



DEPARTMENT *of* HEALTH *and* HUMAN SERVICES

The Budget advances the Administration's bold vision to Make America Healthy Again (MAHA) by prioritizing programs that improve the health and well-being of Americans. The Budget establishes the Administration for a Healthy America (AHA) as part of a major reorganization of the Department of Health and Human Services (HHS) to prioritize programs that improve nutrition, food and drug quality and safety standards, and prevent chronic disease. The Budget refocuses HHS on its core mission by eliminating bloated, woke, and inefficient programs that do not advance MAHA goals.

The Budget requests \$111.1 billion in discretionary budget authority for HHS for 2027, a \$15.8 billion or 12.5-percent decrease from the 2026 enacted level. This level includes non-base appropriations for program integrity and the 21st Century Cures Act, as well as comparable adjustments in 2026 to account for reforms proposed in the Budget.

THE PRESIDENT'S 2027 BUDGET:

Investments

- **MAHA.** The Federal Government will lead a coordinated transformation of America's food, health, and scientific systems to ensure that all Americans live longer through the establishment of AHA. Within AHA, the Budget includes \$19 million to expand access to nutrition services at Health Centers by integrating nutritional care and expanding access to healthy food and nutrition education. The Budget also invests \$57 million to strengthen national nutritional and food safety by removing unsafe chemicals in America's food supply, modernize and streamline the Food and Drug Administration's regulatory capability by supporting artificial intelligence (AI) and machine learning, and develop alternatives to animal testing. The Budget provides \$55 million for new Infection Prevention and Healthy and Safe Food initiatives within the Centers for Disease Control and Prevention (CDC), which would tackle antimicrobial-resistant threats as well as pervasive micro- and nano-plastics to ensure food and water is safe and clean for all Americans. The Budget also increases access to preventive care by investing \$20 million for the Chronic Care Telehealth Centers for Excellence program, \$8 million for the Telehealth Nutrition Services Network Grant Program, and \$19 million for Tribes to implement a new Prevention Innovation Program.

Program Cuts and Eliminations

- **Low Income Home Energy Assistance Program (LIHEAP) (–\$4 billion).** The Administration is committed to lowering energy costs for American families by unleashing energy production. For the sixth time, the Budget proposes to end this program and instead support low-income individuals through lower energy prices and an America First economic platform. LIHEAP is unnecessary because States have policies preventing utility disconnection for low-income households, effectively making LIHEAP a pass-through benefiting utility companies, particularly in the Northeast. The program rewards States such as New York and California, two of the top recipients for LIHEAP funding, which have implemented anti-energy and anti-consumer policies that drive up home energy prices. LIHEAP has a history of program integrity concerns, including:
 - 11,000 dead people were used to fraudulently receive funds;
 - More than 1,000 income-ineligible Federal employees received LIHEAP;
 - People with million-dollar homes have received LIHEAP benefits;
 - Hundreds of ineligible prisoners were used as LIHEAP applicants; and
 - A nursing home funded by Medicaid used ineligible residents' information to receive LIHEAP.
- **Refugee Resettlement Program (–\$768 million).** The Administration has taken active steps to overhaul the refugee resettlement program so that it serves America's interests and does not threaten the security or welfare of America's citizens. The Administration has significantly reduced the number of refugee arrivals, and is only admitting those who are thoroughly vetted by the Trump Administration and can fully assimilate and quickly become self-sufficient. The Administration has also put an end to the disastrous Biden-era parole program that brought in more than half a million poorly vetted aliens from Cuba, Haiti, Nicaragua, and Venezuela (CHNV) to compete for American jobs and drive up housing prices. The CHNV parole program reflected an abuse of humanitarian parole and a circumvention of the Nation's immigration laws and exposed the United States to an unacceptable level of risk. The Budget eliminates cash handouts and free healthcare used to welcome millions of illegal immigrants into the United States to the detriment of American citizens. Under the previous administration, these programs funneled money to woke nonprofits that were complicit in illegal migration and used taxpayer dollars to provide immigrants with things such as housing, below-market rate interest loans to start businesses, and help to start farms.
- **Unaccompanied Alien Children (UAC) (–\$819 million).** The Budget refocuses the UAC program on its core mission of sheltering unaccompanied alien children while protecting them from child trafficking and labor exploitation, including by locating the hundreds of thousands of children that the Biden Administration lost. The Trump Administration's end to open borders means new arrivals are at historic lows, averaging eight per day—a stark contrast from the Biden Administration, which at times was admitting an average of 640 UAC per day. Balancing the decline in arrivals with a new \$300 million investment from the Working Families Tax Cut Act for enhanced UAC sponsor vetting, the Budget proposes to rightsize funding for the overhauled UAC program. As the New York Times exposed, the Biden Administration operated this program like an assembly line, prioritizing the quick release of children to insufficiently vetted sponsors over the children's safety. Examples include:
 - An employee at an HHS Services Office testified in 2024 about human trafficking at the southern border, saying she was horrified to discover that “children were being trafficked with billions of taxpayer dollars by a contractor failing to vet sponsors and process children safely, with Government officials complicit in it”; and
 - The Biden Administration placed over 11,000 migrant children with unvetted sponsors who were not the child's parent and failed to conduct home safety checks for over 79,000 migrant children under the age of 12.

The Trump Administration not only prioritizes the safety of children in its care but is also working tirelessly to correct the Biden Administration's recklessness. As of February 2026, the Trump Administration has located more than 145,000 of the 300,000 children who were lost on the previous administration's watch, and will not rest until it has found every one of them.

- **Community Services Block Grant (CSBG) (-\$775 million).** For the sixth time, the Budget proposes to eliminate CSBG, a duplicative slush fund for woke Community Action Agencies. Government accountability audits have noted that the program cannot demonstrate that it is meeting its purpose, which is to reduce the causes of poverty and promote self-sufficiency. In addition, CSBG funds services that are duplicative of other programs, such as nutrition programs at the Department of Agriculture (USDA) and employment and training programs at the Department of Labor and USDA, and its grantees receive support from numerous other Federal programs. Examples of wasteful spending include:
 - Funding for the California Community Action Partnership Association that hosted focus groups on bringing diversity, equity, and inclusion (DEI) “to the forefront”;
 - Funding for a Community Action Agency in Wisconsin to “combine clean energy with affordable housing in the pursuit of both economic and environmental justice”; and
 - Funding for Head Start centers that promoted picture books about gay penguins, lessons on how to grow children’s “gender identity,” and how to talk to toddlers about race.
- **Creating Efficiencies through AHA (-\$5 billion).** AHA centralizes the work of multiple sub-agencies to better serve the American people. Within AHA, the Budget promotes an efficient and effective Government through consolidations and eliminations of programs that were formerly in the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, CDC, and the Office of the Assistant Secretary for Health. These programs duplicate other Federal spending, promote radicalized DEI ideologies, or use taxpayer funds to support radical nonprofits that are not aligned with Administration policies such as:
 - Funding Planned Parenthood to provide youth-targeted LGBTQ services through the Title X Family Planning Program;
 - Funding for a “Black Indigenous People of Color (BIPOC)” eczema awareness campaign; and
 - Funding for a “Health Equity and Response Team” to help fund a webinar about implementing climate change into healthcare.

In addition, the Budget eliminates the Sexual Risk Avoidance Program and the Teen Pregnancy Prevention (TPP) program, which serve less than one percent of teens in the United States. These programs were launched in the early 2010s, after teen pregnancy rates had already started declining from a peak in 1991. There is no evidence that these specific programs have contributed to this historic decline in teen pregnancy, which is now at an all-time low. Moreover, TPP issues grants to problematic organizations like abortion clinics that waste American taxpayer dollars on abortion services and promote radical leftist ideology. The Budget also consolidates select activities across the Agency to increase flexibility for States to better serve their communities. Examples of wasteful spending include:

- Nearly \$2 million taxpayer dollars on a project “Advancing Equity in Adolescent Health” in Puerto Rico which aims to serve only 1,100 people annually; and
- More than \$1 million on a grant “Advancing Sexual Health and Equity in Philadelphia with Youth Experiencing Poverty,” which aims to reach only 1,600 kids annually, despite the city’s dense population.

Under the previous administration, substance abuse grants were used to fund dangerous activities billed as “harm reduction,” which included funding “safe smoking kits and supplies” and “syringes” for drug users. The Budget reduces waste by eliminating inefficient funding for Programs of Regional and National Significance activities and consolidating various behavioral block grants into the new flexible and administratively simplified \$4.1 billion Behavioral Health Innovation Block Grant. Examples of previous wasteful spending under this program include:

- Providing trans-sensitive behavioral health services to transwomen of color in Alameda and San Francisco Counties;
 - Implementing prevention navigation for transgender, gender non-conforming, and intersex individuals in Los Angeles County, California;
 - Supporting the Minority Fellowship Program to foster the development of culturally competent behavioral health professionals; and
 - Supporting a project on “transgender, cisgender, and gender nonconforming (GNC) African American men” and women, using a “syndemic” approach to increase engagement with resources and reduce substance use disorders, HIV, viral hepatitis, and other blood-borne diseases.
- **National Institutes of Health (NIH) (–\$5 billion).** NIH broke the trust of the American people with wasteful spending, misleading information, risky research, and the promotion of dangerous ideologies that undermine public health. At the program level, the Budget requests \$41 billion for NIH research and proposes reforms to NIH, including the elimination of the following Institutes or Centers (IC):
 - National Institute on Minority Health and Health Disparities, which is replete with DEI expenditures, such as research studying how “structural racism” impacts social connectedness among “gender minority people of color” and comparing sexually transmitted infections in “transgender women”;
 - Fogarty International Center (FIC), which has funded Master’s degree programs in foreign countries, such as Serbia and India, at the expense of Americans. FIC has also wasted money by surveying how Buddhism creates “HIV-stigma” in Thailand and evaluating “Friendship Benches” for women who use methamphetamine in Vietnam; and
 - National Center for Complementary and Integrative Health, which has funded research on “racial and ethnic disparities” in back pain therapies and on “mindfulness-based intervention” on HIV risk and “mental and sexual health” among “young men who have sex with men.”

Additional egregious examples of wasteful and radical NIH IC spending that would be eliminated through reforms include:

- National Institute of Allergy and Infectious Diseases funneling millions of dollars to EcoHealth Alliance, which funded the Wuhan Institute of Virology, the likely source of the COVID-19 pandemic, under Dr. Anthony Fauci. Dr. Fauci also commissioned “The Proximal Origin of SARS-CoV-2” publication, which was used to discredit and dismiss any assertion that COVID-19 leaked from a lab, despite several intelligence agencies now determining COVID-19 likely leaked from a lab; and
- National Library of Medicine funding a program for nurses to learn about “transgender and gender diverse” patient care in accordance with the “World Professional Association of Transgender Health” standards of care and to combat laws that “restrict the rights of [the LGBTQ] population” in America.

- **Agency for Healthcare Research and Quality (AHRQ) (–\$129 million).** Much of AHRQ’s research on quality, safety, and affordability of healthcare delivery is wasteful or duplicative of research conducted at NIH. AHRQ has also pushed radical gender ideology onto children, funding a project at the Seattle Children’s Hospital titled, “Using Telehealth to Improve Access to Gender-Affirming Care for BIPOC and Rural Gender-Diverse Youth.” The Budget reorganizes priority AHRQ statistical activities in the new HHS Office of Strategy and eliminates the harmful digital health portfolio, which has supported:
 - A health AI tool to help 15- to 25-year-olds in Baltimore, Maryland optimize their “sexual health decision making”;
 - An online tool called “ContraceptionForAll” to help females who identify as transgender choose a contraceptive; and
 - A study on how Medicaid gender affirming care coverage policies impacted the use of hormones and sex change surgery among beneficiaries.

- **Administration for Strategic Preparedness and Response (ASPR) (–\$356 million).** Overextended by additional responsibilities during the COVID-19 pandemic, ASPR moved away from its mission to coordinate the Federal emergency response in the United States, leading to confusion regarding ASPR’s role in preparedness and response. The Budget refocuses ASPR by supporting effective biodefense programs through the development of medical countermeasures, maintaining critical supplies in the Strategic National Stockpile (SNS) for emergencies, and strengthening domestic pharmaceutical resilience through the procurement and maintenance of the Strategic Active Pharmaceutical Ingredients Reserve. Examples of ASPR’s overreach include:
 - Public health events in the United States have led to a dramatic expansion of SNS responsibilities. Federal policymakers never intended for the SNS to equip every State in the event of an extended pandemic. The SNS is the supplier of last resort to the Federal Government, State, local, and tribal governments; and
 - Despite significant funding through the Hospital Preparedness Program (HPP), many hospitals strained under the weight of surges in COVID cases. The Budget eliminates HPP (–\$240 million), whose activities can be supported by CDC’s Public Health Emergency Preparedness Program in conjunction with stronger State efforts. 🦅

