



**U.S. Department of
Health and Human Services**

Enhancing the health and well-being of all Americans

FY 2025 AGENCY PERFORMANCE REPORT

&

FY 2027 AGENCY PERFORMANCE PLAN

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Letter from the Performance Improvement Officer

In accordance with the Government Performance and Results Act (GPRA) of 1993 and the GPRA Modernization Act (GPRAMA) of 2010, I am pleased to present the Fiscal Year 2027 Agency Performance Plan and the FY 2025 Agency Performance Report. The Agency Performance Plan lays out the Department's goals and strategies for delivering on our mission in FYs 2026 and 2027, and the Agency Performance Report highlights accomplishments across the Department from October 1, 2024 – September 30, 2025.

HHS monitors over 600 performance measures to manage and improve the efficiency and effectiveness of Departmental programs and activities. As required by GPRAMA, this report includes a representative set of performance measures that reflect the Department's top priorities. The information in this report spans the Department and includes work done across the country. For more information on each Division, please see that agency's Congressional Justification. Each HHS Division has reviewed its submission, and I confirm, based on certifications from the Divisions, that the data is reliable and complete. When results are not available because of delays in data collection, the report notes the date when the results will be available. As additional data become available, HHS will continue to update the information in future reports. The results presented here demonstrate that HHS is committed to accomplishing our mission to enhance the health and well-being of all Americans.

Gustav Chiarello

Performance Improvement Officer, Assistant Secretary for Financial Resources

U.S. Department of Health and Human Services

Overview

The U.S. Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services. HHS is tackling major challenges facing our country to Make America Healthy Again, including the chronic disease epidemic, nutrition and food safety, and more.

The Annual Performance Plan (APP) details the Department's planned strategies for achieving the Department's goals in 2027. This APP includes a description of how the programs will measure success and achieve targets in FY 2026 and FY 2027. This document is not a complete accounting of planned HHS programs and activities.

The annual Agency Performance Report (APR) details the Department's progress towards achieving strategic goals and objectives. The APR provides FY 2025 results for performance measures that support each HHS Strategic Objective. Also included is a summary of evidence-building efforts at HHS, cross-government collaborations, and major management priorities.

MISSION STATEMENT

The mission of the U.S. Department of Health and Human Services is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

HHS ORGANIZATIONAL STRUCTURE

In alignment with the proposed HHS reorganization, this report aligns performance goals with their planned Division. This proposed structure includes 9 Operating Divisions and 11 Staff Divisions:

- Operating Divisions:
 - Administration for a Healthy America (AHA)
 - Administration for Children, Families, and Communities (ACFC)
 - Administration for Strategic Preparedness and Response (ASPR)
 - Advanced Research Projects Agency for Health (ARPA-H)
 - Centers for Disease Control and Prevention (CDC)
 - Centers for Medicare & Medicaid Services (CMS)
 - Food and Drug Administration (FDA)
 - Indian Health Service (IHS)
 - National Institutes of Health (NIH)

- Staff Divisions:
 - Assistant Secretary for Administration (ASA)
 - Assistant Secretary for Civil Rights and Appeals (ASCRA)
 - Assistant Secretary for Financial Resources (ASFR)
 - Assistant Secretary for Legislation and Engagement (ASLE)
 - Assistant Secretary for Public Affairs (ASPA)
 - Office of Global Affairs (OGA)
 - Office of Inspector General (OIG)
 - Office of Strategy (STRAT)
 - Office of the Chief Technology Officer (OCTO)
 - Office of the General Counsel (OGC)
 - Office of the National Coordinator (ONC)

The President’s Budget for 2027 proposes to reorganize the Consumer Product Safety Commission (CPSC) as an Assistant Secretary within the Department of Health and Human Services. Contingent upon enactment of authorizing legislation, CPSC accounts will be transferred to the Department of Health and Human Services. Please see [CPSC’s FY 2027 Agency Performance Plan and Report](#) for further information.

HHS GOAL SETTING

HHS Strategic Goals

The FY 2026 – 2030 HHS Strategic Plan will be published Spring 2026. This report uses a generic strategic framework.

Strategic Goal 1: Healthcare	Strategic Goal 2: Public Health	Strategic Goal 3: Human Services	Strategic Goal 4: Research
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Cross Agency Priority Goals

Please refer to [Performance.gov](#) for the agency’s contributions to these goals and progress where applicable.

Agency Priority Goals

HHS is continuing to refine the FY 2026 – 2027 Agency Priority Goals (APGs). The three APG topics are embracing AI to combat childhood cancer, promoting program integrity, and modernizing procurement.

1. **Embracing AI to combat childhood cancer:** The National Cancer Institute (NCI) aims to advance research on pediatric cancers by ensuring that data in the Childhood Cancer Data Initiative (CCDI) are AI-ready through enhanced integration and interoperability, and that investigators can leverage AI with these data for advanced and innovative visualization and analysis.
2. **Promoting program integrity:** HHS will strengthen program integrity in human services, Medicare, Medicaid, and the ACA Marketplaces through enhanced fraud detection, prevention, and enforcement activities.
3. **Modernizing and centralizing HHS procurement:** HHS will strengthen Department-wide acquisition functions to deliver consistent, high-quality, and cost-effective procurement shared services. Through coordinated buying of common goods and services, modern and consolidated acquisition management systems, and cross collaboration across the Divisions, HHS will realign core acquisition approaches to increase transparency, create Department-wide leverage, and buy more efficiently to deliver the best value to the taxpayer.

For the most up-to-date information, please refer to the [HHS Performance webpage](#).

EVIDENCE-BUILDING

Evaluation and other types of evidence generation help HHS understand how its programs work. Given the breadth of work supported by HHS, the Department conducts many evaluations and analyses each year. In accordance with the [HHS Evaluation Policy](#), Evidence Act requirements, and OMB guidance, HHS publishes these evaluations on Agency websites and features selected evidence-building activities in the HHS Evidence Plan.

MAJOR MANAGEMENT PRIORITIES

The HHS OIG has identified the top management and performance challenges for 2025. HHS management is committed to working toward resolving these challenges. For further information, please read the [HHS 2025 Top Management and Performance Challenges](#).

CROSS-AGENCY COLLABORATIONS

The Federal Government has a unique legal and political government-to-government relationship with tribal governments and provides health services for American Indians and Alaska Natives (AI/AN) consistent with that special relationship. HHS works with tribal governments, urban Indian organizations, and other tribal organizations to facilitate greater consultation and coordination between states and tribes on health and human services issues.

LOWER-PRIORITY PROGRAM ACTIVITIES

The President's Budget identifies the lower-priority program activities, where applicable, as required under the GPRA Modernization Act of 2010, 31 U.S.C. 1115(b)(10). The public can access the [President's Budget](#) online.

Healthcare

The Make America Healthy Again agenda aims to investigate and address the causes of America's health burdens. The proposed Administration for a Healthy America (AHA), the Centers for Medicare & Medicaid Services (CMS), and the Indian Health Service (IHS) provide programs and services which promote health rather than just managing disease and ensure that Americans are able to make choices in their healthcare.

PRIMARY CARE – ADMINISTRATION FOR A HEALTHY AMERICA

Number of patients served by health centers (millions) (Lead Agency - AHA; Measure ID - 1010.01)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	29.8 million	29.8 million	30.4 million	30.9 million	31.9 million	32.5 million	Not Available
Result	30.2 million	30.5 million	31.3 million	32.4 million	Aug 1, 2026	Aug 1, 2027	Aug 1, 2028
Status	Target Exceeded	Target Exceeded	Target Exceeded	Target Exceeded	Pending	In Progress	-

Program and Measure Description:

For more than 50 years, AHA funded health centers have delivered affordable, accessible, high-quality, and cost-effective primary healthcare to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for millions of people across the country, using a coordinated, comprehensive, and patient-centered approach. Today, approximately 1,400 health centers operate over 16,000 service delivery sites that provide care in every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

Fiscal Year 2025 Performance Report:

In 2024, health centers served 32.4 million patients, an increase of approximately 1.1 million from 2023. Success in increasing the number of patients served by health centers has been due in large part to the expanded capacity at existing clinics and the expansion of operating hours. Final results for FY 2025 will be available in August 2026. The number of patients served is expected to be maintained due to the recent expanded service grant awards in the Health Center Program.

Fiscal Years 2026 and 2027 Performance Plan:

AHA will continue to provide ongoing, annual grant funding for health centers to support the provision of high quality, cost-effective primary healthcare services to medically underserved, low-income patients across the country.

Increase the number of telehealth encounters provided through the Telehealth Network Grant Program (Lead Agency - AHA; Measure ID - 6070.02)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	-	-	-	22,100	23,000	24,000	30,000
Result	22,011	27,821	35,392	44,781	Dec 31, 2026	Dec 31, 2027	Dec 31, 2028
Status	Historical Actual	Historical Actual	Historical Actual	Target Exceeded	Pending	In Progress	-

Program and Measure Description:

The Office for the Advancement of Telehealth supports the Telehealth Network Grant Program which allows grantees to focus on expanding access to telehealth. The program provides grants that demonstrate how telehealth can improve healthcare services; support the training of healthcare providers; and improve the quality of health information available to healthcare providers, patients, and their families.

This program has different focus areas and cohorts which last up to five years. The FY 2021 – FY 2025 cohort has a period of performance from September 01, 2021, through August 31, 2026, and supports direct to consumer telehealth services to patients in rural and frontier communities within established telehealth networks. The FY 2024 – FY 2028 cohort has a period of performance from September 1, 2024, through August 31, 2029, and supports the integration of behavioral health services into primary care settings using telehealth technology. Data trends demonstrate an overall increase in telehealth encounters within each cohort, although there is a lower number of telehealth encounters during the first year for each newly funded cohort as the grantees need to establish their programmatic activities and telehealth services. This is reflected in FY 2025, FY 2026, and FY 2027 targets.

Fiscal Year 2025 Performance Report:

For FY 2025, Office for the Advancement of Telehealth will continue to support two cohorts for the Telehealth Network Grant Program. One cohort, which supports direct to consumer telehealth services to patients, will be in its fifth year of performance and an increase in telehealth encounters is anticipated. The other cohort, which supports the integration of behavioral health services into primary care settings, will be in its second year of performance with grantees continuing to establish their programs. This is reflected in FY 2025 targets. Grantees for both cohorts are currently providing services with FY 2025 funding (September 2025 – August 2026) and HHS will publish their data for total number of telehealth encounters in next year's Agency Performance Report.

Fiscal Years 2026 and 2027 Performance Plan:

For FY 2026 and FY 2027, the Office for the Advancement of Telehealth will continue to support a cohort that focuses on the integration of behavioral health services into primary care settings. FY 2027 will be the cohort's fourth year of performance, which will likely lead to an overall increase in telehealth encounters. As such, the FY 2027 targets were revised to reflect the inclusion of a well-established cohort. The Office for the Advancement of Telehealth will also support a new cohort in FY 2026 and FY 2027 that focuses on chronic disease prevention and management through telehealth nutrition services. Grantees for both cohorts will report their data for total number of telehealth encounters at the end of each year for their funding period. AHA will provide grantees with technical assistance and support to help them achieve FY 2026 and FY 2027 targets.

Percentage of pregnant health center patients beginning prenatal care in the first trimester (Lead Agency - AHA; Measure ID - 1010.09)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	73%	73%	73%	72%	72%	72%	72%
Result	74%	72%	71%	71%	Aug 1, 2026	Aug 1, 2027	Aug 1, 2028
Status	Target Exceeded	Target Not Met	Target Not Met	Target Not Met	Pending	In Progress	-

Program and Measure Description:

Timely entry into prenatal care is critical for the health of the mother and baby. Identifying maternal disease and risks for complications of pregnancy or birth during the first trimester can help improve birth outcomes.

This measure reports on HHS-funded health clinic patients who receive prenatal care in the beginning of their pregnancy.

Fiscal Year 2025 Performance Report:

In 2024, AHA's Health Center Program served more than 611,000 prenatal care patients with over 431,000 first-trimester visits, a 4 percent increase from 2023. The proportion of patients receiving care in their first trimester has remained steady over the past few years at approximately 71-72 percent. About 23.5 percent of health center patients began care in the second trimester and 5.9 percent in the third trimester. Health centers supported 329,533 deliveries in 2024, nearly a 10 percent increase since 2020, reinforcing their critical role in providing access to maternal care. AHA continues to work with technical assistance partners to optimize access to prenatal care in health centers. Final results for FY 2025 will be available in August 2026. The proportion of early-entry prenatal patients is expected to be maintained through continuation and technical assistance grant awards in the Health Center Program.

Fiscal Years 2026 and 2027 Performance Plan:

Through FY 2026 and FY 2027 budget request levels, AHA will continue to provide ongoing, annual grant funding for health centers to support the provision of high quality, cost-effective primary healthcare services, including prenatal care, to medically underserved, low-income patients across the country. AHA will also continue to collaborate with technical assistance partners to optimize access to prenatal care in health centers.

MENTAL HEALTH – ADMINISTRATION FOR A HEALTHY AMERICA

Number of people served by the public mental health system (millions) (Lead Agency - AHA; Measure ID – 2.3.14)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	7.8	8.0	8.2	8.2	8.5	8.5	8.5
Result	8.2	8.2	8.3	7.9	May 18, 2026	May 17, 2027	May 15, 2028
Status	Target Exceeded	Target Exceeded	Target Exceeded	Target Not Met	Pending	In Progress	-

Program and Measure Description:

The Behavioral Health Innovation Block Grant program will make funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions to provide community mental health services. The Block Grant will provide states and territories with flexible funding, enabling them to design and implement a variety of activities and services that meet the unique needs and varied mental health challenges of adults with serious mental illness, children with serious emotional disturbance, individuals with early serious mental illness, including psychotic disorders, as well as individuals in need of behavioral health crisis services within their communities. Grantees can use these funds for direct service provision and for training mental health professionals.

Fiscal Year 2025 Performance Report:

Block grant recipients are reporting on National Outcome Measures for public mental health services within their state. State-level outcome data for mental health are currently reported by State Mental Health Authorities. According to the 2024 Uniform Reporting System data, the Block Grant provided services to 7,945,185¹ clients through the state mental health systems. Nearly 77 percent of adults and 71 percent of family members of children/adolescents reported positively about outcomes as a result of services. The majority of clients served (85 percent) lived in private residences, while 4.6 percent were experiencing homelessness.

Fiscal Years 2026 and 2027 Performance Plan:

AHA will continue to work with states and territories to strengthen reporting quality and improve service reach across the public mental health system. Key activities for FY 2026 and FY 2027 include:

- Providing targeted technical assistance to states with incomplete or inconsistent reporting to ensure full participation in the Uniform Reporting System and improve data reliability.
- Supporting implementation of innovative service models funded through the Behavioral Health Innovation Block Grant, including early serious mental illness interventions, crisis response capacity, and community-based supports.
- Using historical outcome trends to refine future targets and collaborating with State Mental Health Authorities to identify factors affecting service utilization, with the goal of stabilizing the number of individuals served across the system.

RURAL HEALTH – ADMINISTRATION FOR A HEALTHY AMERICA

Number of unique individuals who received direct services through Federal Office of Rural Health Policy Outreach grants (Lead Agency - AHA; Measure ID – 6020.01)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	430,000	430,000	516,000	525,000	525,000	525,000	575,000
Result	434,448	475,895	522,753	572,000	Oct 31, 2026	Oct 31, 2027	Oct 31, 2028
Status	Target Exceeded	Target Exceeded	Target Exceeded	Target Exceeded	Pending	In Progress	-

Program and Measure Description:

The Rural Health Care Services Outreach, Network and Quality Improvement Grants (Outreach Programs) improve rural community health by focusing on quality improvement, increasing healthcare access, coordination of care, and integration of services. These programs provide start-up funding to support collaborative models to deliver basic healthcare services to rural areas and are designed to meet rural needs.

Fiscal Year 2025 Performance Report:

Several of the key activities that contributed to the success of the Outreach Programs in FY 2025 included: strengthening rural health networks to improve care coordination and reduce services duplication, expanding access to care in geographically isolated areas, implementing quality improvement strategies to enhance clinical outcomes and patient experience, integrating services to enable comprehensive and patient-centered care delivery, and using AHA-provided technical assistance to strengthen overall program effectiveness.

¹ Four states encountered a range of issues leading to decreased data reporting. AHA is currently providing technical assistance to these states to improve data reporting.

Some ongoing challenges in rural areas that may affect program performance include shortages of clinical and support staff that can slow implementation of planned activities, financial viability of rural providers, and infrastructure barriers (including transportation) that can affect patient engagement and service delivery.

Fiscal Years 2026 and 2027 Performance Plan:

AHA will continue to provide technical assistance to Outreach Program grantees. Targeted technical assistance focused on performance measurement, sustainability planning, workforce challenges, and program implementation will support grantees in identifying and addressing barriers to effective service delivery.

The FY 2026 and FY 2027 budget requests are aligned with the Outreach Program goals to ensure that federal investments directly support measurable improvements in access, quality, and coordination of healthcare services for rural populations.

LONG-TERM CARE QUALITY - CENTERS FOR MEDICARE & MEDICAID SERVICES

Percentage of Hospice Facilities that Have Been Surveyed within 36 Months (Lead Agency - CMS; Measure ID – MSC6.2)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	98.0%	98.0%	98.0%	98.0%	95.5%	92.5	85%
Result	86.6%	87.1%	96.4%	92.3 %	May 31, 2026	May 31, 2027	May 31, 2028
Status	Target Not Met	Target Not Met but Improved	Target Not Met but Improved	Target Not Met	Pending	In Progress	-

Program and Measure Description:

The program oversees 7,084 Medicare-certified hospice facilities serving more than 1.5 million Medicare beneficiaries annually. This measure tracks the percentage of facilities surveyed within the required 36-month timeframe.

Fiscal Year 2025 Performance Report:

CMS is committed to improving hospice care for patients and families by holding hospice agencies accountable to national health and safety standards. This includes the significant actions taken in 2025 to address fraudulent behavior in Medicare-enrolled hospices that undermine patient trust, strain providers, and threaten access to high-quality end-of-life care. CMS did not meet its performance target of 98% for hospice facility surveys in FY 2024. The actual result was 92.3%, falling short of the goal. The failure to meet targets from FY 2020 through FY 2024 was primarily attributed to disruptions caused by the COVID-19 Public Health Emergency, which led to reprioritization of survey activities. While Accrediting Organizations successfully eliminated their COVID-related backlogs, State Survey Agencies continue to face staffing and resource challenges that impede their ability to meet the established targets.

Fiscal Years 2026 and 2027 Performance Plan:

CMS has adjusted its strategic approach for future fiscal years to account for ongoing post-COVID recovery challenges. For FY 2026, the target has been reduced from 98% to 92.5% of hospice facilities surveyed within the required 36-month timeframe, providing State Agencies with a more achievable goal during this transitional period as they work to reduce backlogs and address staffing constraints. CMS is setting the FY 2027 hospice survey target to 85% of the anticipated national hospice workload, reflecting budget constraints caused by the end of IMPACT Act funding in FY2025 and a stagnant Survey & Certification budget since

FY2015, with a one-time IMPACT award allocated in FY2026 to maintain operations. Should additional IMPACT funds or alternative funding sources become available in FY2027, estimates are expected to increase, potentially allowing states to meet the full performance target.

PROGRAM MANAGEMENT - CENTERS FOR MEDICARE & MEDICAID SERVICES

Savings from the prevention of improper Medicare payments by successful implementation of fraud prevention system (FPS) edits (millions) (Lead Agency - CMS; Measure ID – MIP12)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	\$40	\$45	\$62	\$65	\$142.2	\$155.1	\$168.1
Result	\$86.4	\$103	\$116.5	\$207	Apr 30, 2026	Apr 30, 2027	Apr 30, 2028
Status	Target Exceeded	Target Exceeded	Target Exceeded	Target Exceeded	Pending	In Progress	-

Program and Measure Description:

CMS leverages innovative tools to expand its efforts to prevent fraud, waste and improper payments. The Fraud Prevention System (FPS) uses predictive analytic technology and machine learning to safeguard Medicare funds by screening Fee-for-Service claims before payment. FPS data also enables CMS to further enhance collaboration with state and law enforcement partners in detecting and preventing fraud.

Fiscal Year 2025 Performance Report:

The FY 2024 Results Status Report demonstrates exceptional performance, with a result of \$207 million saved that significantly exceeded the target savings of \$65 million. This achievement represents a continued upward trend from previous years, with results climbing from \$86.4 million saved in FY 2021, to \$103 million saved in FY 2022, to \$116.5 million saved in FY 2023, showcasing the FPS's increasing effectiveness in safeguarding Medicare funds. The FPS edits successfully focused on automatically identifying and stopping various types of problematic claims, including non-covered services, incorrectly coded claims, up-coded claims, claims that exceed frequency limitations, and inappropriate billing patterns, saving billions of dollars and ensuring resources are used effectively to benefit patients. Key contributors to this success included agile edit logic revisions in response to evolving coverage decisions, continuous research and vulnerability assessment with partners across the agency, ongoing performance evaluation of existing edits, a robust operational framework supported by Medicare Fee-for-Service integrity funding, advanced predictive modeling technology, and collaborative partnerships with state and law enforcement partners. CMS continues to effectively manage operational challenges through an agile approach and continuous improvement methodologies employed by the FPS team.

Fiscal Years 2026 and 2027 Performance Plan:

The plan for future fiscal years outlines an ambitious growth trajectory for FY 2025 through FY 2027, with targets of \$142.2 million saved for FY 2025, \$155.1 million saved for FY 2026, and \$168.1 million saved for FY 2027, with all targets subject to revision based on the availability of actual data from the most recent fiscal year. The strategic approach for achieving these targets includes continuing the agile approach to revising edit logic in response to evolving coverage decisions, maintaining continuous research to discover new vulnerability areas, developing new edits to address emerging fraud patterns, expanding edit capabilities as new vulnerabilities are identified, and maintaining collaborative partnerships across the agency and with external stakeholders.

A significant performance measure change for FY 2025 involves the establishment of new performance measurement methodologies incorporating rolling 3-year average calculations to help determine annual

target adjustments, providing a more stable and reliable basis for setting targets and evaluating performance over time. As new edits are developed and the number of edits in operation increases year over year, the savings are expected to show continued growth, with the combination of expanding edit capabilities, improved methodologies, and ongoing collaboration positioning the program for sustained success in preventing improper Medicare payments.

Reduce the percentage of improper payments made under Medicare Part C, the Medicare Advantage (MA) program

(Lead Agency - CMS; Measure ID - MIP5)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target²	N/A	9.69%	5.77%	6.38%	5.95%	6.43%	TBD
Result	10.28%	5.42%	6.01%	5.61%	6.09%	Nov 15, 2026	Nov 15, 2027
Status³	Historical Actual	Target Exceeded	Target Met within Range	Target Exceeded	Target Met within Range	In Progress	-

Reduce the percentage of improper payments made under the Part D prescription drug program

(Lead Agency - CMS; Measure ID - MIP6)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	1.14%	1.2%	1.64%	N/A ⁴	3.91%	4.23%	TBD
Result	1.33%	1.54%	3.72%	3.7%	4.00%	Nov 15, 2026	Nov 15, 2027
Status	Target Met within Range	Target Met within Range	Target Not Met	Target Not In Place	Target Met within Range	In Progress	-

Reduce the improper payment rate in the Medicare Fee-For-Service (FFS) program

(Lead Agency - CMS; Measure ID - MIP1)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	6.17%	6.16%	7.36%	7.28%	7.46%	6.45%	TBD
Result	6.26%	7.46%	7.38%	7.66%	6.55%	Nov 15, 2026	Nov 15, 2027
Status	Target Met within Range	Target Not Met	Target Met within Range	Target Met within Range	Target Exceeded	In Progress	-

² The following footnote applies to this measure and the following CMS Improper Payments measures: Starting in FY 2017, per OMB guidance, CMS establishes improper payment rate targets only for the next fiscal year. Therefore, the FY 2027 target will be established in the FY 2026 HHS Agency Financial Report.

³ The following footnote applies to this measure and the following CMS Improper Payments measures: CMS uses Payment Integrity Information Act (PIIA) standards, rather than GPRAMA standards, for performance reporting on improper payments. Programs with established valid and rigorous estimation methodologies should count reduction targets as being met if the 95% confidence interval includes the reduction target.

⁴ Medicare Part D is not reporting a 2024 improper payment reduction target for FY 2024 due to numerous methodology changes implemented in the FY 2023 reporting period and a baseline has not yet been established.

**Reduce the improper payment rate in the Medicaid program
(Lead Agency - CMS; Measure ID - MIP9.1)**

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	N/A	18.94%	12.68%	7.34%	5.29%	8.99%	TBD
Result	21.69% ⁵	15.62%	8.58%	5.09%	6.12%	Nov 15, 2026	Nov 15, 2027
Status	Historical Actual	Target Exceeded	Target Exceeded	Target Exceeded	Target Not Met	In Progress	-

**Reduce the improper payment rate in the Children's Health Insurance Program (CHIP)
(Lead Agency - CMS; Measure ID - MIP9.2)**

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	N/A	27.88%	21.04%	10.28%	6.49%	9.52%	TBD
Result	31.84%	26.75%	12.81%	6.11%	7.05%	Nov 15, 2026	Nov 15, 2027
Status	Historical Actual	Target Exceeded	Target Exceeded	Target Exceeded	Target Met Within Range	In Progress	-

Program and Measure Description:

CMS is dedicated to responsible stewardship of public funds and sustainability of its programs by maintaining both programmatic and fiscal integrity. Improper payments represent payments that do not meet CMS program requirements and can include overpayments, underpayments, or payments lacking sufficient documentation, with most cases involving a state, contractor, or provider missing one or more administrative steps.

Fiscal Year 2025 Performance Report:

The FY 2025 Results Status Report tracked five key Medicare Integrity Program measures aimed at reducing improper payment rates across federal healthcare programs, with all results published in the FY 2025 Agency Financial Report in January 2026.

In FY 2025, CMS achieved mixed results with four of the five measures either exceeding or meeting their targets within the acceptable confidence interval:

- Medicare Fee-for-Service exceeded its target by 0.91 percentage points (6.55% vs. 7.46% target).
- Medicare Part C achieved its target within the acceptable confidence interval (6.09% vs. 5.95% target).
- Medicare Part D met its target within the acceptable confidence interval (4.00% vs. 3.91% target).
- Children's Health Insurance met its target within the acceptable confidence interval (7.05% vs. 6.49% target).
- Medicaid did not meet its target by 0.83 percentage points (6.12% vs. 5.29% target).

These achievements allowed the Medicare Integrity Program to collectively identify approximately \$93.5 billion in estimated improper payments across all measures, with primary causes including insufficient

⁵ 2019 is the first year the eligibility component measurement is resumed, therefore results in FY 2021 may not reflect all states under the new eligibility methodology.

documentation, medical necessity errors, medical record discrepancies, state non-compliance with federal requirements, and improper eligibility determinations.

Fiscal Years 2026 and 2027 Performance Plan:

For FY 2026 and FY 2027, CMS will continue prioritizing real-time fraud prevention and detection as one of its five strategic initiatives to achieve improper payment reduction targets, which will be established annually in their respective Agency Financial Reports.

Continuing initiatives include expanding the Fraud Defense Operations Center with integrated cross-functional teams, planning for the expanded Risk Adjustment Data Validation (RADV) audit strategy covering all Medicare Advantage contracts during ongoing litigation that vacated portions of the 2023 RADV Final Rule⁶, enhancing provider support through expanded training and technical assistance, implementing the Comprehensive Medicaid Integrity Plan for FY 2024-2028, strengthening quality assurance systems for Part D, and providing customized state support frameworks.

New and enhanced strategies will focus on:

- Targeted service area interventions for high-risk areas such as skilled nursing facilities, inpatient rehabilitation facilities, and hospice
- Launching comprehensive documentation improvement campaigns with clear guidelines and templates; completing technology upgrades including enhanced predictive analytics and automated documentation verification systems
- Strengthening collaborative law enforcement partnerships
- Maintaining continuous monitoring through monthly progress reviews, quarterly strategy updates, and annual performance assessments with corrective action plans

Looking ahead, all programs will utilize innovative tools and advanced technology systems to monitor improper payments through established testing programs while maintaining focus on fiscal responsibility, program integrity, and CMS's strategic pillar of "Crushing Fraud."

⁶ On September 25, 2025, the U.S. District Court for the Northern District of Texas vacated certain portions of CMS' 2023 RADV Final Rule. CMS continues to carefully evaluate the implications of this decision and will determine whether any potential changes to current and future audits are needed.

DIABETES CARE – INDIAN HEALTH SERVICE

Reduce the proportion of American Indians/Alaska Natives with diagnosed diabetes who have poor glycemic control (A1c >9%).

(Lead Agency - IHS; Measure ID - 86)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	16.8%	15.6%	14.4%	14.4% ⁷	12.5%	12.1%	Not defined
Result	15.8%	14.6%	13.2%	12.1%	11.9%	Jan 31, 2027	Jan 31, 2028
Status	Target Exceeded	Target Exceeded	Target Exceeded	Target Exceeded	Target Exceeded	In Progress	-

Increase the proportion of American Indians/Alaska Natives with diagnosed diabetes who have controlled blood pressure <140/90

(Lead Agency - IHS; Measure ID - 53)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	59.1%	57%	52.4%	52.4%	57.5%	57.5%	Not defined
Result	48.1%	53%	54.6%	55.8%	56.6%	Jan 31, 2027	Jan 31, 2028
Status	Target Not Met	Target Not Met but Improved	Target Exceeded	Target Exceeded	Target Not Met but Improved	In Progress	-

Program and Measure Description:

The IHS monitors key diabetes care measures to improve health outcomes for American Indian and Alaska Native (AI/AN) people. For people with diabetes, control of blood sugar and blood pressure, along with regular monitoring of kidney function are important to help prevent kidney failure and essential to chronic disease management.

The first IHS measure aims to reduce the number of people with diabetes with poor glycemic control (an A1c level greater than 9 percent); a decreasing result shows improvement for this measure. An A1c level above 9 percent increases the risk of diabetes complications.

The second IHS measure seeks to increase the number of individuals with diabetes who have achieved blood pressure control (less than 140/90 mmHg). Maintaining good blood pressure control helps prevent complications of diabetes, including cardiovascular disease.

In addition to quality diabetes management care, programs such as the [Special Diabetes Program for Indians](#)⁸, and other efforts⁹ continue to contribute to improvements in diabetes-related outcomes. In FYs 2025 and 2026, the IHS will continue to build upon existing efforts, including increasing [access to healthcare services](#), [promoting healthy foods](#), and lifestyles. The [Division of Diabetes Treatment and Prevention](#) helps build local capacity, enhances care delivery, and improves long-term health outcomes for AI/AN communities.

⁷ A decrease shows improvement in percentage of AI/AN diagnosed with poor glycemic control.

⁸ The Consolidated Appropriations Act, 2026 (P.L. 119-75) extends SDPI funding through December 31, 2026.

⁹ Other efforts include [Together Raising Awareness for Indian Life \(TRAIL\)](#), a youth diabetes and wellness curriculum, and the [Produce Prescription Pilot Program](#).

Fiscal Year 2025 Performance Report:

In FY 2025, the IHS advanced diabetes health outcomes among AI/AN people by strengthening clinical care and supporting community-led prevention programs through the Special Diabetes Program for Indians. IHS exceeded its target for improving blood sugar control, with 11.9% of people with diabetes showing poor glycemic control—an improvement that reflects better care, patient support, and access to services. Although the rate for blood pressure control improved over the previous year, the IHS did not meet its target, with 56.6% of patients achieving healthy levels. Contributing challenges included limited staffing and medication barriers. To improve future performance, IHS is expanding clinical training, increasing access to diabetes and diabetes-related services, strengthening care coordination, and supporting community wellness activities to help patients manage both blood sugar and blood pressure more effectively.

Fiscal Years 2026 and 2027 Performance Plan:

In FY 2026 and FY 2027, the IHS will focus on improving diabetes health outcomes by expanding access to care, supporting team-based treatment, and helping patients manage their blood sugar and blood pressure through education, nutrition support, and increased access to vegetables and traditional foods. The IHS will also provide training and guidance to local clinics so they can use proven, effective practices in caring for people with diabetes.

Public Health

HHS is dedicated to safeguarding and improving public health. HHS protects individuals, families, and communities from infectious disease and prevents non-communicable disease through the development of effective treatments, therapeutics, and medical devices. Across the department, programs work to ensure that Americans have healthy foods, effective treatments for medical conditions, and proven strategies for long-lasting health.

HUMAN FOODS – FOOD AND DRUG ADMINISTRATION

Accuracy rate for confirmation of presumptive STEC positives from leafy green samples (Lead Agency – FDA; Measure ID 214337)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	-	N/A	40%	50%	60%	50%	50%
Result	-	30%	40%	50%	50%	Feb 28, 2027	Feb 28, 2027
Status	-	Historical Actual	Target Met	Target Met	Target Not Met	In Progress	-

Program and Measure Description:

Leafy greens are widely consumed and an important part of a healthy diet, but they have also been repeatedly linked to illnesses caused by Shiga toxin-producing *E. coli* (STEC). To help prevent recurring outbreaks, the FDA is improving its testing methods to more quickly and accurately detect and confirm STEC in leafy greens. FDA microbiologists are enhancing the microbiological workflow used to test for STEC, which will improve confirmation accuracy and increase the ability to isolate harmful strains when they are present. A key investment is a new STEC-specific agar used during the confirmation step. This agar is expected to raise FDA's confirmation rate from about 30% to more than 70% over the next few years, strengthening confidence in screening results and improving public health risk assessment. These improvements will allow FDA to identify and address potential contamination issues in leafy greens and other short shelf-life produce before products reach consumers.

Fiscal Year 2025 Performance Report:

Progress depends on access to the STEC-specific agar supplied by an industry partner under a research collaboration agreement. Production was temporarily disrupted in FY 2025 due to a facility move, resulting in FDA missing the target by 10%. Limited production has resumed.

Fiscal Years 2026 and 2027 Performance Plan:

STEC-specific agar production is expected to remain limited through FY 2026. Despite this, FDA anticipates continued progress in the evaluation of this confirmation method and is targeting a 50% confirmation rate for FY 2026 and FY 2027.

NEW GENERIC DRUGS – FOOD AND DRUG ADMINISTRATION

Review and act on 90 percent of standard original Abbreviated New Drug Application (ANDA) submissions within the required timeframe.

(Lead Agency - FDA; Measure ID - 223235)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	90%	90%	90%	90%	90%	90%	90%
Result	96%	93%	94%	Jan 31, 2027	Jan 31, 2028	Jan 31, 2029	Jan 31, 2030
Status	Target Exceeded	Target Exceeded	Target Exceeded	Pending	Pending	In Progress	-

Program and Measure Description:

Generic drug user fees make it possible for FDA and industry to continue to ensure that the American public has access to safe, effective and high-quality generic drugs. The implementation of the Generic Drug User Fee Amendments (GDUFA) encompasses a wide range of activities that fall within the scope of regulating the generic drug industry. GDUFA was reauthorized on September 30, 2022 (GDUFA III), with provisions that are in effect from October 1, 2022, through September 30, 2027. The performance goals and program enhancements specified in the GDUFA III commitment letter apply to aspects of the generic drug assessment program and build on the GDUFA program established and enhanced through previous authorizations. New enhancements to the program are designed to maximize the efficiency and utility of each assessment cycle, with the intent to reduce the number of assessment cycles for abbreviated new drug applications and facilitate timely access to quality, affordable, safe and effective generic medicines. Certain new enhancements are specifically designed to foster the development, assessment, and approval of Complex Generic Products. FDA is committed to meeting the performance goals and to continuous improvement of FDA's performance.

Fiscal Year 2025 Performance Report:

Based on preliminary data for FY 2025, FDA maintained its high level of performance in meeting GDUFA's goals and initiatives by completing 100% of these generic drug reviews within 10 months of receipt, exceeding its annual target of 90%.

The exceptional FY 2025 preliminary performance reflects the cumulative impact of strategic initiatives under GDUFA III. For example, the regular posting of Product-Specific Guidances and enhanced transparency of the Agency's current scientific understanding through multiple guidances have been instrumental in achieving this result. By providing streamlined, predictable, and science-based regulatory pathways upfront, these initiatives help to reduce the time and uncertainty of drug development for applicants. This front-end clarity contributes to higher-quality initial submissions, enabling FDA to complete reviews more efficiently.

Fiscal Years 2026 and 2027 Performance Plan:

Abbreviated New Drug Application submissions help to ensure that quality, affordable, safe and effective generic drug products are available to the American public. GDUFA III maximizes the efficiency and utility of each assessment cycle and FDA is committed to surpassing the 90% target for FYs 2026 and 2027.

LABORATORY CAPACITY – CENTERS FOR DISEASE CONTROL AND PREVENTION

Percentage of isolates of priority PulseNet pathogens (Salmonella, Shiga toxin-producing E. coli, and Listeria monocytogenes) sequenced and uploaded to the PulseNet National Database (Lead Agency - CDC; Measure ID - 3.D)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	75%	80%	85%	85%	90%	90%	90%
Result	98%	84%	83%	91%	Dec 31, 2026	Dec 31, 2027	Dec 31, 2028
Status	Target Exceeded	Target Exceeded	Target Not Met	Target Exceeded	Pending	In Progress	-

Program and Measure Description:

PulseNet is a national laboratory network that connects foodborne, waterborne, and [One Health](#)-related illness cases to detect outbreaks. PulseNet uses the DNA fingerprints of bacteria making people sick to detect thousands of local and multistate outbreaks. Foodborne disease is mostly preventable, but controlling and preventing outbreaks requires that HHS understands the foods and settings that cause illness. Fast and effective outbreak investigations are needed to identify and remove contaminated food from the market to prevent additional illnesses and improve the safety of the nation's food supply.

Fiscal Year 2025 Performance Report:

In 2024, CDC transitioned to PulseNet 2.0, a cloud-based open-source analytic platform to enhance data analysis, management, and visualization capabilities of whole genome sequencing data for outbreak detection and surveillance which will improve and streamline how CDC stores, processes, accesses, and shares data to detect outbreaks earlier and faster. Data indicates in FY 2024, 91% of isolates of priority PulseNet pathogens (Salmonella, Shiga toxin-producing E. coli (STEC), and Listeria monocytogenes) were sequenced and uploaded to the PulseNet National Database. These data exceeded the FY 2024 target and show an 8% increase over FY 2023.

In 2025, CDC's PulseNet identified 197 priority pathogen clusters, nearly all of which were subsequently investigated by CDC. Eleven of these multistate investigations led to outbreak notices being posted on the web to provide Americans with actions they can take to stay healthy. Notable multistate outbreaks in 2025 included Listeria monocytogenes outbreaks linked to prepared pasta meals and supplement shakes and two Salmonella outbreaks linked to eggs, each of which had over 100 reported cases. Final results for FY 2025 are expected in December 2026.

Fiscal Years 2026 and 2027 Performance Plan:

CDC's food programs are at the front lines of preventing foodborne illness, conducting the science and building the prevention strategies that keep people healthy. In FY 2026 and FY 2027, CDC will continue to assess trends in foodborne illness, identify high-risk foods, and evaluate the effectiveness of prevention strategies. CDC will also coordinate with FDA, USDA, and NIH for the application of laboratory technology including genomics, metagenomics, and bioinformatics for outbreak detection and characterization of foodborne bacteria. Additionally, CDC will continue to modernize national systems like PulseNet. Implementing these advanced tools requires cutting-edge laboratory and informatics infrastructure at CDC and across state and local health departments. Through implementing these tools, CDC will ensure surveillance systems remain strong and responsive to protect against priority pathogens, including Salmonella, STEC, and Listeria monocytogenes.

INFECTIOUS DISEASE – CENTERS FOR DISEASE CONTROL AND PREVENTION

Reduction in hospital-onset *Clostridioides difficile* infections standardized infection ratio (SIR) (Lead Agency – CDC; Measure ID - 3.2.4b)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	0.60	0.50	Set Baseline	0.96	0.92	0.88	Discontinued
Result	0.50	0.48	1.00	Delayed	Nov 30, 2026	Nov 30, 2026	-
Status	Target Exceeded	Target Exceeded	Baseline	Pending	Pending	In Progress	-

This measure will be replaced starting in the FY 2028 Agency Performance Plan and Report with Measure 3.3.5 *Infections prevented for three high-impact healthcare-associated infections*

Program and Measure Description:

Clostridioides difficile infection is a preventable, life-threatening bacterial infection that can occur in both inpatient and outpatient healthcare settings. Infections occur most often in people who have taken antibiotics for other health conditions. Through CDC's Antimicrobial Resistance Initiative and other investments to prevent healthcare-associated infections, CDC provides data-driven strategies and tools for targeted intervention to the healthcare community to help prevent *C. diff* infection, as well as resources to help the public safeguard their own health. These strategies to reduce *C. diff* infection include improving antibiotic use, infection control, and healthcare facility cleaning and disinfection.

Infections prevented for three high-impact healthcare-associated infections (CLABSI, CAUTI, *C. Difficile*) (Lead Agency – CDC; Measure ID - 3.3.5)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	-	-	N/A	10,000	11,000	12,000	20,000
Result	-	-	9,176	16,380	Dec 31, 2026	Dec 31, 2027	Dec 31, 2028
Status	-	-	Historical Actual	Target Exceeded	Pending	In Progress	-

Program and Measure Description:

CDC provides national leadership in healthcare-associated infection and antimicrobial resistance prevention and provides the scientific foundation for preserving quality care, improving patient safety, and advancing U.S. healthcare practices. Reducing healthcare-associated infections across all healthcare settings supports HHS' mission to prevent infections, improve patient safety, combat antimicrobial resistance and its complications, as well as reduce excess U.S. healthcare costs.

This measure focuses on preventing three high-impact healthcare-associated infections:

- CLABSI – Central line-associated Bloodstream Infection
- CAUTI – Catheter-Associated Urinary Tract Infection
- *C. Difficile* – *Clostridioides difficile*, a bacterial gut infection

The number of infections prevented is calculated by subtracting the observed number of infections (reported through CDC’s National Healthcare Safety Network) by the predicted number of infections (calculated through models generated from national data in a specific baseline year, the most recent being 2022) for all three healthcare-associated infections types.

Fiscal Year 2025 Performance Report:

CDC’s measure of infections prevented for three high-impact healthcare-associated infections focuses on three of the most common healthcare-associated infections in hospitals and provides information necessary to promote targeted patient and healthcare worker safety. In FY 2024, more than 16,000 of these infections were prevented in U.S. hospitals, saving hundreds of lives and millions of dollars in healthcare costs.

Fiscal Years 2026 and 2027 Performance Plan:

In FY 2026 and 2027 CDC will continue to invest in strengthening infection prevention and control practices and building resiliency in healthcare settings to withstand future pandemics or events that strain the healthcare system.

CDC will continue producing guidance to prevent healthcare-associated infections and antimicrobial resistance in healthcare settings, while providing technical expertise and funding to related programs across 64 state, local, and territorial health departments. It will also support local health departments and facilities in building sustainable infrastructure and knowledge systems to maintain and improve infection control practices.

CDC also publishes an [annual progress report](#) on trends in healthcare-associated infections data. These three measures point toward improvements in healthcare-associated infections incidence in the years following the COVID-19 pandemic that the CDC aims to continue and increase.

PUBLIC HEALTH – INDIAN HEALTH SERVICE

Public Health Nursing (PHN): Total number of IHS public health activities captured by the PHN data system. (Lead Agency - IHS; Measure ID - 23)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	330,000	411,325	415,438	400,000	300,000	285,000	255,000
Result	428,476	385,356	292,426	263,303	253,583	Jan 31, 2027	Jan 31, 2028
Status	Target Exceeded	Target Not Met	Target Not Met	Target Not Met	Target Not Met	In Progress	-

Program and Measure Description:

The IHS Public Health Nursing (PHN) Program supports critical healthcare and public health services in tribal communities. Nurses are licensed, professional nursing staff that provide a range of quality, culturally appropriate services including home visits, screenings, vaccinations, disease management and prevention, communicable disease assessment, and assistance in the transition of care from hospital to home. Home nurse visits offer personalized, convenient, and high-quality care in a familiar environment, leading to better patient outcomes, reduced hospitalizations, and vital support for managing chronic conditions effectively. The program helps to remove barriers to healthcare access by meeting AI/AN people in the clinics, in their homes, and in the community. The measure reports the total number of public health activities captured by the PHN data system. The program is committed to meeting the identified targets for FYs 2026 and 2027.

Fiscal Year 2025 Performance Report:

In FY 2025, the PHN Program provided 253,583 activities which did not meet the target of 300,000. The program is impacted by staffing shortages and tribal programs no longer using the IHS Resource and Patient Management System to report data. The program continues to review progress and identify ways to improve performance. To improve performance and to support workforce development, the program is implementing a contract to support curriculum development, training, and technical assistance. This training provides 96 hours of instruction to help ensure nurses provide high-quality care by keeping nursing skills current.

Fiscal Years 2026 and 2027 Performance Plan:

In FY 2026, the program continues supporting efforts to strengthen workforce capacity and improve program performance through structured education and training that updates clinical skills, incorporates evidence-based practices, enhances decision-making, and fosters leadership and teamwork. The contract includes a formal assessment to identify ongoing and future training needs. In FY 2027, the program plans to continue to support this activity. During FY 2026, the program is providing recommendations for the operational aspects and future deployment of the IHS Patients at the Heart electronic health record, which will help ensure PHN activities are captured and reported in the new system. The FY 2027 PHN performance target is 255,000 individual patient activities based on the FY 2025 results.

Human Services

HHS' human services programs span the lifetime, from protecting children from violence to ensuring that older Americans can live independently.

SAFE AND SUPPORTED FAMILIES – ADMINISTRATION FOR CHILDREN, FAMILIES, AND COMMUNITIES

National Domestic Violence Hotline: Call answer rate (Lead Agency - ACFC; Measure ID - 14A)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	75%	75%	75%	75%	59%	Discontinued	Discontinued
Result	62%	42%	47%	54%	74%	N/A	N/A
Status	Target Not Met but Improved	Target Not Met	Target Not Met but Improved	Target Not Met but Improved	Target Exceeded	-	-

Percentage of annual calls, texts, and online chats answered by the National Domestic Violence Hotline, loveisrespect.org, and National Indigenous Domestic Violence Hotline (Lead Agency – ACFC; Measure ID – 14 G)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	-	-	-	-	-	75%	75%
Result	-	-	-	69%	81%	N/A	N/A
Status	-	-	-	Historical Actual	Historical Actual	In Progress	-

Program and Measure Description:

The Administration for Children, Families, and Communities, Office of Family Violence Prevention and Services provides funding for the on-going operation of three 24-hour, national, toll-free telephone hotlines or helplines. These resources are the [National Domestic Violence Hotline](#), [National Indigenous Domestic Violence Hotline](#), and [loveisrespect.org](#), a [National Teen Dating Abuse Helpline](#).

These resources provide victims of domestic violence, family and household members, and others with crisis intervention services and referrals to local and national resources. Call volume is influenced by fluctuations in survivor needs, capacity of service systems, and public awareness, as well as external events that increase risk and limit access to alternative supports. Both short-term spikes (e.g., rollover of state or local program crisis lines) and long-term trends (e.g., increased use of texting functions) shape overall demand.

Fiscal Year 2025 Performance Report:

Hotline advocates exceeded targets in FY 2025 with an overall answer rate of 81%, responding to 615,394 calls. The National Domestic Violence Hotline answered a total of 73% of all contacts received, love is respect answered a total of 70% of all contacts received, and the National Indigenous Domestic Violence Hotline answered a total of 99% of all contacts received.

The Hotline launched a new feature to enhance caller experience in October 2024 that allows for a voice search of the directory to access local providers. This feature enables callers seeking shelter, financial aid, legal support, or counseling to find local resources while waiting in their phone queue. Since its launch, 17,433 callers have used the service and opted to be transferred to the local provider, while 6,944 callers have used the service and elected to continue speaking with a live advocate. The technology team continues

to explore and make improvements to this tool to increase efficiency and prioritize the safety of victims of domestic violence. Considering the unprecedented volume increases in FY 2024, this technology enhancement was necessary to prioritize the safety of those reaching out to live services.

Throughout FY 2025, the Hotline continued to maintain the directory of 3,260 local providers and 1,134 national resources. During FY 2025, the Hotline's directory team updated 1,228 providers and 30 resources.

During FY 2025, The Hotline advocates answered 47,168 love is respect contacts, representing 70% of all love is respect contacts received, compared to 56% in fiscal year 2024.

The Hotline provided oversight and financial support to StrongHearts Native Helpline to ensure that culturally specific services for Native American and Alaskan Indian contacts were maintained. For FY 2025, StrongHearts Advocates had a 99% answer rate, with 13,780 of 13,913 of total contacts answered and average wait time of 12 seconds. In September 2025, ACFC awarded a new grant that established the National Indigenous Domestic Violence Hotline to further strengthen services to Native American and Alaskan Native contactors.

The Hotline continued to oversee the contract with Abused Deaf Women's Advocacy Service to ensure 24/7 services for Deaf, hard-of-hearing, and Deafblind contacts. Abused Deaf Women's Advocacy Service maintained a team of six advocates who supported contacts via videophone, email, and live chat. In FY 2025, the service received a total of 2,086 contacts and answered 1,970 contacts, surpassing their fiscal year goal of 1,722 contacts answered and representing an answer rate of 94%.

Demand for services continues to rise, with a 165% increase in volume over the last five years. The Hotline launched a digital queue management solution in March 2022 to increase advocate availability and provide chatters and texters with a safer, improved experience through shorter wait times, resulting in fewer hang-ups. In June 2024, The Hotline extended the queue management solution to phone services and has continued to refine the system based on staffing and forecasted call volume. Since the launch of the queue management solution, more than one million callers, chatters, and texters have been redirected from waiting in the queue to a list of resources and providers. Of those, more than 430,000 were redirected in fiscal year 2025 alone.

Fiscal Years 2026 and 2027 Performance Plan:

In FY 2026, ACFC will convene listening sessions with state and local hotline providers and other related national hotline providers to exchange best practices in modernizing hotline services, capacity and operational challenges, and opportunities for greater coordination. In FY 2026, ACFC will also be piloting a partnership with the Department of Defense to strengthen services to military-connected individuals experiencing domestic violence with the potential to expand in FY 2027 depending on results from the first year of the pilot.

The funding level proposed for FY 2027 would enable ACFC to maintain current level of services for the National Domestic Violence Hotline. As call, text, and online chat volumes keep rising, ACFC will meet monthly with grant recipients to talk about structural changes to phone and digital services. The goal is to improve response times, reduce wait times, and increase the number of people available to respond to those reaching out. Planned steps include piloting a volunteer recruitment program, expanding the current chat and text queue management system to also cover phone calls when phone wait times go over 15 minutes, and increasing training hours for new advocates.

Child Welfare: For those children who had been in foster care less than 12 months, the percentage that has no more than two placement settings (Lead Agency - ACFC; Measure ID – 7G)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	84%	N/A ¹⁰	N/A	N/A	N/A	Average prior 3 actuals	Average prior 3 actuals
Result	82.9%	82.1%	80.8%	80.4%	Oct 31, 2026	Oct 31, 2027	Oct 31, 2028
Status	Target Not Met	Pre-Baseline	Baseline	Baseline	Baseline	In Progress	-

Program and Measure Description:

Child welfare data are collected from states and reported to the Adoption and Foster Care Analysis Reporting System (AFCARS). The data enable ACFC to administer the federal title IV-E foster care and adoption assistance programs more effectively. This measure focuses on children removed from their homes and placed in foster care. Moving a child from one placement to another can add to their trauma, so it is best to keep moves to a minimum.

ACF is prioritizing a review of child welfare-related performance measures and data sources in 2026.

Fiscal Year 2025 Performance Report:

This measure is being reestablished in the Agency Performance Report.

In May 2020, the Adoption and Foster Care Analysis Reporting System regulations were updated to streamline efforts to collect more robust data for analyses and to provide the most critical information on the out-of-home care population. The new regulations are intended to help states focus on improving quality of services and achieving positive outcomes for children and families. States began reporting data to the new AFCARS data collection system (AFCARS 2020) in October 2022. As a result of this new implementation of AFCARS 2020, methods for calculating the annual performance measures that use AFCARS data have necessarily changed, and results are not comparable to historical trends.

In FY 2022, 82.1 percent of children in care less than 12 months experienced no more than 2 placement changes. In FY 2023, this performance measure was 80.8 percent, and in FY 2024 performance declined slightly to 80.4 percent.

FY 2023 results will begin to set the baseline, allowing three years for data to stabilize before setting new baselines and subsequent targets for FY 2026 and beyond.

Fiscal Years 2026 and 2027 Performance Plan:

Performance has declined since FY 2021 and ACFC will continue to provide technical assistance to states to support their efforts to maintain safe and stable placements for the children in their care. With the implementation of the new ACFC initiative to ensure a home for every child, ACFC expects increased state-led efforts to minimize placement moves. ACFC will monitor states to ensure that they include placement stability strategies in their Child and Family Services Review program improvement plans.

¹⁰ In May 2020, the AFCARS regulations were updated to streamline efforts to collect more robust data for analyses. States began reporting data to the new AFCARS data collection system (AFCARS 2020) in October 2022. As a result of this new implementation of AFCARS 2020, methods for calculating the annual performance measures that use AFCARS data have necessarily changed, and results are not comparable to historical trends. Therefore, FY 2022 results will serve as a pre-baseline and FY 2023-2025 as baseline.

**Child Support: Percent of IV-D Child Support cases having support orders
(Lead Agency - ACFC; Measure ID – 20B)**

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	90%	90%	90%	90%	88%	87%	87%
Result	88%	87%	86%	87%	December 2026	December 2027	December 2028
Status	Target Not Met but Improved	Target Not Met	Target Not Met	Target Not Met	Pending	In Progress	-

Program and Measure Description:

Under Title IV, Part D of the Social Security Act (IV-D), ACFC partners with federal, state, tribal, and local governments to promote parental responsibility so that children receive support from both parents, even when they live in separate households. IV-D requires states to establish child support orders and collect child support payments from non-custodial parents, facilitating one of the most significant sources of financial resources available to children living apart from a parent.

This measure reports the percentage of IV-D child support cases with an established support order. ACFC's Office of Child Support Enforcement (OCSE) supports IV-D programs by offering technical assistance and training and manages the Federal Parent Locator Service to help states locate non-custodial parents for paternity and support orders.

Fiscal Year 2025 Performance Report:

Final FY 2025 data are not yet available. State IV-D agencies were not required to submit final data until December 31, 2025 and ACFC is currently analyzing the data.

FY 2024 results show that 87% of IV-D cases had support orders established, representing 10.1 million cases with orders in place. This provides the most current baseline for assessing ongoing performance.

OCSE operates systems and provides services to assist child support agencies to establish child support orders. Child support agencies use information provided by the Federal Parent Locator Service to locate parents quickly, reducing delays in establishing paternity and support orders. Federal Parent Locator Service information also contains income and employment information needed to establish support orders. OCSE also provided targeted technical assistance to states and tribes on case establishment processes to strengthen their understanding of case initiation and order establishment. Technical assistance emphasized how to correctly interpret and apply reporting requirements so programs could accurately track case progress and identify needed actions. State IV-D agencies complemented these efforts through their own activities, such as prioritizing early engagement with both parents and improving internal workflows. Many states also continued implementing modernization efforts that improved automation and streamlined case processing. Together, these federal and state activities contributed to maintaining strong support order establishment performance.

Nationally, state child support agencies continued to face fluctuations and variations in staffing levels, limiting their capacity to complete the steps required for timely order establishment. At the same time, increased case complexity required additional time and resources to resolve. Several states were also in the midst of major technology modernization efforts, and while these upgrades will ultimately improve efficiency, systems changes can sometimes slow case processing. Together, these factors impeded achievement of the FY 2024 target.

Although the FY 2024 results fell slightly below the target, the program maintained solid performance, with nearly 90 percent of IV-D cases having a support order in place.

Fiscal Years 2026 and 2027 Performance Plan:

OSCE will continue to work with states to implement best practices that shorten the time from application to order establishment, including improved data analytics to help states gain more timely and comprehensive data on support order establishment trends. OCSE will also continue to promote policies to reduce unnecessary barriers to order establishment.

To achieve the FY 2026 and FY 2027 targets, OCSE will provide ongoing technical assistance and training to ensure that states clearly understand reporting requirements and expand the use of data analytics to investigate emerging trends and target interventions more effectively. In addition, recipients of the Safe Access for Victims Economic Security 1115 grant are developing promising practices to help parents more safely access the child support program, which will further support consistent improvements in performance. Together, these activities are intended to help states sustain and improve performance.

Budget resources in FY 2026-2027 provide federal financial participation to support state and tribal IV-D program operations and systems improvements. Through this mechanism, states receive federal matching funds for essential activities such as staffing, training, data and reporting improvements, use of Federal Parent Locator Service tools, and technology modernization efforts that enhance automation and case-processing efficiency. These investments directly support the program's ability to maintain the core mission of the program including case-establishment practices. Continued federal funding ensures that states have the resources needed to implement these strategies and work toward meeting the established performance targets for FY 2026 and FY 2027.

National Human Trafficking Hotline: Number of potential human trafficking situations identified (Lead Agency - ACFC; Measure ID – 17K)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	N/A	N/A	N/A	N/A	10,751	11,411	Average prior 4 actuals
Result	10,983	10,013	9,877	12,130	13,623	Jan 1, 2027	Jan 1, 2028
Status	Historical Actual	Historical Actual	Historical Actual	Historical Actual	Target Met	In Progress	-

Program and Measure Description:

The National Human Trafficking Hotline is a national, toll-free hotline that operates 24 hours a day, every day of the year via telephone, text, and chat (referred to collectively as signals). The Hotline assists adults and minors who have experienced a severe form of human trafficking, as defined by the Trafficking Victims Protections Act. Individuals experiencing human trafficking, social service agencies, non-governmental organizations, law enforcement, child welfare agencies, and local communities rely on the Hotline for safety planning, service coordination, referrals, and reporting tips and concerns.

Fiscal Year 2025 Performance Report:

In FY 2024, the Hotline received 155,819 signals, of which 20 percent were substantive in nature; identified 12,130 potential human trafficking situations; and reported 2,642 cases to law enforcement. In FY 2025, the Hotline received 187,863 signals, of which 17 percent were substantive in nature; identified 13,623 potential human trafficking situations; and reported 3,643 cases to law enforcement. *Note: while the program has tracked these data internally for some time, this indicator was added by the program in FY 2026. As such, it*

had no published FY 2024 target. Since FY 2018, the number of signals received by the Hotline has increased while the percentage of signals that are within the scope of the Hotline (e.g. signals related to human trafficking or related forms of violence or victimization) continues to decrease, which has a downstream impact on data collection methods, trafficking identification, and performance.

Since FY 2022, ACFC has worked closely with the Hotline grant recipients to identify strategies to reduce operational strain and increase capacity to respond to a higher volume of signals, including adjusting the Hotline's response protocols, streamlining data collection and reporting methods, and piloting an AI chatbot for non-crisis needs. In FY 2025, the Hotline observed year-over-year growth for all performance measures, fielding 21 percent more signals overall, and 23 percent more signals specifically from potential victims, as compared to the fiscal year prior. Additionally, the number of human trafficking situations identified by the Hotline and the number of situations reported to law enforcement increased by 12 percent and by 38 percent, respectively, year-over-year.

In September 2025, a new grant recipient was awarded a five-year, projected \$35 million grant to operate the Hotline. This award reflects record investment in the Hotline, which was previously funded at \$25 million over the five-year award period. ACFC is working closely with the new and the incumbent grant recipient to ensure a smooth transition that prioritizes survivors of trafficking and continuity of care. While disruptions to Hotline services are not anticipated, delays in data collection and reporting are likely as operations are fully transitioned to the new recipient; this may impact final FY 2025 performance results and FY 2026 performance data availability.

Fiscal Years 2026 and 2027 Performance Plan:

Given the transition of the Hotline to a new grant recipient, maintenance level performance targets have been set for FY 2026 and FY 2027. Transition of operations was completed in Q1 FY 2026. After the transition, the new grant recipient will continue working to meet the requirements in the Hotline Notice of Funding Opportunity and under the award. This includes expanding services; partnering closely with survivor leaders, service providers, and law enforcement; and supporting better long-term outcomes for survivors.

ACFC anticipates that the increased funding for Hotline services will better serve survivors of human trafficking by improving responsiveness to crisis calls, texts, and chats, while strengthening coordination with survivor advocates, service providers, child welfare agencies, and law enforcement. This should lead to more potential trafficking cases being identified and reported, and more direct contacts from people who may be victims or survivors. ACFC plans to monitor operational health throughout the transition and the first year of the award to determine whether FY 2027 targets require adjustment.

Research

HHS is committed to expanding scientific understanding of healthcare, public health, human services, biomedical research and producing gold-standard research.

SCIENTIFIC RESEARCH – NATIONAL INSTITUTES OF HEALTH

By 2026, advance research toward the development of 10 antiviral drug candidates.
(Lead Agency - NIH; Measure ID - SR-NIAID-001)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	-	1	2	2	1	1	Discontinued
Result	-	More than 1	5	3	7	December 2026	-
Status	-	Target Exceeded	Target Exceeded	Target Exceeded	Target Exceeded	In Progress	-

Program and Measure Description:

The development of antiviral drugs to combat harmful viruses can take several years. To prepare for future threats posed by known and unknown viruses, NIH is taking a proactive approach by drawing on existing research and investing in antiviral drug discovery and development. The overall goal is to generate a pool of new antiviral drugs and increase the availability of antiviral drug candidates that might be used to address future outbreaks.

Fiscal Year 2025 Performance Report:

In FY 2025, NIH continued advancing research to develop seven new antiviral drug candidates that target viruses likely to threaten public health. NIH-funded researchers designed experimental antivirals showing early effectiveness against enterovirus D68, a virus that can lead to severe respiratory illness in children; yellow fever virus, which can cause life-threatening symptoms in some people; bunyaviruses, a large family of viruses that have led to significant outbreaks in Africa and elsewhere; and orthopoxviruses, such as mpox, that can infect humans.

In addition, NIH supported the first clinical trials of a new influenza treatment and of two antibodies capable of targeting multiple viral strains for treating HIV in children. NIH-funded researchers also advanced the development of a promising approach to use the body's microbiome (microorganisms that live on and in the body) to help protect women from HIV infection. Collectively, these efforts demonstrate steady progress toward expanding the pipeline of antiviral drug candidates to address longstanding and emerging infectious diseases.

Fiscal Years 2026 and 2027 Performance Plan:

Through research grants, specialized programs, and product development contracts, NIH is continuing to invest in antiviral discovery and development. NIH expects to meet its FY 2026 target and the overall goal of increasing the availability of antiviral drug candidates that might be used to address future outbreaks.

**By 2026, evaluate the efficacy of new or refined interventions to treat opioid use disorders (OUD).
(Lead Agency - NIH; Measure ID - SR-NIDA-001)**

FY	Target	Result	Status
2027	TBD	Expected December 2027	-
2026	Conduct a multisite clinical trial of a medication to treat OUD.	Expected December 2026	In Progress
2025	File one New Drug Application with the FDA for a new treatment for OUD.	Researchers successfully conducted a human validation study of a novel formulation of naloxone; however, it is undergoing further development to comply with FDA requirements.	Target Not Met but Improved
2024	Conduct phase one clinical trials of at least two anti-opioid vaccines.	Researchers conducted a Phase one clinical trial of an anti-oxycodone vaccine and early results are promising. In a second study, researchers obtained an Investigational New Drug application and are expected to launch a phase one clinical trial in FY 2025 of an anti-heroin vaccine for the treatment of heroin use disorder.	Target Not Met but Improved
2023	Complete a Phase two trial of a long-acting formulation of an opioid antagonist.	Completion of a Phase two clinical trial of a long-acting formulation of an opioid antagonist is delayed due to lingering effects of the COVID-19 pandemic and unanticipated delays in receiving FDA regulatory approval. The trial is expected to launch in FY 2024 and proceed as planned.	Target Not Met
2022	Conduct a clinical trial of a medication for relapse prevention of OUD or overdose.	Researchers conducted two clinical trials to test medications to prevent opioid overdose death.	Target Met
2021	Conduct a Phase one clinical trial of an anti-opioid vaccine and a new medication to treat OUD.	NIH conducted one Phase one clinical trial to test the safety and efficacy of an anti-opioid vaccine, and two Phase one clinical trials to test the safety and efficacy of two novel treatment drugs for OUD.	Target Met

Program and Measure Description:

Opioid Use Disorder is a chronic health condition that involves a problematic pattern of opioid use and can have serious and life-threatening consequences, such as overdose and death. Opioid overdoses continue to be a serious public health challenge, and the advent of more powerful synthetic opioids is only adding more urgency to finding solutions to prevent overdose. There are effective medications to reduce drug use and overdose risk among people with OUD, but they are underutilized. Another challenge is that despite the overall effectiveness of such medications for OUD (e.g., buprenorphine), they may be needed for months or years, and many patients are not able to remain in treatment for that long. Thus, NIH supports research to develop and evaluate a broader range of medications, behavioral interventions, and medical devices to treat OUD and opioid overdose.

Fiscal Year 2025 Performance Report:

In FY 2025, researchers aimed to file one New Drug Application with the FDA for a new treatment for overdose. In support of a New Drug Application, researchers successfully conducted a human validation study of an over-the-counter naloxone formulation intended to facilitate bystander responses to opioid overdose. The researchers are continuing to develop this novel formulation of naloxone to comply with FDA requirements.

Fiscal Years 2026 and 2027 Performance Plan:

In FY 2026, in addition to pursuing novel formulations of naloxone, NIH will conduct a multisite clinical trial of a medication to treat OUD. Specifically, a NIH-supported multisite trial will test semaglutide as an add-on to buprenorphine/naltrexone to prevent relapse to opioid use. Semaglutide is a GLP-1 receptor agonist, a class of diabetes medications that reduces food cravings and may also help reduce drug cravings. NIH plans to extend this measure and will establish additional annual targets to evaluate the efficacy of new or refined interventions to treat OUD.

PREPAREDNESS – ADMINISTRATION FOR STRATEGIC PREPAREDNESS AND RESPONSE

Increase the number of new licensed medical countermeasures across The Biomedical Advanced Research and Development Authority (BARDA), Advanced Research and Development (ARD), and Project BioShield (PBS) appropriations (Lead Agency - ASPR; Measure ID - 2.4.13a)

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027
Target	3	3	3	7	4	4	4
Result	6	3	20	11	10	Dec 31, 2026	Dec 31, 2027
Status	Target Exceeded	Target Met	Target Exceeded	Target Exceeded	Target Exceeded	In Progress	-

Program and Measure Description:

The Biomedical Advanced Research and Development Authority (BARDA) supports innovative technologies, advanced research and development, licensure, initial stockpiling, and the post marketing commitments of medical countermeasures for national health security preparedness and response. BARDA's mission is accomplished through successful public-private partnerships, sharing the risk in product development, improving efficiency, and accelerating products through the development process.

Measure 2.4.13a captures the number of new FDA approvals, licensures, and clearances achieved during the fiscal year with BARDA support. This includes new claims, such as a new indication or expanding age range. Targets were set based on a review of BARDA's portfolio of medical countermeasures under development and an assessment of which medical countermeasures are realistically capable of achieving FDA licensure in a given fiscal year.

Fiscal Year 2025 Performance Report:

In FY 2025, BARDA exceeded its target number of new licensed medical countermeasures with the achievement of 10 new FDA approvals across BARDA threat areas. This includes a first-in-class oral antibiotic and a combination antibiotic that addresses antimicrobial resistance for secondary infections that may occur following a chemical, biological, radiological, or nuclear event. The result is based on both supplemental and base appropriations.

Fiscal Years 2026 and 2027 Performance Plan:

Advanced Research and Development (ARD) and Project BioShield (PBS) appropriations will act in concert to support innovative technologies and products that have the potential to transform preparedness and response capabilities and healthcare and help BARDA achieve targets in FY 2026 and 2027. This is driven by the ability to seamlessly transition promising medical countermeasures candidates from ARD to PBS, enhancing efficiency in moving products to licensure by the FDA and ensuring their availability for national health security events. In FY 2026 and FY 2027, BARDA anticipates FDA approval of 4 medical countermeasures each year.

Consistent with what is outlined in FY 2026 and FY 2027 budget requests, BARDA will focus on advancing FDA approvals of medical countermeasures against threats that have a material threat determination, particularly threats for which no countermeasures are currently available. Another area of focus will be on the development of threat agnostic platforms and capabilities and supporting other tools that can be used to address multiple current and future National Health Security threats.