

RFK Jr.'s chronic disease agency would eliminate or reduce funding for some prevention programs

New budget documents outline priorities of the Administration for a Healthy America



Health Secretary Robert F. Kennedy Jr. reads a food nutrition label during a tour of the University of Utah in April.

By **Elizabeth Cooney** June 7, 2025

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Budget documents released by the Trump administration Friday provide the first clear indication of the priorities of a proposed new agency focused on preventing chronic disease.

The Administration for a Healthy America would absorb multiple federal agencies and existing programs, but the documents indicate that numerous initiatives axed from the Centers for Disease Control and Prevention through a reduction in force (RIF) in April will be resurrected with reduced funding — or not at all.

Longstanding funding lines at the CDC for tobacco control, nutrition and obesity, school health, heart disease and stroke, diabetes, and cancer prevention and control are among those that are zeroed out and slated for elimination in the new agency's first budget justification for Congress.

These programs employed experts in these areas to advise and fund state and local agencies, and public health experts said their loss would hurt the people they serve.

“My heart breaks because as a physician, I know that slashing these programs isn't trimming fat — it's sentencing real people to suffering that could have been stopped: the breast cancer that could have been detected earlier, the postpartum hemorrhage that takes a new mother's life, the silent stroke that robs someone of tomorrow,” a senior official at the CDC chronic disease center told STAT on condition of anonymity for fear of retribution. “Every dollar cut is a life left unprotected.”

For fiscal 2026, the AHA budget requests \$20.6 billion, a figure that includes \$14.1 billion in discretionary funding and reflects the amount proposed last month in the Department of Health and Human Services' budget for 2026. Programs aiming to reverse the chronic disease epidemic would be placed under the umbrella of the AHA while infectious diseases would remain the purview of the CDC. The budget would abolish the CDC's National Center for Chronic Disease Prevention and Health Promotion.

HHS did not answer a request for comment on the new budget details before publication, but it has defended the decision to eliminate CDC programs in the past. “We must end this wasteful and inefficient model of health programming in favor of strategic, coordinated approaches,” a spokesperson previously told STAT in a statement. “The creation of AHA

does not eliminate priorities or functions; instead, it unites previously independent programs to work together to Make America Healthy Again.”

The new entity, promoted by Health Secretary Robert F. Kennedy Jr., builds on his MAHA campaign. In two new budget documents, AHA is called the “primary federal agency committed to transforming the health of all Americans by addressing the root causes of chronic disease, promoting preventive care, advancing mental health and substance use services, and increasing access to a healthy environment and foods.”

Among the agencies that would be folded into the AHA are the Substance Abuse and Mental Health Services Administration, the Health Resources and Services Administration, the Office of the Assistant Secretary for Health, and the National Institute of Environmental Health Sciences.

Winners, with an asterisk

Some line items for existing programs are largely intact. Alzheimer’s disease risk-reduction efforts would be preserved at \$35 million, and include funding to improve brain health by reducing risk and promoting early assessment and diagnosis of Alzheimer’s, while sharing data for public health action, the document says.

A childhood lead poisoning prevention program and registry would survive with \$56 million in funding, but the staff to perform that work would have to be reconstituted after reductions in force at CDC. Teams of investigators who discovered the cause of lead poisoning in North Carolina and elsewhere in the country have been dispersed.

The lead program has a long history and a staff with the cumulative expertise of decades, Patrick Breyse, a former director of CDC’s National Center for Environmental Health, told STAT. He is also an emeritus professor at Johns Hopkins Bloomberg School of Public Health.

“Where are those people going to come from and are they going to try and create the same program? They’re going to be starting from zero,” he said. “It’s perhaps going to take five or more years to create something that might approach what we already have.”

There's something novel in the budget justification: An Office for the Advancement of Telehealth within the primary care division would receive a total of \$70 million.

“This appears to be a major shift from population programs to pilots and tele-tools,” the current CDC official said. “Funding pivots toward short-cycle demonstration grants and telehealth infrastructure, not the large, impactful state-cooperative CDC programs that previously drove policy, systems, and environmental change.”

Another example cited by the CDC official: The Office of Disease Prevention and Health Promotion gains resources to measure chronic disease — and even \$17.7 million to police sports doping — but the office will mainly fund clinical services and apparently not replace state-level prevention capacity lost with the elimination of CDC's National Center for Chronic Disease Prevention and Health Promotion.

Some programs are preserved but thinner. Injury Prevention and Control, for example, has been “decimated,” Chrissie Juliano, executive director of the Big Cities Coalition of 35 public health departments, told STAT. But she's cautiously optimistic about the Overdose Data to Action program, or OD2A, being funded under primary care, even if at a lower level. Opioid overdose prevention and surveillance received \$505 million in fiscal 2024 but would decline to \$476 million in the budget proposed for fiscal 2026.

The latest data charted a sharp decline in overdose deaths in 2024, and Sharon Gilmartin, executive director of Safe States Alliance, a national organization that supports state and local health departments in injury prevention, said less funding does not make sense.

“We talk about the 27% reduction in overdose fatalities, so it's hard to understand why we are reducing funding when we are making progress,” she said. “I've been trying different analogies and I keep coming back to we're pulling the fire trucks while the fire is still burning.”

Another current CDC official, one who is knowledgeable about the OD2A program and spoke on condition of anonymity, was glad to see the effort survive but worries about staffing levels. She's wary of the program's placement within the primary care section of the budget, where it might more easily be cut altogether. (Organ transplantation also shows up in primary care, also puzzling the official.)

The staffing numbers don't add up, the official said. The current Injury Prevention Center has about 400 people working on overdoses while the Substance Abuse and Mental Health Services Administration has 550. The proposal lists fewer jobs than either agency has alone.

"The most impactful work may not be protected," the official said. "What is on paper doesn't make any sense."

Losers, without asterisks

For injury prevention as a whole, funding in the budget proposal and in the congressional justification would fall by about a third, taking it down from \$761 million to \$550 million. That would end programs devoted to youth violence prevention, adverse childhood experiences, firearm injury, traumatic brain injury, and injury control research centers, all of which Gilmartin of Safe States called vital for injury and violence prevention

Juliano of the Big Cities Coalition singled out two more: Drowning is the leading cause of death in children 1 to 4 years old, but prevention funding would also end. The same is true for reducing falls among the elderly, which account for 9% of Medicare costs. Both had data-driven programs at CDC.

"I think it is definitely hard to always understand what CDC programs do, what the public health role is," Juliano said about falls. "This is a really good example of when folks looked at data, they figured out there are some things that you can do in communities to prevent elderly falls. And a couple of years down the line, you save money. So those are the types of things that are going to be lost with all of this zeroing out and combining and moving."

Also within injury, Gilmartin noted that \$100 million previously budgeted for domestic and sexual violence as well as rape prevention programs would be cut to \$38 million.

"Injury has taken a pretty big hit already through the RIFs and the layoffs that happened in April, so the sad reality is that I was glad to see some funding in there," Gilmartin said.

Funding requests tend to undergo big changes before Congress passes a budget, experts told STAT. Meanwhile, disruption within federal health agencies and local public health departments has already begun.

But Breysse was more pessimistic. “I think the danger is that we’re actually taking a step back,” the former CDC official said. “Instead of making the country healthier, we’re going to make it less healthy.”