Fiscal Year 2026 Appropriations: Congressional Recommendations

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Overview

This overview summarizes the President's proposed Fiscal Year (FY) 2026 funding for priority programs under the:

- Department of Health and Human Services (HHS)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
    - Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant
    - State Opioid Response (SOR) Grant
    - Center for Substance Abuse Treatment (CSAT)
    - Center for Substance Abuse Prevention (CSAP)
    - Center for Mental Health Services (CMHS)
  - National Institute on Alcohol Abuse and Alcoholism (NIAAA)
  - National Institute on Drug Abuse (NIDA)
  - Centers for Disease Control and Prevention (CDC)
  - Health Resources and Services Administration (HRSA)
  - Administration for Children and Families (ACF)
- Department of Justice (DOJ)
- Office of National Drug Control Policy (ONDCP)

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Substance Abuse and Mental Health Services Administration (SAMHSA)[1]

Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant[2]

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant	$2,008,079,000	Level	Transferred to Behavioral Health Innovation Block Grant[3]	N/A	$2,013,079,000	+$5,000,000	$2,028,079,000	+$20,000,000

COVID-19 Relief Supplemental Funding	Consolidated Appropriations Act, 2021 (Coronavirus Relief Package, December 2020)	The American Rescue Plan Act of 2021 (March 2021)
SUPTRS Block Grant	$1,650,000,000	$1,500,000,000

[1] The President's proposed budget for FY 2026 reflects HHS' proposed restructuring announced on March 27, 2025, including the consolidation of select programs from SAMHSA, HRSA, and other HHS operating divisions into the new Administration for a Healthy America (AHA).

[2] The FY 2023 omnibus package (H.R.2617) changed the name to the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant.

[3] The President's proposed budget for FY 2026 proposes to consolidate funding for the SUTPRS Block Grant, the Community Mental Health Services Block Grant (MHBG), and the State Opioid Response (SOR) Grants into a new, formula-based Behavioral Health Innovation Block Grant.

Senate Committee Report Language on the SUPTRS Block Grant:

Substance Use Prevention, Treatment, and Recovery Services Block Grant: "The Committee provides $2,028,079,000 for the SUPTRS Block Grant. This appropriation 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 alcohol, cocaine, and methamphetamine. In addition, 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 enables 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."
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> *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 new 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."

House Committee Report Language on the SUPTRS Block Grant:

Substance Use Prevention, Treatment, and Recovery Services Block Grant: "The Committee includes $2,013,079,000 for the SUPTRS Block Grant, which is a $5,000,000 increase above the fiscal year 2025 enacted program level. Of the funds provided, $79,200,000 shall be derived from evaluation set-aside funds available under section 241 of the PHS Act. The SUPTRS Block Grant is a critical component of each State's publicly funded substance use disorder system designed to address all substance use

disorders—including those related to alcohol. SUPTRS Block Grant funds may support initiatives related to alcohol in settings such as emergency rooms and primary care offices. In addition, States utilize SUPTRS Block Grant funds to support alcohol use disorder treatment services in outpatient, intensive outpatient, and residential programs. Further, the Committee is also aware that SUPTRS Block Grant funds may be allocated to support medications for the treatment of alcohol use disorders, an important tool that should be available to those in need. The Committee also understands SUPTRS Block Grant funds are utilized by States to support recovery community organizations to provide recovery support for those with alcohol use disorders.

The Committee recognizes the critical role the block grant plays in State and Territory systems across the country, giving States and Territories the flexibility to direct resources to address the most pressing needs of their communities. The Committee also recognizes that the 20 percent prevention set-aside within the SUPTRS Block Grant is a vital source of funding for primary prevention."

Opioid Use Disorder in Rural Communities: "The Committee is aware that the opioid use disorder crisis continues to pose unique challenges for rural America, including limited access to both appropriate care and health professionals critical to identifying, diagnosing, and treating patients along with supporting recovery from substance use disorders. The Committee recognizes that the COVID pandemic exacerbated many of rural America's unique challenges and resulting needs, creating added isolation for many, and an increasing number of individuals in crisis. These issues further emphasize the urgency of a comprehensive approach including training to provide care for diverse populations; the use of technologies to ensure improved access to medically underserved areas; and workforce and skill development including peer recovery specialist training and other initiatives to increase effective responsiveness to unique rural challenges. The Committee encourages SAMHSA to support initiatives to advance opioid use disorder objectives in rural areas, specifically focusing on addressing the needs of individuals with substance use disorders in rural and medically underserved areas, and programs that stress a comprehensive community-based approach involving academic institutions, health care providers, and local criminal justice systems."

Opioid Use Disorder Relapse and Overdose Prevention: "The Committee is concerned that relapse following opioid detoxification is a contributing factor to the overdose crisis. The Committee notes SAMHSA's efforts to address this within the Federal grant population by emphasizing that opioid detoxification should be followed by proper treatment and long-term recovery services. The Committee encourages SAMHSA to continue these programs in all settings where detoxification is offered, including opioid treatment programs, rehabilitation centers, and criminal justice settings."

Prevention Activities: "The SUPTRS Block Grant's prevention set-aside requires States to allocate at least 20 percent of Block Grant funds to primary prevention. States may use these prevention set-aside funds to support initiatives aimed at addressing underage drinking; such efforts can reduce access to alcohol, reduce risk factors, and increase protective factors."

Preventing Prescription Drug and Opioid Overdoses: "The Committee notes strong concerns about the high number of unintentional overdose deaths attributable to prescription, nonprescription, and illicit opioids. SAMHSA is encouraged to take steps to support the use of SUPTRS Block Grant funds for opioid safety education and training, including initiatives that improve access for licensed healthcare professionals, including paramedics, to emergency devices used to rapidly reverse the effects of opioid overdoses. Such initiatives should incorporate robust evidence-based intervention training and facilitate linkage to treatment and recovery services."

Additional Opioids Allocation – State Opioid Response (SOR) Grant

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
State Targeted Response (STR) to the Opioid Crisis Grants	Not funded	N/A	Not funded	N/A	Not funded	N/A	Not funded	N/A
State Opioid Response (SOR) Grants	$1,575,000,000	Level	Transferred to Behavioral Health Innovation Block Grant[4]	N/A	$1,575,000,000	Level	$1,595,000,000	+$20,000,000

Senate Committee Report Language on the SOR Grants:

State Opioid Response Grants: "The Committee provides $1,595,000,000 for grants to States to address the opioid crisis. Bill language provides not less than 4 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 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."

[4] The President's proposed budget for FY 2026 proposes to consolidate funding for the SUTPRS Block Grant, the Community Mental Health Services Block Grant (MHBG), and the State Opioid Response (SOR) Grants into a new, formula-based Behavioral Health Innovation Block Grant.

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 Committees 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 2024 level without consolidation of the program."

House Committee Report Language on the SOR Grants:

State Opioid Response Grants: "The Committee includes $1,575,000,000 for State Opioid Response (SOR) grants, which is the same as the fiscal year 2025 enacted program level. The Committee supports efforts from SAMHSA through SOR grants to expand access to substance use disorder treatments in rural and underserved communities, including through funding and technical assistance. Within the amount provided, the Committee includes a set-aside for Indian Tribes and Tribal organizations of not less than 5 percent.

The Committee continues to support the continuum of prevention, treatment, and recovery support services within SOR for individuals with opioid or stimulant use disorder including co-occurring addictions such as alcohol addiction. The Committee encourages SAMHSA to increase awareness of grantees regarding the availability of SOR funding to support treatment and support for co-occurring additions, including alcohol use disorder."

Data Collection and Sharing Information: "The Committee recognizes the importance of data collection and reporting information to help inform grant recipients and subrecipients of effective Opioid Response interventions and to inform congressionally mandated reporting of the Opioid Response program. As noted in a December 2024 Government

Accountability Office report (GAO–25–106944), grant recipients have used Federal funds to support a variety of prevention, treatment, and recovery services. However, opportunities exist to improve data sharing and transparency, particularly about subrecipients of Opioid Response funding. Therefore, the Committee directs SAMHSA to finalize implementation of subrecipient data collection and reporting requirements for grant recipients as authorized under 42 U.S.C. §290ee–3a(c) and (f). The Committee further directs SAMHSA to publicly report aggregated, de-identified grantee data or other information about the use of Opioid Response funding for purposes of advancing best practices among grant recipients. The Committee requests SAMHSA brief the congressional committees of jurisdiction on its implementation plans no later than 90 days after the enactment of this Act."

FDA Approved Medications: "SAMHSA is directed 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."

Cross-Cutting Behavioral Health[5]

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Behavioral Health Innovation Block Grant	-	-	$4,125,650,000	N/A	-	N/A	-	N/A
Behavioral Health and Substance Use Disorder Resources for Native Americans	-	-	$80,000,000	N/A	-	N/A	-	N/A

AHA Congressional Justification Language on Cross-Cutting Behavioral Health programs:

Behavioral Health Innovation Block Grant: "The new formula-based Behavioral Health Innovation Block Grant (BHIBG) combines the Community Mental Health Services Block Grant (MHBG), the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG), and the State Opioid Response (SOR) grants into a single grant. This consolidation aims to maximize states' flexibility in supporting mental health and substance use services to better address local needs. The BHIBG aims to support states in addressing critical gaps and unmet needs in their mental health and substance use disorder systems, collectively under the umbrella of behavioral health. In addition, the grant provides seed funding to pilot and expand evidence-based and promising practices. States are encouraged to explore innovative solutions that improve access, engagement, and outcomes for individuals at-risk for or with behavioral health needs, fostering sustainable and transformative change across communities and systems.

Under this consolidated funding, states will have the ability to fund various activities most fitting the needs of their communities, including addressing mental illness, and substance use prevention, treatment, and recovery services. The BHIBG will provide a significant safety net source of funding for some of the most at-risk populations in communities across the country and will give

[5] The President's proposed budget for FY 2026 proposes to create two new "Cross-Cutting Behavioral Health" programs under AHA's Mental and Behavioral Health Division.

each state the flexibility to address the unique needs of their populations in ways that are most impactful. In addition, the BHIBG will allow states to plan, implement and evaluate the development and delivery of services for serious mental illness and serious emotional disturbances, crisis response, substance use disorder prevention, treatment, recovery, and overdose response including the development of comprehensive strategies focused on preventing, intervening, and promoting recovery from issues related to opioid use disorder. This could also include the promotion of improved business practices and use of health information technology, as well as more specific activities previously funded under the MHBG, SUPTR BG, SOR, and other eliminated programs.

The BHIBG's flexibility will make it a foundational support for public mental health and substance use disorder prevention, treatment, and recovery systems. Grant recipients can use funds for a variety of behavioral health services, as well as for planning, administration, implementation, and educational activities across the behavioral health continuum. Funds are expected to be used to ensure the development and support of behavioral health systems to adequately and efficiently provide services to more people in need.

The FY 2026 Budget Request for the Behavioral Health Innovation Block Grant is $4.1 billion. This funding will continue to provide services to people with serious mental illness, people with serious emotional disturbances, and those in need of substance use prevention, treatment, and recovery services. Funding will also continue to provide specialized mental health and substance use prevention, treatment and recovery services for individuals with opioid use disorder, pregnant women, parents with dependents, and individuals with HIV."

Behavioral Health and Substance Use Disorder Resources for Native Americans: "The Administration for Healthy America is proposing funding for a new program that will provide resources to any health program administered directly by the Indian Health Service (IHS), a Tribal health program, an Indian Tribe, a Tribal organization, an Urban Indian organization, and a Native Hawaiian health organization. The funds for this program would be used to provide services for the prevention, treatment, and recovery from mental health and substance use disorders among American Indians, Alaska Natives, and Native Hawaiians. Eligible entities have would have latitude to develop programs that fit their unique needs and tailored to their community. Funding would be provided to eligible entities based on a budget formula developed in consultation with Indian Tribes and Tribal organizations, conference with Urban Indian organizations, and engagement with a Native Hawaiian health organization.

The FY 2026 Budget Request is $80.0 million for this new program. Funding will be used to provide services for the prevention, treatment, and recovery from mental health and substance use disorders among American Indians, Alaska Natives, and Native Hawaiians and to maintain improvements in mental health and substance use services in identified tribal communities."

SAMHSA's Center for Substance Abuse Treatment (CSAT)[6]

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
CSAT PRNS TOTAL	$576,219,000	Level	$19,770,000	-$556,449,000	$420,884,000	-$155,335,000	$561,219,000	-$15,000,000
Addiction Technology Transfer Centers (ATTCs)	$9,046,000	Level	$9,046,000	Level	$9,046,000	Level	$9,046,000[7]	Level
Building Communities of Recovery	$17,000,000	Level	Not funded	-$17,000,000	$8,500,000	-$8,500,000	$17,000,000	Level
Children and Families	$30,197,000	Level	Not funded	-$30,197,000	$30,197,000	Level	$30,197,000	Level
Comprehensive Opioid Recovery Centers (CORCs)	$6,000,000	Level	Not funded	-$6,000,000	$8,000,000	+$2,000,000	$7,000,000	+$1,000,000
Community Harm Reduction and Engagement Initiative	-	N/A	-	N/A	-	N/A	-	N/A
Criminal Justice Activities	$94,000,000	Level	Not funded	-$94,000,000	$75,000,000	-$19,000,000	$80,000,000	-$14,000,000
Drug Courts	*$74,000,000*	*Level*	*Not funded*	*-$74,000,000*	*$75,000,000*	*+$1,000,000*	*$74,000,000*	*Level*
Emergency Dept. Alternatives to Opioids	$8,000,000	Level	Not funded	-$8,000,000	$8,000,000	Level	$8,000,000	Level
First Responder Training (CARA)	$57,000,000	Level	Not funded	-$57,000,000	$58,000,000	+$1,000,000	$59,000,000	+$2,000,000
Rural Emergency Medical Services Training Grants	*$32,000,000*	*Level*	*Not funded*	*-$32,000,000*	*$33,000,000*	*+$1,000,000*	*$34,000,000*	*+$2,000,000*

[6] The President's proposed budget for FY 2026 proposes to transfer CSAT programs to the AHA's Mental and Behavioral Health Division under Substance Use Treatment Programs.

[7] The Committee supports reinstating WASLI within the Addiction Technology Transfer Centers in order to close a significant gap in Federal support to strengthen and retain the women's substance use disorder services workforce.

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
CSAT PRNS TOTAL	$576,219,000	Level	$19,770,000	-$556,449,000	$420,884,000	-$155,335,000	$561,219,000	-$15,000,000
Grants to Develop Curricula for DATA Act Waivers	Not funded	N/A	Not funded	N/A	Not funded	N/A	Not funded	N/A
Grants to Prevent Prescription Drug Opioid Overdose	$16,000,000	Level	Not funded	-$16,000,000	$16,000,000	Level	$16,000,000	Level
Improving Access to Overdose Treatment	$1,500,000	Level	Not funded	-$1,500,000	$1,500,000	Level	$1,500,000	Level
Minority AIDS Initiative	$66,881,000	Level	Not funded	-$66,881,000	Not funded	-$66,881,000	$66,881,000	Level
Minority Fellowship Program	$7,136,000	Level	Not funded	-$7,136,000	$7,136,000	Level	$7,136,000	Level
Opioid Treatment Programs and Regulatory Activities	$10,724,000	Level	$10,724,000	Level	$10,724,000	Level	$10,724,000	Level
Peer Support Technical Assistance (TA) Center	$2,000,000	Level	Not funded	-$2,000,000	Not funded	-$2,000,000	$2,000,000	Level
Pregnant and Postpartum Women (PPW)	$38,931,000	Level	Not funded	-$38,931,000	$38,931,000	Level	$38,931,000	Level
Recovery Community Services Program	$4,434,000	Level	Not funded	-$4,434,000	$4,434,000	Level	$4,434,000	Level
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	$33,840,000	Level	Not funded	-$33,840,000	Not funded	-$33,840,000	$28,840,000	-$5,000,000
Targeted Capacity Expansion (TCE)- General	$122,416,000	Level	Not funded	-$122,416,000	$131,416,000	+$9,000,000	$122,416,000	Level

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
CSAT PRNS TOTAL	$576,219,000	Level	$19,770,000	-$556,449,000	$420,884,000	-$155,335,000	$561,219,000	-$15,000,000
Medication-Assisted Treatment for Prescription Drug and Opioid Addiction (MAT- PDOA)	*$111,000,000*	*Level*	*Not funded*	*-$111,000,000*	*$120,000,000*	*+$9,000,000*	*$111,000,000*[8]	*Level*
Treatment, Recovery, and Workforce Support	$12,000,000	Level	Not funded	-$12,000,000	$12,000,000	Level	$12,000,000	Level
Treatment Systems for Homeless	$37,114,000	Level	Not funded	-$37,114,000	Not funded	-$37,114,000	$37,114,000	Level
Youth Prevention and Recovery Initiative	$2,000,000	Level	Not funded	-$2,000,000	$2,000,000	Level	$3,000,000	+$1,000,000

Senate Committee Report Language:

Building Communities of Recovery and Peer Support Networks: "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, employment resources, among others, and urges the program to expand its reach to others in need of support. To further support these recovery community organizations, the Committee 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 $7,000,000, to help ensure that people with substance use disorders can access proper treatment, as authorized by section 7121 of the SUPPORT Act."

Drug Courts: "The Committee provides $74,000,000 for Drug Courts. The Committee continues to direct SAMHSA to ensure that

[8] The FY 2024 total for MAT-PDOA includes $14,500,000 is for grants to Indian Tribes and Tribal Organizations.

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 further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented."

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 7091 of the SUPPORT Act."

First Responder Training: "The Committee provides $59,000,000 for First Responder Training grants. Of this amount, $34,000,000 is set aside for rural communities with high rates of substance use. In addition, $13,500,000 of this funding 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 recently reauthorized in the Supporting and Improving Rural EMS Needs 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 Drugs/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 $111,000,000 for medication-assisted treatment, of which $14,500,000 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 direct the Center for Substance Abuse Treatment 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."

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 coordinate 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 and 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 professionals 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 Program: "The Committee includes $38,931,000 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 States that support best-practice collaborative models for the treatment and support of pregnant women with opioid use disorders."

Substance Use 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-assisted 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 7183 of the SUPPORT Act. Additionally, the Committee encourages SAMHSA to review the workforce categories eligible for funding under the Treatment, Recovery, and Workforce Support Grant and report to the Committee within 180 days of enactment of this act on the percentage of current funding allocated to the development and training of substance use disorder providers. Substance use disorder counselors serve a critical role in supporting individuals as they go through treatment, counseling, case management, and other recovery-oriented services. The Committee encourages SAMHSA to review of the eligible workforce categories under this grant and 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 [W ASLI]. 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 to strengthen and retain the women's substance use disorder services workforce."

House Committee Report Language:

Eligible Grantees: "The Committee directs the Secretary to expand eligibility for grants under SAMHSA Prevention Programs of Regional and National Significance and the corresponding services provided by the Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal, and community organizations currently eligible for such grants."

Opioid Treatment Programs and Regulatory Activities: "The Committee provides $10,724,000, which is the same as the fiscal year 2025 enacted program level, to support access to FDA approved medications for opioid use disorder through opioid treatment programs and to approve organizations that accredit opioid treatment programs."

Screening, Brief Intervention, and Referral to Treatment: "The Committee provides no funding for the Screening, Brief Intervention, and Referral to Treatment program in accordance with the President's Budget."

Targeted Capacity Expansion: "The Committee provides $131,416,000 for the Targeted Capacity Expansion program including the Medication-Assisted Treatment for Prescription Drug and Opioid Addition program (MAT–PDOA), which is a $9,000,000 increase above the fiscal year 2025 enacted program level. These programs support State and local governments, Tribes, nonprofit organizations, and health care facilities to respond to treatment and capacity gaps for purposes of providing services to individuals with opioid use disorder. MAT–PDOA provides access to FDA approved medications for opioid use disorders to reduce opioid use and related deaths. The Committee directs SAMHSA to use the increase to support nonprofit treatment facilities engaged in community enhancement projects to improve the provision of services to rural communities in surrounding regions. Better access to care mitigates community safety risks while expanding treatment services and recovery support programs for patients and their families.

SAMHSA is further directed to include all FDA approved medications for opioid use disorder as an allowable use to achieve and maintain remission and recovery."

Grants to Prevent Prescription Drug/Opioid Overdose: "The Committee provides $16,000,000 for Grants to Prevent Prescription Drug/Opioid Overdose Deaths (PDO), which is the same as the fiscal year 2025 enacted program level. The PDO program trains first responders and other community providers on the prevention of prescription drug/opioid overdose-related deaths including through the purchase and distribution of naloxone.

The Committee notes that while fatal opioid overdose rates among young Americans have decreased, the issue remains a serious public health threat. Studies show that access to opioid overdose reversal agents such as naloxone reduce overdose deaths, therefore, the Committee encourages SAMHSA to provide schools access to and administration training for naloxone and other effective drug reversal agents."

First Responder Training: "The Committee provides $58,000,000 for First Responder Training program. This amount includes $33,000,000 for Rural Emergency Medical Services Training Grants, which is a $1,000,000 increase above the fiscal year 2025 enacted program level, to recruit and train emergency medical services personnel in rural areas with a focus on addressing substance use disorders and co-occurring mental health conditions."

Pregnant and Postpartum Women: "The Committee provides $38,931,000 for the Pregnant and Postpartum Women program, which is the same as the fiscal year 2025 enacted program level. The Pregnant and Postpartum Women program supports comprehensive residential substance use disorder treatment, prevention, and recovery support services for pregnant and postpartum women, their minor children, and other family members."

Recovery Community Services Program: "The Committee provides $4,434,000 for the Recovery Community Services Program, which is the same as the fiscal year 2025 enacted program level. This program provides grants to develop, expand, and enhance community and statewide recovery support services."

Children and Families Program: "The Committee provides $30,197,000, which is the same as the fiscal year 2025 enacted program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, and treatment for such populations with co-occurring mental illnesses."

Drug Courts: "The Committee provides $75,000,000 for SAMSHA's Drug Court initiative, which is a $1,000,000 increase above the fiscal year 2025 enacted program level. The Committee continues to direct SAMHSA to ensure that all funding appropriated for drug treatment courts is allocated to serve people diagnosed with a substance use disorder as their primary condition. The Committee directs SAMHSA to ensure that all drug treatment court grant recipients work directly with the corresponding State

substance use agency in the planning, implementation, and evaluation of the grant. The Committee further directs SAMHSA to expand training and technical assistance to drug treatment court grant recipients to ensure evidence-based practices are fully implemented."

Improving Access to Opioid Treatment: "The Committee provides $1,500,000, which is the same as fiscal year 2025 enacted program level, to support awards to expand access to FDA approved drugs or devices for emergency treatment of known or suspected opioid overdose."

Building Communities of Recovery: "The Committee provides $8,500,000 for the Building Communities of Recovery program, which is a $8,500,000 decrease below the fiscal year 2025 enacted program level and $8,500,000 above the President's Budget. This program enables the development, expansion, and enhancement of recovery community organizations."

Peer Support Technical Assistance Center: "The Committee provides no funding for the Peer Support Technical Assistance Center in accordance with the President's Budget."

Comprehensive Opioid Recovery Centers: "The Committee provides $8,000,000 for Comprehensive Opioid Recovery Centers, which is a $2,000,000 increase above the fiscal year 2025 enacted program level. This program provides grants to entities that operate comprehensive treatment and recovery centers for individuals with opioid use disorder."

Emergency Department Alternatives to Opioids: "The Committee provides $8,000,000 for the Emergency Department Alternatives to Opioids program, which is the same as the fiscal year 2025 enacted program level. This program provides funding to hospitals and emergency departments to develop and implement alternative pain management protocols and treatments that limit the prescribing of opioids in emergency departments."

Treatment, Recovery, and Workforce Support: "The Committee provides $12,000,000 for the Treatment, Recovery, Workforce Support program, which is the same as the fiscal year 2025 enacted program level. This program supports individuals in substance use disorder treatment and recovery to live independently and participate in the workforce."

Youth Prevention and Recovery Initiative: "The Committee provides $2,000,000 for the Youth Prevention and Recovery Initiative, which is the same as the fiscal year 2025 enacted program level, to support early identification and services to children, adolescents, and young adults at risk of substance use disorders, and treatment for such populations including those with co-occurring mental illnesses."

Minority Fellowship Program: "The Committee provides $7,136,000, which is the same as the fiscal year 2025 program level, to increase behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations."

Substance Use Disorder Treatment: "The Committee encourages SAMHSA to expand the availability of treatment services tailored to adolescents, pregnant women, and parents."

AHA Congressional Justification Language:

Opioid Treatment Programs/Regulatory Activities: "The FY 2026 Budget Request for OTP of $10.7 million. During FY 2026, OTP activities will be maintained. The Administration for a Healthy America will maintain the rate of onsite visits to OTPs and corresponding medication units in the nation, to advance implementation of Part 8 regulations and to enhance its oversight of the work of the accreditation bodies. The Administration for a Healthy America will continue to work with SOTAs and the OTP community on implementation of the revised OTP regulations, continue to support the Federal Bureau of Prisons (FBOP) with MOUD integration, provide training and technical support to states as they continue to integrate MOUD in state prisons, and continue to work with other federal partners to improve the capacity of criminal justice systems to provide the full complement of MOUD. In FY 2026, based on performance data from FY 2024, the Administration for a Healthy America expects to provide training to a total of 55,000 participants through the PCSS components.

In addition, the Administration for a Healthy America plans to award PCSS-U grants, plus cooperative agreements for PCSS-MOUD and PCSS-MAUD."

Addiction Technology Transfer Centers: "The FY 2026 Budget Request for the Addiction Technology Transfer Centers program is $9.0 million. At this level, the Administration for a Healthy America will fund cooperative agreements."

SAMHSA's Center for Substance Abuse Prevention (CSAP)[9]

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
CSAP PRNS TOTAL	$236,879,000	Level	$84,632,000	-$152,247,000	$205,009,000	-$31,870,000	$236,879,000	Level
At-Home Prescription Drug Disposal Demonstration	Not funded	N/A	Not funded	N/A	Not funded	N/A	Not funded	N/A
Center for the Application of Prevention Technologies (CAPT)	$9,493,000	Level	$9,493,000	Level	$9,493,000	Level	$9,493,000	Level
Drug-Free Communities (DFC) Support Program	Funded in ONDCP	Funded in ONDCP	$70,000,000	-$39,000,000	Funded in ONDCP	Funded in ONDCP	Funded in ONDCP	Funded in ONDCP
Federal Drug-Free Workplace	$5,139,000	Level	$5,139,000	Level	$5,139,000	Level	$5,139,000	Level
Minority AIDS Initiative	$43,205,000	Level	Not funded	-$43,205,000	Not funded	-$43,205,000	$43,205,000	Level
Minority Fellowship Program	$1,321,000	Level	Not funded	-$1,321,000	$1,321,000	Level	$1,321,000	Level
Science and Service Program Coordination	$4,072,000	Level	$4,072,000	Level	$4,072,000	Level	$4,072,000	Level
Sober Truth on Preventing Underage Drinking (STOP Act)	$14,500,000	Level	Not funded	-$14,500,000	$14,500,000	Level	$14,500,000	Level
National Adult-Oriented Media	*$2,500,000*	*Level*	*Not funded*	*-$2,500,000*	*$2,500,000*	*Level*	*$2,500,000*	*Level*

[9] The President's proposed budget for FY 2026 proposes to transfer CSAP programs to the AHA's Mental and Behavioral Health Division under Substance Use Prevention Programs.

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Public Service Campaign								
Community Based Coalition Enhancement Grants	*$11,000,000*	*Level*	*Not funded*	*-$11,000,000*	*$12,000,000*	*+$1,000,000*	*$11,000,000*	*Level*
Intergovernmental Coordinating Committee on the Prevention of Underage Drinking	*$1,000,000*	*Level*	*Not funded*	*-$1,000,000*	*Not funded*	*-$1,000,000*	*$1,000,000*	*Level*
Strategic Prevention Framework-Partnerships for Success	$135,484,000	Level	Not funded	-$135,484,000	$140,484,000	+$5,000,000	$135,484,000	Level
Strategic Prevention Framework Rx	*$10,000,000*	*Level*	*Not funded*	*-$10,000,000*	*Not funded*	*-$10,000,000*	*$10,000,000*	*Level*
Tribal Behavioral Health Grants	$23,665,000	Level	Not funded	-$23,665,000	$30,665,000	+$7,000,000	$23,665,000	Level

Senate Committee Report Language:

Interagency Coordinating Committee for 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."

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."

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 16 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 $135,484,000 for the Strategic Prevention Framework. Within the total provided, $125,484,000 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 media campaign, and $1,000,000 is for the Interagency Coordinating Committee on the Prevention of Underage Drinking."

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 continues to urge the Assistant Secretary for SAMHSA to engage with Tribes on ways to maximize participation in this program."

House Committee Report Language:

Drug Free Communities: "The Committee notes that the Department proposes to transfer the Drug-Free Communities (DFC) from the Office of National Drug Control Policy (ONDCP) to the Administration for a Healthy America. DFC supports community-

based coalitions that engage multiple sectors of the community to prevent youth substance use. The Committee looks forward to working with the authorizing committees of jurisdiction as they consider this proposal."

Strategic Prevention Framework: "The Committee provides $140,484,000 for the Strategic Prevention Framework (SPF), which is a $5,000,000 increase above the fiscal year 2025 enacted program level. SPF provides grants to States, Tribes, and local governmental organizations to prevent substance abuse. The Committee provides no funding for SPF Rx in recognition of the continually evolving nature of substance addiction and abuse. The Committee strongly believes that investing in prevention is essential to ending the substance abuse crisis, and supports the core SPF program, which is designed to prevent the onset of substance abuse, while strengthening prevention capacity and infrastructure. The Committee intends that this program supports comprehensive, multi- sector substance use prevention strategies to stop or delay the age of initiation of each State or local applicant's most pressing substance use issues, as determined by the State and/or local epidemiological data.

The additional funding for core the SPF program is based on the Committee's recognition 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. The Committee directs that the additional funding be split evenly between States and communities."

Federal Drug Free Workplace: "The Committee provides $5,139,000 for Federal Drug-Free Workplace Programs (DFWP), which is the same as the fiscal year 2025 enacted program level. DFWP ensures employees in national security, public health, and public safety positions are tested for the use of illegal drugs and the misuse of prescription drugs and ensures the laboratories that perform this regulated drug testing are inspected and certified by HHS."

Sober Truth on Preventing Underage Drinking Act: "The Committee provides $14,500,000 for the Sober Truth on Preventing Underage Drinking (STOP) Act, which is the same as the fiscal year 2025 enacted program level. The STOP Act supports an adult-oriented national media campaign to provide parents and caregivers of youth under the age of 21 with information and resources to discuss the issue of alcohol with their children and provides grants to prevent and reduce alcohol use among youth under the age of 21. This program has also historically funded the Interagency Coordinating Committee on the Prevention of Underage Drinking (ICCPUD).

The Committee is concerned that under the Biden Administration, funding for ICCPUD was diverted for purposes unrelated to preventing underage drinking. The Committee notes concern that ICCPUD carried out research on adult alcohol consumption and used those findings as input for the 2025 Dietary Guidelines for Americans. Furthermore, this research is duplicative as the Committee had previously allocated $1,300,000 under section 772 of the Consolidated Appropriations Act, 2023, for an

independent study on alcohol consumption practices for the purposes of informing the Dietary Guidelines. These actions raise serious concerns about ICCPUD's ability to function within its scope and authority, maintain transparency with Congress, and prevent duplicative efforts. Therefore, the Committee provides no funding for the Interagency Coordinating Committee on the Prevention of Underage Drinking.

Tribal Behavioral Grants: "The Committee provides $30,000,000, which is $6,335,000 increase above the fiscal year 2025 enacted program level, to address the high incidence of substance abuse and suicide among the AI/AN population. Despite the recent national decline in drug overdose deaths, Tribal communities continue to experience disproportionately higher rates of illicit drug use, opioid misuse, misuse of prescription drugs, and fatal and non- fatal drug overdoses. The AI/AN population is also at higher risk of dying by suicide compared to the general U.S. population."

Fentanyl and Prescription Drug Misuse Prevention: "The Committee supports efforts to better educate the public and increase awareness about the potential lethality of fentanyl and polysubstance and other prescription drug misuses."

Center for the Application of Prevention Technologies: "The Committee provides $9,493,000 for the Center for the Application of Prevention Technologies, which is the same as the fiscal year 2025 enacted program level, to improve implementation and delivery of effective substance use prevention interventions and provide training and technical assistance services to the substance use prevention field.

The Committee recognizes the Center for Substance Abuse Prevention and the Prevention Technology Transfer Centers for their work in implementing the Prevention Fellowship Program. This program supports early career prevention fellows in gaining 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.

The Committee directs the Secretary to expand eligibility for the Center for the Application of Prevention Technologies to private, nonprofit, regional organizations, including faith-based organizations. The broad coalitions orchestrated by these regional organizations are uniquely positioned to supplement the work already being done by the State, Tribal, and community organizations currently authorized for such grants."

Science and Service Activities: "The Committee provides $4,072,000, which is the same as the fiscal year 2025 enacted program level, to support the adoption and use of effective substance use disorder prevention strategies across the continuum of

care, with a special focus on health systems. The program also supports the Tribal Training and Technical Assistance Center, which provides specialized training and assistance to improve Tribal behavioral health outcomes."

Minority Fellowship Program: "The Committee provides $1,321,000, which is the same as the fiscal year 2025 enacted program level, to provide stipends to increase the number of addiction and mental health professionals who teach, administer, conduct services research, and provide direct mental health or substance use disorder treatment services for minority populations. The Committee directs SAMHSA to ensure that Center for Substance Abuse Prevention funded fellowships focus on substance use disorder prevention related activities."

AHA Congressional Justification Language:

Drug Free Communities: "The FY 2026 Budget Request for the Drug Free Communities program is $70 million. This request will fund approximately 560 grant awards."

Science and Service Activities: "The FY 2026 Budget Request is $4.1 million. Funding will continue to improve efforts to collaborate across sectors and with external partners to promote wider adoption and application of effective SUD prevention strategies across the continuum of care and to help support community readiness in identified tribal communities through tribally focused and tribally specific technical assistance delivery."

Federal Drug-Free Workplace: "The FY 2026 Budget Request is $5.1 million. The funding continues to support the DFWP with implementing and maintaining Mandatory Guidelines for urine and oral fluid in the federally regulated drug testing program. This includes costs associated with laboratory proficiency testing specimens, application fees, inspector training, HHS pre-inspections for applicant laboratories, and HHS laboratory certification for new oral fluid testing laboratories. Along with the implementation of the oral fluid testing program, the Administration for a Healthy America will continue to pursue the implementation of hair testing and oversight of the Executive Branch Agencies' DFWPs as well as continue its oversight role for the inspection and certification of the HHS-certified laboratories."

Center for the Application of Prevention Technologies: "The FY 2026 Budget Request is $9.5 million. This program is a key component to expanding and enhancing the prevention workforce and prevention capacity across states and communities in the U.S. The program includes support for funding to continue the PTTC Network to ensure consistent high quality, easily accessible technical assistance and training resources are available to the prevention field. In FY 2026, the Administration for a Healthy America intends to continue to advance key prevention knowledge transfer and workforce development through the PTTCs,

including continued support of the prevention fellowship program and continued training of the prevention workforce. The Administration for a Healthy America anticipates grantees will provide trainings to approximately 39,774 participants."

SAMHSA's Center for Mental Health Services (CMHS)[10]

CMHS Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
CMHS PRNS TOTAL[11]	$1,080,453,000	Level	$768,663,000	-$311,790,000	$958,467,000	-$121,986,000	$1,071,853,000[12]	-$8,600,000
Assisted Outpatient Treatment	$21,420,000	Level	$21,420,000	Level	$26,420,000	+$5,000,000	$21,420,000	Level
Assertive Community Treatment for Individuals with Serious Mental Illness (SMI)	$9,000,000	Level	Not funded	-$9,000,000	$9,000,000	Level	$6,000,000	-$3,000,000
Certified Community Behavioral Health Clinics (CCBHCs)	$385,000,000	Level	$385,000,000	Level	$385,000,000	Level	$385,500,000	+$500,000
Comprehensive Opioid Recovery Center (CORCs)	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT	Funded within CSAT
Community Mental Health Services (CMHS) Block Grant (MHBG)	$1,007,571,000	Level	Transferred to Behavioral Health Innovation Block Grant[13]	N/A	$1,017,571,000	+$10,000,000	$1,007,571,000	Level

[10] The President's proposed budget for FY 2026 proposes to transfer CMHS programs to the AHA's Mental and Behavioral Health Division under Mental Health Programs.

[11] CMHS PRNS total does not include the MHBG, CCBHCs, National Child Traumatic Stress Initiative, Children's Mental Health Services, PATH, or PAIMI.

[12] The Senate's proposed budget for CMHS PRNS for FY 2026 includes $12,000,000 in transfers from the Prevention and Public Health (PPH) Fund.

[13] The President's proposed budget for FY 2026 proposes to consolidate funding for the SUTPRS Block Grant, the Community Mental Health Services Block Grant (MHBG), and the State Opioid Response (SOR) Grants into a new, formula-based Behavioral Health Innovation Block Grant.

CMHS Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
CMHS PRNS TOTAL[11]	$1,080,453,000	Level	$768,663,000	-$311,790,000	$958,467,000	-$121,986,000	$1,071,853,000[12]	-$8,600,000
Children and Family Programs	$7,229,000	Level	Not funded	-$7,229,000	Not funded	-$7,229,000	$7,229,000	Level
Children's Mental Health Services	$130,000,000	Level	$130,000,000	Level	$132,000,000	+$2,000,000	$130,000,000	Level
Community Mental Health Centers	Not funded	N/A	Not funded	N/A	Not funded	N/A	Not funded	N/A
Consumer and Consumer Support Technical Assistance (TA) Centers	$1,918,000	Level	$1,918,000	Level	$1,918,000	Level	$1,918,000	Level
Consumer and Family Network Grants	$4,954,000	Level	Not funded	-$4,954,000	Not funded	-$4,954,000	$3,954,000	-$1,000,000
Criminal and Juvenile Justice Programs	$11,269,000	Level	Not funded	-$11,269,000	Not funded	-$11,269,000	$11,269,000	Level
Disaster Response	$1,953,000	Level	$1,953,000	Level	$1,953,000	Level	$1,953,000	Level
Eating Disorder Identification, Treatment, and Recovery	-	-	-	-	$5,000,000	N/A	-	-
Healthy Transitions	$28,451,000	Level	Not funded	-$28,451,000	$28,451,000	Level	$18,451,000	-$10,000,000
Homelessness	$2,296,000	Level	Not funded	-$2,296,000	Not funded	-$2,296,000	$2,296,000	Level
Homeless Prevention Programs	$33,696,000	Level	Not funded	-$33,696,000	Not funded	-$33,696,000	$28,096,000	-$5,600,000
Infant and Early Childhood Mental Health	$15,000,000	Level	Not funded	-$15,000,000	$15,000,000	Level	$15,000,000	Level

CMHS Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
CMHS PRNS TOTAL[11]	$1,080,453,000	Level	$768,663,000	-$311,790,000	$958,467,000	-$121,986,000	$1,071,853,000[12]	-$8,600,000
Interagency Task Force on Trauma Informed Care	$2,000,000	Level	Not funded	-$2,000,000	$2,000,000	Level	$2,000,000	Level
Mental Health Crisis Response Grants	$20,000,000	Level	Not funded	-$20,000,000	Not funded	-$20,000,000	$20,000,000	Level
Mental Health System Transformation and Reform	$3,779,000	Level	Not funded	-$3,779,000	Not funded	-$3,779,000	$3,779,000	Level
Mental Health Awareness Training[14]	$27,963,000	Level	Not funded	-$27,963,000	Not funded	-$27,963,000	$27,963,000	Level
Mental Health Minority Fellowship Program	$11,059,000	Level	Not funded	-$11,059,000	$11,059,000	Level	$11,059,000	Level
Minority AIDS	$9,224,000	Level	Not funded	-$9,224,000	Not funded	-$9,224,000	$9,224,000	Level
National Child Traumatic Stress Initiative	$98,887,000	Level	$98,887,000	Level	$100,887,000	+$2,000,000	$98,887,000	Level
988 and Behavioral Health Crisis Services (988 Program)[15]	$519,618,000	Level	$519,618,000	Level	$519,618,000	Level	$534,618,000	+$15,000,000
Behavioral Health Crisis and 988 Coordinating Office	*Not funded*	*N/A*	*Not funded*	*N/A*	*Not funded*	*N/A*	*Not funded*	*N/A*

[14] Formerly Mental Health First Aid.

[15] The Suicide Lifeline was realigned to the 988 and Behavioral Health Crisis Services program in FY 2023.

CMHS Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
CMHS PRNS TOTAL[11]	$1,080,453,000	Level	$768,663,000	-$311,790,000	$958,467,000	-$121,986,000	$1,071,853,000[12]	-$8,600,000
National Strategy for Suicide Prevention	$28,200,000	Level	$28,200,000	Level	$30,200,000	+$2,000,000	$28,200,000	Level
Zero Suicide	*$26,200,000*	*Level*	*$26,200,000*	*Level*	*$23,800,000*	-$3,000,000	*$26,200,000*	*Level*
Zero Suicide American Indian & Alaska Native	*$3,400,000*	*Level*	*$3,400,000*	*Level*	*$4,400,000*	*+$1,000,000*	*$3,400,000*	*Level*
Garrett Lee Smith Youth Suicide Prevention – State Grants	$43,806,000	Level	$43,806,000	Level	$46,806,000	+$3,000,000	$43,806,000	Level
Garrett Lee Smith Youth Suicide Prevention – Campus Grants	$8,488,000	Level	$8,488,000	Level	$12,488,000	+$4,000,000	$8,488,000	Level
Garrett Lee Smith – Suicide Prevention Resource Center	$11,000,000	Level	$11,000,000	Level	$11,000,000	Level	$11,000,000	Level
AI/AN Suicide Prevention Initiative	$3,931,000	Level	$3,931,000	Level	$4,931,000	+$1,000,000	$4,931,000	+$1,000,000
Practice Improvement and Training	$7,828,000	Level	$7,828,000	Level	$7,828,000	Level	$7,828,000	Level
Primary and Behavioral Health Care Integration	$55,877,000	Level	Not funded	-$55,877,000	$55,877,000	Level	$55,877,000	Level
Primary and Behavioral Health Care Integration Technical Assistance (TA)	$2,991,000	Level	Not funded	-$2,991,000	$2,991,000	Level	$2,991,000	Level

CMHS Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
CMHS PRNS TOTAL[11]	$1,080,453,000	Level	$768,663,000	-$311,790,000	$958,467,000	-$121,986,000	$1,071,853,000[12]	-$8,600,000
Project AWARE	$140,001,000	Level	$120,501,000	-$19,500,000	$126,551,000	-$13,450,000	$140,001,000	Level
Projects for Assistance in Transition from Homelessness (PATH)	$66,635,000	Level	$66,635,000	Level	$66,635,000	Level	$66,635,000	Level
Project LAUNCH	$23,605,000	Level	Not funded	-$23,605,000	Not funded	-$23,605,000	$18,605,000	-$5,000,000
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	$40,000,000	Level	$14,146,000	-$25,854,000	$40,000,000	Level	$40,000,000	Level
Seclusion & Restraint	$1,147,000	Level	Not funded	-$1,147,000	$1,147,000	Level	$1,147,000	Level
Tribal Behavioral Health Grants	$22,750,000	Level	Not funded	-$22,750,000	$30,000,000	+$7,250,000	$22,750,000	Level

Supplemental Funding

Program	Consolidated Appropriations Act, 2021 (Coronavirus Relief Package, December 2020)	The American Rescue Plan Act of 2021 (March 2021)	Bipartisan Safer Communities Act (June 2022)
Community Mental Health Services Block Grant	$1,650,000,000	$1,500,000,000	$250,000,000
Certified Community Behavioral Health Clinics (CCBHCs)	$600,000,000	$420,000,000	Planning grants - $40,000,000 (through CMS to all States.)
Project AWARE	$50,000,000	$30,000,000	$240,000,000
Suicide Prevention	$50,000,000	$20,000,000	Not funded
National Traumatic Stress Network	$10,000,000	$10,000,000	$40,000,000

Emergency Grants to States	$240,000,000	Not funded	Not funded
Mental Health Awareness Training	Not funded	Not funded	$120,000,000
National Suicide Prevention Lifeline	Not funded	Not funded	$150,000,000

Senate Committee Report Language:

988 Suicide and Crisis Lifeline [988 Lifeline]: "Suicide is a leading cause of death in the United States, claiming over 49,000 lives in 2023. The Committee provides $534,618,000 for the 988 Lifeline and Behavioral Health Crisis Services. 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 requests a briefing within 90 days of enactment, and quarterly briefings thereafter, on the 988 Lifeline spend plan and related activities."

988 Performance Metrics: "The Committee directs SAMHSA to maintain a publically 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, and 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. 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 efforts 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 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."

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, including via the publication of 988 on newly-printed standard issue student identification cards."

Specialized Services for Youth: "The Committee restores $33,100,000 for these services and instructs SAMHSA to follow the directives included in Senate Report 118-84."

Unified 988 Lifeline Technology: "The Committee is aware that 988 Lifeline crisis contact centers have not all implemented the unified technology that has been developed by SAMHSA's 988 Lifeline Network Administrator. The Committee encourages SAMHSA to inform crisis contact centers within the network about the availability of the 988 Unified Platform and to urge these same crisis contact centers to use this technology if there is not a State-approved unified technology platform."

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 but 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."

Garrett Lee Smith Youth Suicide Prevention: "The Committee provides $43,806,000, of which $12,000,000 is included in transfers from the PPH Fund, for Garrett Lee Smith Youth Suicide Prevention programs, 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 Campus Suicide Prevention Grant Program: "The Committee recognizes the importance of addressing mental health and suicide prevention on college campuses, including at institutions of higher education that are traditionally under-resourced. 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 entities such as 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 as authorized by the SUPPORT Act (Public Law 115-271). 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 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 includes $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 includes $28,200,000 for suicide prevention programs. Of the total,

$26,200,000 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 $3,400,000 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 [AANHPIJ 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."

Primary and Behavioral Health Care Integration Grants and Technical Assistance: "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 $2,991,000 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 $140,001,000 for Project AW ARE. 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 provide mental health services in schools and for school-aged youth and provide an update on these efforts in the fiscal year 2027 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 collective trauma. These grants should maintain the same focus as fiscal year 2024 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 2027 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 student access to evidence-based, culturally relevant, trauma support services and mental healthcare through established partnerships with community organizations as authorized by section 7134 of the SUPPORT Act (Public Law 115-271).

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 Committee urges SAMHSA to consider the needs of Tribes and tribal organizations."

Community Mental Health Services Block Grant: "The Committee provides $1,007,571,000 for the Mental Health Block Grant. This appropriation includes $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 bill language requiring 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 $130,000,000 for the Children's Mental Health Services program. This program provides grants and technical 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."

Projects for Assistance in Transition from Homelessness [PATH]: "The Committee provides $66,635,000 for PATH, which addresses 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 [PAIMI]: "The Committee provides $40,000,000 for PAIMI. 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 $98,887,000 for the National Child Traumatic Stress Initiative, which develops and promotes effective treatment and services for children and adolescents exposed to a wide array of traumatic events.

The Committee supports the National Child Traumatic Stress Network [NCTSN] 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 network maintains its focus on collaboration, data collection, and the provision of direct services, and that the NCTSN mission or grant opportunities not be limited to training only."

Certified Community Behavioral Health Clinics [CCBHC]: "The Committee includes $385,500,000 for the 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 to entities within States that are able to quickly stand-up a CCBHC, including those part of the demonstration authorized by section 223(a) of the Protecting Access to Medicare Act of 2014 [PAMA] (Public Law 113-93)."

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 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.

Integrated Care: "The Committee recognizes 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, including diabetes, cardiovascular disease, and medication-induced movement disorders. The Committee provides $500,000 to expand technical assistance to improve integrated care through the CCBHC State Technical Assistance Center and the CCBHC Expansion Grantee National Training and Technical Assistance Center. This technical assistance and training will enhance routine screening, prevention, and early intervention for physical health conditions commonly associated with long-term use of antipsychotic medications."

Eligible Audiences: "In alignment with the President's budget request, 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 PAMA (Public Law 113-93), to support States in developing and implementing certification systems for CCBHCs, establish Prospective Payment Systems for Medicaid reimbursable behavioral health services, and prepare an application to participate in a 4-year CCBHC Demonstration program."

House Committee Report Language:

988 Suicide and Crisis Lifeline: "The Committee provides $519,618,000 for the 988 Suicide & Crisis Lifeline, which is the same as the fiscal year 2025 enacted program level, to support the national suicide hotline to continue to support State and local suicide prevention call centers as well as a national network of backup call centers and the national coordination of such centers."

Campus Awareness Activities: "The Committee encourages HHS, in coordination with the Department of Education and relevant State and local stakeholders, to increase awareness of the 988 Lifeline among college students, including the publication of 988 on newly-printed standard issue student identification cards."

Program Integrity: "The Committee recognizes the vital work of the 988 Lifeline service and the important role of State partners in suicide prevention and behavioral health. As States continue to establish and develop 988 programs, the Committee directs SAMHSA to maintain State choice in their technology platform. States should have the flexibility to utilize a platform that best facilitates seamless coordination with local crisis and emergency response teams, accommodates a connection to follow-up and community resources, incorporates robust cybersecurity standards, and ensures that sensitive user data is being safeguarded and protected. In addition, the Committee requests a briefing within 90 days of enactment of this Act on SAMHSA's 988 program integrity activities, including with respect to safeguarding 988 user data, strengthening 988 cybersecurity infrastructure, and responding to feedback from States and other 988 program partners."

Public Awareness and Education Activities: "The Committee remains concerned that suicide is a leading cause of death in the United States, with particular concern regarding the suicide rates among youth, adolescents, young adults, veterans,

and rural and underserved communities. The Committee notes that despite studies repeatedly demonstrating that crisis intervention services such as 988 are effective in reducing suicidal ideation and providing support to individuals in crisis, public awareness of the 988 Lifeline remains below 50 percent. Therefore, the Committee directs SAMHSA to prioritize funding for 988 public awareness and education activities targeted toward all high-risk populations. The Committee requests that SAMHSA include an update in the fiscal year 2027 congressional justification on the agency's progress in addressing disparities in public awareness and utilization of the 988 Lifeline, including the allocation of funds for carrying out public awareness and education activities.

Tribal Capacity Building: "Tribal Nations continue to face unique challenges with fully adopting 988 services, including access to technology and crisis support services, intergovernmental coordination, and culturally responsive mental health services. Therefore, the Committee requests a briefing within 90 days of enactment of this Act on SAMHSA's 988 crisis capacity activities as they relate to Tribal communities funded under the Bipartisan Safer Communities Act (P.L. 117–159)."

Assisted Outpatient Treatment for Individuals With Serious Mental Illness: "The Committee provides $26,420,000 for Assisted Outpatient Treatment for Individuals with Serious Mental Illness (AOT), which is a $5,000,000 increase above the fiscal year 2025 enacted program level, to deliver outpatient treatment under a civil court order to adults with a serious mental illness who meet State civil commitment AOT criteria, such as prior history of non-adherence to treatment, repeated hospitalizations, or arrest. The Committee notes that AOT may reduce psychiatric hospitalizations, emergency department visits, and incarceration rates while improving health outcomes and treatment satisfaction and adherence. The Committee encourages HHS to continue supporting the implementation and evaluation of new AOT programs, including the continued support for the technical assistance center. The Committee notes ongoing assessment challenges of existing AOT programs and urges the Department to identify program metrics that can be reliably reported by grantees for the purpose of assessing the grant program's effectiveness. The Department should also continue to work with grantees to ensure that their programs are consistent with the goals of the AOT program and focused on serving participants who would not otherwise agree to participate in treatment voluntarily."

Certified Community Behavioral Health Clinics: "The Committee provides $385,000,000 for the CCBHC program, which is the same as the fiscal year 2025 enacted program level. CCBHCs are designed to ensure access to coordinated, comprehensive behavioral health care by providing services for mental health and substance use disorders to all who request them, regardless of age or ability to pay. CCBHCs provide access to crises services around the clock, support outpatient mental health and substance use treatment, and provide community-based mental health care for veterans."

Technical Assistance and Screening for Physical Health Conditions: "The Committee recognizes 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, including diabetes, cardiovascular disease, and medication-induced movement disorders. The Committee encourages SAMHSA to expand technical assistance to improve integrated care through the CCBHC State Technical Assistance Center and the CCBHC Expansion Grantee National Training and Technical Assistance Center. This technical assistance and training would enhance routine screening, prevention, and early intervention for physical health conditions commonly associated with long-term use of antipsychotic medications, particularly among high-risk populations. The Committee further encourages 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."

Children's Mental Health Services: "The Committee provides $132,000,000 for Children's Mental Health Services, which is a $2,000,000 increase above the fiscal year 2025 enacted program level, to fund grants and technical assistance for community-based services for children and adolescents with serious emotional, behavioral, and/or other mental health disorders. Grants assist States, local jurisdictions, and Tribes in developing integrated systems of community care. The Committee directs SAMHSA to continue supporting grant funding and the technical assistance center, including increasing mental health services and supports for children and youth."

Mental Health Services Block Grant: "The Committee provides $1,017,571,000 for the MHBG, which is $10,000,000 above the fiscal year 2025 enacted program level. Of the funds provided, $21,039,000 shall be derived from evaluation set-aside funds available under section 241 of the PHS Act. The MHBG provides funds to States to support mental illness prevention, treatment, and rehabilitation services. Funds are allocated according to a statutory formula among the States that have submitted approved annual plans. The Committee continues the 10 percent set-aside within the MHBG for evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders among at-risk youth and young adults, and the 5 percent set-aside for crisis-based services. The Committee notes that, consistent with State plans, communities may choose to direct additional funding to crisis stabilization programs."

> *Behavioral Health Integration:* "The Committee encourages SAMHSA to develop school-based and evidence-based best practices addressing behavioral health intervention training to support practices that assist children and youth with behavioral health needs, including behavioral intervention teams, a team of qualified mental health professionals who are responsible for identifying, screening, and assessing behaviors of concern and facilitating the implementation of evidence-based interventions."

National Child Traumatic Stress Initiative: "The Committee provides $100,887,000 for the National Child Traumatic Stress Initiative (NCTSI), which is a $2,000,000 increase above the fiscal year 2025 enacted program level, to increase access to effective trauma and grief focused treatment and services systems for children, adolescents, and their families, who experience traumatic events. The Committee recognizes NCTSI's network for building, evaluating, disseminating, and delivering evidence- based services and best practices to prevent and mitigate the impact of exposure to trauma among children and families. The Committee encourages SAMHSA to continue awarding new Category I, II, and III grants to meet core mission activities of NCTSI, support collaboration among grantees, and expand the capacity of current National Child Traumatic Stress Network grantees for activities related to child trauma."

Projects for Assistance in Transition From Homelessness: "The Committee provides $66,635,000 for the Projects for Assistance in Transition from Homelessness program, which is the same as the fiscal year 2025 enacted program level, to provide grants to States and territories for assistance to individuals suffering from severe mental illness and/or substance use disorders and who are experiencing homelessness or are at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services."

Protection and Advocacy for Individuals With Mental Illness: "The Committee provides $40,000,000 for the Protection and Advocacy for Individuals with Mental Illness program (PAIMI), which is the same as the fiscal year 2025 enacted program level, to support legal-based advocacy services to ensure the rights of individuals with mental illness, protect and advocate for these rights, and investigate incident of abuse and/or neglect. The Committee notes that Federal funding continues to supplement non-Federal funds available to States for PAIMI activities."

Seclusion and Restraint: "The Committee provides $1,147,000, which is the same as the fiscal year 2025 enacted program level, to reduce the inappropriate use of seclusion and restraint practices through the provision of technical assistance and the promotion of alternatives to restraint, seclusion, and other coercive practices."

Project AWARE: "The Committee provides $126,551,000 for Project AWARE (Advancing Wellness and Resiliency in Education) State and Tribal grants, which is a $13,450,000 decrease below the fiscal year 2025 enacted program level and a $6,050,000 increase above the President's Budget, to implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to trauma-informed and developmentally

appropriate behavioral health services. The Committee notes that program funding is intended to supplement State and local investments in school mental health services.

> *Tribal Set-Aside:* "Of the funds made available for Project AWARE, the Committee directs that no less than 10 percent be made available for Tribes and Tribal Organizations."

Mental Health Awareness Training: "The Committee provides no funding for the Mental Health Awareness Training to better ensure that SAMHSA prioritizes services and programing for individuals with severe mental illness."

Healthy Transitions: "The Committee provides $28,451,000 for the Healthy Transitions program, which is the same as the fiscal year 2025 enacted program level, to expand access to services and supports for transition-aged youth and young adults with serious mental illness."

Infant and Early Childhood Mental Health: "The Committee provides $15,000,000 for the Infant and Early Childhood Mental Health program, which is the same as the fiscal year 2025 enacted program level, to support human service agencies and nonprofit organizations that provide age-appropriate mental health promotion and early intervention or treatment for children with significant risk of developing mental illness including through direct services, assessments, and trainings for clinicians and education providers."

Children and Family Programs: "The Committee provides $8,229,000 for the Children and Family program, which is a $1,000,000 increase above the fiscal year 2025 enacted program level, to provide grants to Tribes and Tribal organizations for community-based services and supports for children and youth, with or at risk for mental illness."

Consumer and Family Network Grants: "The Committee provides no funding for the Consumer and Family Network program in accordance with the President's Budget. The Committee prioritizes treatment, prevention, and support services for individuals with serious mental illness and does not provide funding for broad advocacy activities that may promote bias views on mental health treatment."

Project Launch: "The Committee provides no funding for Project Launch. The Committee notes that this program is duplicative of programs in the Department of Education, the Administration for Children and Families, and the Centers for Disease Control and Prevention."

Mental Health System Transformation: "The Committee provides no funding for the Mental Health System Transformation program in accordance with the President's Budget. The Committee notes that the Transforming Lives through Supported Employment Program (SEP) is also funded through the Practice Improvement and Training programs."

Primary and Behavioral Health Care Integration: "The Committee provides $55,877,000 for the Primary and Behavioral Health Care Integration program, which is the same as the fiscal year 2025 enacted program level, to promote full integration and collaboration in clinical practice between behavioral healthcare and primary/physical healthcare. The key goal of this program is to improve patient access to integrated health care services which requires bilateral cooperation between physicians and technical assistance centers.

The Committee notes that integration of primary and behavioral health has been found to increase access to mental health and substance use recovery services for communities, including rural communities, that lack access to such services and encourages SAMHSA in making awards to prioritize such communities."

Mental Health Crisis Response Partnership Pilot Program: "The Committee provides no funding for this program and notes that the Edward Byrne Memorial Justice Assistance Grant program, under the Department of Justice, provides funding for State crisis intervention programs."

National Strategy for Suicide Prevention: "The Committee provides $30,200,000 for the implementation of the National Strategy for Suicide Prevention, which is a $2,000,000 increase above the fiscal year 2025 enacted program level.

Within the amount provided, the Committee includes $23,800,000 for the Zero Suicide program, which is an increase of $1,000,000 above the fiscal year 2025 enacted program level. Zero Suicide grants support suicide prevention efforts in health systems, including screening adults for suicide risks, providing referral services, implementing evidence-based practices to provide services to high-risk adults, and raising awareness of such risks.

Within the amount provided, $4,400,000 is included for Zero Suicide grants to American Indian and Alaska Native health systems, which is an increase of $1,000,000 above the fiscal year 2025 enacted program level."

Garrett Lee Smith Youth Suicide Prevention: "The Committee provides $59,294,000 for GLS Youth Suicide Prevention grant programs, which is a $7,000,000 increase above the fiscal year 2025 enacted program level.

Within the amount provided, the Committee includes $46,806,000 for grants to States and Tribes to support development and implementation efforts of youth suicide prevention activities and services, which is a $3,000,000 increase above the fiscal year 2025 enacted program level. Of the funds provided, $12,000,000 shall be transferred from the PPHF.

Within the amount provided, $12,488,000 is included for grants to institutions of higher education to support students with mental health or substance use disorders, which is an increase of $4,000,000 above the fiscal year 2025 enacted program level."

Garrett Lee Smith Peer Support Activities: "The Committee recognizes that delayed mental health treatment can lead to higher acuity, health care costs, and suicide rates. Campus programs that provide peer training on early intervention and education on primary prevention have shown promise in improving treatment-seeking behaviors and mental health referrals among students. Therefore, the Committee encourages SAMHSA to prioritize funding for grantees that support on-campus student groups with peer-to-peer crisis intervention training and primary prevention education for mental health. The Committee requests that SAMHSA include an update in the fiscal year 2027 congressional justification on the agency's efforts to improve peer support activities as part of the grants to institutions of higher education program."

American Indian/Alaska Native Suicide Prevention Initiative: "The Committee provides $4,931,000 for the Tribal Training and Technical Assistance Center, which is a $1,000,000 increase above the fiscal year 2025 enacted program level, to facilitate the development and implementation of comprehensive and collaborative community-based prevention plans to reduce suicide among American Indians/Alaska Natives (AI/AN), prevent substance abuse, and reduce substance misuse among AI/AN communities."

Tribal Behavioral Grants: "The Committee provides $30,000,000, which is a $7,250,000 increase above the fiscal year 2025 enacted program level, to prevent and reduce suicidal behavior and substance use, reduce the impact of trauma, and promote mental health among AI/AN youth, through age 24."

Homelessness Prevention Programs: "The Committee provides no funding for the Homelessness Prevention Programs, noting that these programs are duplicative of the Projects for Assistance in Transition from Homelessness program and other Federal housing assistance programs administered by the Department of Housing and Urban Development."

Criminal and Juvenile Justice Activities: "The Committee provides no funding for Criminal and Juvenile Justice Activities in accordance with the President's Budget. The Committee notes that the Office of Juvenile Justice and Delinquency Prevention

under the Department of Justice provides funding to States and Tribes for the purpose of improving the juvenile justice system, including support for mental health and substance abuse treatment."

Assertive Community Treatment for Individuals with Serious Mental Illness: "The Committee provides $9,000,000 for Assertive Community Treatment programs, which is the same as the fiscal year 2025 enacted program level, to support a multi-disciplinary service-delivery approach for individuals with severe functional impairments associated with a serious mental illness."

Interagency Task Force on Trauma Informed Care: "The Committee provides $2,000,000, for the Interagency Task Force on Trauma-Informed Care, which is the same as the fiscal year 2025 enacted program level."

Garrett Lee Smith Suicide Prevention Resource Center: "The Committee provides $11,000,000 for the GLS Suicide Prevention Resource Center, which is the same as the fiscal year 2025 enacted program level, to build national capacity for preventing suicide by providing technical assistance, training, and resources to assist States, Tribes, private organizations, and SAMHSA grantees to develop suicide prevention strategies. The Committee encourages SAMHSA to continue expanding training opportunities and public- private collaboration on youth suicide prevention and early intervention strategies."

Practice Improvement and Training: "The Committee provides $7,828,000, which is the same as the fiscal year 2025 enacted program level, to support the dissemination of key information, such as evidence-based mental health practices, to the mental health delivery system."

Consumer and Consumer Support Technical Assistance Centers: "The Committee provides $1,918,000, which is the same as the fiscal year 2025 enacted program level, to facilitate quality improvement of the mental health system by the specific promotion of consumer-directed approaches for adults with serious mental illness."

Primary and Behavioral Health Care Integration Technical Assistance: "The Committee provides $2,991,000, which is the same as the fiscal year 2025 enacted program level, to provide technical assistance to Primary and Behavioral Health Care Integration grantees. Of the funds provided, the Committee directs that $1,000,000 be allocated to the Technical Assistance activities authorized under section 520K of the PHS Act to implement the psychiatric collaborative care model in primary care practices/systems. Pursuant to such law, these technical assistance centers may be funded through cooperative agreements."

Minority Fellowship Program: "The Committee provides $11,059,000, which is the same as the fiscal year 2025 enacted program level, to increase behavioral health practitioners' knowledge of issues related to prevention, treatment, and recovery support for mental illness and addiction among minority populations."

Disaster Response: "The Committee provides $1,953,000, which is the same as the fiscal year 2025 enacted program level, to support the Disaster Distress Helpline, the Crisis Counseling Assistance and Training Program, and the Disaster Technical Assistance Center."

Eating Disorders: "The Committee provides $5,000,000 to improve the availability of health care providers to respond to the needs of individuals with eating disorders including the work of the National Center of Excellence for Eating Disorders to increase engagement with primary care providers, including pediatricians, to provide specialized advice and consultation related to the screening and treatment of eating disorders. The Committee encourages SAMHSA to conduct a public service announcement with the purpose of raising awareness about identifying, preventing, and treating eating disorders."

AHA Congressional Justification Language:

Project AWARE: "The FY 2026 Budget Request is $120.5 million. The Administration for a Healthy America expects Project AWARE to identify and refer approximately 100,000 school-aged youth to mental health and related services. Additionally, these resources will train 300,000 mental health and mental health-related professionals on evidence-based mental health practices."

National Strategy for Suicide Prevention: "The FY 2026 Budget Request is $28.2 million. The FY 2026 funding will support the referral of 98,000 individuals for mental health services."

Garrett Lee Smith Youth Suicide Prevention – State/Tribal and Campus: "The FY 2026 Budget Request is $52.9 million. Funds will support GLS State/Tribal grants and Campus grants and The Administration for a Healthy America will also continue support for evaluation activities. The program remains committed to developing and implementing youth suicide prevention and early intervention strategies involving public-private collaboration among youth serving institutions as well as supporting suicide prevention among institutions of higher learning."

Suicide Prevention Resource Center: "The FY 2026 Budget Request is $11.0 million. The funding will provide states, tribes, government agencies, private organizations, colleges and universities, and suicide survivors and mental health consumer groups with access to information and resources that support program development, intervention implementation, and adoption of

policies that prevent suicide. The funding will expand youth suicide prevention and early intervention strategies involving public-private collaboration. The Administration for a Healthy America anticipates that SPRC will provide training to approximately 14,000 people."

American Indian/Alaska Native Suicide Prevention Initiative: "The FY 2026 Budget Request is $3.9 million. This funding will help support the Tribal TTA Center and to provide comprehensive, broad, focused, and intensive training and technical assistance to federally recognized tribes and other AI/AN communities to address and prevent mental illness and alcohol/other drug addiction, prevent suicide, and promote mental health."

988 and Behavioral Health Crisis Services: "The FY 2026 Budget Request is $519.6 million. In FY 2026, the Administration for a Healthy America anticipates that contact volume – including calls, texts, and chats – will continue to increase, with capacity needed to respond to an estimated 9 million contacts, compared to approximately 5 million contacts in the first year of 988 implementation.

The FY 2026 request is based on the following estimated breakdown of funding needs:

- Lifeline administration and national subnetworks: Funding will be required to administer the Lifeline network, including technology infrastructure, and national subnetwork operations and capacity, and Spanish language services. This includes costs related to efforts to enhance access, geo-routing implementation, and work with state external platforms. The 988 Lifeline Administrator cooperative agreement is scheduled for renewal in FY 2026. To ensure the best use of federal funds and to ensure the required federal oversight of the 988 Suicide & Crisis Lifeline meets expectations of all stakeholders, the Administration for a Healthy America is engaged in an analysis to explore award vehicles that consider cost, risk, and effectiveness.
- Local response capacity: Funds will support local response capacity. Local capacity will be funded through a 988 state/territory grant program, 988 Tribal response grant program and Lifeline crisis center follow up grant program. A portion of the cost to support local response will be borne by states and territories.
- Technical Assistance and Evaluation: Funds will support training and technical assistance activities that promote expanded implementation and sustainability of crisis services, including adoption of best and promising practices. This funding will also support a range of efforts to strengthen data collection across the crisis continuum and to work with grantees, federal and other external partners to address key evaluation questions related to access, utilization, outcomes and impact of crisis care.
- Communications: The program will continue promoting awareness of 988 through various communication channels to reach populations known to be at highest risk of suicide. At this funding level, the communication goals are to use tailored

messages to build awareness for specific populations and not to build larger scale public awareness. As a result, we are not expecting this level of investment to affect our capacity modeling for FY 2026.

- The 988 & BHCCO: Funds will support the 988 & BHCCO including personnel, strategic planning, performance management, oversight, partnerships, convenings, and cross-entity coordination."

Practice Improvement and Training: "The FY 2026 Budget Request for the Practice Improvement and Training program of $7.8 million. Funding will support the HBCU grant program to support workforce development, and Transforming Lives through Supported Employment Programs (SEP) grants and expects increase competitive employment for participating clients, increasing the number of individuals with a stable place to live, and increasing the number of participants who remain in the community."

Consumer and Consumer-Supporter TA Centers: "The 2026 Budget Request is $1.9 million. This funding request will provide technical assistance to facilitate the quality improvement of the mental health system by promoting consumer- directed approaches for adults with SMI and focus on coordination with the state-wide consumer network program and engaging people with lived experience of mental illness to improve mental health systems and supports and advance community recovery, and resilience."

Disaster Response: "The FY 2026 Budget Request is $1.9 million. This funding will continue to support the nationally available disaster distress crisis counseling telephone line and the DTAC. The Administration for a Healthy America is committed to maintaining the established performance measure targets for FY 2026."

National Child Traumatic Stress Network: "The FY 2026 Budget Request for the National Child Traumatic Stress Network program of $98.9 million is level with the FY 2025 Enacted level. At this funding level, the Administration anticipates supporting 67 grant continuations and award a new cohort of 82 grants. Across all NCTSI programs, it's anticipated approximately 13,000 children and adolescents will be served and 250,000 people in the mental health and related workforce will be trained."

Certified Community Behavioral Health Clinics: "The FY 2026 Budget Request for CCBHC program is $385 million, flat with the FY 2025 Enacted level. The funding will support 134 continuation grants and award a new cohort of 223 grants. We expect to serve approximately 819,000 individuals directly with grant-funded services, expanding CCBHC's services across the nation. The FY 2026 budget includes funding for a technical assistance center contract. The contract will support 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. The FY 2026 Budget Request will also support an evaluation contract that will assess the extent to which grant recipients develop, improve, implement, and sustain the CCBHC model and will assess the delivered services consistent with the CCBHC certification requirements to measure client outcomes and experiences with care."

Children's Mental Health Services: "The FY 2026 Budget Request for the Children's Mental Health Program of $130. This funding will support grants and a technical assistance center. At this funding level, the Administration for a Healthy America expects to serve 9,100 children and to train 52,000 people in mental health activities and practices. These funds will increase access to services and supports children and youth with SED and improve the system of care for these children and their families."

Projects for Assistance in Transition from Homelessness: "The FY 2026 Budget Request for the Projects for the Assistance in Transition from Homelessness program of $66.6 million is level with the FY 2025 Enacted level. It is expected that the FY 2026 budget request will maintain the current level of local PATH providers and current level of service, including serving 105,000 individuals through the PATH program."

Protection and Advocacy for Individuals with Mental Illness (PAIMI): "The FY 2026 Budget Request is $14.1 million. PAIMI programs will continue to focus on addressing abuse and neglect issues for vulnerable populations and advocate for the rights of individuals with mental illness as well as continue to assist individuals with SMI increase access to treatment. At this funding level, the Administration for a Healthy America anticipates providing services to 4,000 individuals through the PAIMI program."

Assisted Outpatient Treatment for Individuals with Serious Mental Illness (SMI): "The FY 2026 Budget Request for the Assisted Outpatient Treatment for Individuals with SMI program of $21.4 million. This funding will support 37 grant continuations."

NIH National Institute on Alcohol Abuse and Alcoholism

National Institute on Alcohol Abuse and Alcoholism (NIAAA)[16]

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
NIAAA	$595,318,000	Level	Transferred to National Institute of Behavioral Health	N/A	$595,318,000	Level	$595,318,000	Level

NIH National Institute on Drug Abuse
Advancing Addiction Science

National Institute on Drug Abuse (NIDA)[19]

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
NIDA	$1,662,695,000	Level	Transferred to National Institute of Behavioral Health	N/A	$1,662,695,000	Level	$1,662,695,000	Level

[16] The President's proposed budget for FY 2026 reflects HHS' proposed restructuring announced on March 27, 2025, including the consolidation of NIAAA, NIDA, and the National Institute of Mental Health (NIMH) into the new National Institute of Behavioral Health (NIBH), which is proposed to be funded at $2,748,738,000 for FY 2026.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Centers for Disease Control and Prevention (CDC) – Select Programs

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	$1,391,056,000	Level	$300,000,000[17]	-$1,091,056,000	$353,000,000	-$1,038,056,000	$1,381,056,000	-$10,000,000
HIV Prevention by Health Depts.	$755,631,000	Level	Not funded	-$755,631,000	Not funded	-$755,631,000	$755,631,000	Level
School Health- HIV	*$38,081,000*	*Level*	*Not funded*	*-$38,081,000*	*Not funded*	*-$38,081,000*	*$38,081,000*	*Level*
Viral Hepatitis	$43,000,000	Level	Transferred to Consolidated Hepatitis, STD and Tuberculosis Prevention Grant	N/A	$53,000,000	+$10,000,000	$43,000,000	Level

[17] The President's proposed budget for FY 2026 proposes to realign CDC's HIV/AIDS Prevention and Research to AHA's HIV/AIDS division in accordance with the proposed reorganization of HHS, which is proposed to be funded at $220,000,000 for FY 2026. According to the President's proposed budget, this would be a decrease of $793,712,000 from those programs' final funding for FY 2025 ($1,013,712,000).

The President's proposed budget for FY 2026 also proposes to rename the grant to the Consolidated Hepatitis, STI and TB Prevention Grant, which does not include funding for Domestic HIV/AIDS Prevention and Research.

The President's proposed budget for FY 2026 proposes to realign the Consolidated Viral Hepatitis, Sexually Transmitted Diseases (STD) and Tuberculosis (TB) Prevention Grant; Viral Hepatitis; Sexually Transmitted Infections (STI); Domestic TB; and Infectious Diseases and the Opioid Epidemic programs into the new Consolidated Hepatitis, STD and Tuberculosis Prevention Grant, which is proposed to be funded at $300,000,000 in FY 2026. According to the President's proposed budget, this would be a decrease of $77,344,000 from those programs' final funding for FY 2025 ($377,344,000).

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Infectious Diseases and the Opioid Epidemic	$23,000,000	Level	Transferred to Consolidated Hepatitis, STD and Tuberculosis Prevention Grant	N/A	Not funded	-$23,000,000	$23,000,000	Level
Sexually Transmitted Infections (STI)	$174,310,000	Level	Transferred to Consolidated Hepatitis, STD and Tuberculosis Prevention Grant	N/A	Not funded	-$174,310,000	$174,310,000	-$10,000,000
Chronic Disease Prevention and Health Promotion	$1,433,914,000	Level	Not funded[18]	-$1,433,914,000	$1,159,953,000	-$273,961,000	$1,428,914,000	-$5,000,000
Tobacco Prevention and Control (Office of Smoking and Health)	$246,500,000	Level	Not funded	-$246,500,000	Not funded	-$246,500,000	$246,500,000	Level
Excessive Alcohol Use	$6,000,000	Level	Not funded	-$6,000,000	Not funded	-$6,000,000	$4,000,000	-$2,000,000
Prevention Research Centers	$28,961,000	Level	Not funded	-$28,961,000	Not funded	-$28,961,000	$28,961,000	Level

[18] The President's proposed budget for FY 2026 proposes to transfer programs under the Chronic Disease Prevention and Health Promotion line to the AHA's Primary Care Division.

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Birth Defects and Developmental Disabilities	$206,060,000	Level	$157,810,000[19]	-$48,250,000	$208,560,000	+$2,500,000	$205,060,000	-$1,000,000
Fetal Alcohol Syndrome	$11,500,000	Level	$11,000,000	-$500,000	$11,500,000	Level	$11,500,000	Level
Neonatal Abstinence Syndrome	$4,250,000	Level	$2,250,000	-$2,000,000	$4,250,000	Level	$4,250,000	Level
Injury Prevention and Control	$761,379,000	Level	$550,079,000[20]	-$211,300,000	$665,329,000	-$96,050,000	$761,379,000	Level
Unintentional Injury	$13,300,000	Level	Not funded	-$13,300,000	Not funded	-$13,300,000	$13,300,000	Level
Suicide Prevention	$30,000,000	Level	$12,000,000	-$18,000,000	$30,000,000	Level	$30,000,000	Level
Adverse Childhood Experiences	$9,000,000	Level	Not funded	-$9,000,000	$9,000,000	Level	$9,000,000	Level
Other Injury Prevention Activities	$29,950,000	Level	Not funded	-$29,950,000	$29,950,000	Level	$29,950,000	Level
Opioid Overdose Prevention and Surveillance	$505,579,000	Level	$475,579,000	-$30,000,000	$505,579,000	Level	$505,579,000	Level

[19] The President's proposed budget for FY 2026 proposes to transfer programs under the Birth Defects, Developmental Disabilities, Disability and Health line to the AHA's Maternal and Child Health Division.

[20] The President's proposed budget for FY 2026 proposes to transfer programs under the Injury Prevention and Control line to the AHA's Primary Care Division.

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Preventive Health and Health Services Block Grant (PPHF)	$160,000,000	Level	Not funded	-$160,000,000	Not funded	-$160,000,000	$160,000,000	Level
America's Health Block Grant	Not funded	N/A	Not funded	N/A	Not funded	N/A	Not funded	N/A

Senate Committee Report Language:

HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention: "The Committee recommendation for the activities of the National Center for HIV, Viral Hepatitis, Sexually Transmitted Diseases [STDs], and Tuberculosis Prevention [TB] is $1,381,056,000.

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."

> **Hepatitis:** "The Committee encourages efforts to eliminate the public health threat of viral hepatitis and to implement and help fund the HHS National Viral Hepatitis Strategic Plan, which offers a framework to eliminate viral hepatitis as a public health threat. The Committee 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. 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. The Committee requests an update on the prevalence and incidence of hepatitis D and the opportunities to enhance the analysis of this disease in the fiscal year 2027 CJ."

Infectious Diseases and Opioids: "The Committee encourages CDC to prioritize jurisdictions with the highest age-adjusted mortality rate related to SUDs 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."

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."

Sexually Transmitted Infections [STIs]: "The Committee included $10,000,000 for fiscal years 2023-2025 to advance the grant period for the STI program forward one month. For fiscal year 2026, the Committee provides $164,310,000 which will allow the program to operate at the same fiscal level and grant year as provided for in fiscal year 2025. 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 includes funding 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."

Chronic Disease Prevention and Health Promotion: "The Committee recommendation for the activities of the National Center for Chronic Disease Prevention and Health Promotion is $1,428,914,000, which includes $340,417,000 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."

Tobacco: "The Committee includes funding for CDC, States, Tribes and territories to continue efforts to reduce tobacco use among disparate populations and in areas and regions with high tobacco prevalence and mortality, such as rural communities, veterans, and people with behavioral health conditions, as well as continue the highly successful and cost-effective Tips from Former Smokers media campaign, which has helped over 1 million people quit smoking, saved lives,

and saved over $7,000,000,000 in healthcare costs. The Committee acknowledges the overall progress that has been made on reducing adult smoking prevalence, but unfortunately approximately 2 in 10 U.S. adults continues to smoke cigarettes, and urges CDC to continue its evidence-based work to ensure that rates also decline in populations disproportionately affected by tobacco use, including rural communities. The Committee remains concerned that 10 percent of youth use at least one tobacco product and encourages CDC's ongoing efforts to respond to and prevent youth use of e-cigarettes and other tobacco products. The Committee is also concerned by staff terminations within the Office of Smoking and Health, especially as tobacco use has long been the leading cause of preventable death in the United States. The continued funding for CDC's tobacco programs will allow CDC, States, Tribes and territories to continue programs and activities to reduce tobacco use. The Committee directs CDC to provide a briefing on the Tobacco program, including a breakdown of funding sources, programs, and activities within 120 days of enactment of this act. Additionally, CDC is instructed to provide information on how funds are currently supporting, or may prospectively support, FDA enforcement and regulation of unauthorized products and State directories."

Birth Defects, Developmental Disabilities, Disabilities and Health: "The Committee provides $205,060,000 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 development and health and wellness among children and adults living with disabilities."

Fetal Alcohol Syndrome: "The Committee includes $11,500,000 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."

Neonatal Abstinence Syndrome [NAS] Surveillance: "The Committee includes $4,250,000 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 identify best practices for care, evaluation, and management to help children."

Injury Prevention and Control: "The Committee provides $761,379,000 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 nonoccupational injuries including those caused by fires and burns, poisoning, drowning, violence, and traffic accidents."

Adolescent Mental Health: "The Committee supports the creation of the Behavioral Health Coordinating Unit to coordinate and leverage existing CDC activities related to mental health, with a particular focus on adolescent mental health activities, including early intervention. The Committee encourages CDC to begin to develop a national strategy and establish goals to improve adolescent mental health, including linkages between adolescent mental health and substance use and overdose, adverse childhood experiences, suicide, and other areas that impact mental wellbeing. This effort is expected to include convening of key experts, in and out of government, with special considerations to ensure the voices of underserved communities and populations are represented. CDC is also encouraged to provide technical assistance, including through grants to partner organizations, to support collaborations and connections between multiple sectors in communities such as public health, education, community mental health organizations and other community-based organizations, youth serving organizations, parents, and social services providers to strengthen mental health prevention and promotion and improve mental health, well-being, and resilience in communities."

Adverse Childhood Experiences [ACEs]: "The Committee provides $9,000,000 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."

Opioid Prescribing Guidelines: "The Committee applauds CDC's release of the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain, which updates and replaces the 2016 CDC prescribing guideline. The Committee directs CDC to continue its work educating patients and providers, and to encourage uptake and appropriate use of the Guidelines. The Committee urges CDC to continue coordination with other agencies including the VA, IHS, DoD, and HRSA in implementation and related updates in safe prescribing practices to ensure consistent, high-quality care standards across the Federal Government."

Opioid or Other Drug Use and Overdose Prevention: "The Committee continues to encourage CDC to ensure that funding for opioid and stimulant use and overdose prevention, as well as other emerging substances and threats, reaches local communities to advance local understanding of the opioid overdose epidemic and to scale-up prevention and response activities. Additionally, CDC is directed to continue expansion of case-level syndromic surveillance data,

improvements of interventions that monitor prescribing and dispensing practices, better timeliness and quality of morbidity and mortality data, as well as the enhancement of efforts with medical examiners and coroner offices."

Opioid Overdose Prevention and Surveillance: "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 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."

Provider Education for Opioid Alternatives: "The Committee remains concerned about the high mortality rate due to opioid overdoses and encourages CDC to provide outreach to outpatient surgical providers on the increased availability and wide-ranging benefits of non-opioid pain management in both hospital outpatient departments and ambulatory surgery centers. The Committee encourages CDC to work with CMS, FDA, and continuing medical education associations on an education and outreach plan."

Suicide Prevention: "The Committee remains concerned about suicide rates in the United States and includes $30,000,000. The Committee recognizes that suicide is a serious public health problem requiring strategic programming, especially among disproportionately impacted populations. 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 suicide 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. The Committee directs CDC to prioritize funding to State public health departments with the goal of expanding the Comprehensive Suicide Prevention program nationwide, and to help tribes and territories build capacity and implement strategies to prevent suicide."

House Committee Report Language:

Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis Prevention: "CDC provides national leadership and support for Sexually- Transmitted Infections (STI) prevention research and the development, implementation, and evaluation of evidence-

based STI prevention programs serving persons affected by, or at risk for, STI infection. Activities include surveillance, epidemiologic and laboratory studies, and prevention activities."

> **Sexually Transmitted Disease and Tuberculosis Prevention Block Grants:** "The Committee provides $300,000,000 for consolidated Sexually Transmitted Disease and Tuberculosis Prevention grants to States. This funding will provide flexibility to address local needs in addressing State specific challenges by consolidating funding for Infectious Disease and Opioids, STIs, and TB programs into one newly established grant program. The committee recognizes that through the consolidated grant, CDC will continue to offer recipients strategic direction, technical support, and laboratory and programmatic expertise."
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> **Viral Hepatitis:** "The Committee provides $53,000,000 for Viral Hepatitis. This funding will support health departments conducting viral hepatitis outbreak response and surveillance, support viral hepatitis elimination planning and implementation in target jurisdictions, and work with health clinics and community organizations to promote awareness and uptake of updated national viral hepatitis testing and vaccination recommendations."

Chronic Disease Prevention and Health Promotion: "The Committee recommendation includes $742,511,000 in discretionary appropriations and $417,442,000 in transfers from PPHF. Programs supported within Chronic Disease Prevention and Health Promotion provide national leadership and support for State, Tribal, and community efforts to promote health and well-being through the prevention and control of chronic diseases."

> **Chronic Disease Education and Awareness Program:** "The Committee is pleased by the continued progress of the Chronic Disease Education and Awareness program and notes the success and impact of supported projects. The Committee has provided $30,975,000 for fiscal year 2026 to support grants for chronic diseases, including rare conditions, that lack a specific funding line within the CDC's budget. Funding previously allocated to excessive alcohol use, arthritis, and the Hospitals Promoting Breast Feeding program lines is now included in the Chronic Disease Education and Awareness program."

Birth Defects, Developmental Disabilities, Disabilities and Health: "The National Center on Birth Defects and Developmental Disabilities (NCBDDD) account supports efforts to conduct research on and address the causes of birth defects and developmental disabilities, as well as reduce the complications of blood disorders and improve the health of people with disabilities."

Cannabinoid Hyperemesis Syndrome in Youth: "The Committee is increasingly concerned by the rise in reported cases of cannabinoid hyperemesis syndrome (CHS)—a condition associated with prolonged, high-potency cannabis use that leads to severe nausea and vomiting. With the growth of high-THC vaping products and their increasing use among adolescents, the Committee believes further study is warranted. The Committee directs the Centers for Disease Control and Prevention, in coordination with the Substance Abuse and Mental Health Services Administration and the National Institute on Drug Abuse, to conduct a study on the prevalence of CHS among youth and assess any correlations between CHS incidence and youth use of THC vaping products. The Committee requests an interim report within 180 days of enactment and a final report within one year."

Opioid Overdose Prevention Limitation on Administrative Expenses: "The Committee supports CDC's activities to promote effective strategies to reduce addiction and overdose deaths but has concerns that funding for such activities is being diverted to support administrative costs. For fiscal year 2026, the Committee provides $54,000,000 for salaries and expenses, level funding with fiscal year 2024. For the remainder of the funds within the account, the Committee directs that no less than 85 percent be provided to State, local, and Tribal health departments or systems."

Prescription Drug Monitoring Programs: "The Committee understands that nearly all 50 States and U.S. territories' prescription drug monitoring programs are connected and securely sharing critical controlled substance information for the purposes of identifying and preventing abuse, misuse, or diversion of prescription drugs. The Committee supports the removal of a requirement for States to connect to a specific data hub solution as a condition of funding. However, to adhere to Congressional intent and ensure the success and continuity of the program, the Committee encourages CDC to cease any technical requirements that limit the ability of States to optimize Federal funding and to continue to utilize the prescription drug monitoring program data hub of their choice."

Suicide: "The Committee recognizes that suicide is a serious public health problem requiring strategic suicide prevention solutions, especially among disproportionately impacted populations. The Committee further recognizes that suicide prevention requires a strategic public health approach that addresses multiple risk factors at the individual, community, and societal levels. States, Tribes, and territories are most suited to lead a comprehensive public health approach to suicide prevention, which demands effectively coordinating with multisector partners to take a data-driven, evidence-based process that addresses the broad range of risk and protective factors associated with suicide. The Committee directs the Director to prioritize funding to State public health departments to support the Comprehensive Suicide Prevention program, and to increase funding to Tribes and territories to build capacity and implement strategies to prevent suicide."

CDC Congressional Justification Language:

Viral Hepatitis, Sexually Transmitted Infections, and Tuberculosis: "The FY 2026 budget request for the Consolidated Hepatitis, STD and Tuberculosis Prevention Grant is $300,000,000. The budget request reflects the proposal to realign the Viral Hepatitis, Sexually Transmitted Infections (STIs), Domestic TB, and Infectious Diseases and the Opioid Epidemic funding lines into the new proposed Consolidated Viral Hepatitis, STD and Tuberculosis Prevention Grant. The FY 2026 budget gives states flexibility to address local needs in addressing state specific challenges by consolidating funding for Infectious Disease and Opioids, Viral Hepatitis, STIs, and TB programs into one newly established grant program.

CDC prioritizes cost-effective, burden based, and scalable programs to efficiently and effectively reduce incidence of these infectious diseases. In FY 2026, CDC will support state, local, and territorial health departments to implement proven public health interventions, conduct infectious disease surveillance to track and respond to outbreaks, and address the dynamic consequences these diseases present. CDC will provide 25 CDC FY 2026 Congressional Justification resources allocated through a burden-based formula to ensure funds are distributed efficiently and achieve maximum impact."

AHA Congressional Justification Language:

Birth Defects, Developmental Disabilities, Disability and Health: "The FY 2026 request for Birth Defects, Developmental Disabilities, Disabilities and Health, is $157.8 million. The FY 2026 request supports the planned HHS realignment of these activities from CDC to AHA.

At this funding level, AHA will continue to support critical child health and development programs, including the birth defects program at $19 million to support surveillance to identify prevalence and detect trends in birth defects and funding states to conduct birth defects surveillance. The budget will also continue funding to address Autism at $23.1 million, infant health at $8.7 million, fetal alcohol syndrome at $11 million, fetal death at $0.9 million, and folic acid at $3.2 million.

The budget request continues support for activities to support the health and development for people with disabilities, including $36 million to support the Disability and Health, $2 million for the Tourette Syndrome, $10.8 million for the Early Hearing Detection and Intervention, $6 million for Muscular Dystrophy, $1.9 million the Attention Deficit Hyperactivity Disorder, $2 million for the Fragile X, $7 million for Spina Bifida, and $7 million for the Congenital Heart Defects.

The budget also continues key investments in blood disorder and other programs, including $6.4 million for the Public Health Approach to Blood Disorders program, $8.6 million for the Hemophilia program, $2.1 million for the Thalassemia program, and $2.3 million for Neonatal Abstinence Syndrome program.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs. HHS policy requires maximum competition for discretionary grants to the greatest extent possible and restricting eligibility is only done with appropriate justification in rare cases. Awards may be made to domestic public or private, non-profit or for-profit organizations. Applicant eligibility criteria for all NOFOs are based on statute and/or program regulation. Applicants cannot apply for the same project or activities from multiple HHS Public Health Service agencies at the same time."

Injury Prevention and Control: "The FY 2026 request for Injury Prevention and Control is $550,079,000. The FY 2026 request supports the planned HHS realignment of these activities from CDC to AHA.

At the FY 2026 funding level, AHA will collect data and leverage research to identify pressing health problems and monitor success as well as to promote evidence-based strategies to inform real-world solutions. The budget request consolidates the Domestic Violence and Sexual Violence, Domestic Violence Community Projects, and Rape Education and Prevention programs into a single Preventing Intimate Partner and Sexual Violence grant program funded at $38 million.

This budget request also includes $12 million in funding for the Comprehensive Suicide Prevention program to support data-driven public health approach to prevent suicide. The request also includes $24.5 million for the National Violent Death Reporting System to continue to support NVDRS data collection on all forms of violent deaths and suicides. The Opioid Overdose Prevention and Surveillance program request for $475.6 million will continue to support overdose prevention and support, including funding for states, the District of Columbia, and 40 localities to participate in overdose prevention and surveillance activities under Overdose Data to Action in States (OD2A-S) and Overdose Data to Action: LOCAL (OD2A: LOCAL).

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs."

Health Resources and Services Administration (HRSA) – Select Programs[21]

HRSA Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Health Centers (discretionary)	$1,857,772,000	Level	$1,857,772,000[22]	Level	$1,858,772,000	Level	$1,857,772,000	Level
Interdisciplinary Community-Based Linkages	$292,298,000	Level	$89,300,000	-$202,998,000	$253,298,000	-$39,000,000	$252,298,000	-$40,000,000
Maternal and Child Health (MCH) Block Grant	$813,700,000[23]	Level	$767,250,000[24]	-$46,450,000	$767,251,000	-$46,449,000	$799,700,000	-$14,000,000
Rural Health	$364,607,000	Level	$283,830,000	-$80,777,000	$515,407,000	+$150,800,000	$373,907,000	+$9,300,000
Rural Communities Opioid Response Program	$145,000,000	Level	$145,000,000	Level	$145,000,000	Level	$145,000,000	Level

[21] The President's proposed budget for FY 2026 reflects HHS' proposed restructuring announced on March 27, 2025, including the consolidation of select programs from SAMHSA, HRSA, and other HHS operating divisions into the new Administration for a Healthy America (AHA).

[22] The FY 2025 proposed total for Health Centers (discretionary) includes $120,000,000 in funding for the Federal Tort Claims Act (FTCA) Program.

[23] The FY 2025 total for the MCH Block Grant includes $210,116,000 in funding for SPRANS.

[24] The FY 2026 total for the MCH Block Grant includes $163,666,000 in funding for SPRANS.

Telehealth (Office for the Advancement of Telehealth)	$42,050,000	Level	$42,050,000	Level	$45,550,000	+$3,500,000	$42,050,000	Level
Ryan White HIV/AIDS Program (HIV/AIDS Bureau)	$2,571,041,000	Level	$2,497,535,000	-$73,506,000	$2,045,630,000	-$525,411,000	$2,571,041,000	Level
National Health Service Corps (NHSC)	$128,600,000	Level	$128,600,000	Level	$130,000,000	+$1,400,000	$128,600,000	Level
Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program	$40,000,000	Level	$40,000,000	Level	$40,000,000	Level	$40,000,000	Level
Peer Support TA Center	$14,000,000	Level	Not funded	-$14,000,000	Not funded	-$14,000,000	Not funded	-$14,000,000

Senate Committee Report Language:

Community Health Centers: "The Committee provides $1,858,772,000 for the Bureau of Primary Health Care.

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."

National Health Service Corps: "The Committee provides $128,600,000 for the National Health Service Corps [Corps]. The Committee recognizes the success of the Corps 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 Corps to include SUD counselors. The Committee also continues bill language to modify the rules governing the Corps to allow 60 days for every Corps 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 Corps scholarships and loan repayment, a 1989 Federal regulation narrowed eligibility for Corps 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 relevant stakeholders to develop a process to provide county and municipal correctional facilities the opportunity to participate in the Corps program if they would otherwise meet the requirements of a National Health Service Corps service site. Within 180 days of enactment of this act, the Committee requests a briefing detailing implications and considerations for participation by county jails."

Maternity Care Target Areas [MCTAs]: "The Committee recognizes HRSA's progress in determining 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 Corps, 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. 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 Corps Scholarship Program, especially in combatting the rural healthcare provider shortage, and encourages HRSA to increase the number of scholarships provided. Providing Corps 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."

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 2027 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. The update should include: (1) information, by State, on what professions are benefiting from the

State Loan Repayment Program and how many individuals in each profession have received funding; and (2) the number of applicants, broken down by profession and State. In addition, the update should provide information on how HRSA can expand efforts to include health professionals who do not typically benefit from HRSA workforce programs, such as pharmacists, in its educational, training, and loan repayment programs."

Behavioral Health Workforce Education and Training Program: "The Committee provides $113,000,000 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. The Committee expresses ongoing, strong support for the Substance Use Disorder Treatment and Recovery [STAR] Loan Repayment program that was previously funded under BHWET but is now funded as a standalone program."

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 $14,000,000 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."

Mental and Behavioral Health Programs: " The Committee includes $44,053,000 for Mental and Behavioral Health programs."

Graduate Psychology Education [GPE]: "Within the total for Mental and Behavioral Health programs, the Committee includes $25,000,000 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 [STAR] Loan Repayment Program: "The Committee provides $40,000,000. 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."

Maternal and Child Health [MCH] Block Grant: "The Committee provides $799,700,000 for the MCH 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 Block Grant are provided at Indian Health Service facilities, tribally operated health programs, and Urban Indian Health programs."

Screening and Treatment for Maternal Mental Health and Substance Use Disorders [MMHSUD]: "The Committee provides $12,000,000 for the 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.

According to Maternal Mortality Review Committee data in 38 States, mental health conditions accounted for over 22 percent of pregnancy-related deaths in 2020. Maternal mental health [MMH] conditions impact one in five pregnant or postpartum women, including as many as one in three in high-risk populations. 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 improve or maintain existing State programs, prioritizing 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. Within 180 days of enactment of this act, the Committee directs HRSA to provide a report detailing efforts by the agency to increase access to training for healthcare providers and to provide support for Tribes and tribal organizations."

Ryan White HIV/AIDS Program: "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."

Rural Health: "The Committee provides $373,907,000 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."

> **Rural Communities Opioid Response Program [RCORP]:** "The Committee provides $145,000,000 for RCORP. Within the funding provided, the Committee includes $10,000,000 to continue at least three Rural Centers of Excellence [Centers], as established by Public Law 115-245 and continued through Public Law 116-260 and 117-103. 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 alcohol misuse. Funding provided to the Centers may be used for research and dissemination activities to address rural alcohol misuse.
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> 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."

Telehealth: "The Committee provides $42,050,000 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 their mission to expand high quality medical care to rural communities that do not have adequate access to medical providers including many medical specialties."

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. The Committee recognizes that HRSA has initiated activities to allow grantees to explore addressing Alzheimer's disease. The Committee encourages HRSA to expand and support such activities, including improving Alzheimer's person-centered care coordination and improving care transitions.

Telehealth Centers of Excellence [Centers]: "The Committee provides $8,500,000 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."

House Committee Report Language:

Health Centers: "Health Centers deliver affordable, accessible, quality, and cost-effective primary health care to millions of people across the country regardless of their ability to pay. The Health Center Program supports community health centers, health centers for the homeless, health centers for residents of public housing, and migrant health centers. HRSA reports that in 2023, more than 31 million people relied on HRSA-funded health centers for care, including 1 in 8 children, more than 9.7 million rural residents, and over 400,000 veterans.

Within the amount provided, the Committee includes bill language providing up to $120,000,000 for the Federal Tort Claims Act program."

Integration of Behavioral Health Care in Community Health Centers: "CHCs play a critical role in providing essential health care services to communities across the United States. Fewer than nine percent of CHC patients received mental health services, and fewer than one percent of CHC patients received substance use services in 2023. Both mental health and substance use disorder treatment are key drivers of physical and behavioral health. Integrating mental health and substance use disorder treatment as primary services provided by CHCs is an efficient way to meet growing demand for treatment, particularly in rural areas. Additionally, integration of these services would eliminate cost barriers as CHCs would no longer need to submit a formal request to HRSA to add these services. The Committee directs HRSA to provide an update to the committees of jurisdiction within 180 days of the enactment of the Act on efforts and obstacles to including mental health and substance use disorder treatment as required primary services in CHCs."

National Health Service Corps: "The Committee includes $130,000,000, for the National Health Service Corps (NHSC) to support competitive awards to health care providers dedicated to working in underserved communities in urban, rural, and Tribal areas."

State Loan Repayment Program: "The Committee appreciates that the State Loan Repayment Program (SLRP) allows States to determine how to address healthcare provider shortages. However, the Committee is concerned that many States may not be focusing on the full range of healthcare providers in shortage, including in nursing, pharmacy, dentistry, and behavioral healthcare. The Committee requests HRSA include in the fiscal year 2027 congressional justification information

regarding the steps the agency is taking to address health professions shortages, including efforts to ensure the SLRP is supporting all health care professions in shortage, including in nursing, pharmacy, dentistry, and behavioral healthcare. The update should include: (1) information, by State, on what professions are benefiting from the SLRP and how many individuals in each profession have received funding; and (2) how many individuals applied, broken down by profession and State. In addition, the update should provide information on how HRSA can expand efforts to include health professionals who do not typically benefit from HRSA workforce programs, such as pharmacists, in its educational, training, and loan repayment programs."

Tribal Set-Aside: "The Committee includes a set-aside of 15 percent within the total funding provided for NHSC to support awards to participating individuals that provide health services in Indian Health Service facilities, Tribally-operated health programs, and Urban Indian Health programs."

Mental and Behavioral Health Programs: "The Committee consolidates activities previously funded under Mental and Behavioral Health programs into Behavioral Health Workforce Education and Training."

Behavioral Health Workforce Education and Training: "The Committee includes $158,053,000 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."

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."

Mental and Substance Use Disorder Workforce Training Demonstration: "This program makes grants to institutions, including but not limited to medical schools and FQHCs, to support training for medical residents and fellows in psychiatry and addiction medicine, as well as nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and social workers trained to provide mental health and substance use disorder services in underserved and rural community-based settings, including such settings that serve pediatric populations, as authorized under section 760 of the PHS Act.

The Addiction Medicine Fellowship program provides fellowships to train addiction medicine physicians and addiction psychiatrists who work in underserved, community-based settings that integrate primary care with mental health disorder and SUD prevention and treatment services. One major cause of the existing treatment gap is that physicians in traditional medical settings lack the necessary training and overall confidence to provide comprehensive assessments of adolescents with SUD and subsequent evidence-based treatment. The fellowship opportunities funded by this program provide advanced training opportunities to a wide range of specialists, including those in family medicine, internal medicine, psychiatry, and emergency medicine."

Peer Support Specialists: "The Committee supports community based experiential training for students preparing to become peer support specialists and other types of behavioral health-related paraprofessionals. The Committee includes a $1,000,000 increase for this activity."

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program: "The Committee includes $40,000,000 for this 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 HPSA or a county where the overdose death rate exceeds the national average."

Maternal and Child Health Services Block Grant: "The Committee recommends $603,584,000 for the maternal and child health (MCH) services block grant, consistent with the fiscal year 2026 budget request. States use these funds to improve access to care for mothers, children, and their families; reduce infant mortality; provide pre- and post-natal care; support screening and health assessments for children; and provide systems of care for children with special health care needs."

Community Integrated Service Systems: "The Committee recommends $10,276,000 for community integrated service system, which is the same as the fiscal year 2026 budget request. These grants help States and communities build a comprehensive, integrated system of care to improve access and outcomes for all children, including children with special health care needs."

Screening and Treatment for Maternal Mental Health and Substance Use Disorders: "The Committee provides $13,500,000 for the Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program. The program helps expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal mental health and substance use disorders. The Committee continues to support the MMHSUD program, which was reauthorized in the Consolidated Appropriations Act, 2023 (P.L. 117–328).

According to Maternal Mortality Review Committee data, suicide and overdose are the leading causes of maternal mortality, accounting for 22 percent of pregnancy-related deaths. Maternal mental health (MMH) conditions impact one in five pregnant or postpartum women. The MMHSUD program provides grants to States to improve access to care and expand the workforce by training health care providers to screen, assess, and treat MMH conditions and substance use disorders and provide specialized psychiatric consultation to providers. According to HRSA, almost 50 percent of the providers who used the psychiatric consultation line were in a rural or underserved area. The program supports women in rural and underserved areas who lack access to mental health care, especially for the millions of women living in a maternity care desert.

Each MMHSUD program is funded up to $750,000 with 13 States currently receiving funding. The additional funding for this program will allow for three more programs to receive funding to support mothers and babies in their States. The Committee encourages HRSA to work to expand grants to Tribes and Tribal organizations to address MMH conditions and substance use disorders. The Committee requests an update in the fiscal year 2027 congressional justification on efforts by the agency to provide grants for Tribes and Tribal organizations to support maternal mental health and substance use disorders in these communities."

Integrated Services for Pregnant and Postpartum Women: "The Committee includes $10,000,000 for integrated services for pregnant and postpartum women, the same as the fiscal year 2026 budget request. The Integrated Services for Pregnant and Postpartum Women program helps States, Indian Tribes, and Tribal organizations establish or operate innovative programs to effectively deliver care for pregnant and postpartum women while considering their social, behavioral, and health care needs."

Ryan White HIV/AIDS Program: "The Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) program funds activities to address the care and treatment of persons living with HIV/AIDS who need assistance to obtain treatment. The program provides grants to States and eligible metropolitan areas to improve the quality, availability, and coordination of health care and support services, including access to HIV-related medications."

> *Ryan White Formula Funding:* "The Committee is concerned that the Ryan White Part A funding formula, which is calculated based on jurisdiction of diagnosis, disadvantages jurisdictions that experience increasing population sizes due to new incoming residents. When HRSA last studied this issue in 2019, it found jurisdictions were over- and under-represented in the funding formula by up to 50 percent. The Committee urges HRSA to renew its analysis on discrepancies between where Ryan White patients are diagnosed and where they currently reside. The Committee requests an update in the fiscal year 2027 congressional justification on these findings and potential courses of action and considerations for a residence-based formula."

Rural Health: "The Federal Office of Rural Health Policy's (FORHP) programs provide funding to improve access, quality, and coordination of care in rural communities; for research on rural health issues; for technical assistance and recruitment of health care providers; for screening activities for individuals affected by the mining, transport, and processing of uranium; and for the outreach and treatment of coal miners and others with occupation-related respiratory and pulmonary impairments."

> *Rural Healthcare:* "While current spending for all rural health discretionary programs is relatively small, it plays a critical role in solidifying the fragile healthcare infrastructure in rural communities. The Committee supports programs seeking to address the severe health care crisis escalating in rural America and preventing any additional rural hospitals from closing. Health care workforce shortages continue to plague rural communities, and, while health care innovations, such as telehealth technologies, show promise in rural areas, the Committee believes that action needs to be taken to address the workforce shortages in rural communities. The Committee continues to support HRSA's efforts to implement programs and policies to improve rural health outcomes, strengthen care delivery, and address the immediate issues facing rural communities."
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> **Rural Communities Overdose Response Program:** "The Committee includes $145,000,000, the same as the fiscal year 2026 budget request, for this program. Within the funding provided, the Committee includes $10,000,000 to continue the three Rural Centers of Excellence (Centers), as established by P.L. 115– 245 and continued through P.L. 117–328. The Committee recognizes the success of the three Centers in reducing substance use disorders within rural communities, through various evidence- based treatment and recovery models. 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."

Office for the Advancement of Telehealth: "The Committee includes $45,550,000 for the Office for the Advancement of Telehealth (OAT). Funds for OAT promote the effective use of technologies to improve access to health services for people who are isolated from health care and to provide distance education for health professionals.

> *Telehealth Accreditation:* "The Committee recognizes the strong bipartisan support for telehealth and supports efforts to ensure telehealth programs are set up for long-term success. The Committee supports the Department's efforts to ensure that telehealth programs adhere to standards and evidence-based best practices. Accreditation processes aim to improve virtual care services through the regular review of telehealth programs to ensure they have the tools needed to meet and maintain established standards. Accreditation provides a recognized marker for high quality of care and consistency,

which promotes and fosters trust and confidence among patients and providers. To build on the Department's efforts, the Committee encourages HHS and HRSA to utilize telehealth accreditation, where appropriate, to ensure high quality and consistent care for patients."

Telehealth Centers of Excellence: "Within the funds provided for OAT, the Committee provides no less than $8,500,000 for Telehealth Centers of Excellence. These Centers identify best practices, serve as national training resources, and test the efficacy of different telehealth clinical applications. These Centers serve to promote the adoption of telehealth programs across the country by validating technology, establishing training protocols, and by 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."

Telehealth Network Grants: "The Telehealth Network Grant Program (TNGP) supports the use of telehealth networks to improve health care services for medically underserved populations in urban, rural, and frontier communities. The Committee recognizes the importance of expanding telehealth services in rural and underserved communities. To improve access to care, the Committee provides an increase of no less than $1,000,000 for TNGP within the funding provided for OAT. The Committee encourages HRSA to prioritize funding for initiatives incorporating AI-driven remote patient monitoring, mobile diagnostic units, and telemedicine expansion to address critical shortages in primary and specialty care."

Telehealth Resource Centers: "The Telehealth Resource Centers (TRC) program provides expert and customizable telehealth technical assistance across the country. The TRCs provide training and support, disseminate information and research findings, promote effective collaboration, and foster the use of telehealth technologies to provide health care information and education for providers who serve rural and medically underserved areas and populations. The Committee recognizes the essential role TRCs play in helping rural and other under-resourced communities integrate telehealth into care delivery and address persistent challenges related to access, reimbursement, and technology adoption. Given the exponential growth of telehealth utilization in recent years and the increased demand for TRC services, the Committee provides an increase of $500,000 for the TRC Program within the funding provided for OAT."

AHA Congressional Justification Language:

Health Centers: "The FY 2026 Budget Request for the Health Center Program is $6.12 billion. This total consists of $1.86 billion in discretionary resources, which includes $120 million for the FTCA program, and $4.26 billion in mandatory funding. This grant

funding will enable health centers to provide high quality, cost-effective primary health care services to 31.9 million medically underserved, low-income patients across the country. The request also supports costs associated with the grant review and award process, operational site visits, information technology, and other program support costs.

Health centers are at the forefront of efforts to Make America Healthy Again through increasing access to chronic disease prevention and management (e.g. hypertension, diabetes), nutrition counseling and patient health education services, cancer screenings, and comprehensive primary health care services, including preventive services, mental health, and wellness activities. In 2023, 66 percent of adult health center patients with diagnosed hypertension had blood pressure under adequate control (less than 140/90), and 71 percent of adult health center patients with type 1 or 2 diabetes had their most recent hemoglobin A1c (HbA1c) under control (less than or equal to 9 percent). Health centers were able to better control hypertension and diabetes for their patients compared to the NCQA/HEDIS 2022 Medicaid HMO averages.

Seventy-two percent of child and adolescent health center patients received a weight assessment and counseling for nutrition and physical activity. The proportion of health center patients that received screenings for colorectal cancer (41 percent), cervical cancer (55 percent), and breast cancer (52 percent) all increased in 2023. Seventy-two percent of health center patients were screened for depression and had a follow-up plan documented, when appropriate.

Health centers also reduce costs to health systems; the health center model of care has been shown to reduce the use of costlier providers of care, such as emergency departments and hospitals. In 2024, a study published in BMC Pediatrics found that Medicaid fee for service child patients seen at a health center had a 7 percent lower chance of hospitalization and total expenditures 8 percent lower than non-health center patients.1 Additionally, a recent study noted that the health center model of care was associated with lower use of specialty, emergency department, and hospitalization visits compared with other primary care providers serving Medicaid managed care beneficiaries.2

To support quality improvement, the Program will continue to facilitate national and State-level technical assistance and training programs that promote quality improvements in health center data and quality reporting, clinical and quality improvement, and implementation of innovative value-based, quality activities. The Program continues to promote the integration of health information technology into health centers through the Health Center Controlled Network Program to assure that key safety-net providers can advance their operations through enhanced technology and tele-health systems.

AHA also utilizes a variety of methods to oversee the Health Center Program and to monitor Health Center Program grantees to identify potential issues, including non-compliance with program requirements and areas where technical assistance might be beneficial. AHA accomplishes this monitoring through a variety of available resources, including the review of health center data

reports, independent annual financial audits reports, ongoing communication with grantees, and site visits. AHA will work to ensure that Health Center Program grantees are continuing to serve as a safety net for low-income and medically underserved populations and that its low-income patients benefit from discounts health centers receive from participating in the 340B Drug Program."

Maternal and Child Health Block Grant: "The FY 2026 Budget Request for the MCH Block Grant program is $767 million. The request includes $593 million for formula awards to states to promote and improve the health and wellbeing of the nation's mothers, children (including CYSHCN), and their families. Additionally, the request includes $163.7 million in SPRANS to continue to address critical and emerging issues in maternal and child health, and $10.3 million for CISS programs.

Eligible entities for the Title V State MCH Block Grant Program include all 59 states and jurisdictions, while organizations eligible for most SPRANS and CISS programs include any domestic public or private entity, including an Indian tribe or tribal organization.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, collection and reporting of performance and outcome measure data to include the National Survey of Children's Health, information technology and other program support costs."

Rural Health:

Rural Health Policy Development: "The FY 2026 Budget Request for Rural Health Policy Development is $11.1 million. This request will fund awards in FY 2026 to provide technical assistance and other activities necessary to improve health care in rural areas. The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs."

Rural Health Outreach Grants: "The FY 2026 Budget Request for the Rural Health Outreach Grants program is $101 million. This request will fund grants that will positively affect health care service delivery for rural communities. This funding request will support services and capacity-building activities for rural communities in improving rural community health by focusing on quality improvement, increasing health care access, chronic disease management, coordination of care, and integration of services. The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs."

Black Lung: "The FY 2026 Budget Request for the Black Lung Clinics Program is $12.2 million. This request will fund 15 Black Lung Clinic Program awards and will continue to support primary care and other services to coal miners and one cooperative agreement with the Black Lung Data and 69 Resource Center to enhance the quality of services provided by BLCP grantees and work closely with AHA to strengthen the quality of data collection and analysis.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and other program support costs."

Rural Residency Planning and Development: "The FY 2026 Budget Request for the Rural Residency Planning and Development Program is $12.7 million, which is equal to the FY 2025 Enacted level. This request will fund approximately 15 new awards under RRPD and one non-competing continuation award for technical assistance under RRPD-TA.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews."

Rural Communities Opioid Response: "The FY 2026 Budget Request for the Rural Communities Opioid Response Program of $145 million is equal to the FY 2025 Enacted level. This request will support the development and continuation of community-based grant programs and technical assistance that provide needed behavioral health services, including those for substance use disorder/opioid use disorder (SUD/OUD), directly to rural residents. From 2002 to 2022, the drug overdose death rate increased nearly four-fold from 8.2 deaths per 100,000 population to 32.6 deaths. In 2023, the U.S. saw a decrease in overdose deaths (31.3 deaths per 100,000 population), and provisional data suggests that these declines continued through 2024. Although rates are decreasing nationally, there are smaller year-over-year decreases in rural compared to urban.6 7

RCORP award recipients and other rural stakeholders have described continually evolving and emerging threats related to SUD/OUD (e.g., fentanyl and xylazine), and the need for additional resources to address co-occurring use of substances beyond opioids (e.g., alcohol) and mental health disorders specific to rural areas.

In FY 2026, AHA plans to continue funding activities that provide hands-on and on-demand technical assistance, access to AHA program staff, evaluation resources, and support for rural behavioral health care workforce development. The focus will be on emphasizing local control of the funding, reducing burden on the applicants and grant recipients, and promoting a cross-sector approach to addressing the behavioral health and substance use disorder needs of rural communities in a sustainable manner. This funding request also will enable AHA to strengthen RCORP's commitment to

improving health outcomes and increasing access to health care services for underserved rural populations and ensure that essential SUD/OUD resources continue to reach people who are geographically isolated and reside in the highest-need rural communities. This investment will fund 1,956 competing and continuing grant recipients in FY 2026. These grants will support the establishment of new and sustainable prevention, treatment, and recovery services; the addition of new behavioral health care providers; and the ability to address the continually evolving landscape of the opioid epidemic in rural communities.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs."

Office for the Advancement of Telehealth: "The FY 2026 Budget Request for OAT is $42.1 million. An additional $28 million is planned to be transferred from the Policy, Research, and Oversight account as part of the MAHA Initiative, for a total of $70.1 million. This request funds the continued utilization of telehealth to provide access to healthcare in rural and underserved areas. In FY 2026, AHA will support the continuation of 55 existing grantees, and 41 new competitive grants through the Telehealth Nutrition Services Network Grant Program, Telehealth Centers of Excellence Program, Chronic Care Telehealth Centers of Excellence and Technology-enabled Collaborative Learning 84 Program. Specifically, the Telehealth Nutrition Services Network Program and Chronic Care Telehealth Centers of Excellence are new programs that will support the MAHA initiative. Overall, these programs increase access to healthcare services utilizing telehealth technologies and establish an evidence-base assessing the effectiveness of telehealth.

The funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs."

Ryan White HIV/AIDS Program:

RWHAP Part A- Emergency Relief Grants: "The FY 2026 Budget Request for the RWHAP Part A of $680.7 million will support the provision of core medical and support services for people with HIV in the 24 EMAs and 28 TGAs. EMAs are jurisdictions with 2,000 or more reported AIDS cases over the last five years as reported, while TGAs are jurisdictions with at least 1,000 but fewer than 2,000 AIDS cases reported over the last five years.

Two-thirds of the funds available for EMAs and TGAs are awarded according to a formula, based on the number of people diagnosed with HIV in the EMAs and TGAs.17 The remaining funds are awarded as discretionary supplemental grants based on the demonstration of additional need by the eligible EMAs and TGAs, and as Minority AIDS Initiative (MAI)

grants. The MAI funds are a statutory set-aside "to evaluate and address the disproportionate impact of HIV on, and the disparities in access, treatment, care, and outcomes for racial and ethnic minorities". MAI funds are also awarded based on a formula utilizing the number of minorities with diagnosed HIV and AIDS in a jurisdiction and support HIV care, treatment, and support services.

RWHAP Part A jurisdictions are experienced in developing data-driven, community-based needs assessments and responsive procurement of a variety of direct HIV medical and supportive services, working across service providers to develop and maintain a system of services for people with HIV. Approximately 64 percent of all RWHAP clients are served by one of the 52 cities funded under RWHAP Part A and 70 percent of all people with diagnosed HIV reside within these metropolitan areas.

Part A funding contributes to achieving the FY 2026 targets for performance goals that relate to cross-cutting activities, such as the total clients served and percentage of clients who reached viral suppression.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs."

RWHAP Part B- HIV Care Grants to States: "The FY 2026 Budget Level Request for the RWHAP Part B of $1.36 billion, which includes $900.3 million for RWHAP ADAPs, will support access to life saving HIV related medications and funding to provide direct health care services for people with HIV in all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, and five Associated Pacific Jurisdictions.

RWHAP Part B funds are distributed through base and supplemental grants, ADAP base and ADAP supplemental grants, Emerging Communities (EC) grants, and MAI grants. The base awards are distributed by a formula based on a state or territory's prevalent HIV cases weighted for cases outside of the jurisdictions that receive RWHAP Part A funding.24 The ECs are metropolitan areas that do not qualify as RWHAP Part A EMAs or TGAs but have 500-999 cumulative reported AIDS cases over the last five years. States apply on behalf of the ECs for funding through the RWHAP Part B base grant application. RWHAP Part B supplemental grants are available through a competitive process to eligible states with demonstrated need.

Individual ADAPs operate in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of Palau,

and the Republic of the Marshall Islands. ADAP funds are distributed by a formula based on prevalent HIV cases. In addition, ADAP supplemental funds are a five percent set aside for states with severe need.

MAI funds are a statutory set-aside "to evaluate and address the disproportionate impact of HIV on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities". The RWHAP Part B MAI funding is statutorily required to specifically support education and outreach services to increase the number of eligible racial and ethnic minorities who have access to the RWHAP ADAP. MAI funds are also awarded based on a formula utilizing the number of minorities with diagnosed HIV and AIDS in a jurisdiction.

RWHAP Part B funding will also contribute to achieving the FY 2026 targets for performance goals that relate to cross-cutting activities, such as the total number of clients served, and the percentage of clients who achieved viral suppression.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs."

RWHAP Part C- Early Intervention Services: "The FY 2026 Budget Request of $208 million will fund 354 RWHAP Part C grant recipients located in 49 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. This level will continue support for comprehensive medical, treatment and support services necessary to achieve improved health outcomes, such as improved viral suppression rates, essential to ending the HIV epidemic.

RWHAP Part C funding is allocated using a data driven methodology that includes a minimum award per service area, the number of clients served by the grantee, populations disproportionately impacted by the HIV epidemic, and funding for service areas partially or wholly outside of RWHAP Part A jurisdictions. This amount also funds the statutory RWHAP Part C capacity development grants to strengthen organizational capacity to respond to the changing health care landscape and increase access to high-quality HIV primary health care services for low-income and underserved people with HIV. RWHAP Part C MAI funds are a statutory set-aside "to evaluate and address the disproportionate impact of HIV on, racial and ethnic minorities". RWHAP Part C MAI funding supports HIV care, treatment, and support services.

RWHAP Part C supports direct health care services for low-income people with HIV who are uninsured or disproportionately impacted by this chronic disease. These services are considered essential to improving health outcomes and are a crucial part of the care network that links and retains people with HIV into health care. Such critical health care services include intensive case management and care coordination services, linking and retaining people with HIV into care, and getting them on antiretroviral medications as early as possible.

The RWHAP Part C funding will contribute to achieving the FY 2026 targets for performance goals that relate to cross-cutting activities, such as the total number of clients served, and the percentage of clients who achieved viral suppression.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs."

RWHAP Part D- Women, Infants, Children and Youth: "The FY 2026 Budget Request for the RWHAP Part D of $77.9 million will support the comprehensive array of medical and support services necessary to achieve improved health outcomes, such as improved viral suppression rates, essential to ending the HIV epidemic. This request will fund 111 RWHAP Part D grant recipients located in 39 states and Puerto Rico. RWHAP Part D funding is allocated using a data driven methodology that includes a minimum award per service area, the number of women, infant, children, and youth clients served by the grantee, and funding for service areas partially or wholly outside of RWHAP Part A jurisdictions. RWHAP Part D MAI funds are a statutory set-aside" to evaluate and address the disproportionate impact of HIV on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities". RWHAP Part D MAI funding supports HIV care, treatment, and support services.

The RWHAP Part D supports health care services for women, infants, children, and youth with HIV who are uninsured or disproportionately impacted by this chronic disease. Such critical health care services include intensive case management and care coordination services, linking and retaining people with HIV into care, and starting them on antiretroviral medications as early as possible.

RWHAP Part D funding will contribute to achieving the FY 2026 targets for performance goals that relate to cross-cutting activities, such as the total number of clients served and the percentage of clients who achieved viral suppression.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs."

RWHAP Ending the HIV Epidemic Initiative (EHE): "The FY 2026 Budget Level Request of $385 million for the EHE initiative activities, including $165 million for Ryan White HIV/AIDS Program activities and $220 million for activities previously carried out by CDC. Funds will support activities to end the HIV epidemic, including HIV care and treatment in the 48 counties, DC, San Juan (Puerto Rico) that contain more than 50 percent of new HIV infections, and seven states with substantial rural HIV burden. Resources to continue EHE activities in Health Centers are included in Primary Care.

In FY 2026, AHA will continue to direct EHE funding to 39 Ryan White HIV/AIDS Program (RWAP) Part A jurisdictions that contain one or more of the counties and the current eight RWHAP Part B states (including funding to the state of Ohio for Hamilton County, which is not a RWHAP Part A recipient). AHA coordinates with the respective RWHAP ADAPs to ensure necessary resources are available to provide assistance for medications and health care coverage premiums and cost sharing for people newly diagnosed with HIV or re-engaged in care through the initiative. The RWHAP's comprehensive system of HIV care and support services and effective system for medication delivery creates a very efficient and effective service delivery mechanism for this initiative.

The FY 2026 request will allow the RWHAP to continue current efforts to engage new clients and support HIV care and treatment needs for an estimated 43,000 clients who are either reengaged or were newly diagnosed in prior years of the initiative. As more people with HIV receive HIV care and treatment, an increase in EHE funding is critical for engaging those out of care and keeping an increasing number of patients on medications to prevent HIV transmissions and improve HIV health outcomes.

The FY 2026 request will also support the continuation of key activities previously carried out by CDC, such as HIV surveillance and laboratory services, including outbreak response to stop them at their source. Additionally, the program will focus efforts in jurisdictions for testing and other prevention services. Data collected by these activities is also used to inform resource allocation, including for the Ryan White HIV/AIDS Program."

National Health Service Corps (NHSC): "The FY 2026 Budget Request for the NHSC is $473.6 million, and includes $345 million in mandatory funding. The investment supports an estimated 6,600 scholarships and loan repayment awards, and an anticipated field strength of nearly 12,800 primary care, behavioral health, and oral health providers serving in communities of greatest need. The NHSC will continue to support recruitment of a health workforce that is well prepared to meet patients' needs, including licensed substance use disorder treatment providers, participants providing primary care health services in American Indian health facilities, and participants addressing language access barriers to quality care. Funding provided for state-administered loan repayment grant initiatives will continue to align with the specific needs of their residents.

The funding request includes costs associated with the award process, follow-up performance reviews, information technology enhancements, and other program support costs."

Behavioral Health Workforce Development: "The FY 2026 Budget Request for the Behavioral Health Workforce Development Programs is $129.3 million. The request includes $40 million for the Substance Use Disorder Treatment and Recovery Loan

Repayment program and $25 million for the Addiction Medicine Fellowship Program to support the training of physicians who specialize in the prevention, evaluation, and treatment of substance use disorder.

This investment will support the Behavioral Health Workforce Education and Training Program for Professionals Program and the Addiction Medicine Fellowship Program. In addition, this request will support approximately 300 new loan repayment awards to individuals through the STAR LRP.

The funding request also includes costs associated with the award process, follow-up performance reviews, information technology, and other program support costs."

Administration for Children and Families (ACF) – Select Programs[25]

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Promoting Safe and Stable Families (PSSF)	$417,515,000	Level	$482,515,000	+$65,000,000	$482,515,000	+$65,000,000	$482,515,000	+$65,000,000
Regional Partnership Grant (RPG), mandatory	$20,000,000	Level	$20,000,000	Level	$30,000,000	+$10,000,000	$30,000,000	+$10,000,000
Children and Families Services Programs	$14,789,089,000	-$40,011,000	$13,657,693,000	-$1,131,396,000	$14,480,087,000	-$309,002,000	$14,899,640,000	+$110,551,000
Child Abuse Prevention and Treatment Act (CAPTA) State Grants	$105,091,000	Level	$105,091,000	Level	$105,091,000	Level	$105,091,000	Level
Child Welfare Services	$268,735,000	Level	$268,735,000	Level	$268,735,000	Level	$268,735,000	Level

[25] The President's proposed budget for FY 2026 reflects HHS' proposed restructuring announced on March 27, 2025, including the consolidation of select programs under the ACF and the Administration for Community Living (ACL) into the new Administration for Children, Families, and Communities (ACFC), which is proposed to be funded at $66,286,478,000 for FY 2026.

Senate Committee Report Language:

Children and Families Services Programs: "The Committee provides $14,899,640,000 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."

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 93-24 7). 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 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 are able to 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."

Promoting Safe and Stable Families: "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."

House Committee Report Language:

Promoting Safe and Stable Families: "The Committee provides $420,000,000 in mandatory funds and $62,515,000 in discretionary funds for the Promoting Safe and Stable Families program. This program enables each State to operate a coordinated program of family preservation services, community-based family support services, time-limited reunification services, and adoption promotion and support services.

Within the discretionary total, the Committee provides $2,750,000 for the Family First Clearinghouse and related research and evaluation."

Children and Families Services Programs: "The Children and Families Services programs fund activities serving children, youth, families, the developmentally disabled, Native Americans, victims of child abuse and neglect and domestic violence, and other vulnerable populations."

Child Abuse Prevention State Grants: "This program provides Child Abuse Prevention and Treatment Act formula grants to States to improve their child protective service systems."

Child Welfare Services: "This program funds formula grants to State and Tribal child welfare programs for research, monitoring, and special initiatives to promote positive outcomes for children and families involved in child welfare."

ACF Congressional Justification Language:

Promoting Safe and Stable Families (PSSF): "The current law mandatory amount is $420 million, an increase of $75 million from the FY 2025 enacted level for the PSSF program (as authorized by P.L. 118-258), $75 million for SRAE, and $75 million for PREP. This does not include the amount required by law to be sequestered in FY 2026, which totals $23.94 million for PSSF. The discretionary appropriation request is $62.515 million, which includes $2.75 million for the Title IV-E Prevention Services Clearinghouse.

The Budget continues a one-year reauthorization of the PREP and SRAE programs to ensure states and territories, tribes, and community-based organizations have funding available to support youth's access to education on abstinence and contraception to prevent unintended pregnancy and sexually transmitted infections, including HIV/AIDS."

Regional Partnership Grants (RPG): "This funding will continue the success of earlier RPGs and will support state efforts to reduce foster care placements due to parental substance abuse. Adult substance-use disorders, including opioid-use disorder and fentanyl use, remain a major and growing factor for involvement in the child welfare system and in out-of-home placements. The RPG program represents the only source of funding specifically focused on the intersection of substance-use disorders, including opioid addiction, and child welfare involvement."

Children and Families Services Programs: "The Children and Families Services Programs appropriations account incorporates funding for programs serving children, youth, families, Native Americans, victims of child abuse and neglect and domestic violence, and other populations. The FY 2026 request for discretionary Children and Families Services Programs is $13.7 billion, a decrease of $1.13 billion from the FY 2025 Enacted level.

The FY 2026 request for Children and Families Services Programs funds most programs at the FY 2025 Enacted level. The following programs are proposed for elimination:

- Preschool Development Grants (-$315 million)
- Community Services Block Grants (-$770 million)

- Community Economic Development (-$22.4 million)
- Rural Community Developmental (-$12 million)

ACFC proposes to combine the Service Connection for Youth on the Streets program and the Runaway and Homeless Youth programs into one account. This will lead to an increase in the efficiency of services and a reduced burden for the grantees as many are currently receiving multiple grants from the programs."

Child Abuse Prevention and Treatment Act (CAPTA) State Grants: "The FY 2026 request for CAPTA State Grants is $105 million. The funding will assist states in strengthening their child protective service systems, better serve families affected by substance-use disorders, and support and enhance interagency and community-based collaborations to prevent child abuse and neglect by promoting child and family well-being and to reduce child abuse and neglect related fatalities. The funding will help states to improve their response to infants affected by substance-use disorders or withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder by developing, implementing, and monitoring plans of safe care for these infants and their parents and caregivers.

For FY 2026, it is estimated that 56 awards will be made with an average award of $1,847,607 and a range of $68,478 to $11,951,260."

Child Welfare Services: "The FY 2026 request for the Child Welfare Services Program is $268.7 million. This funding will support grants to help improve state and tribal child welfare services programs with a goal of keeping families together when appropriate.

For FY 2026, an estimated 228 awards will be made with an average award of $1,179,662 and a range from $1,058 to $28,149,249."

THE UNITED STATES DEPARTMENT of JUSTICE

Department of Justice (DOJ) – Select Programs

Program	Final FY 2025	FY 2025 vs FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Drug Enforcement Administration	$2,567,000,000	Level	$2,455,167,000	-$111,833,000	$2,813,924,000	+$246,924,000	$2,567,000,000	Level
Office of Justice Programs (OJP): Research, Evaluation, and Statistics	$65,000,000	Level	$55,000,000	-$10,000,000	$55,000,000	-$10,000,000	$60,000,000	-$5,000,000
Study on Law Enforcement Responses to Opioid Overdoses	Not funded	N/A	Not funded	N/A	Not funded	N/A	Not funded	N/A
OJP: State and Local Law Enforcement Assistance	$2,000,033,000	-$475,028,000	$1,514,800,000	-$485,233,000	$2,246,460,000	+$246,427,000	$1,878,146,000	-$121,887,000
Edward Byrne Memorial Justice Assistance Grants (JAG)	$499,033,000	-$425,028,000	$446,000,000	-$53,033,000	$897,960,000	+$398,927,000	$569,146,000	+$70,113,000
Drug Data Research Center to Combat	*Not funded*	*N/A*	*Not funded*	*N/A*	*Not funded*	*N/A*	*Not funded*	*N/A*

Program	Final FY 2025	FY 2025 vs FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Opioid Abuse[26]								
Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)[27]	$189,000,000	Level	$189,000,000	Level	$189,000,000	Level	$185,000,000	-$4,000,000
Drug Courts	$89,000,000	Level	$89,000,000	Level	$89,000,000	Level	$89,000,000	Level
Justice and Mental Health Collaboration Program (JMHCP or MIOTCRA)	$40,000,000	Level	$40,000,000	Level	$40,000,000	Level	$40,000,000	Level
Residential Substance Abuse Treatment (RSAT)	$18,000,000	-$17,000,000	$35,000,000	+$17,000,000	$35,000,000	+$17,000,000	$35,000,000	+$17,000,000
Second Chance Act/Offender Reentry	$117,000,000	Level	$117,000,000	Level	$106,200,000	-$10,800,000	$117,000,000	-$1,000,000
Veterans Treatment Courts	$32,000,000	Level	$30,000,000	-$2,000,000	$32,000,000	Level	$32,000,000	+$2,000,000
Prescription Drug Monitoring	$35,000,000	Level	$35,000,000	Level	$35,000,000	Level	$35,000,000	Level

[26] The Drug Data Research Center to Combat Opioid Abuse is funded as a carve-out from the Byrne Memorial Justice Assistance Grants.

[27] Previously called the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) until FY 2023.

Program	Final FY 2025	FY 2025 vs FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Community Oriented Policing Services (COPS)	$417,169,000	-$247,347,000	$344,400,000	-$72,769,000	$654,138,000	+$236,969,000	$500,167,839	+$82,998,000
Juvenile Justice Programs	$375,000,000	Level	$300,500,000	-$74,500,000	$327,000,000	-$48,000,000	$380,000,000	+$5,000,000
High Intensity Drug Trafficking Areas (HIDTA) Program	Funded under ONDCP	N/A	$196,000,000	+$196,000,000	Funded under ONDCP	N/A	Funded under ONDCP	N/A

Senate Committee Report Language:

Responding to Opioids, Methamphetamine, Synthetic Drugs, and Substance Abuse in Our Communities: "The Committee continues its commitment to helping States and local communities in the fight against opioids, methamphetamine, synthetic drugs, and the illegal diversion of prescription drugs through comprehensive programs covering law enforcement, prevention, and treatment. The Committee provides a total of $574,500,000 in DOJ grant funding to help State and local partners tackle these epidemics. In addition, the Committee provides $2,567,000,000 for the Drug Enforcement Administration [DEA] to sustain its efforts to disrupt and dismantle drug trafficking organizations."

Combatting the Continued Methamphetamine Crisis: "The Committee notes that many communities and families continue to suffer from a longstanding and reemerging methamphetamine crisis. In many States, particularly in rural areas, methamphetamine-related deaths outnumber those from heroin. The Committee recognizes the strain methamphetamines place on families, communities, rural health providers, and law enforcement agencies, including the disproportionate burden to Tribal communities. The Committee continues its commitment to combatting the methamphetamine crisis, including through sustained funding for numerous DOJ grant programs and the DEA."

Drug Enforcement Administration: "The Committee's recommendation provides total resources of $2,567,000,000 for the DEA salaries and expenses. In addition, $669,660,000 is derived from the DEA's Diversion Control Fee Account. The recommendation is equal to the fiscal year 2025 enacted level.

The Committee directs DEA to prioritize its core missions, which are to enforce the controlled substances laws and regulations of the United States and bring to the criminal and civil justice system of the United States or any other competent jurisdiction those organizations and principal members of organizations involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets. The DEA shall report to the Committee, within 30 days of enactment of this act, and quarterly thereafter, on the total resources utilized for activities outside of these core missions.

The Committee strongly supports DEA's efforts to reverse the significant decline in special agent employment levels to ensure the DEA has the personnel necessary to combat the ongoing methamphetamine and opioid crises. The Committee encourages the DEA to assign agents to the geographic areas that are most broadly impacted by methamphetamines and opioids."

> *Social Media Platforms:* "The Committee is aware that online drug sales pose a growing threat to Americans of all ages, but particularly teens. The Committee adopts and reiterates the directive under this heading in Senate Report 118–62, as adopted into the joint explanatory statement accompanying Public Law 118–42. The Committee looks forward to the timely submission of this report.
>
> *Fentanyl Analogues:* "Given the worsening opioid epidemic, the Committee encourages DEA to continue its efforts to test and schedule fentanyl-related substances to advance the scientific and medical research of these dangerous substances. The DEA shall report, and make available for public comment, the scientific and medical evaluation provided by the Secretary of Health and Human Services as part of any proposed rule in the Federal Register relating to the scheduling of a fentanyl-related substance. The DEA shall include all pharmacological data that it considered, as well as information related to the identification and testing of the substance that is the subject of the proposed rule. The Department shall report to the Committee on Appropriations, within 90 days of enactment of this act, the status of studies and scheduling recommendations for all fentanyl analogues it has identified.
>
> *Fentanyl Tracking:* "The Committee directs the DEA to use the provided funding to develop a comprehensive fentanyl tracking system, which includes documentation of seizure location, chemical composition, probable or known manufacturing location, and probable or known point of entry into the U.S., if applicable. The DEA shall report back to the Committee on these efforts within 90 days of the enactment of this act."

DEA Suspicious Orders Report System [SORS]: "The Committee directs DEA to take further action to remove barriers to access for opioid use disorder medications. DEA must clarify the difference between suspicious orders of opioids and suspicious orders of buprenorphine on SORS. DEA should also work with other Federal regulators, including the Department of Health and Human Services [HHS] and FDA, to ensure these barriers are removed after necessary clarifications are made."

Xylazine: "The FDA and DEA have issued warnings regarding the risks of the human consumption of xylazine, a sedative used in veterinary medicine and in farming. Media reports indicate the increased use of the drug, by itself or in combination with other substances, is resulting in worsening addiction and is causing physical wounds to those who use illicit opioids. The DEA shall report to the Committees on Appropriations and the Judiciary, within 90 days of enactment of this act, on the prevalence of xylazine in drug seizures, information about known distribution networks for the drug, and potential harm-reduction strategies."

Tribal Consultation: "Prior to the finalization of the Proposed Rule for Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have Not Had a Prior In-Person Medical Evaluation (88 Fed. Reg. 12875), the Committee directs DEA to engage in meaningful Tribal consultation with federally recognized Tribes affected by the proposed rulemaking, as required by the DOJ Tribal Consultation Policy, Executive Order 13175, Executive Order 13604, and a November 30, 2022, Presidential Memorandum mandating executive agency consultation with Indian nations and Tribes."

Office of Justice Programs: Research, Evaluation and Statistics: "The Committee's recommendation provides $60,000,000 for the Research, Evaluation and Statistics account. The recommendation is $5,000,000 below the fiscal year 2025 enacted level. Funding in this account provides assistance in the areas of research, evaluation, statistics, hate crimes, DNA and forensics, criminal background checks, and gun safety technology, among others."

Office of Justice Programs: State and Local Law Enforcement Assistance: "The Committee's recommendation provides $1,878,146,000 for State and local law enforcement assistance. The recommendation is $121,887,000 below the fiscal year 2025 enacted level."

Edward Byrne Memorial Justice Assistance Grant Program: "The Committee recommends $569,146,000 for Byrne-JAG. Funding is not available for luxury items, real estate, or construction projects. The Department should expect State, local, and Tribal governments to target funding to programs and activities that conform to evidence-based strategic plans

developed through broad stakeholder involvement. The Committee directs the Department to make technical assistance available to State, local, and Tribal governments for the development or update of such plans. Funding is authorized for law enforcement programs including those that promote data interoperability among disparate law enforcement entities; prosecution and court programs; prevention and education programs; corrections programs; drug treatment and enforcement programs; planning, evaluation, and technology improvement programs; and crime victim and witness programs, other than compensation."

> *Byrne-JAG and the Bipartisan Safer Communities Act:* "In addition to the funding provided in this act, the Committee notes that an additional $150,000,000 will be released to State, local, and Tribal governments this fiscal year under the Bipartisan Safer Communities Act [BCSA]. Government agencies and law enforcement can use BCSA funding for the following purposes, including, but not limited to: extreme risk protection order programs, drug courts, mental health courts, and veterans courts."
>
> *Uses of Byrne-JAG Funds:* "The Committee continues to recognize that novel equipment and technologies can improve public safety and public trust in criminal justice institutions. OJP is urged to promote awareness, through Statements on the OJP website, in ''FAQs'' and seminars, and in solicitation documents, that Byrne-JAG funds may be used for managed access systems and other cell phone mitigation technologies; fentanyl and methamphetamine detection equipment, including handheld instruments; drug detection canines; license plate readers; and hiring and training of cybercrime analysts and investigators."

Second Chance Act [SCA] Grants: "The recommendation provides $116,000,000 for SCA grants. The Committee expects that SCA funding will support grants that foster the implementation of strategies that have been proven to reduce recidivism and ensure adults released from prisons and jails safely and successfully reenter their communities. The SCA supports activities such as employment assistance, substance abuse treatment including MAT options, housing, local transportation, mentoring, family programming, and victim support. SCA grants will also support demonstration projects designed to test the impact of new strategies and frameworks. Of the amounts provided in this section, $10,000,000 is provided for the purposes of the Crisis Stabilization and Community Reentry Act of 2020 (Public Law 116–281), which also addresses the mental health and substance use disorder needs of individuals who are recently released from correctional facilities.

When awarding SCA grants, the Committee directs OJP to consider the impact of reentry of prisoners on communities in which a disproportionate number of individuals reside upon release from incarceration. OJP shall assess the reentry

burdens borne by local communities and local law enforcement agencies; review the resources available in such communities to support successful reentry and the extent to which those resources are used effectively; and make recommendations to strengthen the resources in such communities which are available to support successful reentry and to lessen the burden placed on such communities by the need to support reentry."

Comprehensive Addiction and Recovery Act [CARA] Programs: "The Committee provides a total of $418,000,000 for CARA programs, including $89,000,000 for drug courts; $34,000,000 for veterans treatment courts; $35,000,000 for Residential Substance Abuse Treatment, including access to any of the three MAT options; $35,000,000 for prescription drug monitoring; $40,000,000 for the Mentally Ill Offender Act; and $185,000,000 for the Comprehensive Opioid, Stimulant, and Substance Use Disorder Program [COSSUP].

The Committee directs that funding for COSSUP programs focus on prevention and education efforts, effective responses to those affected by substance abuse, and services for treatment and recovery from addiction. Of the $185,000,000 for COSSUP, not less than $11,000,000 shall be made available for additional replication sites employing the Law Enforcement Assisted Diversion [LEAD] model, with applicants demonstrating a plan for sustainability of LEAD- model diversion programs; no less than $5,500,000 shall be made available for education and prevention programs to connect law enforcement agencies with K–12 students; and not less than $11,000,000 shall be made available for embedding social services with law enforcement in order to rapidly respond to drug overdoses where children are impacted.

The Committee supports specialized residential substance abuse treatment programs for inmates with co-occurring mental health and substance abuse disorders or challenges. Given the strong nexus between substance abuse and mental illness in our prisons and jails, the Committee encourages the Attorney General to ensure hat funds provided for residential substance abuse treatment for State prisoners are being used to treat underlying mental health disorders, in addition to substance abuse disorders.

The Committee recognizes the importance of drug courts and the vital role that they serve in reducing crime among people with a substance use or mental health disorder. In recent years, drug courts have been on the front lines of the opioid epidemic and have become important resources for law enforcement and other community stakeholders affected by opioid addiction. The Committee applauds efforts already undertaken in communities across the country to utilize drug courts. The Committee encourages Federal agencies to continue to work with State and local governments and communities to support drug courts.

The Committee supports the ability of drug courts to address offenders with co-occurring substance abuse and mental health problems, and supports court ordered assisted outpatient treatment programs for individuals struggling with

mental illness. Within the funding provided for drug courts, the Committee encourages OJP to give attention to States and localities that have the highest concentrations of opioid-related cases, and to prioritize assistance to underserved areas whose criminal defendants currently have relatively little opportunity to access drug courts. The Committee encourages OJP to coordinate, as appropriate, with other Federal agencies such as the Department of Health and Human Services, as it implements these activities in order to avoid duplication.

The Committee supports the work of mental health courts across the country. The Committee is concerned, however, by the high rates of re-incarceration among individuals with serious mental illness due to the inadequate access to care for or management of their illness and directs that the Department include appropriate long-acting medications, including injectable anti-psychotic medication, as an allowable expense to improve treatment adherence and reduce risk for relapse and re-incarceration.

> **Veterans Treatment Courts:** "The Committee continues to strongly support veterans treatment courts [VTCs]. An evaluation of VTCs funded by BJA found limitations in access to VTCs due to challenges in identifying veterans and also emphasized that veterans' needs vary from other drug courts. The Committee supports the Department's efforts to offer a broader range of tools to address program needs. The joint explanatory statement accompanying Public Law 118–42 directed BJA to submit a report, within 180 days of the enactment of that law, on the establishment of a National Center for Veterans Justice, designed to continuously enhance coordination of data, best practices, original research, and technical assistance to further evidence-based practices for justice- involved veteran interventions. The Committee appreciates the submission of this report and provides $5,000,000 for the establishment of the Center. The Committee directs BJA to provide a briefing on the establishment of the Center within 30 days of the enactment of this act, and to coordinate with the Veterans Justice Commission on the structure, staffing, programming, and funding of the Center.
>
> BJA is encouraged to prioritize VTC grants to rural and low-income areas with high rates of substance abuse and veteran homelessness. BJA is directed to submit a report, within 90 days of the enactment of this act, detailing the geographic distribution of applicants, award recipients, and award funding levels, over fiscal years 2019 to 2025."

Juvenile Justice Programs: "The Committee's recommendation provides $380,000,000 for juvenile justice programs. The recommendation is $5,000,000 above the fiscal year 2025 enacted level.

The Committee strongly supports a comprehensive approach of substantial funding for a robust portfolio of programs that work to improve the lives of the youth in our communities. Title II State Formula and Title V Juvenile Delinquency Prevention grants are

the backbone of programs assisting State and local agencies in preventing juvenile delinquency and ensuring that youth who are in contact with the juvenile justice system are treated fairly. Combined with other critical programs like youth mentoring, the Committee believes that a balanced level of programming is the way to best help at-risk and vulnerable youth and their families.

The Committee encourages OJJDP to review its suite of grant programs in order to offer services and programs for children and youth who have experienced complex trauma."

Community Oriented Policing Services: "The Committee's recommendation provides $500,167,000 for community oriented policing services. The recommendation is $82,998,000 above the fiscal year 2025 enacted level."

House Committee Report Language:

Opioid Reduction Task Force: "The Committee directs the Department to enter into agreements with the Department of the Interior to reinstitute the Opioid Reduction Task Force created in March 2018 by the Department of the Interior. The task force's goal will be to dismantle and disrupt opioid and heroin distribution networks in Indian Country by identifying individuals involved in the transportation, sale, distribution and use of illegal opioids based on intelligence obtained from cooperating sources, law enforcement interdiction activities, and current and historical drug trends, and to use that obtained information to further complex drug investigations targeting those identified opioid distribution networks. The Committee directs the Department to submit a report on the revival of the task force no later than 60 days after the enactment of this Act."

Drug Enforcement Administration: "The recommendation includes a direct appropriation of $2,813,924,000 for the salaries and expenses of the Drug Enforcement Administration (DEA). In addition, DEA expects to derive $650,000,000 from fees deposited in the Diversion Control Fund to carry out the Diversion Control Program, resulting in $3,463,924,000 in total spending authority for DEA. The recommendation is $246,924,000 above fiscal year 2025 and $996,757,000 above the OMB Budget request.

> *Advanced Analytics and Information Sharing in Opioid and Fentanyl Investigations:* "The Committee recognizes the importance of removing barriers to sharing digital evidence collected across the DEA and enabling agents and investigators to collaborate across offices to surface relevant leads and identify connections that might be missed. The recommendation includes the request for an efficient data sharing mechanism for digital evidence collected across the agency and a digital evidence analytics platform that enables agents and investigators conducting opioid and fentanyl trafficking investigations to work collaboratively to find connections, generate new insights into narcotics trafficking patterns, and reduce investigator workload.

Fentanyl Wastewater Testing and Epidemiology: "The Committee supports the DEA, the FBI, and local law enforcement in their efforts to combat the trafficking, sale and use of fentanyl across the country. The Committee also supports the use of emerging technologies to bolster and accelerate these efforts, such as new technology in advanced wastewater epidemiology and testing. To enhance the efforts of the DEA and local law enforcement, the Committee recommends $10,000,000 to accelerate testing for fentanyl by utilizing commercially available advanced wastewater testing technology that can identify and analyze specific biomarkers to detect narcotics prevalence, country of origin, understand usage patterns, and identify trends through anonymous, macro-level data. Such emerging technology could provide increased capabilities in the detection, monitoring, tracking and analysis of fentanyl and other controlled substances to identify its production or use, when and where it exists among our communities, to reduce fentanyl trafficking and use in safeguarding Americans."

Byrne Justice Assistance Grant (JAG) and COPS Hiring Program: "The Committee directs the Department to prioritize applications supporting law enforcement hiring programs under the Byrne JAG and COPS Hiring Program."

Office of Justice Programs: Research, Evaluation, and Statistics: "The recommendation includes $55,000,000 for the Research, Evaluation, and Statistics account, which is $10,000,000 below fiscal year 2025 and equal to the OMB Budget request."

Office of Justice Programs: State and Local Law Enforcement Assistance: "The recommendation includes $2,246,460,000 for State and Local Law Enforcement Assistance programs, which is $246,427,000 above fiscal year 2025 and $731,660,000 above the OMB Budget request."

Byrne JAG Funds for Treatment and Recovery Programs: "The Committee is concerned by the impact on law enforcement of the growing epidemic of the opioid and synthetic drug abuse and misuse on the law enforcement community and notes that Byrne JAG funds may be used for the implementation of treatment and recovery programs to maintain abstinence from all abused or misused drugs."

Byrne JAG Funds for Trauma Recovery Centers: "The Committee reminds the Department that crime victim services, such as trauma recovery centers, are an allowable use of Byrne JAG formula grant funding."

Byrne JAG Funds for Re-Entry Programs: "The Committee encourages the Department to utilize Byrne JAG funds for the development of best practices for re-entry programs."

Second Chance Act: "The Committee supports the Department's implementation of the Second Chance Act, including programs with proven effective outcomes in helping individuals avoid recidivism. The Committee encourages the Department to utilize Second Chance Act funds to continue addressing issues that could be barriers to recidivism for individuals."

Residential Substance Abuse Treatment (RSAT) Program: "The recommendation includes $35,000,000 for the RSAT program. The Committee encourages the Department to leverage coordination between the RSAT program and other grant programs that offer mental health and mental illness services, as appropriate."

Forensic Support for Opioid and Synthetic Drug Investigations: "The recommendation includes $189,000,000 for the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) and of these funds, the recommendation includes $17,000,000 for grants to assist State and local crime labs and medical examiner and coroner offices' efforts to analyze evidence related to opioid and synthetic drug poisonings, among other purposes."

COSSUP Funds for Non-Profits: "The recommendation includes $30,000,000 within COSSUP for grants to local and regional non- profits preventing substance use and misuse. The Committee directs BJA to provide awards to local and regional nonprofits working with law enforcement and community coalitions to educate youth in schools and in extracurricular programing on drug prevention. The Committee further directs BJA to prioritize non-profit organizations with comprehensive approaches to combatting substance use, including investigations, treatment, and education."

Juvenile Justice Programs: "The recommendation includes $327,000,000 for Juvenile Justice programs which is $48,000,000 below the fiscal year 2025 enacted level and $26,500,000 above the OMB Budget request."

Community oriented Policing Services (COPS): "The recommendation includes $654,138,000 for Community Oriented Policing Services (COPS) programs, which is $236,969,000 above the fiscal year 2025 enacted level and $309,738,000 above the OMB Budget request."

DOJ Congressional Justification Language:

Drug Enforcement Administration: "The FY 2026 budget request for DEA totals $2,455.2 million, which is a 4.4 percent decrease from the FY 2025 Enacted. This amount includes $178.4 million requested directly for DEA as a result of the planned dissolution of the Organized Crime Drug Enforcement Task Forces (OCDETF)."

Office of Justice Programs: "The FY 2026 budget request for the OJP totals $2.101 billion in discretionary funding, $373.7 million (or 15 percent) below the FY 2025 Enacted level. The OJP also requests $2.081 billion in mandatory funding, which is equal to the FY 2025 Enacted level. The FY 2026 Budget request proposes to fund and transfer the management of the HIDTA Program to the Office of Justice Programs at a level of $196 million"

Research, Evaluation, and Statistics: "The Research, Evaluation, and Statistics appropriation supports objective and rigorous scientific research, evaluation, and collection and dissemination of statistical data to inform efforts that promote public safety and advance justice. The information and technologies developed through OJP's research and statistical programs improve the efficiency and effectiveness of criminal and juvenile justice systems and programs at all levels of government. This appropriation account funds the work of the National Institute of Justice (NIJ) and the Bureau of Justice Statistics (BJS). The FY 2026 Budget requests $55.0 million for this appropriation, $10.0 million below the FY 2025 Enacted level."

Research, Evaluation, and Statistics Set-Aside: "The Research, Evaluation, and Statistics set-aside will provide up to $45.3 million to support research and statistical programs. This discretionary funding set-aside is an important source of funding that allows BJS to develop and enhance fundamental statistical systems to monitor the criminal justice system and the NIJ to support research and evaluation designed to identify best practices within the criminal and juvenile justice systems. The FY 2026 Budget request for this set-aside is 2.5 percent of grant funding."

State and Local Law Enforcement Assistance: "The State and Local Law Enforcement Assistance appropriation funds numerous programs that establish and build on partnerships with State, local, and Tribal governments responsible for the majority of the Nation's day-to-day crime prevention and control activities. These programs support law enforcement efforts to reduce and prevent violent crime; improve law enforcement officer safety and wellness; address drug-related crime and substance use; supporting victims of trafficking and sexual assault, and better coordinating law enforcement efforts at all levels of government. For FY 2026, the Budget requests a $21.0 million increase to the carve out from Byrne-JAG for Project Safe Neighborhoods to address the country's most pressing violent crimes using comprehensive solutions; $5.0 million to establish the Daniel Anderl Judicial Security and Privacy program; supports sustained funding levels for

Victims of Trafficking; and eliminates restrictive carveouts under Byrne-JAG to increase available funding for JAG formula awards. Overall, the FY 2026 Budget requests $1.515 billion for the State and Local Law Enforcement Assistance appropriation, which is $485.2 million below the FY 2025 Enacted level."

Juvenile Justice Programs: "The Juvenile Justice Programs appropriation supports State, local, tribal, and community efforts to prevent juvenile delinquency and crime and assist children who have been victimized by crime and child abuse. These programs also help states and communities improve their juvenile justice systems in ways that protect public safety, hold youth involved in the justice system accountable, and provide appropriate reentry services for youth returning to their communities after detention in secure correctional facilities. The FY 2026 Budget proposes $300.5 million for this appropriation, which is $74.5 million below the FY 2025 Enacted level."

High Intensity Drug Trafficking Areas Program (HIDTA): "The FY 2026 Budget request proposes to fund and transfer the management of the HIDTA Program to OJP at a level of $196 million. HIDTA's mission is to reduce drug trafficking and drug production in the United States by: facilitating cooperation among federal, state, local, and Tribal law enforcement agencies to share information and implement coordinated enforcement activities; enhancing law enforcement intelligence sharing among federal, state, local, and Tribal law enforcement agencies; providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and, supporting coordinated law enforcement strategies which maximize the use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole."

Community Oriented Policing Service (COPS): "The FY 2026 budget requests a total of $344.4 million for COPS, which is a $72.8 million decrease from the FY 2025 Enacted level."

Office of National Drug Control Policy (ONDCP)

Program	Final FY 2025	FY 2025 vs. FY 2024	President's FY 2026 Request	President's FY 2026 vs. FY 2025	House FY 2026 Recommendation	House FY 2026 vs. FY 2025	Senate FY 2026 Recommendation	Senate FY 2026 vs. FY 2025
Drug Free Communities (DFC) Program	$109,000,000	Level	Transferred to Administration for a Healthy America[28]	-$109,000,000	$110,200,000	+$1,200,000	$109,000,000	Level
High Intensity Drug Trafficking Areas (HIDTA) Program	$298,579,000	Level	Transferred to Department of Justice[29]	-$298,579,000	$299,600,000	+$1,021,000	$298,579,000	Level
Community-Based Coalition Enhancement Grants (CARA Grants)	$5,200,000	Level	Not funded	-$5,200,000	$5,200,000	Level	$5,200,000	Level

Senate Committee Report Language:

Comprehensive Addiction and Recovery Act [CARA]: "The Office of National Drug Control Policy shall encourage community-led coalitions to raise awareness on the rise of fentanyl contamination of illegal drugs and to prevent drug overdose deaths caused by illicit fentanyl."

[28] The President's proposed budget for FY 2026 proposes to transfer the DFC Program to the AHA's Mental and Behavioral Health Division under Substance Use Prevention Programs.

[29] The President's proposed budget for FY 2026 proposes to transfer the HIDTA Program to DOJ.

Non-Fatal Overdose Data: "ONDCP is encouraged to continue to improve the timeliness, accuracy, and accessibility of fatal and non-fatal overdose data from law enforcement, emergency medical services, and public health sources through interagency coordination and by updating the Drug Control Data Plan on an annual basis."

High Intensity Drug Trafficking Areas [HIDTA] Program: "The Committee recommends an appropriation of $298,579,000 for the HIDTA program. The Committee directs that funding shall be provided for the existing HIDTAs at no less than the fiscal year 2025 level.

The Committee recommendation specifies that up to $4,000,000 may be used for auditing services and associated activities and $3,000,000 is for the grants management system."

> *Combatting Fentanyl Update:* "Within 45 days of enactment of this act, ONDCP is directed to, within the HIDTA baseline funding allocation plan, provide an update on the number of regional HIDTAs that have assessed their number one or number two drug threat to be fentanyl or fentanyl-related substances with an explanation about how HIDTAs develop strategies and align resources to address their priority threats."
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> *Fentanyl Trafficking and Interdiction:* "The HIDTA program's work is critical as the fentanyl epidemic continues to ravage communities throughout the country. Significantly, the vast majority of Customs and Border Patrol's [CBP's] fentanyl interdictions, and approximately half of HIDTA's fentanyl interdictions, occur in the southwestern border region. Accordingly, the Committee recognizes the importance of HIDTA funding to support Federal, State, local, and Tribal law enforcement agencies operating in areas along the southwest border of the United States."
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> *Gulf Coast HIDTA:* "Of the funds provided, $1,000,000 shall be used to support efforts to combat illicit drug trafficking and crimes within the Gulf Coast HIDTA, region."
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> *New Counties:* "The Committee is concerned about the devastating impact the drug epidemic is having on communities throughout the country, particularly in the Appalachian Region. Many of the areas that are hit hardest by this crisis, such as the Appalachian region, lack administrative resources to compete adequately for scarce Federal funds intended to assist these areas. To ensure communities are equipped with the necessary resources to coordinate law enforcement strategies adequately, ONDCP is directed to prioritize States with the highest overdose death rates per capita when deciding new designations. Further, ONDCP is directed to provide enhanced technical assistance to any applicants that have applied that did not receive a designation at any time during the past several award cycles."

House Committee Report Language:

Rural Non-Profits in Drug-Free Communities Program: "The Committee supports the DFC program's efforts to involve local communities in finding solutions and helping youth at risk for substance use. The Committee encourages the program to prioritize the efforts of regional non-profit organizations in rural areas utilizing holistic approaches to fight substance abuse, including education, treatment, and investigations."

High Intensity Drug Trafficking Areas Program: "The HIDTA Program provides resources to Federal, State, local, and Tribal agencies in designated HIDTAs to combat the production, transportation, and distribution of illegal drugs; to assets derived from drug trafficking; to address violence in drug- plagued communities; and to disrupt the drug marketplace.

There are 33 HIDTAs operating in all 50 States plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Each HIDTA is managed by an Executive Board comprised of equal numbers of Federal, State, local, and Tribal officials. Each HIDTA Executive Board is responsible for designing and implementing initiatives for the specific drug trafficking threats in its region. Intelligence and information sharing are key elements of all HIDTA programs.

The Committee recommends $299,600,000 for the HIDTA Program."

> *High Intensity Drug Trafficking Areas Program Oversight:* "The Committee recognizes that the HIDTA program, established under the Anti-Drug Abuse Act of 1988, has been effectively administered by ONDCP since its inception. As the lead agency coordinating the nation's drug control strategy, ONDCP is uniquely positioned to ensure HIDTA resources are strategically deployed and integrated to combat drug trafficking. Transferring oversight of the program to another agency would risk undermining HIDTA's core mission and diminishing the effectiveness of its locally driven enforcement model. Therefore, it is the sense of the Committee that the HIDTA program should remain under the jurisdiction of ONDCP."

Drug-Free Communities Support Program: "The Drug-Free Communities [DFC] Support Program provides dollar-for-dollar matching grants of up to $125,000 to local coalitions that mobilize their communities to prevent youth alcohol, tobacco, illicit drug, and inhalant abuse. Such grants support coalitions of youth; parents; media; law enforcement; school officials; faith-based organizations; fraternal organizations; State, local, and Tribal government agencies; healthcare professionals; and other community representatives. The DFC Support Program enables these coalitions to strengthen their coordination and prevention efforts, encourage citizen participation in substance abuse reduction efforts, and disseminate information about effective programs. The Committee provides $109,000,000 for the continuation of the DFC Support Program. Of that amount, $2,500,000 shall be for training and related purposes as authorized by section 4 of Public Law 107–82, as amended by section 8204 of Public Law 115–271."

Fentanyl-Related Substances: "ONDCP is encouraged to promote the efforts of community-led coalitions to raise awareness of the rise of fentanyl contamination of illegal drugs and to prevent drug overdose deaths caused by illicit fentanyl in the National Drug Control Strategy on an annual basis."

National Community Anti-Drug Coalition Training: "In fiscal years 2024 and 2025, Congress provided $2,500,000 for National Community Anti-Drug Coalition Training to provide technical assistance for the Drug Free Communities [DFC] grantees. The Committee is concerned that the 2024 year-one DFC grantees have not received the yearlong required training that provides them with the knowledge, skills and products needed to successfully organize, implement and evaluate their work. Immediately upon enactment of this Act, ONDCP is directed to provide a briefing to the Committee on the status of the competitive grant award process for fiscal year 2024 and 2025 funding."

ONDCP Congressional Justification Language:

Drug-Free Communities Support Program: "For FY 2026, the Budget proposes to transfer the Drug-Free Communities Support (DFC) program to the Department of Health and Human Services. This proposal will enable ONDCP to focus resources on its core mission: to reduce drug use and its consequences by leading and coordinating the development, implementation, and assessment of U.S. drug policy.

DFC coalitions are found in small and large communities nationwide: In 2024, an estimated 63 million Americans (19 percent of the United States' population) lived in communities served by DFC coalitions. It is clear that the dedication of our DFC coalitions has produced results, particularly around reducing youth substance use. In 2024, DFC coalitions reported a decrease in youth use of alcohol, tobacco, marijuana, and the misuse of prescription drugs."

High Intensity Drug Trafficking Areas Program: "For FY 2026, the Budget proposes to transfer the HIDTA program to the Department of Justice. This proposal will enable ONDCP to focus resources on its core mission: to reduce drug use and its consequences by leading and coordinating the development, implementation, and assessment of U.S. drug policy."