



**Alameda County Board of Supervisors**  
**Personnel, Administration, and Legislation (PAL) Committee**  
**LEGISLATIVE POSITION REQUEST FORM**

**Submission deadline is noon on the Monday two weeks prior to the PAL meeting.**

See FAQ for additional instructions.

<b>Title (Bill/Reg. No., Bill/Reg. Title, Author):</b>		FY26 President's Budget Request: Department of Health and Human Services	
<b>Version (Date amended):</b>		05/02/25	
<b>Position Requested:</b>		Oppose	
<b>Current Status of Bill/Regulation</b> (Has the bill been referred to committee, or set for hearing? If so, when and what committee? Next hearing?) (Where relevant include comment period dates/deadlines):		The President's budget request for the Department of Health and Human Services (HHS) for Fiscal Year 2026 was released on May 2, 2025. This initial "skinny budget" proposes significant changes and reductions in discretionary spending for HHS. This budget request is a proposal and will undergo review and potential changes by Congress during the appropriations process.	
<b>Alignment with Vision 2036:</b>	<b>Shared Visions</b>	<b>10X Goals</b>	<b>Operating Principles</b>
	<input checked="" type="checkbox"/> Thriving & Resilient Population <input type="checkbox"/> Safe & Livable Communities <input checked="" type="checkbox"/> Healthy Environment <input type="checkbox"/> Prosperous & Vibrant Economy	<input type="checkbox"/> Employment for All <input type="checkbox"/> Eliminate Homelessness <input type="checkbox"/> Eliminate Poverty and Hunger <input type="checkbox"/> Crime Free County <input checked="" type="checkbox"/> Health for All <input type="checkbox"/> Accessible & Integrated Infrastructure	<input type="checkbox"/> Collaboration <input checked="" type="checkbox"/> Equity <input type="checkbox"/> Fiscal Stewardship <input type="checkbox"/> Innovation <input checked="" type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Access
<b>Alignment with Legislative Platform</b> (i.e. "issue"/plank or N/A if not in legislative platform)		Public Health Infrastructure: Support policies and long-term, sustainable funding for a robust public health infrastructure that supports counties in performing essential public health functions through investments in workforce, information systems, and quality improvement.  Public Health: Support broad-based public health including reducing, preventing, and controlling the spread of communicable diseases, encouraging immunization expanding vaccine access, preventing health care associated infections and antibiotic resistance, ensuring adequate resources for public health laboratories and services, and adequate funding for pandemic response and local preparedness programs. Support policies and funding to reduce health disparities, reduce disease-based stigma, and promote culturally competent outreach, education, data collection, and treatment.	
<b>Summary</b> (Summary of item, use Legislative Counsel's Digest, Bill Analysis, or Bill Summary):			
The Administration's FY26 Department of Health and Human Services (HHS) budget request proposes a total of \$93.8 billion in discretionary funding for HHS. This represents a 26.2% decrease from the FY25 enacted level of \$127 billion. This substantial reduction aligns with the Administration's goal of curbing government spending and restructuring the federal health apparatus. Proposed cuts include: <ul style="list-style-type: none"><li>Centers for Disease Control and Prevention (CDC): A proposed reduction of \$3.58 billion, representing a 43% decrease. The budget aims to refocus CDC on infectious disease surveillance and proposes consolidating various disease programs (HIV, TB, Hepatitis) into a single block grant to states. The Global Health Center and the Public</li></ul>			



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Health Preparedness and Response programs would be eliminated. HIV prevention programs would be eliminated. The entire CDC National Center for Chronic Disease Prevention and Health Promotion would be eliminated.

- National Institutes of Health (NIH): A proposed reduction of \$17.96 billion, a 40% decrease. The administration seeks to consolidate NIH research into five new focus areas and eliminate funding for institutes such as the National Institute on Minority and Health Disparities.
- Health Resources and Services Administration (HRSA): A proposed reduction of \$1.73 billion, an 18% decrease. The proposal includes the elimination of multiple health workforce programs and cuts to maternal and child health programs.
- Substance Abuse and Mental Health Services Administration (SAMHSA): A proposed reduction of \$1.065 billion, a 14% decrease. Over 30 SAMHSA Programs of Regional and National Significance (PRNS) are proposed for elimination, including Grants for the Benefit of Homeless Individuals (GBHI). The Mental Health Block Grant (MHBG) and Substance Use Block Grant (SUBG) are retained at current levels.
- Centers for Medicare and Medicaid Services (CMS) Program Management: A proposed reduction of \$674 million, a 16% decrease. This cut targets activities related to health equity, outreach, and education.
- Administration for Strategic Preparedness and Response (ASPR): A proposed reduction of \$240 million, with the elimination of the Hospital Preparedness Program. The administration suggests states and territories should independently fund hospital preparedness.

**Proposed Restructuring of HHS:**

- The budget proposal aligns with a previously announced plan to significantly restructure HHS.
- The number of HHS agencies would be consolidated from 28 to 15.
- A new Administration for Healthy America (AHA) would be established, absorbing several existing agencies like HRSA and SAMHSA.

The FY26 HHS budget proposal confirms broad funding cuts and restructuring of federal public health infrastructure, including major eliminations and consolidations across HRSA, CDC, and SAMHSA. These priorities were first reflected in a leaked document circulated in April 2025, which provided a more detailed look at specific program eliminations and agency reorganizations. While the final budget does not include the same level of program-by-program specificity, it aligns with the leaked proposal in terms of both scope and scale of cuts. This includes a \$33.3 billion reduction in HHS discretionary spending, the consolidation of funding streams, and the elimination of categorical health programs. Dozens of targeted federal programs are eliminated, block grants are emphasized, and categorical funding is significantly reduced or consolidated. The restructuring would shift substantial operational responsibilities to state and local governments without commensurate funding increases, threatening service continuity and public health infrastructure.

The proposed deep cuts have already generated significant opposition from public health organizations, research institutions, and patient advocacy groups who warn of potential negative impacts on public health, scientific progress, and health care access.

**Background of Bill:**

- |  |  |
|--|--|
| <input type="checkbox"/> New bill  | <input type="checkbox"/> Previously Introduced |
| <input type="checkbox"/> Amended   | <input type="checkbox"/> Clean-Up Bill         |
| <input type="checkbox"/> Gut and Amend                                       | <input type="checkbox"/> Urgency Clause        |
| <input type="checkbox"/> Similar to other current bills we have positions on |  |

**Seeking Amendments?**

Choose an item.

**Previous Legislation:**

Click or tap here to enter text.

If YES, attach amendments.

**Do all other impacted agencies/departments concur?**

N/A



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If YES, list each department and contact person. If NO, see FAQ.

Click or tap here to enter text.

**Potential State/Federal Fiscal Impacts (include \$ estimate):**

Reduction of \$33.3B from current funding levels across HHS agencies and programs.

**Potential Net County Cost Impacts (include \$ estimate):**

Elimination or reduction of HHS funding will impact Alameda County and AC Health's budget, programs, and services due to loss of grant funding and other funding streams.

**Fiscal Impact:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adds revenue                       | <input type="checkbox"/> Unfunded mandate                  |
| <input type="checkbox"/> Cost savings                       | <input type="checkbox"/> Additional costs                  |
| <input type="checkbox"/> New/increased fees to offset costs | <input type="checkbox"/> Reduces or reduces fees           |
| <input type="checkbox"/> Includes appropriation             | <input type="checkbox"/> Minor impact – program absorption |
| <input checked="" type="checkbox"/> Redirects resources     | <input type="checkbox"/> None of the above                 |
| <input type="checkbox"/> Changes fines/penalties            |  |

**Potential Impacts to County Residents (Include specific data):**

The administration's proposed FY26 HHS budget would significantly impact Alameda County residents, exacerbating existing health disparities and hindering crucial public health initiatives. Overall, the proposed cuts across HHS, totaling a 26.2% reduction, signal a move away from proactive public health strategies towards a more reactive, treatment-focused approach. Locally, Alameda County stands to lose vital funding streams that directly support the health and well-being of its communities. For instance, the potential defunding of programs like the Ending the HIV Epidemic initiative and AIDS prevention and education efforts could undermine progress in reducing transmission rates and ensuring care for individuals living with HIV/AIDS within the county. Similarly, the elimination of the Hospital Preparedness Program jeopardizes the readiness of Alameda County's health care system to respond effectively to public health emergencies and disasters. Furthermore, the loss of SAMHSA grants benefiting homeless individuals would reduce critical support for mental health and substance use services for this vulnerable population in our community. The proposed defunding of the Public Health Emergency Preparedness Program and the Public Health Cities Readiness Initiative, both managed through the CDC, would directly weaken Alameda County's ability to prepare for, respond to, and recover from a wide range of public health threats, potentially leaving residents more vulnerable during crises.

The proposal includes additional program eliminations that would significantly impact the health and well-being of Alameda County residents, including the total elimination of funding for all federal family planning activities under the Office of Population Affairs, including the Title X Family Planning Program, which is the only federal program specifically dedicated to providing individuals with comprehensive family planning and related preventive health services. HHS already paused Title X funding to California and seven other states on March 31, 2025, with the Administration citing potential violations of federal civil rights laws and executive orders. Additionally, the proposal introduces significant policy changes targeting services for youth and immigrants, calling for the removal of federal support for programs that promote comprehensive sexual health education and barring all non-citizens, including lawful permanent residents, from accessing public benefit programs. These changes could have far-reaching consequences for Alameda County's ability to serve communities most impacted by health disparities, including LGBTQ+ youth, immigrant families, older adults, and people experiencing homelessness.

**Potential Impacts to County Programs, Services, Operations or Departments (Be specific):**

If enacted, the FY26 federal budget would result in the dismantling of the public health infrastructure that underpins local disease response, prevention, and equity efforts. These changes would shift programmatic control and funding to states while removing federal support for evidence-based, population-specific services. With its significant cuts to



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HHS discretionary spending, this proposal poses a substantial threat to Alameda County Health's ability to effectively oversee public health, behavioral health, and environmental health initiatives. Several key funding streams, vital to the Alameda County Health Department's FY25-26 budget, are slated for defunding, potentially disrupting essential services and hindering progress in critical areas. Impacted funding streams include:

- Ending the HIV Epidemic and AIDS Prevention and Education
- Hospital Preparedness Program (HPP)
- Grants for the Benefit of Homeless Individuals (GBHI, via SAMHSA)
- Public Health Emergency Preparedness (PHEP) Program
- Public Health Cities Readiness Initiative (CRI) (through CDC)

Additionally, the proposed restructuring reduces funding for disease-specific responses and preparedness infrastructure. Alameda County would lose dedicated funding for hospital readiness, volunteer mobilization, and coordinated emergency response. These changes compromise the county's ability to respond to future public health threats with the same speed, scope, and flexibility. Loss of categorical funding will constrain disease-specific responses and erode partnerships built around high-impact disease strategies. Proposals to block grant infectious disease funding represent a significant shift in how the federal government would allocate resources for public health preparedness and response. Instead of dedicated funding streams for specific infectious disease programs. Disease-specific funding for HIV, viral hepatitis, STIs, TB, and opioid-related programs is consolidated into a single state grant, potentially limiting local control and specificity. Alameda County Health may face significant challenges in maintaining current service levels for testing, treatment, and outreach, potentially leading to increased disease transmission and poorer health outcomes.

Given the Administration's previous attempts to claw back COVID-era CDC and SAMHSA grants, these proposed reductions signal a concerning trend that could severely strain Alameda County's capacity to protect vulnerable populations and maintain essential public health services.

**Reporting Requirements:**

- |   |   |
|---|---|
| <input type="checkbox"/> Requires one-time report/study | <input type="checkbox"/> Requires new reporting form(s)     |
| <input type="checkbox"/> Requires annual report         | <input type="checkbox"/> Requires amended reporting form(s) |
| <input type="checkbox"/> No reporting requirement       |   |

**List Known Supporters:**

**List Known Opposition:**

American Public Health Association  
Big Cities Health Coalition

**Requestor (who is asking for the County to take a position? e.g., agency/dept., association, organization)**

Alameda County Health

**Approved by Department Head (Name/Date):**

Aneeka Chaudhry, Interim Director, Alameda County Health – 5/12/25

**Submitter (Name, Title, Dept.):**

Jessica Blakemore, Interim Policy Director, Alameda County Health

**Submission Date:**

5/12/25

**CAO Analyst:**

Ambi Jones

**Additional Comments:**

Click or tap here to enter text.

**For Internal CAO Use Only:**

Date Received:	Click or tap here to enter text.	Date to Analyst:	Click or tap here to enter text.	Date from Analyst:	Click or tap here to enter text.
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Target PAL date:	Click or tap here to enter text.	CAO recommendation:	Click or tap here to enter text.
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