community College District—Los Angeles Mission College, CA, for expanding workforce training, including purchasing equipment and providing supportive services	1,500,000	Padilla
Department of Labor	Employment and Training Administration	Luminarias Institute Inc., CA, for strengthening behavioral health education and training, including the purchase of equipment	1,000,000	Padilla
Department of Labor	Employment and Training Administration	Ma Ka Hana Ka Ike Building Program, HI, for expanding apprenticeship training, including providing wages	344,000	Schatz
Department of Labor	Employment and Training Administration	Manufacturing Advocacy and Growth Network, OH, for a manufacturing workforce training program	2,000,000	Husted
Department of Labor	Employment and Training Administration	Manufacturing Alliance Service Corporation (MASC), CT, for expanding workforce training, including the purchase of equipment	200,000	Blumenthal, Murphy
Department of Labor	Employment and Training Administration	Mountain Gateway Community College, VA, for expanding workforce training, including the purchase of equipment	662,000	Kaine, Warner

Department of Labor	Employment and Training Administration	National Forest Foundation, NM, for supporting workforce training and a conservation corps, including the purchase of equipment and supplies	500,000	Luján
Department of Labor	Employment and Training Administration	National Urban League, Inc., NY, for workforce training in artificial intelligence, including providing supportive services and stipends	2,000,000	Gillibrand, Schumer
Department of Labor	Employment and Training Administration	New Hampshire College and University Council (NHCUC), NH, for expanding workforce training, including paid internships	145,000	Shaheen
Department of Labor	Employment and Training Administration	New Mexico State University, NM, for workforce training and education, including providing student stipends and purchasing technology	1,175,000	Heinrich, Luján
Department of Labor	Employment and Training Administration	NextOp Inc., LA, to support career transition services and workforce engagement activities for veterans	1,000,000	Cassidy, Kennedy
Department of Labor	Employment and Training Administration	North Country Health Consortium, NH, for expanding workforce training, including the purchase of equipment and providing tuition support	250,000	Shaheen
Department of Labor	Employment and Training Administration	North Country Healthcare, NH, for expanding workforce training in nursing, including the purchase of equipment	488,000	Shaheen
Department of Labor	Employment and Training Administration	Northeast Colorado Board of Cooperative Educational Services (BOCES), CO, for expanding workforce training, including providing tuition and supportive services	229,000	Bennet, Hickenlooper
Department of Labor	Employment and Training Administration	Oasis—A Haven for Women and Children, NJ, for expanding workforce training, including the purchase of equipment and technology	340,000	Booker, Kim
Department of Labor	Employment and Training Administration	OCHIN, Inc., OR, for expanding workforce training, including the purchase of equipment and providing stipends	2,200,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	Pacific Northwest Ironworkers and Employers Apprenticeship and Training Trust, AK, for a mobile welding workforce training program, including the purchase of equipment	1,121,000	Murkowski
Department of Labor	Employment and Training Administration	Perinatal Health Equity Foundation, INC., NJ, for expanding cybersecurity education, including the purchase of equipment	350,000	Kim
Department of Labor	Employment and Training Administration	Piiku Co, HI, for expanding apprenticeship training, including providing wages	190,000	Schatz

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	Pittsburgh Gateways, PA, for expanding pre-apprenticeships, including providing supportive services	506,000	Fetterman, McCormick
Department of Labor	Employment and Training Administration	Primary Care Coalition, MD, for expanding workforce training for nursing, including providing tuition support	300,000	Alsobrooks, Van Hollen
Department of Labor	Employment and Training Administration	Progressive Center for Independent Living, Inc, NJ, for disability workforce training	215,000	Booker
Department of Labor	Employment and Training Administration	Purple Maia Foundation, HI, for expanding workforce training, including providing stipends and purchasing equipment	828,000	Hirono
Department of Labor	Employment and Training Administration	Ramapo College of New Jersey, NJ, for expanding workforce training, including the purchase of equipment and providing supportive services, including financial aid	544,000	Booker, Kim
Department of Labor	Employment and Training Administration	Randolph County Development Authority, WV, for a workforce training program for the hardwood, forestry, and construction industries, including the purchase of equipment	2,350,000	Capito, Justice
Department of Labor	Employment and Training Administration	ReSOURCE: A Nonprofit Community Enterprise, Inc., VT, to expand workforce training, including the purchase of equipment	1,800,000	Sanders, Welch
Department of Labor	Employment and Training Administration	Rocky Mountain Youth Corps, NM, for expanding workforce training, including the purchase of equipment	655,000	Luján
Department of Labor	Employment and Training Administration	Rutgers University-Camden, NJ, for expanding education and workforce training, including the purchase of equipment and providing student stipends	742,000	Kim
Department of Labor	Employment and Training Administration	Savannah Technical College, GA, for expanding workforce training, including the purchase of equipment	971,000	Warnock
Department of Labor	Employment and Training Administration	Seward County Community College, KS, to expand a heating, ventilation, air conditioning, and refrigeration (HVAC/R) workforce training program, including the purchase of equipment	155,000	Moran

Department of Labor	Employment and Training Administration	Sheet Metal Workers Local 44 JATC of Northeastern Pennsylvania, PA, for the purchase of equipment to expand apprenticeship training capacity for data center ductwork fabrication and installation	100,000	McCormick
Department of Labor	Employment and Training Administration	Shenandoah University, VA, for expanding aviation workforce training, including purchasing equipment and providing financial aid	949,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Singing River Health System, MS, for medical apprenticeship programming	3,215,000	Hyde-Smith, Wicker
Department of Labor	Employment and Training Administration	Soil2Service, MI, for expanding workforce training and apprenticeships, including the purchase of equipment and providing wages	790,000	Slotkin
Department of Labor	Employment and Training Administration	South Central Workforce Development Board, VA, for expanding workforce training, including providing tuition and supportive services	600,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Southeast Rural Community Assistance Project, Inc. (SERCAP), VA, for expanding workforce training in wastewater management, including providing supplies	200,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Southern Oregon Forest Restoration Collaborative (SOFRC), OR, for expanding workforce training, including providing financial aid to participants	750,000	Merkley, Wyden
Department of Labor	Employment and Training Administration	St. Joseph's University Medical Center, NJ, for expanding healthcare workforce training, including the purchase of training materials and supplies	1,173,000	Booker
Department of Labor	Employment and Training Administration	Steamfitters Local Union No 449 Joint Apprenticeship and Training Committee, PA, for a skilled workforce training program to support AI data centers	500,000	Fetterman, McCormick
Department of Labor	Employment and Training Administration	Story Tapestries, Inc., MD, for expanding workforce training, including providing trainee stipends	432,000	Alsobrooks, Van Hollen
Department of Labor	Employment and Training Administration	Tech Council of Delaware, Inc., DE, for expanding apprenticeships and pre-apprenticeships, including the purchase of equipment and providing certifications	1,160,000	Blunt Rochester, Coons
Department of Labor	Employment and Training Administration	The Challenge Program, DE, for workforce training, including the purchase of equipment	345,000	Coons
Department of Labor	Employment and Training Administration	The Connection Fund Inc., CT, for expanding workforce training	134,000	Blumenthal, Murphy

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Labor	Employment and Training Administration	The Industrial Development Authority of Russell County VA, VA, for expanding workforce training, including the purchase of equipment, providing stipends, and providing supportive services	1,100,000	Kaine, Warner
Department of Labor	Employment and Training Administration	The Mississippi Shipbuilding and Maritime Center, MS, for a maritime workforce development program	600,000	Hyde-Smith
Department of Labor	Employment and Training Administration	The University of Akron, OH, for the purchase of equipment for manufacturing workforce training	505,000	Husted
Department of Labor	Employment and Training Administration	The Wistar Institute of Anatomy and Biology, PA, for a biopharmaceutical manufacturing workforce training program, including the purchase of equipment	696,000	McCormick
Department of Labor	Employment and Training Administration	Tides Family Services, Inc., RI, for expanding workforce training, including the purchase of equipment and providing wraparound services	654,000	Reed, Whitehouse
Department of Labor	Employment and Training Administration	TKC Fish Wheel, AK, for a workforce training program, including the purchase of equipment	500,000	Murkowski
Department of Labor	Employment and Training Administration	Tri-County Technical College, SC, for a forestry workforce training program, including the purchase of equipment	1,800,000	Graham
Department of Labor	Employment and Training Administration	Tri-Rivers Career Center (TRCC), OH, for the purchase of equipment for construction workforce training	1,000,000	Husted, Moreno
Department of Labor	Employment and Training Administration	University of Michigan—Dearborn, MI, for strengthening workforce training, including the purchase of equipment	800,000	Peters
Department of Labor	Employment and Training Administration	University of Vermont Larner College of Medicine, Department of Emergency Medicine, VT, for expanding workforce training, including providing tuition support and purchasing equipment	1,000,000	Sanders
Department of Labor	Employment and Training Administration	Utica Shale Academy of Ohio, OH, for the purchase of transportation to training and job opportunities	150,000	Husted

Department of Labor	Employment and Training Administration	VERMONT ACADEMY FOR CONSTRUCTION EXCELLENCE INC (D/B/A Vermont Construction Academy), VT, for expanding apprenticeships and workforce training, including the purchase of equipment	670,000	Welch
Department of Labor	Employment and Training Administration	Virginia Peninsula Community College, VA, for expanding workforce training, including the purchase of equipment	886,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Warren/Conner Development Coalition (Eastside Community Network), MI, for expanding workforce training, including providing supportive services to participants	500,000	Slotkin
Department of Labor	Employment and Training Administration	West Georgia Technical College, GA, for expanding workforce development and career training opportunities, including the purchase of equipment, including a vehicle	1,628,000	Ossoff
Department of Labor	Employment and Training Administration	West Piedmont Workforce Development Board, VA, for expanding workforce training, including providing tuition and supportive services and purchasing equipment	1,000,000	Kaine, Warner
Department of Labor	Employment and Training Administration	Western Great Lakes Finishing Trades Institute, WI, for expanding pre-apprenticeship programs, including providing supportive services and stipends and purchasing equipment	806,000	Baldwin
Department of Labor	Employment and Training Administration	WeTrain Washington, WA, for expanding apprenticeships, including purchasing equipment and supplies	250,000	Murray
Department of Labor	Employment and Training Administration	Wiregrass Georgia Technical College, GA, for improving workforce training, including the purchase of equipment, including a vehicle	684,000	Ossoff, Warnock
Department of Labor	Employment and Training Administration	Yakima Valley Technical Skills Center (YV–TECH), WA, for expanding workforce training, including purchasing equipment	3,872,000	Murray
Department of Labor	Employment and Training Administration	YMCA of Alaska, AK, for the delivery of lifeguard and emergency response training	1,000,000	Murkowski
Department of Labor	Employment and Training Administration	Yukon River Drainage Fisheries Association (YRDFA), AK, for workforce development for a salmon monitoring program	1,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	HealthPoint, WA, for facilities and equipment to expand a health center	4,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Access Community Health Centers, WI, for facilities and equipment to construct a health center	1,000,000	Baldwin

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Adams County Children's Advocacy Center, PA, for facilities and equipment to provide child and family services	750,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Adelphi University, NY, for equipment to support nurse training	800,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	AdventHealth Durand, WI, for facilities and equipment to expand an emergency department	1,500,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Adventist Health System Georgia, Inc., GA, for equipment to purchase a mobile clinic	442,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Advocate Health and Hospitals Corporation, IL, for facilities and equipment to promote access to health food and address chronic illness, including the purchase of vehicles	1,600,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Ak-Chin Indian Community, AZ, for equipment to improve cardiac care	186,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Alaska Behavioral Health Association, AK, for equipment to support acquisition and deployment of health information system infrastructure for a statewide Behavioral Health Data Utility	1,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Alaska Behavioral Health, AK, for equipment to acquire crisis response vehicle	235,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Alaska Native Tribal Health Consortium, AK, for acquisition of medical imaging, pharmaceutical, and patient care equipment; surgical equipment and related infrastructure; and technology	1,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Alaska Pacific University, AK, for facilities and equipment to support acquisition and installation of healthcare simulation laboratory equipment for healthcare training	1,600,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Amador Health Center, Inc., NM, for facilities and equipment to expand a health center	3,000,000	Heinrich

Department of Health & Human Services	Health Resources and Services Administration	American Indian Health and Family Services, MI, for facilities and equipment to construct a health and wellness campus	1,500,000	Slotkin
Department of Health & Human Services	Health Resources and Services Administration	Anchorage Neighborhood Health Center (ANHC), AK, for facilities and equipment to support pharmacy expansion and modernization and HVAC and infrastructure improvements	3,277,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Anderson University, SC, for acquisition of medical education and simulation equipment for healthcare education programs	1,901,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Androscoggin Home Health Services, ME, for facilities and equipment to renovate hospice facility in Auburn and primary facility in Lewiston	1,085,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Apple Tree Dental, MN, for facilities and equipment to provide dental care	1,200,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Arbor Place, Inc., WI, for facilities and equipment to construct a residential treatment facility	5,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Arctic Slope Native Association, AK, for facilities and equipment to construct and equip an emergency operating room and surgical suite	1,500,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Arkansas Tech University, AR, for facilities and equipment to renovate, expand, and outfit Morton Hall—Healthcare Workforce Innovation Building and acquire relevant technology and medical equipment	11,385,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	Arkansas Valley Regional Medical Center, CO, for equipment to support radiology services	641,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Aroostook Hospice Foundation, ME, for acquisition of hospice beds and equipment	100,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Ascension SE Wisconsin Hospital Inc, WI, for facilities and equipment to construct a medical simulation center	2,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Ashley Medical Center, ND, for facilities and equipment for acquisition and installation of medical imaging equipment	912,000	Cramer

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Augusta Health Foundation, VA, for facilities and equipment to renovate a primary care facility	2,000,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Augusta-Richmond County, GA, for equipment to support telehealth services, including software	750,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Avera McKennan, SD, for acquisition of medical imaging, surgical, dietary, emergency department, clinical, laboratory, communications and information technology, pharmacy, physical therapy equipment and essential building systems and generator for a new critical access hospital	11,000,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Avera McKennan, SD, for facilities and equipment to construct and equip the Adolescent Psychiatric Residential Treatment facility	5,762,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Bad River Band of Lake Superior Tribe of Chippewa Indians, WI, for facilities and equipment to renovate a recovery facility	1,050,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Bangor Nursing and Rehabilitation Center, ME, for facilities and equipment to upgrade and modernize elder care infrastructure and resident-facing spaces	10,000,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Baptist Memorial Hospital-Desoto, Inc., MS, for facilities and equipment to renovate Neuro-Intensive Care Unit (ICU) and acquire and install patient room, Neuro-ICU, respiratory, pharmaceutical, and information technology equipment	2,790,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Barbour County Hospital Association, AL, for acquisition of cholesterol and blood pressure equipment	25,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Barren River Area Development District, KY, for acquisition of equipment and technology to support new mental health crisis intake center	1,300,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	Bay Area Hospital DIstrict, OR, for facilities and equipment to improve cardiac care	2,000,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Bayhealth Foundation, DE, for facilities and equipment to expand an emergency department	1,000,000	Blunt Rochester, Coons

Department of Health & Human Services	Health Resources and Services Administration	Bennett County Hospital & Nursing Home, SD, for facilities and equipment to complete renovation of a critical access hospital	1,711,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Bernalillo County, NM, for facilities and equipment to provide behavioral health services	550,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	Bethel Family Clinic, AK, to support the delivery of mobile healthcare services to remote Yukon-Kuskokwim Delta villages	535,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	BirthRoot Community Doula, PA, for facilities and equipment to expand maternal health services	300,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Blackstone Valley Community Health Care, Inc., RI, for facilities and equipment to renovate a dental clinic	401,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Bland Ministry Center, Inc., VA, for equipment to provide dental services	155,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Blood Bank of Delmarva, DE, for facilities and equipment to improve donor center infrastructure	500,000	Blunt Rochester, Coons
Department of Health & Human Services	Health Resources and Services Administration	Blue Ridge Care, VA, for facilities and equipment to expand specialized medical transportation infrastructure and vehicles	994,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Blue Ridge Georgia Hospital Company, LLC. d/b/a Blue Ridge Medical Center, GA, for facilities and equipment to improve emergency and diagnostic services	1,850,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Board of Trustees at Southern Illinois University, IL, for facilities and equipment to construct an interdisciplinary health facility	1,500,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Board of Trustees for the University of Illinois, IL, for facilities and equipment to expand maternal health and behavioral health services	750,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Board of Trustees for the University of Illinois, IL, for facilities and equipment to improve access for individuals with disabilities	255,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Board of Trustees of Southern Illinois University DBA Southern Illinois University Edwardsville (SIUE WE CARE Clinic), IL, for facilities and equipment to support a mobile health unit and electronic health records system	634,000	Duckworth

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Boston Medical Center (BMC) Corporation, MA, for facilities and equipment to renovate an ambulatory care facility	1,500,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Bozeman Health Deaconess Hospital, MT, for facilities and equipment to construct new ambulance garage and relocate the helipad at the emergency department	7,350,000	Sheehy
Department of Health & Human Services	Health Resources and Services Administration	BridgeValley Community and Technical College, WV, for facilities and equipment to support the acquisition and installation of clinical simulation equipment for nursing training	825,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Bristol Hospital, Inc., CT, for facilities and equipment to renovate an ICU	1,500,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Butler Hospital, RI, for facilities and equipment to improve ADA accessibility	690,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Cabell County Emergency Medical Services, WV, for equipment for acquisition of cardiopulmonary resuscitation devices	520,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Cabell Huntington Hospital Foundation, Inc., WV, for facilities and equipment to support the acquisition and installation of imaging, surgical, telehealth, and clinical equipment; technology and electronic health record acquisition; and outfitting the Marshall Orthopedic Institute	15,000,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Caldwell Medical Center, KY, for facilities and equipment for expansion of pharmacy and laboratory spaces	2,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	Calvary Hospital, Inc., NY, for facilities and equipment to expand access to palliative care	1,000,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Caribou Hospital District, ME, for facilities and equipment to replace air handler system to improve air quality for patients	3,300,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Caring Health Center, Inc., MA, for facilities and equipment to stabilize building structures and renovate a lobby	915,000	Warren

Department of Health & Human Services	Health Resources and Services Administration	Caroline Kline Galland Home, WA, for facilities and equipment to provide infrastructure upgrades	2,250,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Catron County Cares, NM, for outreach and telehealth services in rural New Mexico	150,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	CBWW Inc., GA, for facilities and equipment to improve maternal health, including software, electronic health records, and telehealth services	300,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Cecil College, MD, for equipment to support a teaching and simulation laboratory	282,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Centerstone of Illinois, Inc., IL, for facilities and equipment to expand behavioral health and primary care services	982,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Centerville Clinics, Inc., PA, for facilities and equipment to improve behavioral health services	300,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	CentraCare Health System, MN, for facilities and equipment to provide behavioral health services	1,600,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Central Maine Area Agency on Aging, ME, for facilities and equipment including refrigeration units, accessibility improvements, and safety upgrades	620,000	King
Department of Health & Human Services	Health Resources and Services Administration	Central Maine Medical Center, ME, for facilities and equipment to renovate and equip the NICU to expand labor and delivery services	1,370,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Central Massachusetts Housing Alliance, MA, for facilities and equipment to provide services for the homeless	2,476,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Central Peninsula Hospital, AK, for facilities and equipment to support critical infrastructure and patient room upgrades	4,810,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Centro de Salud de la Comunidad de San Ysidro, Inc., CA, for equipment to provide specialty services and residency training	250,000	Padilla
Department of Health & Human Services	Health Resources and Services Administration	CHA Wickenburg Community Hospital, AZ, for facilities and equipment to provide primary care	1,900,000	Gallego, Kelly

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Chase Brexton Health Services, Inc., MD, for facilities and equipment to improve laboratory and pharmacy services	500,000	Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Chattahoochee Technical College, GA, for equipment to purchase a mobile laboratory training unit	469,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Cheshire Medical Center, NH, for facilities and equipment to improve MRI access	2,000,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Children's Hospital Corporation dba Boston Children's Hospital (Franciscan Children's Campus), MA, for facilities and equipment to provide behavioral health services	4,000,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Children's Hospital of the King's Daughters (CHKD), VA, for equipment to provide imaging services	800,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Children's National Medical Center, MD, for equipment to provide cell and gene therapy	415,000	Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Chippewa Valley Technical College, WI, for facilities and equipment to renovate a health center	683,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	CHRISTUS Health Central Louisiana, LA, for facilities and equipment to construct and equip new emergency department; purchase telemetry, nurse call, treatment room, and radiology equipment; and acquire security and information technology	5,525,000	Cassidy, Kennedy
Department of Health & Human Services	Health Resources and Services Administration	City of Aurora, IL, for facilities and equipment to purchase a mobile clinic	300,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	City of Childersburg Fire Department, AL, for equipment for acquisition of new ambulance and relevant equipment for the ambulance	240,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	City of Las Vegas, NV, for equipment to provide genomic sequencing	3,001,000	Cortez Masto, Rosen

Department of Health & Human Services	Health Resources and Services Administration	City of San Luis, AZ, for equipment to purchase an ambulance	380,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	City of Scottsdale, AZ, for equipment to purchase defibrillators	150,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	City of Whittier, AK, for equipment for acquisition of new ambulance	600,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	City of Williams Fire Department, AZ, for equipment to improve cardiac care	313,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	City of Wooster (dba Wooster Community Hospital), OH, for facilities and equipment to acquire and install medical imaging equipment and construct CT suite	1,750,000	Husted, Moreno
Department of Health & Human Services	Health Resources and Services Administration	City of Yuma, AZ, for equipment to purchase a mobile cooling unit	2,150,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Claiborne Memorial Medical Center, LA, for acquisition of mammography equipment	340,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	ClearHorizon Recovery, PA, for facilities and equipment to construct new outpatient treatment facility for substance use disorder and recovery services	850,000	McCormick
Department of Health & Human Services	Health Resources and Services Administration	Clifton Springs Hospital and Clinic, NY, for equipment to improve access to specialty care	1,000,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Clinch County Hospital Authority, GA, for facilities and equipment to expand primary care, pediatric, and women's health services	1,500,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Clinica Family Health and Wellness, CO, for facilities and equipment to renovate a health center	2,836,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Coal Country Community Health Center, ND, for acquisition of medical imaging and pharmaceutical equipment	207,000	Cramer
Department of Health & Human Services	Health Resources and Services Administration	CODAC Behavioral Healthcare, RI, for facilities and equipment to renovate a behavioral health facility	1,100,000	Reed, Whitehouse

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Codman Square Health Center, MA, for equipment to expand access to primary care, including supplies	215,000	Warren
Department of Health & Human Services	Health Resources and Services Administration	Colby Community College, KS, facilities and equipment to support acquisition and installation of simulation and clinical equipment for nursing education	290,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	College of Charleston, SC, for facilities and equipment to support nursing education and acquire and install simulation equipment and information technology	2,700,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Community Clinic of Maui, Inc. dba Malama I Ke Ola Health Center, HI, for facilities and equipment to renovate a health center	1,232,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	Community Council of Nashua, NH Inc., NH, for facilities and equipment to provide behavioral health services	2,000,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Community Health and Emergency Services, Inc., IL, for facilities and equipment for a mobile clinic	417,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Community Health Association of Spokane (CHAS Health), WA, for facilities and equipment to construct a health center	1,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Community Health Centers of the Rutland Region, VT, for facilities and equipment to provide behavioral health, primary care, pharmacy, and dental services	1,000,000	Sanders
Department of Health & Human Services	Health Resources and Services Administration	Community Health Service, Inc., MN, for facilities and equipment to provide access to dental care	900,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Community Health Systems, WI, for facilities and equipment to renovate a health center	673,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Connecticut Children's, CT, for facilities and equipment to improve ambulatory surgical services	829,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Connecticut Renaissance, CT, for facilities and equipment to renovate a behavioral health facility	350,000	Blumenthal, Murphy

Department of Health & Human Services	Health Resources and Services Administration	Conway Medical Center, SC, for facilities and equipment to support labor and delivery unit construction and expansion	4,500,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Coos County Family Health Services, NH, for facilities and equipment to renovate a health center	500,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Coos County, NH, NH, for facilities and equipment to upgrade an HVAC system and freezers	1,000,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Copper Queen Community Hospital, AZ, for facilities and equipment to provide surgical and inpatient services	2,915,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Coriell Institute for Medical Research Inc., NJ, for facilities and equipment to construct a biomedical research campus	2,000,000	Booker, Kim
Department of Health & Human Services	Health Resources and Services Administration	Council of Athabascan Tribal Governments, AK, for equipment for acquisition of three ambulances and associated equipment to support Fort Yukon, Arctic Village, and Venetie	900,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	County of Franklin, VA, for equipment to provide ambulance services	500,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	County of Ingham, MI, for facilities and equipment to improve pediatric care	500,000	Peters, Slotkin
Department of Health & Human Services	Health Resources and Services Administration	County of Osceola, MI, for equipment to purchase an ambulance	168,000	Peters
Department of Health & Human Services	Health Resources and Services Administration	County of Saginaw, MI, for facilities and equipment to provide forensic pathology and autopsy services	3,000,000	Peters
Department of Health & Human Services	Health Resources and Services Administration	Crenshaw County Health Care Authority dba Crenshaw Community Hospital, AL, for facilities and equipment to support acquisition and installation of radiology equipment	1,141,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Critical Care Services, Inc., MN, for facilities and equipment to improve emergency services	300,000	Klobuchar, Smith

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Cumberland Healthcare, WI, for facilities and equipment to improve surgical services	3,300,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Day Kimball Healthcare, Inc., CT, for facilities and equipment to improve imaging services	864,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Delaware Technical Community College, DE, for facilities and equipment to improve medical education centers	3,471,000	Blunt Rochester, Coons
Department of Health & Human Services	Health Resources and Services Administration	Delta Health System, MS, for facilities and equipment to support re-establishment of Neonatal Intensive Care Unit (NICU) and acquisition of relevant NICU, information technology, and connectivity equipment	3,090,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	Denali Family Services, AK, for facilities and equipment for construction of behavioral health facility	1,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Denver Health & Hospital Authority, CO, for equipment to provide imaging and dental services	2,125,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Divine Providence Community Home, MN, for facilities and equipment to replace HVAC systems and improve infrastructure	1,600,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Division of Developmental Disabilities Services, Department of Health and Social Services, DE, for facilities and equipment to renovate dental suites	2,000,000	Blunt Rochester, Coons
Department of Health & Human Services	Health Resources and Services Administration	Dodge City Community College, KS, for acquisition of simulation equipment to support establishment of regional rural health training hub	500,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Dodge County Hospital Authority, GA, for equipment to provide mammography services	975,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Douglas County Board of Health, GA, for equipment to support public health services	1,100,000	Ossoff

Department of Health & Human Services	Health Resources and Services Administration	Down East Community Hospital, ME, for facilities and equipment to support infrastructure improvements	1,160,000	King
Department of Health & Human Services	Health Resources and Services Administration	DuPage County Health Department, IL, for facilities and equipment to purchase and upgrade a mobile dental clinic	650,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	East Alabama Health, AL, for facilities and equipment to establish a hybrid interventional lab	2,100,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	East Side Renaissance, PA, for equipment to provide dental, chiropractic, speech pathology, and primary care services	533,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	ECU Health Duplin Hospital, NC, for equipment to acquire mobile MRI unit and cardiac imaging equipment	2,327,000	Tillis
Department of Health & Human Services	Health Resources and Services Administration	Educational Opportunities for Children and Families, WA, for facilities and equipment to support low-income families	610,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Elberton-Elbert County Hospital Authority DBA Elbert Memorial Hospital, GA, for equipment to improve emergency and diagnostic services	500,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Elberton-Elbert County Hospital Authority dba Elbert Memorial Hospital, GA, for facilities and equipment to provide surgical, imaging, and intensive care services	875,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Elmcor Youth & Adult Activities Inc., NY, for facilities and equipment to expand a behavioral health facility	1,500,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Ely-Bloomenson Community Hospital, MN, for facilities and equipment to support infrastructure improvements including an HVAC system and roof	1,100,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Emory University, GA, for equipment for a neonatal intensive care unit	1,077,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Emplify Health System, MN, for facilities and equipment to enhance security	446,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Escambia County Health Care Authority d/b/a DW McMillan Memorial Hospital, AL, for acquisition of cardiovascular, surgical, emergency and intensive care, clinical, and patient care equipment	1,500,000	Britt, Tuberville

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Esperanza Health Centers, IL, for facilities and equipment to establish a maternal-child health clinic	1,517,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Exceptional Care for Children Inc., DE, for facilities and equipment to improve accessibility	650,000	Blunt Rochester, Coons
Department of Health & Human Services	Health Resources and Services Administration	Fairleigh Dickinson University, NJ, for facilities and equipment to support nurse training	893,000	Booker, Kim
Department of Health & Human Services	Health Resources and Services Administration	Fairview Health Services, MN, for equipment to purchase medical units and electronic health records systems	750,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Falls Memorial Hospital Association DBA Rainy Lake Medical Center, MN, for facilities and equipment to improve pharmacy services	715,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Family First Health, PA, for equipment to support technology and cybersecurity upgrades	706,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	First Choice Community Healthcare, Inc., NM, for facilities and equipment to provide dental services	1,700,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	First Choice Primary Care, GA, for facilities and equipment to expand access to primary care, behavioral health, and imaging services	521,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Five-Town Health Alliance Inc. dba Mountain Community Health, VT, for facilities and equipment to provide dental services	1,500,000	Sanders
Department of Health & Human Services	Health Resources and Services Administration	Floyd Cherokee Medical Center, LLC d/b/a Atrium Health Floyd Cherokee Medical Center, AL, for facilities and equipment to acquire and install clinical and cardiovascular equipment	420,000	Britt, Tuberville
Department of Health & Human Services	Health Resources and Services Administration	Floyd Healthcare Management, Inc. d/b/a Atrium Health Floyd, GA, for facilities and equipment to provide behavioral health services	417,000	Ossoff

Department of Health & Human Services	Health Resources and Services Administration	Flushing Hospital Medical Center, NY, for equipment to purchase ambulances	676,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Fort Mojave Mesa Fire Department, AZ, for equipment to purchase an ambulance	300,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Franklin Hospital, ME, for facilities and equipment to renovate and expand Mt. Blue Family Practice Clinic	5,800,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Frederick Health, MD, for facilities and equipment to expand bed capacity	4,000,000	Alsobrooks
Department of Health & Human Services	Health Resources and Services Administration	Freeman Regional Health Services, SD, for facilities and equipment to construct new hospital/clinic and to acquire laboratory, imaging, pharmacy, telehealth, and information technology equipment and patient care furnishings	13,000,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Froedtert Bluemound Rehabilitation Hospital, WI, for equipment to improve rehabilitation services	500,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Garrett Regional Medical Center, MD, for facilities and equipment to improve cancer care	1,000,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Gaston Family Health Services dba Kintegra Health, NC, for facilities and equipment to renovate a facility providing comprehensive medical, behavioral health, pharmacy, and supportive services	2,000,000	Tillis
Department of Health & Human Services	Health Resources and Services Administration	Gaylord Hospital, Inc., CT, for facilities and equipment to improve rehabilitation services	1,500,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Generations Family Health Center, Inc., CT, for rural health and nutrition services	94,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Georgian Court University, NJ, for equipment to support nurse training	437,000	Booker, Kim
Department of Health & Human Services	Health Resources and Services Administration	Good Samaritan Health Center of Gwinnett, GA, for equipment to provide dental services	940,000	Warnock

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Grant Regional Health Center, Inc., WI, for equipment to improve imaging services	900,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Greater Baden Medical System (GBMS), MD, for facilities and equipment to provide primary, dental, and behavioral health services	913,000	Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Greater Health Now, WA, for staffing, operations, and outreach to improve rural maternal health, including supplies and technology	5,500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Greater New Bedford Community Health Center, Inc., MA, for facilities and equipment to expand primary care services	1,000,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Greater Seacoast Community Health, NH, for facilities and equipment to renovate a health center	2,000,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Greenwood County Hospital, KS, for facilities and equipment to support critical infrastructure improvements and building controls	2,850,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Hale County Hospital, AL, for acquisition of imaging, ultrasound, medical, and medication dispensing equipment	872,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Hale Makua Health Services, HI, for facilities and equipment to renovate nursing home facilities	1,864,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	Harbor Regional Health, WA, for facilities and equipment to provide infrastructure improvements, including roofing and HVAC system	7,000,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	Harrison Memorial Hospital, KY, for facilities and equipment to support critical infrastructure improvements, updating elevators and nurse call system, and acquisition and installation of generator	3,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	Hawaii Health Systems Corporation (HHSC) Kauai Region, HI, for facilities and equipment to improve emergency services	2,025,000	Schatz

Department of Health & Human Services	Health Resources and Services Administration	HealthWorks for Northern Virginia, VA, for equipment to strengthen cybersecurity infrastructure and modernize outdated technology systems	172,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Heath Care Authority of The City of Enterprise, AL, for facilities and equipment to acquire and install MRI machine	2,000,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Helio Health, Inc., NY, for facilities and equipment to provide behavioral health services	1,000,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Henry County Board of Commissioners, GA, for equipment to purchase a mobile unit	235,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	High Point Treatment Center, Inc., MA, for facilities and equipment to provide substance use disorder and mental health services	1,000,000	Warren
Department of Health & Human Services	Health Resources and Services Administration	Hope on Haven Hill, NH, for facilities and equipment to renovate a residential treatment facility	400,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Horizon Health and Wellness, Inc, AZ, for equipment to improve imaging services	1,038,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Horizon Health Care, Inc., SD, for facilities and equipment to modernize and expand primary healthcare clinic, provide critical infrastructure upgrades, and purchase and install generator	1,000,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Horizon Health Care, Inc., SD, for facilities and equipment to modernize the exterior of aging healthcare facility	600,000	Rounds
Department of Health & Human Services	Health Resources and Services Administration	Hospital Authority of Bleckley County, GA, for facilities and equipment for an emergency generator	2,500,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	Hospital Authority of Monroe County Georgia, GA, for facilities and equipment to upgrade hospital infrastructure and improve patient safety	1,496,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Hospital Authority of Washington County, GA, for facilities and equipment to upgrade hospital infrastructure	1,000,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Hospital Service District No. 1 of Caldwell Parish dba Citizens Medical Center, LA, for acquisition of medical imaging equipment	1,800,000	Kennedy

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Hospital Service District No.2 of LaSalle Parish dba LaSalle General Hospital, LA, for facilities and equipment to construct new clinical suites and expand diagnostic center	3,675,000	Cassidy, Kennedy
Department of Health & Human Services	Health Resources and Services Administration	HudsonAlpha Institute for Biotechnology, AL, for acquisition of laboratory equipment	1,070,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Husson University, ME, for facilities and equipment to expand Husson's health sciences building and to purchase equipment to expand health education and experiential learning	4,950,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Iliuliuk Family and Health Services, AK, for acquisition of mammography equipment	700,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Innovation Quarter, NC, for facilities and equipment to construct and equip clean rooms and expand laboratory and office spaces to support biomanufacturing	3,000,000	Tillis
Department of Health & Human Services	Health Resources and Services Administration	Integrity, Inc., NJ, for facilities and equipment to provide substance use disorder treatment	2,750,000	Booker, Kim
Department of Health & Human Services	Health Resources and Services Administration	Irwin County Board of Commissioners, GA, for equipment to purchase an ambulance	477,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Ithaca College, NY, for facilities and equipment to support workforce training and laboratory services	300,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Jackson Parish Ambulance Service District, LA, for acquisition of equipment for emergency medical services	725,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	James A. Eddy Memorial Geriatric Center, Inc., NY, for facilities and equipment to construct a memory care facility	1,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Jenna Tatro Memorial Fund d/b/a Jenna's Promise, VT, for facilities and equipment to renovate a substance use disorder treatment facility	1,000,000	Sanders, Welch

Department of Health & Human Services	Health Resources and Services Administration	Jewels School inc., MD, for facilities and equipment to improve accessibility	350,000	Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	Jewish Family & Career Services Inc., GA, for equipment to provide dental services	522,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Johnson Health Center, VA, for facilities and equipment to provide access to dental, pharmacy, and maternal health services	985,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Kaleidoscope Connections, Inc., IL, for facilities and equipment to establish a multi-disciplinary behavioral health and developmental services facility	1,100,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Kent County Memorial Hospital, RI, for facilities and equipment for an inpatient acute rehabilitation unit	1,380,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Klamath Hospice Inc., OR, for facilities and equipment to provide support for hospice patients	2,000,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Kuakini Geriatric Care Inc., HI, for facilities and equipment to renovate a long-term care facility	1,406,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	La Rabida Children's Hospital, IL, for facilities and equipment to update an Electronic Medical Record (EMR) system and Enterprise Resource Planning (ERP) system	1,500,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	La Red Health Center Inc., DE, for expanding rural maternal health services	1,200,000	Blunt Rochester
Department of Health & Human Services	Health Resources and Services Administration	Lackey Clinic, VA, for facilities and equipment to provide dental care	1,231,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Lake Erie College of Osteopathic Medicine (LECOM), PA, for acquisition of simulation equipment and technology to support nursing education	300,000	McCormick
Department of Health & Human Services	Health Resources and Services Administration	Lake Region Healthcare Corporation, MN, for equipment to provide surgical care	2,000,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Lane County, OR, OR, for facilities and equipment to construct a behavioral health crisis center	2,000,000	Merkley, Wyden

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Lane Regional Medical Center, LA, for acquisition of surgical equipment	2,500,000	Cassidy, Kennedy
Department of Health & Human Services	Health Resources and Services Administration	Lawrence County Hospital, MS, for facilities and equipment to renovate emergency department, diagnostic, clinical, therapy, kitchen/dining, and administrative areas of hospital	3,000,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	Leech Lake Band of Ojibwe, MN, for facilities and equipment to provide substance use disorder services	700,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	LG NewCorp Inc. d/b/a Merrimack Health Methuen Hospital, MA, for equipment to purchase patient beds	2,000,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	LifeFlight of Maine, ME, for acquisition of emergency medical transport fixed-wing aircraft	2,750,000	Collins, King
Department of Health & Human Services	Health Resources and Services Administration	Lifehouse Carlsbad, Inc., NM, for facilities and equipment to expand sober living services	1,103,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	Lincoln Hospital, ME, for facilities and equipment to construct a modern emergency helipad	4,027,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Little River Medical Center, SC, for acquisition of mobile dental unit and relevant dental and medical imaging equipment	619,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Little Rivers Health Care, Inc., VT, for facilities and equipment to provide urgent care	1,531,000	Sanders
Department of Health & Human Services	Health Resources and Services Administration	Louisville Fire and Rescue, AL, for equipment for acquisition of new ambulance and relevant equipment for the ambulance	300,000	Britt, Tuberville
Department of Health & Human Services	Health Resources and Services Administration	Luna Community College, NM, for equipment to support nurse training	237,000	Luján

Department of Health & Human Services	Health Resources and Services Administration	Mackinac Straits Health System, MI, for facilities and equipment to improve surgical services and pharmacy care	2,000,000	Slotkin
Department of Health & Human Services	Health Resources and Services Administration	Maine Veterans' Homes, ME, for facilities and equipment to support renovations and information technology, security, and safety upgrades to support care for aging veterans	4,000,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Mapleton Public Schools, CO, for facilities and equipment to construct a school-based health center	2,725,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Maricopa County Special Health Care District, AZ, for equipment to support physician training	2,546,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Marshall Browning Hospital, IL, for facilities and equipment to improve imaging services	516,000	Duckworth
Department of Health & Human Services	Health Resources and Services Administration	Marshall University, WV, for facilities and equipment for construction of a new medical school building	15,000,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Martha's Vineyard Hospital, Inc., MA, for facilities and equipment to provide behavioral health services	450,000	Warren
Department of Health & Human Services	Health Resources and Services Administration	Mary Washington Healthcare, VA, for equipment to support health workforce training	1,170,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Maui Health System, A Kaiser Foundation Hospitals LLC, HI, for equipment to replace patient beds	214,000	Hirono, Schatz
Department of Health & Human Services	Health Resources and Services Administration	Mayo Hospital, ME, for facilities and equipment to support the acquisition and installation of an MRI machine and upgrade critical imaging, diagnostic, pharmacy, and patient care equipment to support healthcare services in rural Piscataquis County	4,380,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	McDonough District Hospital Foundation, Inc., IL, for facilities and equipment to improve imaging services	2,000,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	McKenzie Memorial Hospital d.b.a. McKenzie Health System, MI, for equipment to provide radiology services	500,000	Slotkin

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	McLeod Health, SC, for facilities and equipment to acquire and install linear accelerator	5,590,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Meals On Wheels Atlanta, Inc, GA, for facilities and equipment to increase access to nutrition services	954,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Medical University of South Carolina, SC, for facilities and equipment to support high performance computing capabilities in medical research	7,492,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Memorial Hospital, NH, for facilities and equipment to provide behavioral health, dental care, and primary care services	2,000,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Memorial Sloan Kettering Cancer Center, NY, for equipment to support genomic testing and cancer care	800,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Mercer County Joint Township Community Hospital (dba Mercer Health), OH, for acquisition of patient care, pharmaceutical, patient call, and medical imaging equipment	1,000,000	Husted, Moreno
Department of Health & Human Services	Health Resources and Services Administration	Mercy Hospital Columbus, KS, for facilities and equipment to renovate patient rooms	1,300,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Mid Coast Health Net Inc., ME, for facilities and equipment to renovate and expand a health center	1,000,000	King
Department of Health & Human Services	Health Resources and Services Administration	Minneola District Hospital Nbr 2, KS, for facilities and equipment for construction to support providers, medical students, and residents	800,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Mississippi Baptist Medical Center, MS, for facilities and equipment to acquire and install radiation therapy equipment	4,550,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Mississippi State University, MS, to support autonomous systems to enhance emergency medical response in rural areas	3,500,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Mitchell's Place, AL, for facilities and equipment to support facility improvements and technology acquisition for autism clinic	400,000	Britt

Department of Health & Human Services	Health Resources and Services Administration	Mizell Memorial Hospital, AL, for acquisition of medical imaging equipment, air handler, and technology upgrades	826,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Mobile Infirmary, AL, for facilities and equipment to construct hospital helipad	900,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Monroe County Community College, MI, for facilities and equipment to support health workforce training	1,000,000	Peters, Slotkin
Department of Health & Human Services	Health Resources and Services Administration	Morehouse School of Medicine Inc., GA, for equipment to purchase a mobile unit and provide cancer screenings	884,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Morton County Hospital, KS, for facilities and equipment to support critical infrastructure upgrades and acquisition and installation of generators	605,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Mosaic Community Health, OR, for equipment to provide primary care, dental, and pharmacy services	2,500,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Mount Saint Mary's University, Los Angeles, CA, for equipment to support health workforce training	900,000	Schiff
Department of Health & Human Services	Health Resources and Services Administration	Murray State College, OK, for facilities and equipment to construct and equip the Southern Oklahoma Nursing Education Center	1,000,000	Armstrong
Department of Health & Human Services	Health Resources and Services Administration	Naugatuck Valley Health District, CT, for facilities and equipment to renovate a public health facility	2,000,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Navicent Health Baldwin, Inc., GA, for facilities and equipment to support virtual care services	1,300,000	Warnock
Department of Health & Human Services	Health Resources and Services Administration	NeighborHealth Corporation, MA, for equipment for a PACE program, including vehicles	1,250,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Neighborhood Improvement Project, Inc. DBA Medical Associates Plus, GA, for facilities and equipment to expand access to dental and maternal health services	511,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Nemaha Valley Community Hospital, KS, for acquisition of advanced rehabilitation technology and equipment	380,000	Moran

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Nevada State University, NV, for equipment to support nurse training	512,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	New Horizons Healthcare, VA, for facilities and equipment to provide access to dental and pharmacy services	691,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	New Mexico State University / Doña Ana Community College, NM, for equipment to support health workforce training	495,000	Heinrich, Luján
Department of Health & Human Services	Health Resources and Services Administration	Newport Hospital and Health Services, WA, for facilities and equipment to renovate a rural health clinic	3,441,000	Cantwell, Murray
Department of Health & Human Services	Health Resources and Services Administration	Newton Healthcare Corporation d.b.a. NMC Health, KS, for facilities and equipment to expand and renovate maternity and pediatric services and to acquire equipment for labor and delivery patient rooms	2,650,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	NextStep Raleigh, NC, for acquisition of paralysis recovery services equipment for spinal cord injury, stroke, and neurological disorder survivors	500,000	Tillis
Department of Health & Human Services	Health Resources and Services Administration	North Central Bronx Hospital, NY, for equipment to provide imaging services	2,500,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	North Memorial Health Hospital, MN, for equipment to purchase an air ambulance	3,000,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Northern Counties Health Care Inc., VT, for facilities and equipment to provide dental services	1,500,000	Sanders, Welch
Department of Health & Human Services	Health Resources and Services Administration	Northern Maine Medical Center (NMMC), ME, for facilities and equipment to construct and equip a sterile processing department to improve patient safety and hospital efficiency	2,503,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Northern Michigan University, MI, for facilities and equipment to support health workforce training	895,000	Peters

Department of Health & Human Services	Health Resources and Services Administration	Northfield Hospital and Clinics, MN, for facilities and equipment to renovate a birthing center	2,000,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	Northland Health Centers, ND, for acquisition of health information technology infrastructure, dental equipment, and behavioral health software systems	250,000	Cramer
Department of Health & Human Services	Health Resources and Services Administration	NYC Health + Hospitals/Harlem, NY, for facilities and equipment to renovate a pharmacy facility	1,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	NYSARC Inc., New York City Chapter d/b/a AHRC New York City (AHRC NYC), NY, for facilities and equipment to provide behavioral health services	1,500,000	Gillibrand
Department of Health & Human Services	Health Resources and Services Administration	NYU Langone Hospitals, NY, for equipment to provide imaging services	1,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Odyssey House Louisiana, LA, for facilities and equipment to support the construction and renovation of Fairview and Claire House Treatment facilities	1,167,000	Kennedy
Department of Health & Human Services	Health Resources and Services Administration	Ohio University, OH, for acquisition of three mobile training vehicles, simulation and clinical equipment, and relevant technology	1,425,000	Husted
Department of Health & Human Services	Health Resources and Services Administration	Oral Roberts University, OK, for acquisition of equipment for nursing education	359,000	Armstrong
Department of Health & Human Services	Health Resources and Services Administration	Oregon Institute of Technology, OR, for equipment to support health workforce training	715,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	OSF HealthCare, IL, for facilities and equipment to improve treatment for cancer patients	1,200,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Outer Cape Health Services, Inc., MA, for expanding access to telehealth services in rural areas	1,100,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	P.R. Health Corporation, ND, for facilities and equipment for acquisition and installation of mammography equipment	450,000	Cramer
Department of Health & Human Services	Health Resources and Services Administration	Pacific Birth Collective, HI, for maternal health services in rural Hawaii	350,000	Schatz

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	PeaceHealth, AK, for facilities and equipment to relocate, expand, and modernize Ketchikan Medical Center's clinical laboratory	2,000,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Peak Vista Community Health Centers, Inc., CO, for facilities and equipment to expand a health center	1,500,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Peninsula Community Health Services, WA, for facilities and equipment to support nutrition services	5,127,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Pennsylvania Department of Health, PA, for acquisition of information technology infrastructure	413,000	McCormick
Department of Health & Human Services	Health Resources and Services Administration	Penobscot Valley Hospital, ME, for facilities and equipment to support renovations and acquisition of medical equipment to better diagnose and treat patients in rural Penobscot County	4,265,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Petersburg Medical Center, AK, for facilities and equipment to support construction of a long-term care center and acquire critical infrastructure and major medical equipment	2,700,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Piedmont Regional Dental Clinic, VA, for facilities and equipment to expand access to dental services	508,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Ponca Creek Living, NE, for facilities and equipment for nursing home renovation	1,500,000	Fischer
Department of Health & Human Services	Health Resources and Services Administration	Portland Community Health Center, ME, for facilities and equipment to provide dental services	1,522,000	King
Department of Health & Human Services	Health Resources and Services Administration	Presbyterian Health Services, NM, for equipment to improve imaging services	1,400,000	Heinrich, Luján
Department of Health & Human Services	Health Resources and Services Administration	Presbyterian Hospitality House, AK, for facilities and equipment to construct residential treatment facility	1,000,000	Murkowski

Department of Health & Human Services	Health Resources and Services Administration	Prevent Child Abuse Athens Inc. DBA Brightpaths, GA, for facilities and equipment to expand mental health services	400,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Prisma Health—Upstate, SC, for facilities and equipment to acquire and install medical imaging equipment and associated technology	4,000,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Progressive Life Center, Inc., MD, for facilities and equipment to renovate a youth and family center	1,000,000	Alsobrooks
Department of Health & Human Services	Health Resources and Services Administration	Project Vision Hawaii, HI, for facilities and equipment to provide health, vision, and dental screenings, including purchase of vehicles	442,000	Hirono
Department of Health & Human Services	Health Resources and Services Administration	Promise Healthcare, IL, for facilities and equipment to expand a dental clinic	1,100,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Providence House, OH, for facilities and equipment to construct Community Healthcare Hub providing pharmacy, primary care, and behavioral health services	2,000,000	Husted
Department of Health & Human Services	Health Resources and Services Administration	Pulaski Adult Day Service And Fall Prevention Center, VA, for facilities and equipment to provide adult day services	500,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Pulaski County, GA, for equipment, including a vehicle, to improve emergency services	378,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Regents of the University of California San Francisco, CA, for equipment to support health workforce training	1,000,000	Padilla
Department of Health & Human Services	Health Resources and Services Administration	Regents of the University of California, CA, for equipment for an observation unit and pediatric intensive outpatient unit	575,000	Padilla
Department of Health & Human Services	Health Resources and Services Administration	Rhode Island Department of Health, RI, for equipment to provide imaging services	650,000	Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Rhode Island Executive Office of Health and Human Services, RI, for health information exchange upgrades including vendor fees and configuration expenses	300,000	Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Richmond University Medical Center Foundation, NY, for facilities and equipment to improve diagnostic services	900,000	Schumer

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	RiverStone Health, MT, for facilities and equipment to construct and furnish primary care facility with co-located dental, behavioral health, pharmacy, pediatric, and prenatal services and to acquire imaging, medical, and patient examination equipment	3,208,000	Sheehy
Department of Health & Human Services	Health Resources and Services Administration	Roswell Park Comprehensive Cancer Center, NY, for equipment to provide imaging services	1,000,000	Gillibrand, Schumer
Department of Health & Human Services	Health Resources and Services Administration	Rush County Memorial Hospital, KS, for facilities and equipment to upgrade hospital chiller	500,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Rutgers RWJ Eric B. Chandler Health Center, NJ, for facilities and equipment to renovate a health center	157,000	Booker, Kim
Department of Health & Human Services	Health Resources and Services Administration	RWJBarnabas Health, NJ, for equipment to support nurse training	1,630,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	Saginaw Valley State University, MI, for equipment to support health workforce training	1,900,000	Peters, Slotkin
Department of Health & Human Services	Health Resources and Services Administration	Saint Peter's University Hospital, NJ, for facilities and equipment to construct an obstetric emergency room	1,000,000	Booker
Department of Health & Human Services	Health Resources and Services Administration	Sakakawea Medical Center, ND, for acquisition of pharmaceutical, cardiovascular, patient care, and health information technology equipment	580,000	Cramer
Department of Health & Human Services	Health Resources and Services Administration	Salida Hospital District DBA Heart of the Rockies Regional Medical Center, CO, for facilities and equipment to expand radiology and surgical services	2,000,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Salina Regional Health Center, KS, for facilities and equipment to expand and remodel cardiac catheterization laboratories, establish electrophysiology laboratory, and purchase associated equipment	2,216,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Sea Mar Community Health Centers, WA, for facilities and equipment to improve dental services	360,000	Cantwell

Department of Health & Human Services	Health Resources and Services Administration	Seattle Children's Hospital, WA, for facilities and equipment to renovate a pediatric clinic	1,500,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Seattle Indian Health Board, WA, for facilities and equipment to renovate and replace a primary care facility	5,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Sebasticook Valley Hospital, ME, for facilities and equipment to support the acquisition and installation of an MRI machine and upgrade critical imaging, diagnostic, pharmacy, and patient care equipment to support healthcare services in rural Somerset County	5,439,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	Self Regional Healthcare, SC, for facilities and equipment to construct Self Regional Healthcare Neuroscience Center of Excellence	3,600,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Ser Familia Inc., GA, for facilities and equipment to provide behavioral health and primary care services	455,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Shenandoah Community Health Clinic, VA, for facilities and equipment to improve laboratory services	250,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Shepherd Center, Inc., GA, for equipment to purchase patient transport vehicles	450,000	Ossoff, Warnock
Department of Health & Human Services	Health Resources and Services Administration	Shepherd University, WV, for facilities and equipment to renovate and equip laboratory spaces and preparation rooms and upgrade simulation equipment, HVAC, and back-up power systems	4,441,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Sheppard Pratt Health Systems, Inc., MD, for facilities and equipment to construct a children's mental health facility	1,000,000	Alsobrooks
Department of Health & Human Services	Health Resources and Services Administration	Sheridan County Hospital, KS, for facilities and equipment to construct and equip a new emergency department	6,458,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Shodair Children's Hospital, MT, for facilities and equipment to expand genetics laboratory	3,201,000	Sheehy
Department of Health & Human Services	Health Resources and Services Administration	Signature Healthcare—Brockton Hospital, MA, for equipment to replace air handling units	1,200,000	Markey, Warren

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	SIHF Healthcare, IL, for facilities and equipment to establish a mobile dental clinic	850,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Sinai Health System, IL, for facilities and equipment to expand access to clinical trials	1,500,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Snohomish County Health Department, WA, for improving vaccination access in rural areas, including supplies	1,150,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Sokaogon Chippewa Health Clinic, WI, for expanding rural health services and telehealth	2,600,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	South Peninsula Hospital, Inc., AK, for facilities and equipment to remodel pharmacy and purchase pharmacy equipment	2,052,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Southbridge Medical Advisory Council, DE, for facilities and equipment to expand health services and information technology improvements	1,700,000	Blunt Rochester, Coons
Department of Health & Human Services	Health Resources and Services Administration	Southcentral Foundation, AK, for acquisition of laboratory and pharmacy equipment	1,580,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Southcentral Foundation, AK, for equipment to support connectivity and network upgrades	932,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Southern Humboldt Community Healthcare District, CA, for equipment to provide imaging and laboratory services	610,000	Padilla
Department of Health & Human Services	Health Resources and Services Administration	Southern Nevada Health District, NV, for facilities and equipment to provide public health and laboratory services	2,000,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	Southwest Mississippi Regional Medical Center, MS, for facilities and equipment to renovate a clinic to support maternal health services	2,000,000	Hyde-Smith, Wicker
Department of Health & Human Services	Health Resources and Services Administration	Southwest Tuscaloosa County Rescue Squad, AL, for equipment for acquisition of new ambulance and relevant equipment for the ambulance	189,000	Britt

Department of Health & Human Services	Health Resources and Services Administration	Southwestern College, KS, for facilities and equipment to support renovation of the building for establishing the Master of Science in Physician Associate Studies program	1,401,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Spartanburg Regional Healthcare System, SC, for facilities and equipment to construct Heart and Vascular Hospital	2,500,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	St. Croix Regional Family Health Center, ME, for facilities and equipment to support the acquisition and installation of equipment to improve optometric and podiatric services	1,000,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	St. John's Community Health, CA, for facilities and equipment to construct a school-based health center	3,000,000	Schiff
Department of Health & Human Services	Health Resources and Services Administration	St. Luke's Hospital, ND, for acquisition of patient care and medical imaging equipment	424,000	Cramer
Department of Health & Human Services	Health Resources and Services Administration	Stamford Health, CT, for facilities and equipment to construct a behavioral health facility	1,000,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	State of Alaska—Department of Family and Community Services, AK, for facilities and equipment to support critical infrastructure and medical furniture upgrades	839,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	Stepping Stones Pediatric Therapy, Inc., NH, for equipment to improve pediatric care	443,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Sturdy Health, MA, for equipment to support emergency services	709,000	Warren
Department of Health & Human Services	Health Resources and Services Administration	Summersville Regional Medical Center, WV, for facilities and equipment for construction of a comprehensive Obstetrical and Gynecological Center	14,897,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Sumter County, SC, for equipment to purchase Mass Casualty/Multi-Patient Ambulance and relevant emergency and simulation equipment	2,100,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Sunrise Community Health, CO, for facilities and equipment to construct a dental clinic	1,178,000	Bennet, Hickenlooper

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Sunset Community Health Center, AZ, for facilities and equipment to establish a family medicine residency program	2,500,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Susan B. Allen Memorial Hospital, KS, for acquisition of communications, information systems security, technology, patient care, diagnostic, respiratory, medical imaging, cardiovascular, and telemetry equipment	2,150,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Sykesville Ambulance Service, PA, for equipment, including to purchase an ambulance	375,000	Fetterman
Department of Health & Human Services	Health Resources and Services Administration	Sylacauga Healthcare Authority DBA Coosa Valley Medical Center, AL, for acquisition of surgical robot equipment	2,500,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Syracuse University, NY, for facilities and equipment to support peptide therapeutics research and development	1,000,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	Taos Pueblo, NM, for facilities and equipment to provide behavioral health services	2,500,000	Heinrich
Department of Health & Human Services	Health Resources and Services Administration	Tenderloin Community Benefit District, CA, for facilities and equipment to support health workforce training and telehealth	250,000	Padilla
Department of Health & Human Services	Health Resources and Services Administration	The American National Red Cross, MI, for facilities and equipment to improve delivery and distribution of blood and blood products	1,000,000	Slotkin
Department of Health & Human Services	Health Resources and Services Administration	The City of York Health Care Authority dba Hill Hospital of Sumter County, AL, for acquisition of a chiller, boiler, and generator	1,000,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	The Community Clinic, Inc., MD, for facilities and equipment to provide access to integrated primary care services	2,500,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	The Jackson Laboratory, ME, for improving access to cancer therapies in rural Maine including software design, development, and testing	673,000	King

Department of Health & Human Services	Health Resources and Services Administration	The Love for Lochlin Foundation Incorporated, MD, for equipment for a mobile health unit and an electronic health records system	250,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	The Richford Health Center, Inc., VT, for facilities and equipment to provide dental services	1,500,000	Sanders
Department of Health & Human Services	Health Resources and Services Administration	The University of Kansas Hospital Authority, KS, for acquisition and installation of diagnostic imaging equipment	10,000,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	The University of Mississippi, MS, for acquisition of biomaterials research equipment	3,226,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	Thomas Jefferson University, PA, for facilities and equipment to establish a mobile unit for lunch cancer screenings	1,500,000	Fetterman, McCormick
Department of Health & Human Services	Health Resources and Services Administration	Thomasville Community Development Corporation, GA, for facilities and equipment to construct a health clinic	764,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	Tidalhealth Nanticoke Inc., DE, for equipment to improve imaging and surgical services	1,000,000	Blunt Rochester
Department of Health & Human Services	Health Resources and Services Administration	Tidelands Health, SC, for acquisition of MRI and mammography equipment	3,300,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	Tides Family Services, Inc., RI, for equipment to purchase a mobile clinic and electronic health records system	445,000	Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Touro University, NM, for dental services in rural New Mexico	472,000	Luján
Department of Health & Human Services	Health Resources and Services Administration	Town of Bennington Rescue Squad, Inc., VT, for rural emergency services programming and training	350,000	Sanders
Department of Health & Human Services	Health Resources and Services Administration	Town of Rehobeth, AL, for equipment for acquisition of new ambulance and relevant equipment for the ambulance	225,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Town of Snowflake, AZ, for equipment to purchase an ambulance	860,000	Gallego, Kelly

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Tri-Cities Community Health, WA, for facilities and equipment to renovate a primary care facility	3,000,000	Cantwell
Department of Health & Human Services	Health Resources and Services Administration	Tri-State STEM + M School, OH, for facilities and equipment to construct joint use facility to support community wellness programs, mental health, and physical education	2,915,000	Husted
Department of Health & Human Services	Health Resources and Services Administration	Troy Regional Medical Center, AL, for facilities and equipment to modernize boiler system, generator, and elevators and to acquire medical imaging equipment	4,375,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Truckee Meadows Community College, NV, for facilities and equipment to support oral health workforce training	1,823,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	Tulalip Tribes, WA, for facilities and equipment to construct a wellness center	1,354,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Tulane University, LA, for facilities and equipment to support research, instructional, laboratory, building improvements, workforce development, physical security, and technology/cybersecurity upgrades for public health programs	7,000,000	Cassidy, Kennedy
Department of Health & Human Services	Health Resources and Services Administration	Turning Point Center of Bennington, VT, for facilities and equipment to provide substance use disorder services	500,000	Welch
Department of Health & Human Services	Health Resources and Services Administration	Turning Point, Inc., NC, for facilities and equipment to expand the Turning Point Healing and Restoration Center	1,000,000	Tillis
Department of Health & Human Services	Health Resources and Services Administration	Tuscola County Medical Care Community, MI, for facilities and equipment to replace a roof	150,000	Peters, Slotkin
Department of Health & Human Services	Health Resources and Services Administration	UMass Memorial Health—HealthAlliance-Clinton Hospital, MA, for equipment to provide mammography services and IT investments	1,500,000	Markey, Warren
Department of Health & Human Services	Health Resources and Services Administration	Union General Hospital, LA, for facilities and equipment to support HVAC and building system improvements	702,000	Kennedy

Department of Health & Human Services	Health Resources and Services Administration	United Disabilities Services Foundation, PA, for equipment to develop a health records and client management system to support expansion of a fall prevention program for seniors	760,000	McCormick
Department of Health & Human Services	Health Resources and Services Administration	United Family Health Practice Center dba Riverland Community Health, MN, for facilities and equipment to improve diagnostic and specialty care	700,000	Klobuchar, Smith
Department of Health & Human Services	Health Resources and Services Administration	United Services, Inc., CT, for facilities and equipment to provide primary care services	50,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	University Hospital Newark, NJ, for facilities and equipment to improve surgical services	2,000,000	Booker, Kim
Department of Health & Human Services	Health Resources and Services Administration	University Hospitals Cleveland Medical Center, OH, for acquisition of neonatal transport incubators for helicopter transfer of critically ill newborns	620,000	Husted
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment to construct and equip health professions education building	15,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment to establish cancer clinic	13,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment to renovate and expand the labor and delivery unit on the UAMS Little Rock campus	12,000,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Arkansas for Medical Sciences, AR, for facilities and equipment to renovate instructional and learning spaces for the health professions training program	7,823,000	Boozman
Department of Health & Human Services	Health Resources and Services Administration	University of Central Oklahoma, OK, for acquisition of equipment for nursing education	608,000	Armstrong
Department of Health & Human Services	Health Resources and Services Administration	University of Delaware, DE, for facilities and equipment to construct a health sciences facility	5,000,000	Blunt Rochester, Coons
Department of Health & Human Services	Health Resources and Services Administration	University of Louisiana Lafayette, LA, for acquisition of medical research equipment	2,500,000	Cassidy, Kennedy

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	University of Louisville, KY, for acquisition of specialized laboratory research equipment, advanced research computing systems, and scientific instrumentation for Center for Biosciences	15,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Louisville, KY, for facilities and equipment to construct biomedical research laboratory and acquire biomedical research equipment for Center for Biosciences	15,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Louisville, KY, for facilities and equipment to construct cancer imaging center and to acquire imaging and diagnostic equipment for cancer detection and research	15,000,000	McConnell
Department of Health & Human Services	Health Resources and Services Administration	University of Maine System, ME, for facilities and equipment to construct and equip a nursing and health workforce training center	4,000,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	University of Maine System, ME, for facilities and equipment to renovate and equip biology laboratory to support student training and research in health and life sciences	4,000,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	University of Maine System, ME, for facilities and equipment to support the acquisition and installation of clinical dental equipment and instructional teaching technology	1,800,000	Collins
Department of Health & Human Services	Health Resources and Services Administration	University of Maryland Shore Regional Medical Center, MD, for facilities and equipment to construct a healthcare facility	3,500,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi Medical Center, MS, for facilities and equipment to construct a new water well and install support equipment and controls	3,700,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	University of Mississippi Medical Center; UMMC Grenada, MS, for facilities and equipment to construct new water well to improve patient care	3,305,000	Wicker
Department of Health & Human Services	Health Resources and Services Administration	University of Nebraska Board of Regents, NE, for facilities and equipment for construction of Infectious Disease Air Transport Training Facility	8,000,000	Fischer

Department of Health & Human Services	Health Resources and Services Administration	University of Nevada Las Vegas, NV, for equipment to purchase a mobile unit and improve diagnostic services	925,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	University of Nevada Reno, NV, for equipment to support laboratory services	2,933,000	Cortez Masto, Rosen
Department of Health & Human Services	Health Resources and Services Administration	University of New Hampshire, NH, for facilities and equipment to renovate a wellness facility	2,000,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	University of Oklahoma, OK, for acquisition of linear accelerator and medical imaging equipment	1,000,000	Armstrong
Department of Health & Human Services	Health Resources and Services Administration	University of Rochester, NY, for equipment to support brain imaging services	1,000,000	Schumer
Department of Health & Human Services	Health Resources and Services Administration	University of Saint Joseph, CT, for facilities and equipment to renovate teaching laboratories	1,021,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	University of South Carolina Beaufort, SC, for facilities and equipment to support nursing education and acquire simulation equipment and information technology	2,330,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	University of South Carolina, SC, for facilities and equipment for acquisition and installation of imaging and neurorehabilitation equipment	4,200,000	Graham
Department of Health & Human Services	Health Resources and Services Administration	University of Southern Mississippi, MS, for equipment to acquire mobile health unit and associated generator	417,000	Hyde-Smith
Department of Health & Human Services	Health Resources and Services Administration	University of Vermont and State Agricultural College, VT, for expanding access to cancer care in rural areas	2,500,000	Welch
Department of Health & Human Services	Health Resources and Services Administration	Upper San Juan Health Service District, d/b/a Pagosa Springs Medical Center, CO, for facilities and equipment to install backup generators	965,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	UW Hospitals and Clinics Authority, WI, for facilities and equipment for an organ perfusion lab	1,200,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Valley Health System, NJ, for equipment to provide mammography services	1,694,000	Booker, Kim

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Valley Regional Hospital, NH, for equipment to improve anesthesia services	400,000	Shaheen
Department of Health & Human Services	Health Resources and Services Administration	Valley-Wide Health Systems, Inc., CO, for facilities and equipment to renovate a health clinic	828,000	Bennet, Hickenlooper
Department of Health & Human Services	Health Resources and Services Administration	Vandalia Health CAMC, WV, for facilities and equipment for physical infrastructure improvements	15,000,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	Vassar Health Connecticut, Inc. dba Sharon Hospital, CT, for facilities and equipment to provide primary care services	710,000	Blumenthal, Murphy
Department of Health & Human Services	Health Resources and Services Administration	Verde Valley Fire District, AZ, for equipment to purchase an ambulance	431,000	Gallego, Kelly
Department of Health & Human Services	Health Resources and Services Administration	Virginia Commonwealth University Health System Authority, VA, for improving care coordination and outreach in rural Virginia	495,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Virginia Garcia Memorial Health Center, OR, for facilities and equipment to provide primary care, dental, behavioral, and pharmacy care services	2,500,000	Merkley, Wyden
Department of Health & Human Services	Health Resources and Services Administration	Wamego Health Center, KS, for facilities and equipment to renovate space to support a primary care clinic and acquire patient care equipment and information technology	100,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	Washington County Healthcare Authority, Inc., AL, for facilities and equipment for acquisition and installation of technology, nurse call system, radiology equipment, generator, and nursing home and physician office equipment	3,500,000	Britt
Department of Health & Human Services	Health Resources and Services Administration	Washington State Department of Health, WA, for improving vaccination access in rural areas, including supplies	2,000,000	Murray
Department of Health & Human Services	Health Resources and Services Administration	Watts Healthcare Corporation, CA, for facilities and equipment to renovate a health center	535,000	Padilla

Department of Health & Human Services	Health Resources and Services Administration	Wayne Healthcare, OH, for acquisition of surgical equipment and associated backup generator	1,550,000	Husted, Moreno
Department of Health & Human Services	Health Resources and Services Administration	Wayne Memorial Hospital, GA, for equipment to replace defibrillators	390,000	Ossoff
Department of Health & Human Services	Health Resources and Services Administration	West Central Kansas Association, KS, for facilities and equipment to support acquisition and installation of medical imaging equipment	828,000	Moran
Department of Health & Human Services	Health Resources and Services Administration	West Liberty University, WV, for facilities and equipment to construct and equip an Anatomy and Biosciences Laboratory Complex	2,474,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	West Virginia University Hospitals, Inc., WV, for facilities and equipment to construct and equip a postpartum inpatient unit	8,914,000	Capito, Justice
Department of Health & Human Services	Health Resources and Services Administration	West Virginia University Research Corporation, WV, for facilities and equipment for construction of Health Sciences Education Building	15,000,000	Capito
Department of Health & Human Services	Health Resources and Services Administration	Western Illinois University, IL, for facilities and equipment to provide nurse training	1,300,000	Durbin
Department of Health & Human Services	Health Resources and Services Administration	Western Tidewater Free Clinic, Inc, VA, for facilities and equipment to support clinic infrastructure improvements	136,000	Kaine, Warner
Department of Health & Human Services	Health Resources and Services Administration	Westside Family Healthcare Inc., DE, for facilities and equipment to expand a health center	2,000,000	Blunt Rochester, Coons
Department of Health & Human Services	Health Resources and Services Administration	Wisconsin Community Services, Inc. (WCS), WI, for facilities and equipment to renovate a health center	1,000,000	Baldwin
Department of Health & Human Services	Health Resources and Services Administration	Women & Infants Hospital of Rhode Island, RI, for facilities and equipment to improve postpartum care	3,000,000	Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Wood River Health Services, Inc., RI, for facilities and equipment to provide dental health services	800,000	Reed, Whitehouse
Department of Health & Human Services	Health Resources and Services Administration	Wor-Wic Community College, MD, for facilities and equipment to support a nursing simulation center	792,000	Alsobrooks, Van Hollen

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Health Resources and Services Administration	Yakutat Tlingit Tribe, AK, for acquisition of equipment to support mobile medical kits and portable diagnostic tools to expand in-home care delivery for elders and individuals with disabilities	540,000	Murkowski
Department of Health & Human Services	Health Resources and Services Administration	York Ambulance Association, ME, for ambulance acquisition and ambulance equipment upgrades	690,000	Collins
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Adult & Teen Challenge of New Mexico, NM, for a substance use treatment and recovery initiative	425,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Alliance of Coalitions for Healthy Communities, MI, to prevent and respond to drug overdoses	63,000	Slotkin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Arbor Circle Corporation, MI, to provide substance use disorder and behavioral health services	400,000	Slotkin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Brazilian Worker Center Inc., MA, for programming to address substance use	200,000	Markey, Warren
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Bridgeway Behavioral Health Services, NJ, for substance use and behavioral health care services	589,000	Booker, Kim
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Cenikor Foundation, NM, for substance use disorder and behavioral health services	208,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	City of Portland, OR, to support a mobile substance use disorder treatment program, including technology	750,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Connecticut Community for Addiction Recovery, Inc., CT, for a mobile recovery coaching program	550,000	Blumenthal, Murphy
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Cooley Dickinson Hospital, MA, for a substance use treatment and recovery program	1,000,000	Warren

Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Edgemoor Community Center Inc., DE, for community engagement programming to support substance use prevention	822,000	Blunt Rochester
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Fishing Partnership Health Plan Corporation, The, MA, for a substance use prevention and treatment program	750,000	Markey
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Lines for Life, OR, to expand a peer-based substance use prevention program	2,001,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Maine School Administrative District #27, ME, for a recovery high school and related programming for teens in recovery	1,368,000	King
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	McDermott Center, IL, for a mobile recovery unit for substance use disorder treatment and behavioral health care, including vehicle purchase	1,516,000	Durbin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Men of Color Health Awareness (MOCHA), MA, for a peer support program for substance use	200,000	Markey
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Michigan Center for Rural Health, MI, for substance use disorder prevention and treatment	315,000	Slotkin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	New Mexico Health Care Authority, NM, for a peer support program for substance use	635,000	Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Northwell Health, Inc., NY, for substance use disorder treatment	990,000	Schumer
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Paws and Stripes, NM, for substance use and recovery services, including counseling, for veterans and service members	203,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Penquis C.A.P., Inc., ME, for school-based mentoring and recovery support services for youth affected by substance use	286,000	King
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	SAFE Coalition, MA, for peer-based recovery services	500,000	Markey
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Saint Mary's Hospital, CT, for substance use disorder consultation services and resources	1,800,000	Blumenthal, Murphy

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Santa Fe County, NM, for substance use disorder services and coordinated behavioral health care for youth	700,000	Heinrich, Luján
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Solutions Recovery, Inc., WI, for an overdose prevention and peer recovery program	275,000	Baldwin
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Somerset County, ME, to support substance abuse treatment and recovery efforts in Somerset County	1,200,000	Collins
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Stratis Health, MN, for a substance use treatment program	300,000	Klobuchar, Smith
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of New Mexico, NM, for a program to address neonatal opioid withdrawal syndrome in rural areas	1,023,000	Heinrich
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	University of Oregon, OR, for substance use disorder prevention and treatment, including behavioral health	1,449,000	Merkley, Wyden
Department of Health & Human Services	Substance Abuse and Mental Health Services Administration	Waianae District Comprehensive Health and Hospital Board, Incorporated, HI, for a substance use disorder treatment and training program, including family education and support	620,000	Hirono, Schatz
Department of Health & Human Services	Administration for Children and Families	Adelante Community Development, CO, for a childcare training program	232,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	Aleutian Pribilof Islands Association (APIA), AK, for the provision of case management and supportive services	276,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Almost Home, Inc., CO, for a housing stability program	829,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	Best Buddies International, Inc., LA, to support peer mentoring and school-based activities	500,000	Kennedy

Department of Health & Human Services	Administration for Children and Families	Brightside Child and Family Advocacy, Inc., GA, to support family reunification, including the purchase of vehicles and equipment	163,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	California State University, Northridge, CA, for financial services for low income individuals	1,000,000	Padilla
Department of Health & Human Services	Administration for Children and Families	Carroll Gardens Association, Inc., NY, to provide workforce development and wrap around services to low income households	175,000	Schumer
Department of Health & Human Services	Administration for Children and Families	Catholic Charities, Inc. Archdiocese of Hartford, CT, for an economic mobility program for low income individuals, including equipment and technology	533,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	Chica, Inc. DBA Chica Project, MA, for a program to support low income women	150,000	Markey, Warren
Department of Health & Human Services	Administration for Children and Families	Child Abuse and Neglect Council Great Lakes Bay Region, MI, to prevent, assess, identify, and treat child abuse and neglect	200,000	Slotkin
Department of Health & Human Services	Administration for Children and Families	Children & Youth Justice Center DBA Center for Children & Youth Justice, WA, for child abuse prevention training	1,325,000	Murray
Department of Health & Human Services	Administration for Children and Families	Choose love. Celebrate life. A Foundation for Youth and Families, Incorporated, NJ, for services for vulnerable community members, including vehicle purchase and transportation	512,000	Kim
Department of Health & Human Services	Administration for Children and Families	CHRIS 180 Inc., GA, for behavioral health services for at-risk youth	333,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	Churches United For Fair Housing, Inc., NY, for a housing assistance program for low income individuals	500,000	Schumer
Department of Health & Human Services	Administration for Children and Families	City of Detroit, MI, for a employment and training program for youth	2,000,000	Peters, Slotkin
Department of Health & Human Services	Administration for Children and Families	Community Services Agency Inc. (COMSA), WI, for workforce and healthcare services for low income individuals	500,000	Baldwin
Department of Health & Human Services	Administration for Children and Families	Connecticut Court Appointed Special Advocates, CT, for a child advocate program	65,000	Blumenthal, Murphy

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Children and Families	Crossnore Communities for Children, NC, for vehicles and related expenses to transport foster children	500,000	Tillis
Department of Health & Human Services	Administration for Children and Families	Early Childhood Center of Excellence at Santa Fe Community College, NM, for a home visiting program for low income households	300,000	Heinrich
Department of Health & Human Services	Administration for Children and Families	El Buen Samaritano Food Program Inc, MA, for a mobile food pantry, including vehicle purchase, food, and technology	750,000	Warren
Department of Health & Human Services	Administration for Children and Families	embrella, NJ, for programming to support youth impacted by foster care	120,000	Kim
Department of Health & Human Services	Administration for Children and Families	Evergreen Start, NH, to expand the childcare workforce	500,000	Shaheen
Department of Health & Human Services	Administration for Children and Families	Farm Fresh Rhode Island, RI, for hunger relief and nutrition assistance to low income individuals, including technology	500,000	Reed, Whitehouse
Department of Health & Human Services	Administration for Children and Families	Food Link, Inc., MA, to expand a food distribution program, including vehicle costs	100,000	Warren
Department of Health & Human Services	Administration for Children and Families	GoodRoots Northwest, WA, to provide support services for students, including a delivery vehicle, food, and equipment	800,000	Murray
Department of Health & Human Services	Administration for Children and Families	Grand Valley Catholic Outreach, CO, for assistance to households at risk of homelessness	100,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	Griffin Hospital, CT, to improve service coordination for low income families, including technology	600,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	Healthy Mothers Healthy Babies Coalition of Hawaii, HI, for services to support postpartum mothers and families	1,000,000	Hirono
Department of Health & Human Services	Administration for Children and Families	Helping Mamas Inc., GA, for a program to support low income families, including supplies and equipment	194,000	Ossoff

Department of Health & Human Services	Administration for Children and Families	Jacobs & Cushman San Diego Food Bank, CA, to provide food to families in need, including the purchase of vehicles	1,350,000	Padilla, Schiff
Department of Health & Human Services	Administration for Children and Families	Kauai Food Bank, Inc dba Kauai Independent Food Bank, HI, to reduce poverty through a food distribution program, including food and transportation	100,000	Hirono
Department of Health & Human Services	Administration for Children and Families	Kids In Crisis, CT, for a child abuse prevention program and support services, including food and supplies	150,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	Little Haiti BK, Inc., NY, for a financial empowerment and service coordination program, including technology	500,000	Schumer
Department of Health & Human Services	Administration for Children and Families	Louisiana Alliance of Boys & Girls Clubs, LA, to support summer and after school programming	3,000,000	Kennedy
Department of Health & Human Services	Administration for Children and Families	New Visions Community Development Corporation, Inc., GA, for a mobile food service program, including food and supplies	400,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	OSLC Developments, OR, for programming to support foster and kinship parents	983,000	Merkley, Wyden
Department of Health & Human Services	Administration for Children and Families	Project Home, ME, to support low income individuals facing housing instability	995,000	King
Department of Health & Human Services	Administration for Children and Families	Restoration Community Empowerment Center, MD, to improve access to childcare and adult care services	800,000	Alsobrooks
Department of Health & Human Services	Administration for Children and Families	Rhode Island Community Food Bank, RI, for a food distribution program, including food	8,150,000	Reed
Department of Health & Human Services	Administration for Children and Families	Rural Alaska Community Action Program, Inc. (RurAL CAP), AK, for a childcare program	842,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	Saint Joseph Parenting Center, CT, for a parenting education program that provides wraparound family support, including food and childcare	400,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	TESSA, CO, for services for survivors of domestic violence	384,000	Bennet, Hickenlooper

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Children and Families	The "I Have A Dream" Foundation of Boulder County, CO, for an education and career readiness program	750,000	Bennet, Hickenlooper
Department of Health & Human Services	Administration for Children and Families	The Granite YMCA, NH, to expand access to childcare	500,000	Shaheen
Department of Health & Human Services	Administration for Children and Families	The Korean-American Family Service Center, Inc., NY, for an economic empowerment program for low income individuals, including equipment and technology	500,000	Gillibrand, Schumer
Department of Health & Human Services	Administration for Children and Families	The Mentoring Partnership of SWPA, PA, for a mentoring program to support youth and families	250,000	Fetterman
Department of Health & Human Services	Administration for Children and Families	The Peche Hen Inc. d/b/a Over the Moon Diaper Bank, GA, to support low income families, including diapers, supplies, and vehicle purchase	349,000	Ossoff
Department of Health & Human Services	Administration for Children and Families	The Rowan Center, CT, for a child abuse prevention training and education platform	140,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	The Sky Center, NM, for a behavioral health and family stabilization demonstration program	125,000	Heinrich
Department of Health & Human Services	Administration for Children and Families	Ulman Foundation, Inc, MD, for an education and career reintegration program for adolescents and young adults impacted by cancer	75,000	Van Hollen
Department of Health & Human Services	Administration for Children and Families	Unite for HER, PA, to provide supportive services for cancer patients, including food	271,000	Fetterman
Department of Health & Human Services	Administration for Children and Families	United Jewish Organizations of Williamsburg, Inc, NY, to provide support for low income families	350,000	Gillibrand, Schumer
Department of Health & Human Services	Administration for Children and Families	United Migrant Opportunity Services (UMOS) Inc., WI, for a program to coordinate services to support low income families	2,150,000	Baldwin
Department of Health & Human Services	Administration for Children and Families	United Way of Central Alabama, Inc., AL, for equipment to improve childcare programming	250,000	Britt

Department of Health & Human Services	Administration for Children and Families	United Way of Southern Maine, ME, to upgrade the 211 call system	550,000	Collins
Department of Health & Human Services	Administration for Children and Families	University of Mississippi, MS, to enhance Autism Spectrum Disorder screening and related services	728,000	Hyde-Smith, Wicker
Department of Health & Human Services	Administration for Children and Families	Viola's House, Inc. on behalf of Viola's House Maryland, MD, for services for low income mothers experiencing housing instability, including transportation	538,000	Alsobrooks
Department of Health & Human Services	Administration for Children and Families	West Virginia 211, Inc., WV, to expand capacity for referral services	200,000	Capito
Department of Health & Human Services	Administration for Children and Families	Wholesome Wave, Inc., CT, for a nutrition program for low income children and families, including food	250,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Children and Families	YMCA of Alaska—Anchorage, AK, to expand licensed afterschool childcare programs	1,000,000	Murkowski
Department of Health & Human Services	Administration for Children and Families	York County Children's Advocacy Center, PA, to improve and expand the prevention, assessment, and response to child abuse and neglect	251,000	Fetterman
Department of Health & Human Services	Administration for Children and Families	Zero Abuse Project, MN, for child abuse prevention	292,000	Smith
Department of Health & Human Services	Administration for Community Living	Acton Digital Inc (dba) Action Digital Academy, HI, for an in-home digital health navigator program for older adults, including the purchase of equipment and technology	100,000	Schatz
Department of Health & Human Services	Administration for Community Living	Alaska's Healing Hearts, AK, for vehicles and related expenses to support seniors	145,000	Murkowski
Department of Health & Human Services	Administration for Community Living	ALZHEIMER'S FAMILY CAREGIVER SUPPORT CENTER, INC, MA, for the expansion of comprehensive dementia services, including outreach and technology	150,000	Markey
Department of Health & Human Services	Administration for Community Living	Amputee Center, Inc., WV, for programming to support individuals with limb loss	195,000	Justice
Department of Health & Human Services	Administration for Community Living	Assistive Technology Resource Centers of Hawaii, HI, for expansion of an assistive technology program, including equipment	250,000	Hirono

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Community Living	Athens Area Diaper Bank Inc., GA, for supportive services for older adults, including the purchase of diapers	75,000	Ossoff
Department of Health & Human Services	Administration for Community Living	Austin's Compassionate Enterprise—ACE Lending Closet, AK, to purchase and support implementation of wheelchair-accessible transportation	940,000	Murkowski
Department of Health & Human Services	Administration for Community Living	Best Buddies International, Inc., MD, for expansion of an independent living program for individuals with disabilities	100,000	Van Hollen
Department of Health & Human Services	Administration for Community Living	City of Pawtucket, RI, for services for older adults and individuals with disabilities, including the purchase of vehicles and equipment	140,000	Whitehouse
Department of Health & Human Services	Administration for Community Living	Coastline Elderly Services, Inc., MA, for updates to a senior nutrition program, including vehicles and equipment	200,000	Warren
Department of Health & Human Services	Administration for Community Living	Community Action Program Belknap Merrimack, Inc., NH, for a food program for rural older adults, including the purchase of vehicles and equipment	100,000	Shaheen
Department of Health & Human Services	Administration for Community Living	Disability Rights Connecticut, CT, for services for individuals with disabilities and their families	148,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Community Living	Disability Rights Maine, ME, to purchase equipment and upgrade technology to support disabled Mainers	190,000	Collins
Department of Health & Human Services	Administration for Community Living	F.I.R.S.T. dba FIRSTwnc, NC, to expand access to disability, behavioral health, and family support services	1,425,000	Tillis
Department of Health & Human Services	Administration for Community Living	Food Bank of Northeast Louisiana, Inc. LA, to purchase refrigerated trucks for food distribution	450,000	Cassidy, Kennedy
Department of Health & Human Services	Administration for Community Living	Friendship Community, PA, for the purchase of vehicles	576,000	Fetterman
Department of Health & Human Services	Administration for Community Living	Gibson Center for Senior Services, NH, for a rural transportation program for older adults, including the purchase of vehicles, equipment, and technology	122,000	Shaheen

Department of Health & Human Services	Administration for Community Living	Inclusion Connections, Inc., KS, for the purchase of equipment and to support services for individuals with intellectual disabilities	2,398,000	Moran
Department of Health & Human Services	Administration for Community Living	Johnston Senior Center, RI, for programming and supportive services for older adults, including equipment and technology	50,000	Whitehouse
Department of Health & Human Services	Administration for Community Living	Long Term Care Community Coalition, NJ, for supportive services for those in long term care, their families, and their caregivers, including technology, equipment, and supplies	299,000	Booker, Kim
Department of Health & Human Services	Administration for Community Living	Loris Hands Inc, DE, for programming to support older adults with chronic illnesses	25,000	Blunt Rochester
Department of Health & Human Services	Administration for Community Living	Los Alamos National Laboratory (LANL) Foundation, NM, for kinship caregiver support programming	495,000	Luján
Department of Health & Human Services	Administration for Community Living	New Jersey Department of Veterans Affairs, NJ, for ADA accessible busses for older veterans	808,000	Booker, Kim
Department of Health & Human Services	Administration for Community Living	New York City Ballet, Inc., NY, for accessible programming for older adults and individuals with disabilities	500,000	Schumer
Department of Health & Human Services	Administration for Community Living	Service Coordination Inc., MD, for expansion of case management services to older adults and individuals with disabilities	255,000	Alsobrooks, Van Hollen
Department of Health & Human Services	Administration for Community Living	Special Education Center of Hawaii dba SECOH, HI, for the purchase of vehicles, including equipment	300,000	Hirono
Department of Health & Human Services	Administration for Community Living	St. Patrick's Center, Inc., DE, for the purchase of a vehicle, including equipment	100,000	Blunt Rochester, Coons
Department of Health & Human Services	Administration for Community Living	Team Gleason Foundation, LA, for the purchase of equipment and assistive technology to support individuals living with ALS	2,000,000	Cassidy, Kennedy
Department of Health & Human Services	Administration for Community Living	The Community Action Agency of Western Connecticut, LLC. , CT, for a mobile pantry program and service, including food	150,000	Blumenthal, Murphy
Department of Health & Human Services	Administration for Community Living	The Light House Voc-Ed Center, CT, for the purchase of vehicles	300,000	Blumenthal, Murphy

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Health & Human Services	Administration for Community Living	Timber River Connections, WA, for a food access program for older adults, including the purchase of vehicles and equipment	245,000	Murray
Department of Health & Human Services	Administration for Community Living	United Disabilities Services Foundation, PA, for supportive services for people with disabilities, including the purchase of technology and equipment	350,000	Fetterman
Department of Health & Human Services	Administration for Community Living	Volunteer Center of Bergen County, Inc. (Bergen Volunteers), NJ, for a volunteer program that provides services for older adults, including the purchase of a vehicle and equipment	147,000	Booker, Kim
Department of Health & Human Services	Administration for Community Living	West Chester Area Senior Center, PA, for supportive services and programming for older adults	30,000	Fetterman
Department of Education	Innovation and Improvement	Abyssinian Development Corporation, NY, for social and emotional learning	785,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Achieve Brown County, WI, for literacy programs	450,000	Baldwin
Department of Education	Innovation and Improvement	Alaska Council of School Administrators, AK, to support teacher recruitment and retention efforts, including the purchase of equipment, technology, and supplies	300,000	Murkowski
Department of Education	Innovation and Improvement	Amherst Exempted Village Schools, OH, to support automation education, including the purchase of equipment, technology, and supplies	654,000	Husted
Department of Education	Innovation and Improvement	Anchorage School District, AK, to support career and technical education pathways, including the purchase of equipment, technology, and supplies	508,000	Murkowski
Department of Education	Innovation and Improvement	Arts for Learning Connecticut, CT, for arts education	50,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Balsz Elementary School District, AZ, to expand early childhood education programs	600,000	Gallego, Kelly
Department of Education	Innovation and Improvement	Best Buddies International, Inc., NC, to support special education activities, including the purchase of technology and supplies	400,000	Tillis
Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Metro Milwaukee, WI, for youth development and mentoring	350,000	Baldwin

Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Metropolitan Chicago, IL, to expand access to mentoring programs	750,000	Durbin
Department of Education	Innovation and Improvement	Big Brothers Big Sisters of Puget Sound, WA, for a middle school youth mentoring program	2,132,000	Murray
Department of Education	Innovation and Improvement	Bon Secours Community Works, MD, for youth development programming, which may include stipends	251,000	Van Hollen
Department of Education	Innovation and Improvement	Boys & Girls Club of Detroit Lakes, Inc., MN, to improve safety, well-being and support of children and youth through youth development programs, which may include the purchase of two vehicles	830,000	Klobuchar, Smith
Department of Education	Innovation and Improvement	Boys & Girls Club of East Providence, RI, for youth development programming	710,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Boys & Girls Club of Northern Rhode Island, RI, for youth development programming	237,000	Whitehouse
Department of Education	Innovation and Improvement	Boys & Girls Clubs in Colorado, CO, for a workforce readiness initiative	692,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	Boys & Girls Clubs of Greater Milwaukee Inc., WI, for a community services resource hub initiative, which may include subgrants	1,300,000	Baldwin
Department of Education	Innovation and Improvement	Bridgeport Public Schools, CT, for education and behavioral support services	1,000,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Bridgeport Youth Lacrosse, CT, for youth development programming	200,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Building Neighborhoods Together, Inc., CT, for financial literacy training and education resources	125,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Byers School District, CO, to develop a greenhouse and pollinator path into a cross-curricular, student-led learning hub	400,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	Calhoun Intermediate School District, MI, for integrated student supports	500,000	Peters, Slotkin
Department of Education	Innovation and Improvement	Careers in Construction Colorado, CO, for workforce career pathway programs, which may include stipends	1,500,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	Ceeds of Peace, HI, to expand the community school model at Hawaii public schools	240,000	Hirono

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Central Council of the Tlingit and Haida Indian Tribes of Alaska, AK, to support civics education, including student stipends and the purchase of equipment, technology, and supplies	400,000	Murkowski
Department of Education	Innovation and Improvement	Central Vermont Career Center School District, VT, to expand medical professions and emergency services programs	525,000	Sanders
Department of Education	Innovation and Improvement	Children's Friend and Service, RI, for early learning facility improvements	450,000	Whitehouse
Department of Education	Innovation and Improvement	Cicero School District 99, IL, to develop two fully ADA-compliant outdoor STEAM learning nature gardens for hands-on STEAM education	500,000	Duckworth
Department of Education	Innovation and Improvement	Clayton County Public Schools, GA, for improving education and workforce training opportunities in aviation, including the purchase of equipment	550,000	Ossoff
Department of Education	Innovation and Improvement	College of Southern Nevada, NV, to improve early learning through an early childhood education lab	1,628,000	Cortez Masto, Rosen
Department of Education	Innovation and Improvement	College Visions, RI, for college access support	243,000	Reed, Whitehouse
Department of Education	Innovation and Improvement	Communities in Schools of New Mexico, NM, for a statewide yellow ribbon youth suicide prevention program, which may include stipends	212,000	Luján
Department of Education	Innovation and Improvement	Community Foundation of Northwest Mississippi, MS, to support STEM education, including the purchase of equipment, technology, and supplies	1,300,000	Hyde-Smith
Department of Education	Innovation and Improvement	Connecticut Humanities Council, CT, for standards-aligned lessons and resources and professional development	750,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Craig City School District, AK, to improve student safety, including the purchase of equipment and technology	159,000	Murkowski
Department of Education	Innovation and Improvement	Da Vinci Discovery Center of Science and Technology Inc., PA, to develop and install STEM exhibits designed to enrich early learning	700,000	Fetterman

Department of Education	Innovation and Improvement	dae, Inc., CT, for an afterschool technology education program	750,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Delaware Adolescent Program, Inc., DE, to support programming for pregnant and parenting students, which may include purchase of six vans	500,000	Blunt Rochester, Coons
Department of Education	Innovation and Improvement	Delaware Division of Libraries, DE, to increase access to books in Delaware schools	990,000	Blunt Rochester
Department of Education	Innovation and Improvement	DJ Henry Dream Fund, MA, to expand access to academic enrichment, arts, wellness, and sports programs, which may include scholarships	200,000	Markey
Department of Education	Innovation and Improvement	Early Connections Learning Centers, CO, to establish an early learning center, including the acquisition and installation of playground equipment	525,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	Einstein Project, WI, to expand access to a curriculum-based professional learning model in Wisconsin	50,000	Baldwin
Department of Education	Innovation and Improvement	Eli Whitney Museum, CT, for technical education programs including purchase of a vehicle	40,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Frenchtown School District #40, MT, to support fire science and forestry education, including curriculum development and the purchase of equipment, and supplies	141,000	Sheehy
Department of Education	Innovation and Improvement	Friends of Aine, NH, for an evidence-based, peer-to-peer grief support program for children	200,000	Shaheen
Department of Education	Innovation and Improvement	Gadsden Independent School District, NM, to expand hands-on STEM, computer science, and artificial intelligence learning	789,000	Heinrich, Luján
Department of Education	Innovation and Improvement	Galena City School District, AK, to support high-dosage mathematics tutoring	100,000	Murkowski
Department of Education	Innovation and Improvement	Girl Scouts of Northern New Jersey, NJ, to expand access to youth development programs, which may include the purchase of a vehicle	650,000	Kim
Department of Education	Innovation and Improvement	Gobles School District, MI, to purchase, install, commission, and safely integrate instructional equipment for an Industrial Arts and Advanced Fabrication Lab	746,000	Peters
Department of Education	Innovation and Improvement	Governor's Institutes of Vermont, VT, for health care career exploration, training, and certification programs	600,000	Sanders

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Greater Allen Development Corporation, NY, for a multi-disciplinary S.T.E.A.M. and workforce readiness program	200,000	Schumer
Department of Education	Innovation and Improvement	Grow the Future/Ciudad Soil and Water Conservation District, NM, to expand agricultural education and career-connected learning	1,250,000	Heinrich
Department of Education	Innovation and Improvement	Hawaii Agricultural Foundation, HI, for agricultural education and agricultural career pathway programs, which may include stipends	589,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Hawaii Family Law Clinic dba Ala Kuola, HI, for a violence prevention program in Hawaii public schools	218,000	Schatz
Department of Education	Innovation and Improvement	Hawaii Literacy, Inc., HI, to expand literacy, English language learning and digital skills for underserved parents and families	350,000	Schatz
Department of Education	Innovation and Improvement	HealthForce Kentucky, KY, to support healthcare education, including curriculum development and equipment, technology, and supplies	2,000,000	McConnell
Department of Education	Innovation and Improvement	Immigrant Family Services Institute, MA, for early childhood education, which may include equipment for and installation of a playground	505,000	Markey, Warren
Department of Education	Innovation and Improvement	Institute for Native Pacific Education and Culture (INPEACE), HI, to reduce school readiness gaps for children through early learning and family engagement initiatives	5,000,000	Hirono, Schatz
Department of Education	Innovation and Improvement	James V. Brown Library, PA, for a summer reading program	20,000	Fetterman
Department of Education	Innovation and Improvement	Jewish Community Center of Stamford, CT, for early childhood education	550,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Journey into Education and Teaching, Inc., MA, for a teacher pathway program for paraprofessional educators to become licensed teachers	300,000	Markey
Department of Education	Innovation and Improvement	Kearsley Community Schools, MI, to improve STEM education through implementation of STEM design lab classrooms	165,000	Peters

Department of Education	Innovation and Improvement	Kenaitze Indian Tribe, AK, to support Dena'ina language curriculum development, including the purchase of equipment and supplies	350,000	Murkowski
Department of Education	Innovation and Improvement	Kids Hurt Too Hawaii, HI, for school-based peer support for children impacted by grief and trauma	500,000	Hirono, Schatz
Department of Education	Innovation and Improvement	KidsQuest Children's Museum, WA, for after school programming	170,000	Murray
Department of Education	Innovation and Improvement	Kingdom Kare, Inc., MD, to expand access to early childhood education	350,000	Alsobrooks
Department of Education	Innovation and Improvement	La Grande School District (Union County School District 1), OR, for school-based mental health and suicide prevention services for students	645,000	Merkley, Wyden
Department of Education	Innovation and Improvement	Leadership, Education, and Athletics in Partnership, Inc. (LEAP), CT, to improve literacy and provide college access support	150,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Lincoln Center for the Performing Arts, Inc., NY, for arts education programming for elementary and secondary school students	355,000	Schumer
Department of Education	Innovation and Improvement	Mahoning County Career & Technical Center, OH, to support automation and robotics education, including the purchase of equipment and technology	500,000	Husted, Moreno
Department of Education	Innovation and Improvement	Maine Maritime Academy, ME, to support trades education, including the purchase of equipment and technology	2,500,000	Collins
Department of Education	Innovation and Improvement	Mana Maoli, HI, to expand music education to under resourced Hawaii Department of Education and public charter schools	1,589,000	Hirono, Schatz
Department of Education	Innovation and Improvement	Maryville Academy, IL, to enhance career and technical education programming, which may include acquisition of a vehicle	231,000	Durbin
Department of Education	Innovation and Improvement	McGivney Community Center, CT, for after school programming	150,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Medina County Career Center, OH, to support advanced manufacturing education, including the purchase of equipment	500,000	Husted, Moreno
Department of Education	Innovation and Improvement	Minnesota State University, Mankato, MN, for STEM education, which may include stipends	1,782,000	Klobuchar, Smith

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	Mississippi Children's Museum, MS, to support STEAM education, including stipends and the purchase of supplies	251,000	Hyde-Smith
Department of Education	Innovation and Improvement	Mobile Area Education Foundation, AL, to support maritime trades education, including curriculum development and the purchase of equipment and technology	1,500,000	Tuberville
Department of Education	Innovation and Improvement	NAACP New York State Conference, NY, for civic education, economic literacy, and workforce readiness programming, which may include student stipends	750,000	Schumer
Department of Education	Innovation and Improvement	New Haven Reads Community Book Bank, CT, for expansion of a literacy initiative, which may include stipends for students	203,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	NYPD Fighting Finest, Inc., NY, for an education-focused out of school time program	150,000	Schumer
Department of Education	Innovation and Improvement	Pacific American Foundation (PAF), HI, to expand the community school model at Hawaii public schools	420,000	Hirono
Department of Education	Innovation and Improvement	Pacific Science Center, WA, for STEM education, including purchase of two vehicles	1,320,000	Murray
Department of Education	Innovation and Improvement	PATCH People Attentive to Children, HI, to improve access to and quality of early childhood education programs in Hawaii, which may include stipends	675,000	Hirono
Department of Education	Innovation and Improvement	Patricia A Hannaford Career Center, VT, for afterschool and summer career and technical education programs	250,000	Sanders
Department of Education	Innovation and Improvement	Play N Learn Center Inc. dba Thrivalaska, AK, to support early childhood education, including the purchase of equipment, vehicles, technology, and supplies	745,000	Murkowski
Department of Education	Innovation and Improvement	Reading Is Fundamental, Inc., NJ, to support a statewide literacy initiative	1,000,000	Kim
Department of Education	Innovation and Improvement	ReadyCT, CT, for a public service career pathway program, including stipends	256,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	Rhode Island Department of Education, RI, to improve school library collections, which may include subgrants	7,850,000	Reed

Department of Education	Innovation and Improvement	Robert W Woodruff Arts Center Inc., GA, to improve literacy and mental health of students in Georgia through theatre and arts education programs	614,000	Ossoff
Department of Education	Innovation and Improvement	Rockdale County Public Schools, GA, for equipment to expand STEM education in Rockdale County Public Schools	1,000,000	Ossoff
Department of Education	Innovation and Improvement	Roundabout Theatre Company, Inc., NY, for in-school and afterschool residencies, which may include incentives for students	500,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	Salem School District, WI, for equipment and materials for career and technical education programs	75,000	Baldwin
Department of Education	Innovation and Improvement	ServeMinnesota, MN, for a literacy program	1,000,000	Klobuchar, Smith
Department of Education	Innovation and Improvement	Sitka School District, AK, for the purchase of equipment and technology	631,000	Murkowski
Department of Education	Innovation and Improvement	St. Ann's Warehouse, Inc., NY, for arts education programming	75,000	Schumer
Department of Education	Innovation and Improvement	STEM in Action, MS, to support STEM education, including student stipends	1,000,000	Hyde-Smith
Department of Education	Innovation and Improvement	The Brooklyn Academy of Music, Inc., NY, for arts education	1,000,000	Schumer
Department of Education	Innovation and Improvement	The Carnegie Hall Corporation, NY, for music education programs	2,500,000	Gillibrand, Schumer
Department of Education	Innovation and Improvement	The Carver, CT, for a summer bridge education program for rising 6th grade students	750,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	The Culture Tree Collective, Inc., NY, for educational programming that expands access to cultural literacy for children and families	30,000	Schumer
Department of Education	Innovation and Improvement	The Ocean Community United Theatre, RI, for afterschool arts education	90,000	Whitehouse
Department of Education	Innovation and Improvement	The STEAD School, CO, for career pathway programs, which may include acquisition of a vehicle	1,000,000	Bennet, Hickenlooper
Department of Education	Innovation and Improvement	Twiggs County Board of Education, GA, for instructional equipment in Twiggs County Schools	360,000	Ossoff
Department of Education	Innovation and Improvement	United Way of Venango and Titusville Region, PA, for youth enrichment and early literacy programs	130,000	Fetterman

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Innovation and Improvement	University of Hawaii System, HI, to support professional development, technical assistance, and statewide evaluation for Hawaii community schools	292,000	Hirono
Department of Education	Innovation and Improvement	University of New Mexico, NM, to strengthen early childhood education through an early childhood education workforce initiative	492,000	Heinrich, Luján
Department of Education	Innovation and Improvement	Vermont Symphony Orchestra, VT, for music education for elementary and secondary students in Vermont	225,000	Sanders
Department of Education	Innovation and Improvement	Winchester Public Schools, CT, for special education staffing and resources	957,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	WXXI Public Broadcasting Council, NY, to provide early learning programming in partnership with public media stations	1,000,000	Gillibrand
Department of Education	Innovation and Improvement	Yellow Farmhouse Education Center, CT, for science and nutrition education	25,000	Blumenthal, Murphy
Department of Education	Innovation and Improvement	YMCA of Honolulu, HI, to expand the community school model at Hawaii public schools	551,000	Hirono
Department of Education	Higher Education	Alabama Community College System, AL, to support healthcare education, including the purchase of equipment	3,000,000	Britt
Department of Education	Higher Education	Alabama Fire College, AL, to support EMS education, including the purchase of equipment and technology	750,000	Britt
Department of Education	Higher Education	Andrew College, GA, for expanding health care education and workforce training, including the purchase of equipment	950,000	Ossoff, Warnock
Department of Education	Higher Education	Arizona Western College, AZ, for improving aviation education, including the purchase of equipment and providing financial aid	2,850,000	Gallego, Kelly
Department of Education	Higher Education	Asbury University, KY, to support nursing education, including the purchase of equipment and technology	908,000	McConnell
Department of Education	Higher Education	Augusta University, GA, for strengthening maternal health education and training programs, including the purchase of equipment	1,428,000	Ossoff, Warnock

Department of Education	Higher Education	Benedictine College of Osteopathic Medicine, KS, to support health sciences education, including the purchase of equipment and technology	1,000,000	Moran
Department of Education	Higher Education	Berea College, KY, to support advanced manufacturing education, including the purchase of equipment and technology	750,000	McConnell
Department of Education	Higher Education	Black Hawk College, IL, for improving education and training in healthcare, including the purchase of equipment	234,000	Duckworth
Department of Education	Higher Education	Brenau University Inc., GA, for improving nursing education and workforce training, including the purchase of equipment	870,000	Ossoff
Department of Education	Higher Education	Butler Tech, OH, to support aviation education, including the purchase of equipment and supplies	1,690,000	Husted, Moreno
Department of Education	Higher Education	Cal Poly Humboldt, CA, for expanding nursing and allied health education, including the purchase of equipment	1,000,000	Schiff
Department of Education	Higher Education	California Community Colleges Board of Governors, CA, for expanding postsecondary educational opportunities, including the purchase of equipment and providing financial aid to students	1,000,000	Padilla, Schiff
Department of Education	Higher Education	Campbellsville University, KY, to support health sciences education, including the purchase of equipment	4,000,000	McConnell
Department of Education	Higher Education	Central Christian College of Kansas, KS, to support manufacturing education, including the purchase of equipment, technology, and supplies	750,000	Moran
Department of Education	Higher Education	Central New Mexico Community College, NM, for expanding education and workforce training, including the purchase of equipment	1,264,000	Luján
Department of Education	Higher Education	Central Virginia Community College (CVCC), VA, for expanding postsecondary opportunities, including the purchase of equipment and providing financial aid	1,500,000	Kaine, Warner
Department of Education	Higher Education	Children's Advocacy Centers of Mississippi, MS, to support child protection education, including curriculum development and stipends, and the purchase of equipment, technology and supplies	1,000,000	Hyde-Smith, Wicker

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Christopher Newport University, VA, for expanding postsecondary educational opportunities, including the purchase of equipment	500,000	Kaine, Warner
Department of Education	Higher Education	Clatsop Community College, OR, for expanding education and workforce training, including the purchase of equipment	1,500,000	Merkley, Wyden
Department of Education	Higher Education	Clemson University, SC, to support curriculum development and the purchase of equipment and technology	2,000,000	Graham
Department of Education	Higher Education	Coffeyville Community College, KS, to support electrical, fire science, and agricultural education, including the purchase of equipment, technology, and supplies	525,000	Moran
Department of Education	Higher Education	Colorado Mesa University, CO, for improving medical and health education programs, including the purchase of equipment	916,000	Bennet, Hickenlooper
Department of Education	Higher Education	Columbia College, SC, to support health sciences education, including the purchase of equipment and technology	2,000,000	Graham
Department of Education	Higher Education	Columbia International University, SC, to support nursing education, including the purchase of equipment, technology, and supplies	1,467,000	Graham
Department of Education	Higher Education	Columbus State University, GA, to upgrade the nursing simulation lab at Columbus State University	115,000	Ossoff, Warnock
Department of Education	Higher Education	Community College of Rhode Island, RI, for improving postsecondary educational opportunities, including the purchase of equipment	200,000	Whitehouse
Department of Education	Higher Education	Community College of Vermont, VT, for providing dental workforce training, including the purchase of equipment	1,320,000	Sanders, Welch
Department of Education	Higher Education	Concord University, WV, for the purchase of equipment	4,490,000	Capito, Justice
Department of Education	Higher Education	County College of Morris, NJ, for expanding education and workforce training, including the purchase of equipment	1,000,000	Booker, Kim

Department of Education	Higher Education	Dakota County Technical College, MN, for expanding education and workforce training, including the purchase of equipment	730,000	Klobuchar, Smith
Department of Education	Higher Education	Dalton State College, GA, for expanding nursing education and workforce training, including purchasing equipment	236,000	Ossoff, Warnock
Department of Education	Higher Education	Davis & Elkins College, WV, for campus security upgrades	1,375,000	Capito, Justice
Department of Education	Higher Education	Delaware Department of Labor, Division of Employment and Training, DE, for expanding educational opportunities	1,500,000	Blunt Rochester, Coons
Department of Education	Higher Education	Delaware State University, DE, for improving education opportunities for postsecondary students, including the provision of stipends	2,000,000	Blunt Rochester, Coons
Department of Education	Higher Education	Dominican University, IL, for health care education and workforce training, including the purchase of equipment	850,000	Durbin
Department of Education	Higher Education	Eastern Kentucky University, KY, to support aviation education, including the purchase of equipment	5,000,000	McConnell
Department of Education	Higher Education	Eastern New Mexico University, NM, for expanding health education, including the purchase of equipment	650,000	Heinrich
Department of Education	Higher Education	Edmonds College, WA, for expanding artificial intelligence education and training, including the purchase of equipment and provision of stipends	320,000	Cantwell
Department of Education	Higher Education	Freshwater Collaborative of Wisconsin, WI, for science education, including the purchase of equipment	1,735,000	Baldwin
Department of Education	Higher Education	Great Basin College, NV, for improving education programs, including the purchase of equipment	1,342,000	Cortez Masto, Rosen
Department of Education	Higher Education	Harford Community College, MD, for expanding postsecondary educational opportunities, including the purchase of equipment	620,000	Alsobrooks, Van Hollen
Department of Education	Higher Education	Jacksonville State University, AL, to support speech-language pathology education, including the purchase of equipment and technology	1,250,000	Britt, Tuberville

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Kansas State University, KS, to support veterinary education, including the purchase of equipment	2,500,000	Moran
Department of Education	Higher Education	Kent State University—College of Nursing, OH, to support nursing education, including the purchase of equipment and technology	550,000	Husted, Moreno
Department of Education	Higher Education	Kentucky Christian University, KY, to support nursing education, including the purchase of equipment, technology, and supplies	200,000	McConnell
Department of Education	Higher Education	Kentucky Community and Technical College System, KY, to support additive manufacturing education, including the purchase of equipment, technology, and supplies	9,000,000	McConnell
Department of Education	Higher Education	Kentucky Community and Technical College System, KY, to support advanced manufacturing education, including the purchase of equipment and technology	4,000,000	McConnell
Department of Education	Higher Education	Knox County Career Center Schools, OH, to support welding education, including the purchase of equipment, vehicles, and supplies	620,000	Husted, Moreno
Department of Education	Higher Education	Lakeshore Technical College, WI, for manufacturing education and training, including the purchase of equipment	1,000,000	Baldwin
Department of Education	Higher Education	Lamar Community College, CO, for improving education and training, including the purchase of equipment	770,000	Bennet, Hickenlooper
Department of Education	Higher Education	Lansing Community College, MI, for expanding workforce training, including the purchase of equipment	1,000,000	Peters, Slotkin
Department of Education	Higher Education	Lehigh Carbon Community College, PA, for expanding nursing and dental education, including the purchasing of equipment	729,000	Fetterman, McCormick
Department of Education	Higher Education	Lorain County Community College, OH, to support manufacturing education, including the purchase of equipment and supplies	588,000	Husted
Department of Education	Higher Education	Los Angeles Community College District, CA, for improving educational outcomes of students by addressing their basic needs, including the purchase of equipment	1,500,000	Schiff

Department of Education	Higher Education	Louisiana State University in Shreveport, LA, to support science education, including the purchase of equipment and supplies	880,000	Cassidy, Kennedy
Department of Education	Higher Education	Maricopa County Community College District, AZ, for improving education and workforce training, including the purchase of equipment and providing student stipend	1,558,000	Gallego, Kelly
Department of Education	Higher Education	Marquette University College of Health Sciences, WI, for health sciences education, including the purchase of equipment	2,190,000	Baldwin
Department of Education	Higher Education	Marshall University, WV, to support cybersecurity education, including for the purchase of equipment and supplies	1,500,000	Capito, Justice
Department of Education	Higher Education	Marshall University, WV, to support manufacturing education, including the purchase of equipment and technology	3,000,000	Capito
Department of Education	Higher Education	McKendree University, IL, for expanding nursing education, including providing financial aid to students	961,000	Durbin
Department of Education	Higher Education	Merced Community College District, CA, for expanding education and workforce training, including the purchase of equipment	500,000	Padilla
Department of Education	Higher Education	Middle Georgia State University, GA, for improving nursing, respiratory therapy, and rehabilitation science education, including the purchase of equipment	1,065,000	Ossoff
Department of Education	Higher Education	Mississippi College dba Mississippi Christian University, MS, to support artificial intelligence education, including the purchase of equipment and technology	400,000	Wicker
Department of Education	Higher Education	Mississippi Community College Board, MS, to support nursing education	4,149,000	Hyde-Smith
Department of Education	Higher Education	Mississippi Valley State University, MS, to support postsecondary education, including the purchase of vehicles, equipment, technology, and supplies	500,000	Hyde-Smith
Department of Education	Higher Education	Mitchell Technical College, SD, to support energy education, including curriculum development and the purchase of equipment and technology	8,000,000	Rounds
Department of Education	Higher Education	Moraine Park Technical College, WI, for firefighter education, including the purchase of equipment	550,000	Baldwin

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Moraine Valley Community College, IL, for improving firefighter education, including the purchase of equipment and a fire truck	475,000	Duckworth
Department of Education	Higher Education	Morehouse College, GA, for expanding postsecondary educational opportunities, including providing student scholarships and stipends	992,000	Warnock
Department of Education	Higher Education	Morehouse College, GA, for strengthening STEM education and public health research, including providing financial aid	425,000	Ossoff
Department of Education	Higher Education	Mountwest Community & Technical College, WV, to support workforce readiness education, including the purchase of equipment and supplies	895,000	Capito, Justice
Department of Education	Higher Education	Murray State University, KY, to support health education, including the purchase of equipment, vehicles, technology, and supplies	6,500,000	McConnell
Department of Education	Higher Education	Nevada Division of Outdoor Recreation, Department of Conservation and Natural Resources, NV, for improving education programs, including providing financial aid and scholarships to students and the purchase of equipment	2,343,000	Cortez Masto, Rosen
Department of Education	Higher Education	Nevada State University, NV, for improving nursing education, including providing financial aid and paid internships	980,000	Cortez Masto, Rosen
Department of Education	Higher Education	New Mexico Institute of Mining and Technology, NM, for expanding STEM education, including the purchase of equipment and providing financial aid	1,450,000	Heinrich, Luján
Department of Education	Higher Education	Niagara University, NY, for improving postsecondary educational opportunities, including the purchase of equipment	1,000,000	Schumer
Department of Education	Higher Education	Nicolet College, WI, for improving education, including the purchase of equipment	3,115,000	Baldwin
Department of Education	Higher Education	Northern Kentucky University, KY, to support cybersecurity education, including curriculum development and the purchase of equipment and technology	3,300,000	McConnell
Department of Education	Higher Education	Northern New Mexico Foundation, NM, for expanding education and workforce training	117,000	Heinrich, Luján

Department of Education	Higher Education	Northern State University, SD, to support artificial intelligence education, including stipends and the purchase of equipment and technology	1,750,000	Rounds
Department of Education	Higher Education	Northern State University, SD, to support entrepreneur education, including supplies	750,000	Rounds
Department of Education	Higher Education	Ocean County College, NJ, for expanding educational opportunities, including the purchase of equipment and providing student supports, including financial aid	900,000	Kim
Department of Education	Higher Education	Oconee Fall Line Technical College, GA, for expanding postsecondary educational opportunities, including the purchase of equipment	594,000	Ossoff, Warnock
Department of Education	Higher Education	Oregon Coast Community College, OR, for expanding education and workforce training, including the purchase of equipment	1,896,000	Merkley, Wyden
Department of Education	Higher Education	Pacific Islanders in Communications, HI, for expanding educational opportunities, including the purchase of equipment and the provision of financial aid	1,159,000	Hirono
Department of Education	Higher Education	Pearl River Community College, MS, to support trucking education, including equipment, vehicles, technology, and scholarships	2,000,000	Hyde-Smith
Department of Education	Higher Education	Pennsylvania's State System of Higher Education, PA, to support nursing education, including the purchase of equipment, technology, and supplies	1,000,000	McCormick
Department of Education	Higher Education	Peralta Community College District, CA, for improving educational opportunities for students by addressing their basic needs, including the purchase of equipment and a vehicle	300,000	Padilla
Department of Education	Higher Education	Piedmont Virginia Community College, VA, for improving science education, including the purchase of equipment	615,000	Kaine, Warner
Department of Education	Higher Education	Pima Community College, AZ, for improving education and workforce training, including the purchase of equipment	1,000,000	Gallego, Kelly
Department of Education	Higher Education	Prince George's Community College, MD, for expanding education and workforce training in cybersecurity	450,000	Van Hollen
Department of Education	Higher Education	Reinhardt University, GA, for improving cybersecurity education, including the purchase of equipment	360,000	Ossoff, Warnock

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Research Foundation for The State University of New York—SUNY Old Westbury, NY, for improving postsecondary educational opportunities, including the purchase of equipment and providing student stipends	1,000,000	Schumer
Department of Education	Higher Education	Research Foundation of The City University of New York—Baruch College, NY, for improving postsecondary educational opportunities in artificial intelligence, including the purchase of equipment	800,000	Gillibrand, Schumer
Department of Education	Higher Education	Research Foundation of The City University of New York—Brooklyn College, NY, for expanding postsecondary education and research opportunities, including providing student stipends	200,000	Gillibrand, Schumer
Department of Education	Higher Education	Saint Anselm College New Hampshire Institute of Politics, NH, for expanding postsecondary education and research opportunities, including the purchase of equipment	475,000	Shaheen
Department of Education	Higher Education	Saint Michael's College, VT, for expanding postsecondary educational opportunities, including providing financial aid and tuition support to students and purchasing equipment	1,889,000	Welch
Department of Education	Higher Education	Salt Lake Community College, UT, for the purchase of equipment	1,493,000	Curtis
Department of Education	Higher Education	San Juan College, NM, for expanding education and workforce training, including the purchase of equipment	60,000	Heinrich, Luján
Department of Education	Higher Education	Savannah State University, GA, for expanding education and workforce training, including the purchase of equipment	460,000	Ossoff
Department of Education	Higher Education	Snow College, UT, to support nursing education, including the purchase of equipment, technology, and supplies	750,000	Curtis
Department of Education	Higher Education	South Dakota State University, SD, to support agriculture education, including curriculum development and the purchase of equipment, technology, and supplies	2,000,000	Rounds
Department of Education	Higher Education	Southeast Arkansas College, AR, to support skilled trades education, including the purchase of equipment	3,000,000	Boozman

Department of Education	Higher Education	Spartanburg Community College, SC, to support nursing education, including the purchase of equipment and supplies	2,236,000	Graham
Department of Education	Higher Education	Spelman College, GA, for expanding education and workforce training opportunities, including providing student financial aid and stipends	340,000	Ossoff, Warnock
Department of Education	Higher Education	St. Clair County Community College, MI, for improving education programs, including the purchase of equipment	500,000	Peters, Slotkin
Department of Education	Higher Education	St. Cloud Technical & Community College, MN, for improving postsecondary educational opportunities, including the purchase of equipment	715,000	Klobuchar, Smith
Department of Education	Higher Education	The Age-Out Angels Foundation, NJ, for expanding education and workforce training, including the purchase of equipment	263,000	Kim
Department of Education	Higher Education	The Citadel, SC, to support engineering education, including the purchase of equipment and technology	2,500,000	Graham
Department of Education	Higher Education	The Evergreen State College, WA, for improving education programs, including the purchase of equipment	825,000	Murray
Department of Education	Higher Education	The Regents of the University of California; University of California San Diego, CA, for expanding education and workforce development, including purchasing equipment and providing financial aid to students	2,100,000	Padilla
Department of Education	Higher Education	The Research Foundation of the State University of New York—Stony Brook University, NY, for expanding educational opportunities in technology fields, including the purchase of equipment and providing financial aid	1,000,000	Schumer
Department of Education	Higher Education	The University of West Georgia, GA, for expanding postsecondary educational opportunities, including the purchase of equipment	763,000	Ossoff, Warnock
Department of Education	Higher Education	Tolles Career & Technical Center, OH, to support advanced manufacturing and automation education, including the purchase of equipment and technology	2,000,000	Husted, Moreno
Department of Education	Higher Education	Truckee Meadows Community College, NV, for improving education and training, including the purchase of equipment	2,000,000	Cortez Masto, Rosen
Department of Education	Higher Education	Tuskegee University, AL, to support aviation education, including scholarships	3,000,000	Britt

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	Uintah Basin Technical College (UBTech), UT, to support drilling education, including the purchase of equipment	1,800,000	Curtis
Department of Education	Higher Education	University of Alaska Fairbanks, AK, to support postsecondary student success	1,200,000	Murkowski
Department of Education	Higher Education	University of Arkansas Community College Morrilton, AR, to support advanced manufacturing education, including the purchase of equipment	5,050,000	Boozman
Department of Education	Higher Education	University of Bridgeport, CT, for expanding college access programming, including providing tuition support and financial aid	323,000	Blumenthal, Murphy
Department of Education	Higher Education	University of California, Davis, CA, for improving postsecondary educational opportunities, including the purchase of equipment	650,000	Schiff
Department of Education	Higher Education	University of Central Arkansas, AR, to support workforce readiness education, including the purchase of equipment, vehicles, and information technology	4,806,000	Boozman
Department of Education	Higher Education	University of Louisville, KY, to support advanced and additive manufacturing engineering education, including the purchase of equipment	10,000,000	McConnell
Department of Education	Higher Education	University of Lynchburg, VA, for expanding postsecondary educational opportunities, including the purchase of equipment	1,013,000	Kaine, Warner
Department of Education	Higher Education	University of Maine System, ME, to support cybersecurity education, including the purchase of equipment, technology, and software	400,000	Collins, King
Department of Education	Higher Education	University of Mary, ND, to support nursing education, including the purchase of equipment	1,218,000	Cramer
Department of Education	Higher Education	University of Nebraska Board of Regents, NE, to support nursing education, including scholarships and the purchase of equipment and supplies	3,000,000	Fischer
Department of Education	Higher Education	University of Nevada Las Vegas, NV, for improving health education, including the purchase of equipment and the provision of financial aid or stipends	1,722,000	Cortez Masto, Rosen

Department of Education	Higher Education	University of Nevada Las Vegas, NV, for improving Holocaust studies and education, including purchasing equipment and providing stipends	1,000,000	Cortez Masto, Rosen
Department of Education	Higher Education	University of Northern Iowa, IA, to support accounting and cybersecurity education	560,000	Grassley
Department of Education	Higher Education	University of Rhode Island, RI, for improving postsecondary educational opportunities, including the purchase of equipment	500,000	Whitehouse
Department of Education	Higher Education	University of Sioux Falls, SD, to support nursing education, including the purchase of equipment	1,237,000	Rounds
Department of Education	Higher Education	University of South Carolina, SC, to support curriculum development, education programming, and the purchase of supplies	2,000,000	Graham
Department of Education	Higher Education	University of Utah, UT, for the purchase of equipment	1,400,000	Curtis
Department of Education	Higher Education	University System of Maryland, MD, for expanding postsecondary educational opportunities and teaching training, including the provision of financial aid and stipends	500,000	Van Hollen
Department of Education	Higher Education	UW–Green Bay, WI, for early college high school programming, including providing scholarships and financial aid	1,300,000	Baldwin
Department of Education	Higher Education	Vermont State Colleges, VT, for expanding access to nursing education, including providing student stipends, student financial aid, and purchasing equipment	2,975,000	Sanders
Department of Education	Higher Education	Viterbo University, WI, for physician associate education	498,000	Baldwin
Department of Education	Higher Education	Walker, Inc. (dba Walker Therapeutic & Educational Programs, MA, for expanding postsecondary educational opportunities, including providing financial aid and tuition support to students	510,000	Warren
Department of Education	Higher Education	Walsh University, OH, to support science education, including the purchase of equipment	1,450,000	Husted, Moreno
Department of Education	Higher Education	Washburn University of Topeka, KS, to support health sciences education, including the purchase of equipment and technology	4,512,000	Moran
Department of Education	Higher Education	Washington and Jefferson College, PA, for expanding nursing and physician assistant education, including the purchase of equipment	500,000	Fetterman

CONGRESSIONALLY DIRECTED SPENDING—Continued

Department	Account	Project	Amount	Requestor(s)
Department of Education	Higher Education	West Liberty University, WV, to support workforce readiness education, including the purchase of equipment	787,000	Capito
Department of Education	Higher Education	West Virginia State University, WV, to support cybersecurity and artificial intelligence education, including student stipends, faculty training, and curriculum development	415,000	Capito, Justice
Department of Education	Higher Education	West Virginia University Research Corporation, WV, to support construction education, including the purchase of equipment	1,000,000	Capito, Justice
Department of Education	Higher Education	West Virginia Wesleyan College, WV, to support physician assistant education, including curriculum development and the purchase of equipment, technology, and supplies	1,500,000	Capito, Justice
Department of Education	Higher Education	Western Carolina University, NC, to support science education, including the purchase of equipment and technology	2,000,000	Tillis
Department of Education	Higher Education	Western Michigan University, MI, for strengthening education and workforce training, including the purchase of equipment	1,500,000	Peters
Department of Education	Higher Education	Williamsburg Technical College, SC, to support nursing and allied health education, including the purchase of equipment and technology	1,000,000	Graham
Department of Education	Higher Education	Wisconsin College and Career Attainment Network, WI, for expanding college access programming, including efforts to improve FAFSA completion rates	1,000,000	Baldwin
Department of Education	Higher Education	Youngstown State University Steubenville, OH, to support transportation and advanced manufacturing education, including the purchase of equipment, vehicles, and technology	500,000	Husted

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
TITLE I—DEPARTMENT OF LABOR		
EMPLOYMENT AND TRAINING ADMINISTRATION		
Training and Employment Services		
Grants to States:		
Adult Training, current year appropriations	163,649	148,649
Available from prior year appropriations	712,000	712,000
Subtotal, available this fiscal year	875,649	860,649
Advance appropriation, FY 2028	712,000	712,000
less prior year appropriations	−712,000	−712,000
Subtotal, appropriated in this bill	875,649	860,649
Youth Training	948,130	933,130
Dislocated Worker Assistance, current year appropriations	235,553	235,553
Available from prior year appropriations	860,000	860,000
Subtotal, available this fiscal year	1,095,553	1,095,553
Advance appropriation, FY 2028	860,000	860,000
less prior year appropriations	−860,000	−860,000
Subtotal, appropriated in this bill	1,095,553	1,095,553
Subtotal, Grants to States	2,919,332	2,889,332
Current year appropriations	(1,347,332)	(1,317,332)
Advance appropriations	(1,572,000)	(1,572,000)
National Programs:		
Dislocated Worker Assistance National Reserve:		
Current year appropriations	100,859	100,859
Available from prior year appropriations	200,000	200,000
Subtotal, available this fiscal year	300,859	300,859
Advance appropriations, FY 2028	200,000	200,000
less prior year appropriations	−200,000	−200,000
Subtotal, appropriated in this bill	300,859	300,859
Subtotal, Dislocated Worker Assistance	1,396,412	1,396,412
Native American programs	62,500	62,500
Migrant and Seasonal Farmworker programs	97,396	92,396
YouthBuild activities	105,000	105,000
Reintegration of Ex-Offenders	110,000	90,000
Workforce Data Quality Initiative	6,000	6,000
Apprenticeship programs	285,000	305,000
Congressionally Directed Spending	95,501	112,575
Subtotal, National Programs	1,062,256	1,074,330
Current year appropriations	862,256	874,330
Advance appropriations	200,000	200,000
Total, Training and Employment Services	3,981,588	3,963,662
Provided for FY 2027	(3,981,588)	(3,963,662)

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Current year appropriations	(2,209,588)	(2,191,662)
Advance appropriations	(1,772,000)	(1,772,000)
Job Corps		
Operations	1,603,325	1,603,325
Construction, Rehabilitation and Acquisition	123,000	123,000
Administration	33,830	33,830
Total, Job Corps	1,760,155	1,760,155
Community Service Employment For Older Americans	395,000	370,000
Federal Unemployment Benefits and Allowances (indefinite)	50,300	28,800
State Unemployment Insurance and Employment Service Operations		
Unemployment Insurance [UI] Compensation (trust fund)		
State Administration	2,750,635	2,750,635
Reemployment Services and Eligibility Assessments (RESEA)—UI integrity	117,000	117,000
RESEA (Allocation Adjustment)	350,000	400,000
UI Integrity Center of Excellence	9,000	9,000
Subtotal, Unemployment Compensation	3,226,635	3,276,635
Unemployment Insurance National Activities (trust fund)	18,000	18,000
Employment Service [ES]:		
Grants to States:		
Federal Funds	21,413	21,413
Trust Funds	653,639	653,639
Subtotal, Grants to States	675,052	675,052
ES National Activities (trust fund)	17,500	15,000
Subtotal, Employment Service	692,552	690,052
Federal Funds	(21,413)	(21,413)
Trust Funds	(671,139)	(668,639)
Foreign Labor Certifications:		
Federal Administration	61,528	63,528
Grants to States	23,282	23,282
Subtotal, Foreign Labor Certification	84,810	86,810
One-Stop Career Centers/Labor Market Information	52,893	52,893
Total, State Unemployment Insurance and Employment Service Operations	4,074,890	4,124,390
Federal Funds	(74,306)	(74,306)
Trust Funds	(4,000,584)	(4,050,084)
Program Administration		
Training and Employment	54,919	50,919
Trust Funds	9,253	9,253
Employment Security	3,621	3,621
Trust Funds	42,574	42,574
Apprenticeship Services	38,913	38,913
Executive Direction	7,074	6,074
Trust Funds	2,079	2,079
Total, Program Administration	158,433	153,433

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Federal Funds	(104,527)	(99,527)
Trust Funds	(53,906)	(53,906)
Total, Employment and Training Administration	10,420,366	10,400,440
Federal Funds	6,365,876	6,296,450
Current year appropriations	(4,593,876)	(4,524,450)
Advance appropriations	(1,772,000)	(1,772,000)
Trust Funds	4,054,490	4,103,990
VETERANS' EMPLOYMENT AND TRAINING SERVICE		
State Administration, Grants	185,000	185,000
Transition Assistance Program	34,379	34,379
Federal Administration	47,048	47,048
National Veterans' Employment and Training Services Institute	3,414	3,414
Homeless Veterans' Programs	65,500	65,500
Total, Veterans' Employment and Training	335,341	335,341
Federal Funds	65,500	65,500
Trust Funds	(269,841)	(269,841)
EMPLOYEE BENEFITS SECURITY ADMINISTRATION		
Salaries and Expenses		
Employee Benefits Security Programs	191,100	181,100
PENSION BENEFIT GUARANTY CORPORATION		
Pension Benefit Guaranty Corporation Fund	(494,264)	(484,264)
WAGE AND HOUR DIVISION		
Salaries and Expenses	260,000	260,000
OFFICE OF LABOR–MANAGEMENT STANDARDS		
Salaries and Expenses	48,515	48,515
OFFICE OF FEDERAL CONTRACT COMPLIANCE PROGRAMS		
Salaries and Expenses	100,976	90,976
OFFICE OF WORKERS' COMPENSATION PROGRAMS		
Salaries and Expenses	120,500	120,500
Trust Funds	2,205	2,205
Total, Salaries and Expenses	122,705	122,705
Special Benefits		
Federal Employees' Compensation Benefits	1,296,385	1,506,251
Longshore and Harbor Workers' Benefits	2,000	2,000
Total, Special Benefits	1,298,385	1,508,251
Special Benefits for Disabled Coal Miners		
Benefit Payments	25,600	23,000
Administration	4,985	4,985
Subtotal, available this fiscal year	30,585	27,985
Advance appropriations, FY 2028, 1st quarter	5,900	5,450
Less prior year advance appropriations	−6,000	−5,900

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Total, appropriated in this bill	30,485	27,535
Energy Employees Occupational Illness Compensation Fund		
Administrative Expenses	68,148	66,138
Black Lung Disability Trust Fund		
Benefit Payments and Interest on Advances	386,796	406,212
Workers' Compensation Programs, Salaries and Expenses	50,684	49,984
Departmental Management, Salaries and Expenses	39,086	39,086
Departmental Management, Inspector General	373	373
Subtotal, Black Lung Disability Trust Fund	476,939	495,655
Treasury Department Administrative Costs	356	356
Total, Black Lung Disability Trust Fund	477,295	496,011
Total, Office of Workers' Compensation Programs	1,997,018	2,220,640
Federal Funds	1,994,813	2,218,435
Current year appropriations	(1,988,913)	(2,212,985)
Advance appropriations	(5,900)	(5,450)
Trust Funds	2,205	2,205
OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION		
Salaries and Expenses		
Safety and Health Standards	18,500	15,700
Federal Enforcement	243,000	243,000
Whistleblower Enforcement	22,500	22,500
State Programs	120,000	120,000
Technical Support	26,000	26,000
Compliance Assistance:		
Federal Assistance	78,262	78,262
State Consultation Grants	63,160	63,160
Training Grants	12,787	12,787
Subtotal, Compliance Assistance	154,209	154,209
Safety and Health Statistics	35,500	35,500
Executive Direction and Administration	9,600	9,200
Total, Occupational Safety and Health Administration	629,309	626,109
MINE SAFETY AND HEALTH ADMINISTRATION		
Salaries and Expenses		
Mine Safety and Health Enforcement	265,774	265,774
Standards Development	5,000	5,000
Assessments	7,191	7,191
Educational Policy and Development	39,820	39,820
Technical Support	36,041	36,041
Program Evaluation and Information Resources [PEIR]	17,990	17,990
Program Administration	16,000	16,000
Total, Mine Safety and Health Administration	387,816	387,816
Total, Labor Enforcement Agencies	1,740,421	1,717,221
Federal Funds	(1,738,216)	(1,715,016)

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Trust Funds	(2,205)	(2,205)
BUREAU OF LABOR STATISTICS		
Salaries and Expenses		
Employment and Unemployment Statistics	252,000	255,000
Labor Market Information (trust fund)	68,000	68,000
Prices and Cost of Living	248,000	248,000
Compensation and Working Conditions	91,500	91,500
Productivity and Technology	12,000	12,000
Executive Direction and Staff Services	37,000	37,000
Total, Bureau of Labor Statistics	708,500	711,500
Federal Funds	640,500	643,500
Trust Funds	68,000	68,000
OFFICE OF DISABILITY EMPLOYMENT POLICY		
Salaries and Expenses	43,000	43,000
DEPARTMENTAL MANAGEMENT		
Salaries and Expenses		
Executive Direction	22,000	22,000
Departmental Program Evaluation	4,281	4,281
Legal Services	120,754	119,935
Trust Funds	308	308
International Labor Affairs	116,125	111,125
Administration and Management	28,450	28,450
Adjudication	35,000	35,000
Women's Bureau	23,000	23,000
Civil Rights Activities	7,586	7,586
Chief Financial Officer	5,681	5,681
Total, Salaries and Expenses	363,185	357,366
Federal Funds	(362,877)	(357,058)
Trust Funds	(308)	(308)
IT Modernization		
Departmental Support Systems	6,889	6,889
Infrastructure Technology Modernization	.....	.....
Total, IT Modernization	6,889	6,889
Office of Inspector General		
Program Activities	91,187	91,187
Trust Funds	5,841	5,841
Total, Office of Inspector General	97,028	97,028
Total, Departmental Management	467,102	461,283
Federal Funds	(460,953)	(455,134)
Trust Funds	(6,149)	(6,149)
Total, Workforce Innovation and Opportunity Act Programs	5,741,743	5,723,817
Current year appropriations	(3,969,743)	(3,951,817)
Advance appropriations	(1,772,000)	(1,772,000)

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
GENERAL PROVISIONS—DEPARTMENT OF LABOR		
Proceeds from Job Corps facilities (Sec. 114)	1,000	1,000
H–1B Fees (Sec. 115) (rescission)	−206,000	−213,000
Dislocated Worker National Reserve (Sec. 116) (rescission)		−20,000
Subtotal, Title I General Provisions	−205,000	−232,000
Total, Title I, Department of Labor	15,384,043	15,534,720
Federal Funds	(10,983,358)	(11,084,535)
Current year appropriations	(9,205,458)	(9,307,085)
New Advance, FY 2028	(1,777,900)	(1,777,450)
Trust Funds	(4,400,685)	(4,450,185)
Total, Title I, Department of Labor, Discretionary	13,459,430	13,407,985
TITLE II—DEPARTMENT OF HEALTH AND HUMAN SERVICES		
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)		
Primary Health Care		
Health Centers	1,857,772	1,862,772
Free Clinics Medical Malpractice	1,000	1,000
Total, Primary Health Care	1,858,772	1,863,772
Health Workforce		
National Health Service Corps (NHSC)	130,000	133,000
Health Professions Training:		
Centers of Excellence	25,422	25,422
Health Careers Opportunity Program	15,000	15,000
Faculty Loan Repayment	2,310	2,310
Scholarships for Disadvantaged Students	55,014	55,014
Subtotal, Health Professions Training	97,746	97,746
Primary Care Training and Enhancement	49,924	49,924
Oral Health Training	43,673	43,673
Pediatric Specialty Loan Repayment	10,000	10,000
Interdisciplinary Community-Based Linkages:		
Area Health Education Centers	47,000	48,000
Geriatrics Programs	48,245	50,245
Mental and Behavioral Health	44,053	45,053
Behavioral Health Workforce Education and Training	114,000	114,000
Subtotal, Interdisciplinary Community-Based Linkages	253,298	257,298
Substance Use Disorder Treatment and Recovery Loan Repayment Program	40,000	40,000
Workforce Information and Analysis	5,663	5,663
Public Health and Preventive Medicine programs	18,000	18,000
Subtotal, Health Professions Education and Training (Title VII)	518,304	522,304
Nursing Workforce Development Programs:		
Advanced Nursing Education	89,581	89,581
Nurse Education, Practice, Quality, and Retention	65,413	70,413
Nurse Practitioner Optional Fellowship Program	7,000	7,000
Nursing Workforce Development	22,343	22,343

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Nurse Corps Scholarship and Loan Repayment Program	92,635	97,635
Nurse Faculty Loan Program	28,500	29,500
Subtotal, Nursing Workforce Development Programs (Title VIII)	305,472	316,472
Subtotal, Health Professions (Titles VII and VIII)	823,776	838,776
Children's Hospitals Graduate Medical Education	395,000	400,000
Medical Student Education	65,000	65,000
Mental Health and Resiliency for Healthcare Professionals	.....	5,000
Bio-Preparedness Workforce Pilot	.....	5,000
National Practitioner Data Bank	33,500	43,000
User Fees	−33,500	−43,000
Subtotal, Health Workforce	1,413,776	1,446,776
Maternal and Child Health		
Maternal and Child Health Services Block Grant:		
Maternal and Child Health (MCH) Services Block Grant	603,584	604,584
Special Projects of Regional and National Significance	215,116	221,116
Subtotal, MCH Services Block Grant	818,700	825,700
Sickle Cell Disease	8,205	8,205
Autism and Other Developmental Disabilities	57,344	58,344
Heritable Disorders	20,883	22,883
Healthy Start	145,250	145,400
Early Hearing Detection and Intervention	18,818	18,818
Emergency Medical Services for Children	24,334	25,334
Screening and Treatment for Maternal Mental Health and Substance Use Disorders	12,000	14,500
Pediatric Mental Health Care Access	13,000	14,000
Innovation for Maternal Health	17,300	18,300
Maternal Mental Health Hotline	8,000	9,000
Poison Control Centers	27,846	29,846
Integrated Services for Pregnant and Postpartum Women	10,000	10,000
Subtotal, Maternal and Child Health	1,181,680	1,200,330
Ryan White HIV/AIDS Program		
Emergency Assistance (Part A)	680,752	680,752
Comprehensive Care Programs (Part B)	1,364,878	1,364,878
AIDS Drug Assistance Program [ADAP] (non-add)	(900,313)	(900,313)
Early Intervention Program (Part C)	208,970	208,970
Children, Youth, Women, and Families (Part D)	77,935	77,935
AIDS Dental Services (Part F)	13,620	13,620
AIDS Education and Training Centers (Part F)	34,886	34,886
Special Projects of National Significance	25,000	25,000
Ending the HIV/AIDS Epidemic Initiative	165,000	165,000
Subtotal, Ryan White HIV/AIDS program	2,571,041	2,571,041
Health Systems		
Organ Transplantation	59,049	64,049
National Cord Blood Inventory	19,266	19,266
C. W. Bill Young Cell Transplantation Program	33,009	33,009
Hansen's Disease Program	13,706	13,706
Hansen's Disease Program—Buildings and Facilities	122	122

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Payments to Hawaii, Treatment of Hansen's Disease	1,857	1,857
Subtotal, Health Systems	127,009	132,009
Rural Health		
Rural Health Outreach Grants	110,975	116,975
Rural Health Policy Development	11,076	11,076
Rural Hospital Flexibility Grants	70,277	74,277
State Offices of Rural Health	13,500	14,500
Black Lung Clinics	12,190	12,800
Radiation Exposure Screening and Education Program	1,889	3,889
Rural Communities Opioid Response Program	145,000	147,000
Rural Residency Planning and Development	14,000	19,000
Rural Hospital Stabilization	14,000	16,000
Rural Hospital Provider Assistance Program	25,000	40,000
Subtotal, Rural Health	417,907	455,517
Family Planning (Title X)	286,479	286,479
HRSA–Wide Activities and Program Support		
Program Management	160,600	160,600
Congressionally Directed Spending	857,793	904,095
Office of Pharmacy Affairs (340B Program)	12,238	12,238
Office for the Advancement of Telehealth	45,550	47,050
Subtotal, HRSA–Wide Activities and Program Support	1,076,181	1,123,983
Total, Health Resources and Services	8,932,845	9,079,907
Vaccine Injury Compensation Program Trust Fund		
Post-FY 1988 Claims	272,062	276,678
HRSA Administrative Expenses	15,200	15,200
Total, Vaccine Injury Compensation Trust Fund	287,262	291,878
Total, Health Resources and Services Administration	9,220,107	9,371,785
Discretionary	(8,948,045)	(9,095,107)
Mandatory	(272,062)	(276,678)
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)		
Immunization and Respiratory Diseases	316,901	321,901
Prevention and Public Health Fund	(596,390)	(596,390)
Subtotal, Immunization and Respiratory Diseases, program level	913,291	918,291
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention	1,384,056	1,384,056
Emerging and Zoonotic Infectious Diseases	729,272	766,272
Prevention and Public Health Fund	(52,000)	(52,000)
Subtotal, Emerging and Zoonotic Infectious Diseases, program level	781,272	818,272
Chronic Disease Prevention and Health Promotion	983,830	1,010,330
Prevention and Public Health Fund	(448,985)	(448,985)

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Subtotal, Chronic Disease Prevention and Health Promotion, program level	1,432,815	1,459,315
Birth Defects, Developmental Disabilities, Disabilities and Health	205,060	209,060
Public Health Scientific Services	724,553	713,553
Evaluation Funding (PHS Act Sec. 241)	(42,944)	(53,944)
Subtotal, Public Health Scientific Services, program level	767,497	767,497
Environmental Health	191,850	191,850
Prevention and Public Health Fund	(51,000)	(51,000)
Subtotal, Environmental Health, program level	242,850	242,850
Injury Prevention and Control	761,379	766,379
National Institute for Occupational Safety and Health	366,800	377,800
Energy Employees Occupational Illness Compensation Program	55,358	55,358
Global Health	692,843	663,843
Public Health Preparedness and Response	913,200	913,200
CDC–Wide Activities and Program Support:		
Preventive Health and Health Services Block Grant (Prevention and Public Health Fund)	(160,000)	(160,000)
Office of the Director	101,570	103,570
Infectious Diseases Rapid Response Reserve Fund	25,000	25,000
Public Health Infrastructure and Capacity	270,000	270,000
Prevention and Public Health Fund	(90,000)	(90,000)
Subtotal, Public Health Infrastructure and Capacity	360,000	360,000
Subtotal, CDC–Wide Activities	396,570	398,570
(Prevention and Public Health Fund)	(250,000)	(250,000)
Subtotal, CDC–Wide Activities, program level	646,570	648,570
Buildings and Facilities	40,000	40,000
Total, Centers for Disease Control and Prevention	7,761,672	7,812,172
Discretionary	(7,706,314)	(7,756,814)
Mandatory	(55,358)	(55,358)
(Evaluation Funding (PHS Act Sec. 241))	(42,944)	(53,944)
(Prevention and Public Health Fund)	(1,398,375)	(1,398,375)
Total, Centers for Disease Control, program level	(9,202,991)	(9,264,491)
NATIONAL INSTITUTES OF HEALTH (NIH)		
National Cancer Institute (NCI)	7,352,159	7,512,159
National Heart, Lung, and Blood Institute (NHLBI)	3,990,345	3,990,345
National Institute of Dental and Craniofacial Research (NIDCR)	525,163	525,163
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)	2,326,721	2,351,721
National Institute of Neurological Disorders and Stroke (NINDS)	2,804,925	2,889,925
National Institute of Allergy and Infectious Diseases (NIAID)	6,585,279	6,605,279
National Institute of General Medical Sciences (NIGMS)	1,842,197	1,862,197
Evaluation Funding (PHS Act Sec. 241)	(1,427,482)	(1,427,482)
Subtotal, NIGMS, program level	3,269,679	3,289,679
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)	1,769,078	1,794,078

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
National Eye Institute (NEI)	896,549	896,549
National Institute of Environmental Health Sciences (NIEHS)	913,979	913,979
National Institute on Aging (NIA)	4,517,623	4,567,623
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)	685,465	685,465
National Institute on Deafness and Other Communication Disorders (NIDCD)	534,333	534,333
National Institute of Nursing Research (NINR)	197,693	197,693
National Institute on Alcohol Abuse and Alcoholism (NIAAA)	595,318	595,318
National Institute on Drug Abuse (NIDA)	1,662,695	1,667,695
National Institute of Mental Health (NIMH)	2,189,843	2,199,843
National Human Genome Research Institute (NHGRI)	663,200	663,200
National Institute of Biomedical Imaging and Bioengineering (NIBIB)	440,627	440,627
National Center for Complementary and Integrative Health (NCCIH)	170,384	170,384
National Institute on Minority Health and Health Disparities (NIMHD)	538,395	538,395
John E. Fogarty International Center (FIC)	95,162	95,162
National Library of Medicine (NLM)	497,548	497,548
National Center for Advancing Translational Sciences (NCATS)	942,323	962,323
Office of the Director	2,462,914	2,542,914
Common Fund (non-add)	(572,401)	(572,401)
Office of Research on Women's Health (non-add)	(106,480)	(116,480)
Gabriella Miller Kids First Research Act	12,600	12,600
Subtotal, Office of the Director	2,475,514	2,555,514
Buildings and Facilities	350,000	350,000
Advanced Research Projects Agency for Health (ARPA–H)	1,500,000	1,500,000
Subtotal, National Institutes of Health	47,062,518	47,562,518
(Evaluation Funding (PHS Act Sec. 241))	(1,427,482)	(1,427,482)
Total, National Institutes of Health, program level	48,490,000	48,990,000
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)		
Mental Health		
Programs of Regional and National Significance (PRNS)	1,052,433	1,069,433
Prevention and Public Health Fund	(12,000)	(12,000)
Subtotal, PRNS	1,064,433	1,081,433
Mental Health Block Grant (MHBG)	991,532	996,532
Evaluation Funding (PHS Act Sec. 241)	(21,039)	(21,039)
Subtotal, MHBG	1,012,571	1,017,571
Assisted Outpatient Treatment for Individuals with Serious Mental Illness	21,420	21,420
Certified Community Behavioral Health Clinics	385,500	385,500
National Child Traumatic Stress Initiative	100,887	100,887
Children's Mental Health Services	132,000	132,000
Projects for Assistance in Transition from Homelessness	66,635	66,635
Protection and Advocacy for Individuals with Mental Illness	40,000	40,000
Subtotal, Mental Health	2,790,407	2,812,407
(Evaluation Funding (PHS Act Sec. 241))	(21,039)	(21,039)
(Prevention and Public Health Fund)	(12,000)	(12,000)
Subtotal, Mental Health, including PHS Eval Tap	(2,811,446)	(2,833,446)
Subtotal, Mental Health, program level	2,823,446	2,845,446

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Substance Abuse Treatment		
Programs of Regional and National Significance (PRNS)	562,219	568,219
Evaluation Funding (PHS Act Sec. 241)	(2,000)	(2,000)
Subtotal, PRNS	564,219	570,219
Substance Use Prevention, Treatment, and Recovery Services Block Grant	1,933,879	1,943,879
Evaluation Funding (PHS Act Sec. 241)	(79,200)	(79,200)
Subtotal, Substance Use Prevention, Treatment, and Recovery Services Block Grant, program level	2,013,079	2,023,079
State Opioid Response grants	1,595,000	1,610,000
Subtotal, Substance Abuse Treatment	4,091,098	4,122,098
(Evaluation Funding (PHS Act Sec. 241))	(81,200)	(81,200)
Subtotal, Substance Abuse Treatment, program level	4,172,298	4,203,298
Substance Abuse Prevention		
Programs of Regional and National Significance (PRNS)	240,879	240,879
Health Surveillance and Program Support		
Health Surveillance and Program Support	117,255	117,255
Congressionally Directed Spending	54,311	21,138
Evaluation Funding (PHS Act Sec. 241)	(31,428)	(31,428)
Subtotal, Health Surveillance and Program Support, program level	202,994	169,821
Total, SAMHSA	7,293,950	7,313,777
(Evaluation Funding (PHS Act Sec. 241))	(133,667)	(133,667)
(Prevention and Public Health Fund)	(12,000)	(12,000)
Total, SAMHSA, program level	7,439,617	7,459,444
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ)		
Healthcare Research and Quality		
Research on Health Costs, Quality, and Outcomes:		
Federal Funds	214,109	204,109
Medical Expenditure Panel Survey:		
Federal Funds	72,791	72,791
Program Support:		
Appropriation	58,480	52,632
Total, AHRQ	345,380	329,532
CENTERS FOR MEDICARE & MEDICAID SERVICES		
Grants to States for Medicaid		
Medicaid Current Law Benefits	732,739,733	744,849,084
State and Local Administration	28,542,606	33,560,000
Vaccines for Children	7,930,272	6,783,662
Total, Medicaid, program level, available this fiscal year	769,212,611	785,192,746

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Less appropriations provided in prior years	−261,063,820	−316,514,725
Total, Grants to States for Medicaid	508,148,791	468,678,021
New advance, 1st quarter, FY 2028	316,514,725	321,205,275
Total, Grants to States for Medicaid, appropriated in this bill	824,663,516	789,883,296
Payments to the Health Care Trust Funds		
Supplemental Medical Insurance	464,796,000	480,445,000
Federal Uninsured Payment	41,000	28,000
Program Management	1,000,000	1,000,000
General Revenue for Part D Benefit	127,012,000	204,342,000
General Revenue for Part D Administration	586,000	645,000
HCFAC Reimbursement	377,000	390,000
State Low-Income Determination for Part D	5,000	5,000
Total, Payments to Health Care Trust Funds	593,817,000	686,855,000
Program Management		
Research, Demonstration, and Evaluation	20,054	18,054
Program Operations	2,479,823	2,479,823
State Survey and Certification	397,334	425,000
Federal Administration	772,533	746,867
Total, Program Management	3,669,744	3,669,744
Health Care Fraud and Abuse Control Account		
Centers for Medicare and Medicaid Services	699,058	721,387
HHS Office of Inspector General	108,735	109,735
Department of Justice	133,207	137,878
Senior Medicare Patrol (non-add)	(35,000)	(35,000)
Total, Health Care Fraud and Abuse Control	941,000	969,000
Base Program Integrity	(311,000)	(311,000)
Program Integrity (Allocation Adjustment)	(630,000)	(658,000)
Total, Centers for Medicare & Medicaid Services	1,423,091,260	1,481,377,040
Federal Funds	(1,418,480,516)	(1,476,738,296)
Current year appropriations	(1,101,965,791)	(1,155,533,021)
Advance appropriations	(316,514,725)	(321,205,275)
Trust Funds	(4,610,744)	(4,638,744)
ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)		
Payments to States for Child Support Enforcement and Family Support Programs		
Payments to Territories	33,000	33,000
Repatriation	19,593	18,353
Subtotal, Payments to States for Child Support Enforcement and Family Support Programs	52,593	51,353
Child Support Enforcement:		
State and Local Administration	4,943,656	3,770,849
Federal Incentive Payments	740,751	759,798

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Access and Visitation	10,000	10,000
Subtotal, Child Support Enforcement	5,694,407	4,540,647
Total, Child Support Enforcement and Family Support Payments, program level available this fiscal year	5,747,000	4,592,000
New advance, 1st quarter, FY 2028	1,800,000	1,700,000
Less appropriations provided in prior years	−1,600,000	−1,800,000
Total, Current Year	4,147,000	2,792,000
Total, Child Support Enforcement and Family Support Payments, appropriated in this bill	5,947,000	4,492,000
Low Income Home Energy Assistance (LIHEAP)		
Formula Grants	4,045,000	4,070,000
Refugee and Entrant Assistance		
Transitional and Medical Services	564,000	435,000
Refugee Support Services	307,201	413,000
Victims of Trafficking	30,755	30,755
Unaccompanied Alien Children	4,243,000	3,424,479
Survivors of Torture	19,000	19,000
Total, Refugee and Entrant Assistance	5,163,956	4,322,234
Payments to States for the Child Care and Development Block Grant	8,831,387	8,881,387
Social Services Block Grant (Title XX)	1,700,000	1,700,000
Children and Families Services Programs		
Programs for Children, Youth and Families:		
Head Start	12,356,820	12,406,820
Preschool Development Grants	315,000	315,000
Runaway and Homeless Youth Program	125,283	125,283
Prevention Grants to Reduce Abuse of Runaway Youth	21,000	21,000
Child Abuse State Grants	105,091	105,091
Child Abuse Discretionary Activities	36,000	36,000
Community Based Child Abuse Prevention	70,660	70,660
Child Welfare Services	268,735	268,735
Child Welfare Research, Training, and Demonstration	21,984	21,984
Adoption Opportunities	53,000	53,000
Adoption and Legal Guardianship Incentive Payments	75,000	75,000
Social Services Research and Demonstration	34,512	30,012
Congressionally Directed Spending	40,801	42,330
Native American Programs	63,500	63,500
Community Services:		
Community Services Block Grant Act programs:		
Grants to States for Community Services	775,000	775,000
Economic Development	22,383	22,383
Rural Community Facilities	13,000	13,000
Subtotal, Community Services Block Grant Act programs	810,383	810,383
National Domestic Violence Hotline	20,500	20,500
Family Violence Prevention and Services	245,000	245,000
Chafee Education and Training Vouchers	44,257	44,257
Disaster Human Services Case Management	1,864	1,864
Program Direction	214,000	209,000

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Total, Children and Families Services Programs	14,923,390	14,965,419
Promoting Safe and Stable Families		
Promoting Safe and Stable Families	420,000	420,000
Discretionary Funds	62,515	62,515
Total, Promoting Safe and Stable Families	482,515	482,515
Payments for Foster Care and Permanency		
Foster Care	5,517,000	5,142,000
Adoption Assistance	4,397,000	4,485,000
Guardianship	386,000	418,000
Independent Living	143,000	143,000
Foster Care Prevention Services	.....	229,000
Total, Payments to States available this fiscal year	10,443,000	10,417,000
Advance appropriations, 1st quarter, FY 2028	3,800,000	4,000,000
less appropriations provided in prior years	−3,600,000	−3,800,000
Total, Current Year	6,843,000	6,617,000
Total, Payments to States available in this bill	10,643,000	10,617,000
Total, Administration for Children and Families	51,736,248	49,530,555
Current year appropriations	(46,136,248)	(43,830,555)
Advance appropriations	(5,600,000)	(5,700,000)
Total, Administration for Children and Families, Discretionary	(33,026,248)	(32,301,555)
ADMINISTRATION FOR COMMUNITY LIVING		
Aging and Disability Services Programs		
Grants to States:		
Home and Community-based Supportive Services	414,000	414,000
Preventive Health	26,339	26,339
Protection of Vulnerable Older Americans-Title VII	26,658	26,658
Subtotal	466,997	466,997
Family Caregivers	209,000	211,000
Native American Caregivers Support	14,000	14,000
Subtotal, Caregivers	223,000	225,000
Nutrition:		
Congregate Meals	565,342	570,342
Home Delivered Meals	381,342	386,342
Nutrition Services Incentive Program	112,000	112,000
Subtotal, Nutrition	1,058,684	1,068,684
Subtotal, Grants to States	1,748,681	1,760,681
Grants for Native Americans	40,264	40,264
Aging Network Support Activities	30,461	30,461

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Alzheimer's Disease Program:		
Appropriation	16,800	18,800
Prevention and Public Health Fund	(14,700)	(14,700)
Subtotal, Alzheimer's Disease Demonstrations, program level	31,500	33,500
Lifespan Respite Care	11,000	12,000
Chronic Disease Self-Management:		
Prevention and Public Health Fund	(8,000)	(8,000)
Elder Falls Prevention:		
Appropriation	2,500	2,500
Prevention and Public Health Fund	(5,000)	(5,000)
Subtotal, Elder Falls Prevention, program level	7,500	7,500
Elder Rights Support Activities	33,874	33,874
Aging and Disability Resource Centers	8,619	8,619
State Health Insurance Assistance Program (SHIP)	55,242	55,242
Paralysis Resource Center:		
Appropriation	10,700	10,700
Limb Loss Resource Center:		
Appropriation	4,200	5,200
Traumatic Brain Injury:		
Appropriation	13,118	13,118
Developmental Disabilities Programs:		
State Councils	81,000	81,000
Protection and Advocacy	45,000	45,000
Voting Access for Individuals with Disabilities	10,000	10,000
Developmental Disabilities Projects of National Significance	12,250	12,250
University Centers for Excellence in Developmental Disabilities	43,119	45,119
Subtotal, Developmental Disabilities Programs	191,369	193,369
Workforce Innovation and Opportunity Act:		
Independent Living	128,183	128,183
National Institute on Disability, Independent Living, and Rehabilitation Research	119,000	119,000
Assistive Technology	40,000	40,000
Subtotal, Workforce Innovation and Opportunity Act	287,183	287,183
Congressionally Directed Spending	13,968	13,758
Program Administration	41,000	36,000
Total, Administration for Community Living	2,508,979	2,521,769
Federal Funds	(2,453,737)	(2,466,527)
Trust Funds	(55,242)	(55,242)
(Prevention and Public Health Fund)	(27,700)	(27,700)
Total, Administration for Community Living, program level	2,536,679	2,549,469
ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE		
Research, Development, and Procurement		
Biomedical Advanced Research and Development Authority (BARDA)	1,050,000	1,065,000
Project BioShield	850,000	860,000

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Strategic National Stockpile	1,000,000	1,000,000
Pandemic Influenza Preparedness	307,991	307,991
Subtotal, Research, Development, and Procurement	3,207,991	3,232,991
Operations, Preparedness, and Emergency Response		
Operations	34,376	34,376
Preparedness and Emergency Operations	31,154	41,154
National Disaster Medical System	76,904	81,904
Health Care Readiness and Recovery	307,055	313,055
Formula Grants (non-add)	(240,000)	(240,000)
Policy and Planning	14,877	14,877
Medical Reserve Corps	6,240	6,240
Preparedness and Response Innovation	4,000	.....
Industrial Base Management and Supply Chain	10,000	10,000
Subtotal, Operations and Emergency Response	484,606	501,606
Total, Administration for Strategic Preparedness and Response	3,692,597	3,734,597
OFFICE OF THE SECRETARY		
General Departmental Management		
General Departmental Management, Federal Funds	196,169	196,169
Teen Pregnancy Prevention Grants	101,000	101,000
Evaluation Funding (PHS Act Sec. 241)	(6,800)	(6,800)
Subtotal, Teen Pregnancy Prevention Community Grants, program level	107,800	107,800
Sexual Risk Avoidance	35,000	35,000
Office of Minority Health	74,835	70,835
Office on Women's Health	44,140	44,140
Minority HIV/AIDS Fund	56,000	56,000
Embryo Adoption Awareness Campaign	2,000	2,000
Planning and Evaluation, Evaluation Funding (PHS Act Sec. 241)	(58,028)	(58,028)
Cybersecurity	100,000	100,000
Office of National Security	8,983	8,983
Office of Global Affairs	7,009	7,009
Total, General Departmental Management, Discretionary	625,136	621,136
(Evaluation Funding (PHS Act Sec. 241))	(64,828)	(64,828)
Total, General Departmental Management, program level	689,964	685,964
Medicare Hearings and Appeals	186,155	185,000
Office of the National Coordinator for Health Information Technology (ONC)		
Office of the National Coordinator for Health Information Technology	33,375	33,375
Evaluation Funding (PHS Act Sec. 241)	(35,863)	(35,863)
Total, ONC, program level	69,238	69,238
Office of Inspector General		
Office of Inspector General	87,000	87,000
Office for Civil Rights		
Federal Funds	39,798	39,798

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Retirement Pay and Medical Benefits for Commissioned Officers		
Retirement Payments	771,520	799,349
Survivors Benefits	49,873	51,732
Dependents' Medical Care	125,789	116,111
Total, Medical Benefits for Commissioned Officers	947,182	967,192
Total, Office of the Secretary	1,918,646	1,933,501
Federal Funds	(1,732,491)	(1,748,501)
Trust Funds	(186,155)	(185,000)
(Evaluation Funding (PHS Act Sec. 241))	(100,691)	(100,691)
Total, Office of the Secretary, program level	2,019,337	2,034,192
GENERAL PROVISIONS—DEPARTMENT OF HEALTH AND HUMAN SERVICES		
Medicare Operations (Sec. 227)	455,000	455,000
Nonrecurring expenses fund, HHS (rescission) (Sec. 237)	−1,826,000	−1,619,000
Limitation for Title XVIII of the Social Security Act	2,000	.....
Unaccompanied Alien Children , HHS (rescission) (Sec. 240)	.....	−3,000,000
Total, Title II General Provisions	−1,369,000	−4,164,000
Total, Title II, Department of Health and Human Services	1,553,262,357	1,607,323,246
Federal Funds	1,547,667,954	1,601,697,382
Current Year appropriations	(1,225,553,229)	(1,274,792,107)
Advance appropriations, FY 2028	(322,114,725)	(326,905,275)
Trust Funds	(5,594,403)	(5,625,864)
Prevention and Public Health Fund	(1,438,075)	(1,438,075)
Total, Title II, Department of Health and Human Services, Discretionary	114,797,239	112,056,722
TITLE III—DEPARTMENT OF EDUCATION		
OFFICE OF ELEMENTARY AND SECONDARY EDUCATION		
Education for the Disadvantaged		
Grants to Local Educational Agencies (LEAs)		
Basic Grants:		
Appropriations from prior year advances	763,776	763,776
Forward funded	5,690,625	5,690,625
Current appropriation	5,000	5,000
Subtotal, Basic Grants available this fiscal year	5,695,625	5,695,625
Advance appropriations, FY 2028	763,776	763,776
less appropriations available from prior year advances	−763,776	−763,776
Subtotal, Basic Grants, appropriated in this bill	6,459,401	6,459,401
Concentration Grants:		
Appropriations from prior year advances	1,362,301	1,362,301
Advance appropriations, FY 2028	1,362,301	1,362,301
less appropriations provided from prior year advances	−1,362,301	−1,362,301
Subtotal, Concentration Grants, appropriated in this bill	1,362,301	1,362,301

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Targeted Grants:		
Appropriations from prior year advances	4,357,550	4,357,550
Forward funded	945,000	945,000
Subtotal, Targeted Grants available this fiscal year	5,302,550	5,302,550
Advance appropriations, FY 2028	4,357,550	4,357,550
less appropriations provided from prior year advances	−4,357,550	−4,357,550
Subtotal, Targeted Grants, appropriated in this bill	5,302,550	5,302,550
Education Finance Incentive Grants:		
Appropriations from prior year advances	4,357,550	4,357,550
Forward Funded	945,000	945,000
Advance appropriations, FY 2028	4,357,550	4,357,550
less appropriations provided from prior year advances	−4,357,550	−4,357,550
Subtotal, Education Finance Incentive Grants, appropriated in this bill	5,302,550	5,302,550
Subtotal, Grants to LEAs, fiscal year, program level	18,426,802	18,426,802
Innovative Approaches to Literacy	30,000	30,000
Comprehensive Literacy Development Grants	194,000	199,000
State Agency Programs:		
Migrant	375,626	375,626
Neglected and Delinquent/High Risk Youth	49,239	49,239
Subtotal, State Agency Programs	424,865	424,865
Special Programs for Migrant Students (Sec. 418A, HEA)	52,123	52,123
Total, Education for the Disadvantaged	19,127,790	19,132,790
Provided for FY 2027	19,127,790	19,132,790
Current year appropriations	(8,286,613)	(8,291,613)
(Forward Funded)	(8,199,490)	(8,204,490)
Advance appropriations	(10,841,177)	(10,841,177)
Impact Aid		
Basic Support Payments (Sec. 7003(b))	1,477,000	1,487,000
Payments for Children with Disabilities (Sec. 7003(d))	49,316	49,316
Facilities Maintenance (Sec. 7008)	4,835	4,835
Construction (Sec. 7007)	19,000	19,000
Payments for Federal Property (Sec. 7002)	80,000	80,000
Total, Impact Aid	1,630,151	1,640,151
School Improvement Programs		
Supporting Effective Instruction State Grants	508,639	508,639
Appropriations from prior year advances	1,681,441	1,681,441
Subtotal, Supporting Effective Instruction State Grants, available this fiscal year	2,190,080	2,190,080
Advance appropriations, FY 2028	1,681,441	1,681,441
less appropriations provided from prior year advances	−1,681,441	−1,681,441

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Subtotal, Supporting Effective Instruction State Grants, appropriated in this bill	2,190,080	2,190,080
State Assessments	380,000	380,000
Education for Homeless Children and Youth	129,000	129,000
Training and Advisory Services (Civil Rights)	6,575	6,575
Nita M. Lowey 21st Century Community Learning Centers	1,329,673	1,334,673
Student Support and Academic Enrichment Grants	1,380,000	1,380,000
Rural Education	225,000	230,000
Native Hawaiian Education	45,897	46,000
Alaska Native Education	44,953	46,000
Comprehensive Centers	50,000	50,000
Total, School Improvement Programs	5,781,178	5,792,328
Provided for FY 2027	5,781,178	5,792,328
Current year appropriations	(4,099,737)	(4,110,887)
(Forward Funded)	(3,952,312)	(3,962,312)
Advance appropriations	(1,681,441)	(1,681,441)
Indian Education		
Grants to Local Educational Agencies	110,381	110,381
Federal Programs:		
Special Programs for Indian Children	72,000	72,000
National Activities	14,365	14,365
Subtotal, Federal Programs	86,365	86,365
Total, Indian Education	196,746	196,746
Innovation and Improvement		
American History and Civics Academies	3,000	3,000
American History and Civics National Activities	20,000	20,000
Teacher and School Leader Incentive Grants	60,000	55,000
Supporting Effective Educator Development (SEED)	90,000	90,000
Charter Schools Grants	440,000	500,000
Magnet Schools Assistance	139,000	139,000
Ready-to-Learn Television	31,000	31,000
Arts in Education	36,500	31,500
Javits Gifted and Talented Education	16,500	16,500
Statewide Family Engagement Centers	20,000	20,000
Education Innovation and Research	235,000	235,000
Congressionally Directed Spending	100,147	79,248
Total, Innovation and Improvement	1,191,147	1,220,248
Safe Schools and Citizenship Education		
Promise Neighborhoods	91,000	91,000
School Safety National Activities	190,000	190,000
Full-Service Community Schools	150,000	150,000
Total, Safe Schools and Citizenship Education	431,000	431,000
English Language Acquisition		
Current year appropriations	57,850	57,850
Forward funded	832,150	832,150

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Total, English Language Acquisition	890,000	890,000
Total, Office of Elementary and Secondary Education	29,248,012	29,303,263
OFFICE OF SPECIAL EDUCATION AND REHABILITATIVE SERVICES		
Special Education		
State Grants:		
Grants to States Part B current year	4,950,321	4,995,321
Part B advance from prior year	(9,283,383)	(9,283,383)
Grants to States Part B (FY 2028)	9,283,383	9,283,383
Subtotal, Grants to States, program level	14,233,704	14,278,704
Preschool Grants	420,000	420,000
Grants for Infants and Toddlers with Disabilities (Part C)	540,000	545,000
Subtotal, State Grants, program level	15,193,704	15,243,704
IDEA National Activities (current funded):		
State Personnel Development	38,630	38,630
Technical Assistance and Dissemination	39,345	39,345
Personnel Preparation	115,000	115,000
Parent Information Centers	33,152	33,152
Educational Technology, Media, and Materials	32,433	32,433
Subtotal, IDEA National Activities	258,560	258,560
Special Olympics Education Programs	38,000	39,000
Total, Special Education	15,490,264	15,541,264
Current Year appropriations	(6,206,881)	(6,257,881)
(Forward Funded)	(5,910,321)	(5,960,321)
Advance appropriations	(9,283,383)	(9,283,383)
Rehabilitation Services		
Vocational Rehabilitation State Grants	4,504,096	4,625,707
Client Assistance State grants	13,000	13,000
Training	29,388	29,388
Demonstration and Training programs	5,796	5,796
Protection and Advocacy of Individual Rights [PAIR]	20,150	20,150
Supported Employment State grants	22,548	22,548
Services for Older Blind Individuals	33,317	33,317
Helen Keller National Center for Deaf/Blind Youth and Adults	20,000	20,000
Total, Rehabilitation Services	4,648,295	4,769,906
(Discretionary)	(144,199)	(144,199)
(Mandatory)	(4,504,096)	(4,625,707)
Special Institutions for Persons with Disabilities		
American Printing House for the Blind	43,431	45,431
National Technical Institute for the Deaf [NTID]:		
Operations	92,500	94,500
Gallaudet University:		
Operations	167,361	169,361

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Total, Special Institutions for Persons with Disabilities	303,292	309,292
Total, Office of Special Education and Rehabilitative Services	20,441,851	20,620,462
OFFICE OF CAREER, TECHNICAL, AND ADULT EDUCATION		
Career, Technical, and Education		
Career and Technical Education:		
Basic State Grants:		
State Grants	648,848	658,848
Appropriations available from prior year advances	791,000	791,000
Total, Basic State Grants, fiscal year program level	1,439,848	1,449,848
Advance appropriations, FY 2028	791,000	791,000
less appropriations provided in prior years	−791,000	−791,000
Subtotal, Basic State Grants appropriated in this bill	1,439,848	1,449,848
National Programs	12,421	12,421
Subtotal, Career and Technical Education	1,452,269	1,462,269
Adult Education:		
State Grants/Adult Basic and Literacy Education:		
State Grants, Forward funded	715,455	715,455
National Leadership Activities	13,712	13,712
Subtotal, Adult Education	729,167	729,167
Total, Office of Career, Technical, and Adult Education	2,181,436	2,191,436
Current Year appropriations	(1,390,436)	(1,400,436)
(Forward Funded)	(1,390,436)	(1,400,436)
Advance appropriations	(791,000)	(791,000)
OFFICE OF FEDERAL STUDENT AID		
Student Financial Assistance		
Pell Grants—maximum grant (non-add)	(6,335)	(6,335)
Pell Grants	22,475,352	37,518,352
Federal Supplemental Educational Opportunity Grants	910,000	910,000
Federal Work Study	1,230,000	1,230,000
Total, Student Financial Assistance	24,615,352	39,658,352
Student Aid Administration		
Salaries and Expenses	1,058,943	1,058,943
Servicing Activities	1,000,000	1,000,000
Total, Student Aid Administration	2,058,943	2,058,943
Total, Office of Federal Student Aid	26,674,295	41,717,295
OFFICE OF POSTSECONDARY EDUCATION		
Higher Education		
Aid for Institutional Development:		
Strengthening Institutions Program	102,070	102,070

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Developing Hispanic-Serving Institutions	231,637	231,637
Promoting Postbaccalaureate Opportunities for Hispanic Americans	27,780	27,780
Strengthening Historically Black Colleges and Universities	405,778	405,778
Strengthening Historically Black Graduate Institutions	102,501	102,501
Strengthening Predominantly Black Institutions	22,681	22,681
Strengthening Asian American and Native American Pacific Islander-Serving Institutions	18,906	18,906
Strengthening Alaska Native and Native Hawaiian-Serving Institutions	24,850	24,850
Strengthening Native American-Serving Nontribal Institutions	11,600	11,600
Strengthening Tribal Colleges	53,807	53,807
Strengthening HBCU Masters programs	20,277	20,277
Subtotal, Aid for Institutional Development	1,021,887	1,021,887
International Education and Foreign Language:		
Domestic Programs	70,353	65,353
Overseas Programs	10,311	10,311
Subtotal, International Education and Foreign Language	80,664	75,664
Model Transition Programs for Students with Intellectual Disabilities	13,800	13,800
Minority Science and Engineering Improvement	16,370	16,370
Tribally Controlled Postsecondary Career and Technical Institutions	13,953	13,953
Federal TRIO Programs	1,191,000	1,197,000
Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP)	388,000	393,000
Graduate Assistance in Areas of National Need	19,547	18,481
Teacher Quality Partnership Program	70,000	65,000
Child Care Access Means Parents in School	75,000	75,000
Fund for the Improvement of Postsecondary Education	136,000	115,000
Congressionally Directed Spending	224,377	230,856
Hawkins Centers of Excellence	15,000	15,000
Total, Higher Education	3,265,598	3,251,011
Howard University		
Academic Program	223,288	223,288
Endowment Program	3,405	3,405
Howard University Hospital	27,325	27,325
Total, Howard University	254,018	254,018
College Housing and Academic Facilities Loans Program	298	298
Historically Black College and University [HBCU] Capital Financing Program Account		
HBCU Federal Administration	528	528
HBCU Loan Subsidies	20,150	20,150
Total, HBCU Capital Financing Program Account	20,678	20,678
Total, Office of Postsecondary Education	3,540,592	3,526,005
INSTITUTE OF EDUCATION SCIENCES		
Research, Development, and Dissemination	245,000	245,000
Statistics	121,500	121,500
Regional Educational Laboratories	53,733	53,733
Research in Special Education	64,255	64,255
Special Education Studies and Evaluations	13,318	13,318
Statewide Longitudinal Data Systems	28,500	28,500

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Assessment:		
National Assessment	185,000	185,000
National Assessment Governing Board	8,300	8,300
Subtotal, Assessment	193,300	193,300
Program Administration	70,000	70,000
Total, Institute of Education Sciences	789,606	789,606
DEPARTMENTAL MANAGEMENT		
Program Administration:		
Salaries and Expenses	399,407	375,000
Office for Civil Rights	140,000	140,000
Office of Inspector General	67,500	67,500
Total, Departmental Management	606,907	582,500
GENERAL PROVISIONS—DEPARTMENT OF EDUCATION		
Nonrecurring Expenses Fund (Sec. 310) (rescission)	−160,000	−179,000
Institute of Education Sciences (Sec. 311) (rescission)	−25,000	−20,000
Subtotal, Title III General Provisions	−185,000	−199,000
Total, Title III, Department of Education	83,297,699	98,531,567
Current year appropriations	(60,700,698)	(75,934,566)
Advance appropriations	(22,597,001)	(22,597,001)
Total, Title III, Department of Education, Discretionary	78,793,603	93,905,860
TITLE IV—RELATED AGENCIES		
COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED		
Salaries and Expenses	13,124	13,124
Office of Inspector General	(3,150)	(3,150)
CORPORATION FOR NATIONAL AND COMMUNITY SERVICE		
Operating Expenses		
Domestic Volunteer Service Programs:		
Volunteers in Service to America [VISTA]	103,285	103,285
National Senior Volunteer Corps:		
Foster Grandparents Program	125,363	125,363
Senior Companion Program	56,449	56,449
Retired Senior Volunteer Program	55,105	55,105
Subtotal, Senior Volunteer Corps	236,917	236,917
Subtotal, Domestic Volunteer Service Programs	340,202	340,202
National and Community Service Programs:		
AmeriCorps State and National Grants	557,094	557,094
Innovation, Assistance, and Other Activities	14,706	15,706
Evaluation	6,250	6,250
National Civilian Community Corps (subtitle E)	37,735	37,735
State Commission Support Grants	19,538	19,538

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Subtotal, National and Community Service Programs	635,323	636,323
Total, Operating expenses	975,525	976,525
Payment to the National Service Trust	180,000	180,000
Salaries and Expenses	89,686	88,686
Office of Inspector General	8,595	8,595
Total, Corporation for National and Community Service	1,253,806	1,253,806
FEDERAL MEDIATION AND CONCILIATION SERVICE		
Salaries and Expenses	48,705	43,705
FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION		
Salaries and Expenses	18,012	18,012
INSTITUTE OF MUSEUM AND LIBRARY SERVICES		
Office of Museum and Library Services: Grants and Administration	291,800	291,800
MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION		
Salaries and Expenses	9,405	10,698
MEDICARE PAYMENT ADVISORY COMMISSION		
Salaries and Expenses	14,673	15,048
NATIONAL COUNCIL ON DISABILITY		
Salaries and Expenses	3,850	3,950
NATIONAL LABOR RELATIONS BOARD		
Salaries and Expenses	294,224	285,499
NATIONAL MEDIATION BOARD		
Salaries and Expenses	15,113	14,306
OCCUPATIONAL SAFETY AND HEALTH REVIEW COMMISSION		
Salaries and Expenses	14,449	14,223
RAILROAD RETIREMENT BOARD		
Dual Benefits Payments Account	5,000	4,000
Federal Payments to the Railroad Retirement Accounts	150	75
Limitation on Administrative Expenses	127,000	128,000
Limitation on the Office of Inspector General	14,000	14,000
Total, Railroad Retirement Board	146,150	146,075
SOCIAL SECURITY ADMINISTRATION		
Payments to Social Security Trust Funds	15,000	15,000
Supplemental Security Income Program [SSI]		
Federal Benefit Payments	66,762,000	70,389,000
Beneficiary Services	75,000	75,000
Research and Demonstration	91,000	70,000
Administration	4,624,282	4,554,254
Subtotal, SSI available this fiscal year	71,552,282	75,088,254
Less appropriations provided from prior year advances	−22,100,000	−23,500,000

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Subtotal, SSI current year appropriation	49,452,282	51,588,254
Subtotal, SSI Mandatory	44,828,000	47,034,000
Advance appropriations, 1st quarter, FY 2028	23,500,000	24,000,000
Total, SSI Program appropriated in this bill	72,952,282	75,588,254
Limitation on Administrative Expenses (LAE)		
OASI/DI Trust Funds	5,736,069	5,748,356
HI/SMI Trust Funds	3,636,530	3,696,335
Social Security Advisory Board	2,700	2,700
SSI	2,899,679	2,848,587
Subtotal, LAE	12,274,978	12,295,978
User Fees:		
SSI User Fee Activities	170,000	175,000
SSPA User Fee Activities	1,000	1,000
CBO adjustment	−1,000	−1,000
Subtotal, User Fees	170,000	175,000
Subtotal, Limitation on Administrative Expenses	12,444,978	12,470,978
Program Integrity:		
OASDI Trust Funds	672,397	691,333
SSI	1,724,603	1,705,667
Subtotal, Program Integrity funding	2,397,000	2,397,000
Base Program Integrity	(273,000)	(273,000)
Program Integrity (Allocation Adjustment)	(2,124,000)	(2,124,000)
Total, Limitation on Administrative Expenses	14,841,978	14,867,978
Total, Limitation on Administrative Expenses (less user fees)	14,671,978	14,692,978
Office of Inspector General		
Federal Funds	32,000	32,000
Trust Funds	82,665	82,665
Total, Office of Inspector General	114,665	114,665
Adjustment: Trust fund transfers from general revenues	−4,624,282	−4,554,254
Total, Social Security Administration	83,299,643	86,031,643
Federal Funds	(73,169,282)	(75,810,254)
Current year	(49,669,282)	(51,810,254)
New advances, 1st quarter, FY 2028	(23,500,000)	(24,000,000)
Trust funds	(10,130,361)	(10,221,389)
Total, Title IV, Related Agencies	85,422,954	88,141,889
Federal Funds	(75,136,920)	(77,763,452)
Current Year	(51,636,920)	(53,763,452)
FY 2028 Advance	(23,500,000)	(24,000,000)

AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2027—Continued

[In thousands of dollars]

Item	2026 appropriation	Committee recommendation
Trust Funds	(10,286,034)	(10,378,437)
Total, Title IV, Related Agencies, Discretionary	17,079,804	17,092,814
Grand total	1,737,367,053	1,809,531,422
(Mandatory)	(1,513,236,977)	(1,573,068,041)
(Discretionary)	(224,130,076)	(236,463,381)
CHANGES IN MANDATORY PROGRAMS (CHIMPS)		
Child Enrollment Contingency Fund (HHS–CMS) (rescission)	−12,340,000	−21,169,000
CHIP Performance Bonus Payment (rescission)	.....	−1,881,000
Internal Revenue Service Operations (rescission)	−11,661,000	.....
American Rescue Plan balances (rescission)	−2,000,000	−162,000
Total, Changes in Mandatory Programs	−26,001,000	−23,212,000
SUPPLEMENTAL FUNDING		
LIHEAP (emergency)	.....	1,000,000
Total, Supplemental Funding	.....	1,000,000
Grand Total	1,711,366,053	1,787,319,422
Appropriations	(1,349,313,305)	(1,418,848,210)
Emergency Appropriations	.....	(1,000,000)
Trust funds	(20,281,122)	(20,454,486)
Advance Appropriations, FY 2028	(369,989,626)	(375,279,726)
Rescissions	(−28,218,000)	(−28,263,000)