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## *Continuing Appropriations Act, 2026: Selected Health Care Provisions*

Below is a topline summary of selected parts of the [Continuing Appropriations Act, 2026](#), which passed the Senate on November 10, 2025, and is currently expected to pass the House of Representative later this week. The continuing resolution (CR) provides funding through **January 30, 2026**, for nine appropriations bills, including Labor, Health and Human Services, Education, and Related Agencies (Labor/HHS), which encompasses all of the Department of Health and Human Services (HHS) except for the Food and Drug Administration (FDA) and the Indian Health Service. The package also includes the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations (Ag-FDA) appropriations bill, which is a full year bill attached to the CR that provides funding through **September 30, 2026**.

The bill includes health care extenders (Divisions A and F) through the length of the CR and a provision (Division H) preventing Statutory Pay-As-You-Go (PAYGO) sequestration cuts to Medicare and other programs. These provisions, as well as the FDA section of the Ag-FDA appropriations bill, are summarized in the chart below. Notably, the package does not include an extension of *Affordable Care Act* (ACA) enhanced premium tax credits (EPTCs), which expire at the end of calendar year 2025.

<b>DIVISION A – CONTINUING APPROPRIATIONS ACT, 2026</b>	
<b>Sec. 110. Limited Spending.</b>	<ul style="list-style-type: none"><li>• Requires agencies to take the most limited funding action permitted by this Act to continue projects and activities.</li></ul>
<b>Sec. 111. Mandatory Programs.</b>	<ul style="list-style-type: none"><li>• Maintains programs funded by entitlements and other mandatory payments, such as Medicare and the Children’s Health Insurance Program (CHIP), at activity levels consistent with current law through January 30, 2026.</li><li>• Appropriates funding for mandatory payments due for any month that begins after October 2025 through the month after January 30, 2026.</li></ul>
<b>Sec. 112. Standard Furlough Prevention.</b>	<ul style="list-style-type: none"><li>• Allows funds appropriated for civilian personnel compensation and benefits to be apportioned to agencies, including all health care agencies, at a rate that would prevent employee furloughs through January 30, 2026.</li></ul>
<b>Sec. 115. Rescission of Prior Year Funds.</b>	<ul style="list-style-type: none"><li>• Continues the rescission of funds from accounts in Treasury Appropriations Fund Symbols (TAFS) that do not receive appropriations under this Act and meet certain criteria.</li><li>• Requires the Office of Management and Budget to report a list of continuing rescissions by December 5, 2025.</li></ul>
<b>Sec. 120. Reduction in Force.</b>	<ul style="list-style-type: none"><li>• Prohibits the use of federal funds to initiate, carry out, implement, or otherwise notice a reduction in force (RIF) in any Federal department, agency, or office, including any health care department, agency, or office, until January 30, 2026.</li><li>• Rescinds and invalidates all RIFs taken by a Federal agency after October 1, 2025, including the RIFs implemented across health care agencies during the current lapse in appropriations.<ul style="list-style-type: none"><li>○ Returns all employees subject to a RIF to their employment status as of September 30, 2025, without interruption, and provides all pay to which they otherwise would have been entitled, including backpay.</li></ul></li></ul>

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<p><b>Sec. 148. Cybersecurity Extension.</b></p>	<ul style="list-style-type: none"> <li>• Extends the authority and reporting requirements for the <i>Federal Cybersecurity Enhancement Act of 2015</i> until January 30, 2026 (previously September 30, 2025).</li> <li>• The <i>Federal Cybersecurity Enhancement Act</i> improves Federal network security by authorizing and enhancing a Federal intrusion detection and prevention system to protect against cybersecurity risks.</li> </ul>
<p><b>Sec. 149. Cybersecurity Information Sharing.</b></p>	<ul style="list-style-type: none"> <li>• Extends the effective period for the <i>Cybersecurity Information Sharing Act (CISA) of 2015</i> until January 30, 2026 (previously September 30, 2025).</li> <li>• CISA extends legal protection to organizations who voluntarily reported cybersecurity threats to the federal government, in an effort to encourage information sharing and strengthen security protocols. For hospitals, this generally entails reporting threats that attempted to breach cybersecurity systems but failed.</li> </ul>
<p><b>DIVISION F – HEALTH EXTENDERS</b></p>	
<p><b>TITLE I – PUBLIC HEALTH EXTENDERS</b></p>	
<p><b>Sec. 6101. Extension for community health centers (CHCs), National Health Service Corps (NHSC), and teaching health centers that operate graduate medical education (GME) programs</b></p>	<ul style="list-style-type: none"> <li>• Extends funding for CHCs through January 30, 2026 (previously September 30, 2025).             <ul style="list-style-type: none"> <li>○ Appropriates \$1,423,890,411 for the period beginning on October 1, 2025 and ending on January 30, 2026.</li> </ul> </li> <li>• Extends funding for NHSC through January 30, 2026 (previously September 30, 2025).             <ul style="list-style-type: none"> <li>○ Appropriates \$115,315,068 for the period beginning on October 1, 2025 and ending on January 30, 2026.</li> </ul> </li> <li>• Extends funding for the teaching health centers GME (THCGME) program through January 30, 2026 (previously September 30, 2025).             <ul style="list-style-type: none"> <li>○ Appropriates \$58,493,151 for the period beginning on October 1, 2025 and ending on January 30, 2026.</li> </ul> </li> </ul>
<p><b>Sec. 6102. Extension of special diabetes programs</b></p>	<ul style="list-style-type: none"> <li>• Extends funding for Special Diabetes Programs for Type 1 Diabetes through January 30, 2026 (previously September 30, 2025).             <ul style="list-style-type: none"> <li>○ Appropriates \$53,145,205 for the period beginning on October 1, 2025 and ending on January 30, 2026.</li> </ul> </li> <li>• Extends funding for Special Diabetes Program for Indians through January 30, 2026 (previously September 30, 2025).             <ul style="list-style-type: none"> <li>○ Appropriates \$53,145,205 for the period beginning on October 1, 2025 and ending on January 30, 2026.</li> </ul> </li> </ul>
<p><b>Sec. 6103. National health security extensions</b></p>	<ul style="list-style-type: none"> <li>• Extends the following sections of the <i>Pandemic and All-Hazards Preparedness Act (PAHPA)</i> through January 30, 2026:             <ul style="list-style-type: none"> <li>○ The authority to temporarily reassign state and local personnel during a public health emergency (PHE);</li> <li>○ The authority to exempt from the <i>Freedom of Information Act</i> selected information involving vulnerabilities of existing medical or public health defenses;</li> <li>○ The limited exemption of antitrust laws involving the development of certain countermeasures/drugs or devices;</li> <li>○ The charters of selected advisory committees; and</li> </ul> </li> </ul>

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- The authority to appoint intermittent personnel to the National Disaster Medical System.

## TITLE II – MEDICARE

<b>Sec. 6201. Extension of increased inpatient hospital payment adjustment for certain low-volume hospitals (LVHs)</b>	<ul style="list-style-type: none"> <li>● Extends the percentage payment increase for certain LVHs until January 30, 2026 (previously September 30, 2025)</li> <li>● Extends the applicability of a more inclusive definition of a LVH until January 30, 2026 (previously September 30, 2025).</li> </ul>
<b>Sec. 6202. Extension of the Medicare-dependent hospital (MDH) program</b>	<ul style="list-style-type: none"> <li>● Extends the program until January 30, 2026 (previously September 30, 2025).</li> </ul>
<b>Sec. 6203. Extension of funding for quality measure endorsement, input, and selection</b>	<ul style="list-style-type: none"> <li>● Provides \$13,300,000 in funding for fiscal year (FY) 2026 to allow the Centers for Medicare &amp; Medicaid Services (CMS) to contract with a consensus-based entity that will provide quality measure endorsement, input, selection, maintenance, and removal.</li> </ul>
<b>Sec. 6204. Extending Acute Hospital Care at Home (AHCAH) waiver authorities</b>	<ul style="list-style-type: none"> <li>● Extends the Medicare AHCAH program until January 30, 2026 (previously September 30, 2025).</li> </ul>
<b>Sec. 6205. Extension of funding for Medicare hospice surveys</b>	<ul style="list-style-type: none"> <li>● Extends funding for Medicare hospice surveys through January 30, 2026 (previously September 30, 2025).               <ul style="list-style-type: none"> <li>○ Appropriates \$2,000,000 for the period beginning on October 1, 2025 and ending on January 30, 2026.</li> </ul> </li> </ul>
<b>Sec. 6206. Extension of add-on payments for ambulance services</b>	<ul style="list-style-type: none"> <li>● Extends the percent payment increase in the base payment rate under the Medicare Ambulance Fee Schedule for ground ambulance services that originate in a qualified rural area (i.e., the lowest population density areas) to January 31, 2026 (previously, October 1, 2025).</li> <li>● Extends the percent payment increase for ground ambulance services (3 percent for services that originate in a rural area and 2 percent for services that originate in all other areas) to January 31, 2026 (previously, October 1, 2025).</li> </ul>
<b>Sec. 6207. Extension of the work geographic index floor</b>	<ul style="list-style-type: none"> <li>● Extends the Medicare Physician Fee Schedule (PFS) work geographic index floor (set at 1.00) until January 31, 2026 (previously, October 1, 2025).</li> </ul>
<b>Sec. 6208. Extension of certain telehealth flexibilities</b>	<ul style="list-style-type: none"> <li>● Extends the availability of certain telehealth flexibilities implemented during the COVID-19 Public Health Emergency (PHE) through January 30, 2025 (previously September 30, 2025), including:               <ul style="list-style-type: none"> <li>○ Removal of geographic requirements and expansion of originating sites for telehealth services;</li> <li>○ Expansion of eligible practitioners to furnish telehealth services;</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>○ Furnishment of telehealth services by federally qualified health centers (FQHCs) and rural health clinics (RHCs);</li> <li>○ Delay of in-person requirements under Medicare for mental health services furnished through telehealth and telecommunications technology;</li> <li>○ Furnishment of audio-only telehealth services; and</li> <li>○ Use of telehealth to conduct face-to-face encounters prior to recertification of eligibility for hospice care.</li> </ul>
<p><b>Sec 6209. Revised phase-in of Medicare clinical laboratory test payment changes</b></p>	<ul style="list-style-type: none"> <li>● Extends the phase-in period for reductions in payment for clinical diagnostic laboratory tests:             <ul style="list-style-type: none"> <li>○ Extends application of the 0 percent reduction from the weighted median private payor rate until January 30, 2026 (previously December 31, 2025).</li> <li>○ Delays application of the 15 percent reduction from the weighted median private payor rate to January 31, 2026 (previously January 1, 2026).</li> </ul> </li> <li>● Revises the reporting period for the reporting of private sector payment rates for the establishment of Medicare payment rates:             <ul style="list-style-type: none"> <li>○ Extends the period during which no reporting is required until January 31, 2026 (previously December 31, 2026).</li> <li>○ Delays the period during which reporting is required to beginning on February 1, 2026 and ending on April 30, 2026 (previously beginning on January 1, 2026 and ending March 31, 2026).</li> </ul> </li> </ul>
<p><b>Sec. 6210. Extension of funding outreach and assistance for low-income programs</b></p>	<ul style="list-style-type: none"> <li>● Provides \$5,013,699 in funding for the period beginning on October 1, 2025 and ending on January 30, 2026 for the State Health Insurance Assistance Programs (previously \$30,000,000 for the period beginning on October 1, 2023 and ending on September 30, 2025).</li> <li>● Provides \$5,013,699 in funding for the period beginning on October 1, 2025 and ending on January 30, 2026 for the Area Agencies on Aging (previously \$30,000,000 for the period beginning on October 1, 2023, and ending on September 30, 2025).</li> <li>● Provides \$1,671,233 in funding for the period beginning on October 1, 2025 and ending on January 30, 2026 for the Aging and Disability Resource Centers (previously \$10,000,000 for the period beginning on October 1, 2023, and ending on September 30, 2025).</li> <li>● Provides \$5,013,699 in funding for the period beginning on October 1, 2025 and ending on January 30, 2026 to coordinate efforts to inform older Americans about benefits available under Federal and state programs (previously \$30,000,000 for the period beginning on October 1, 2023 and ending on September 30, 2025).</li> </ul>
<p><b>Sec. 6211. Extension of temporary inclusion of authorized oral antiviral drugs as covered Part D drugs</b></p>	<ul style="list-style-type: none"> <li>● Extends Medicare Part D coverage for prescription oral antiviral drugs granted emergency use authorization (EUA) status for COVID-19 until January 30, 2026 (previously September 30, 2025).</li> </ul>

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<b>Sec. 6212. Medicare improvement fund</b>	<ul style="list-style-type: none"> <li>• Reduces the amount of funding in the Medicare Improvement Fund to \$1,403,000,000 (previously \$1,804,000,000) for FY 2027 to pay for the health care extenders included in the bill.</li> </ul>
<b>Sec. 6213. Medicare Sequestration</b>	<ul style="list-style-type: none"> <li>• Extends by one month the mandatory Medicare payment reductions under sequestration to pay for the health care extenders included in the bill.</li> </ul>
<b>TITLE IV – MEDICAID</b>	
<b>Sec. 6401. Modifying certain disproportionate share hospital allotments</b>	<ul style="list-style-type: none"> <li>• Extends Tennessee disproportionate share hospital (DSH) allotments by appropriating \$17,748,493 for the period beginning on October 1, 2025, and ending on January 30, 2026.</li> <li>• Delays Medicaid DSH cuts until January 30, 2026.</li> <li>• The remaining DSH cuts would be in effect for a period of January 31, 2026 through September 30, 2026 and for FYs 2027 and 2028.</li> </ul>
<b>TITLE V – FOOD AND DRUG ADMINISTRATION</b>	
<b>Secs. 6501 – 6511. Over-the-Counter Monograph Drug User Fee Amendments</b>	<ul style="list-style-type: none"> <li>• Reauthorizes the Over-the-Counter Monograph Drug User Fee Program (OMUFA) for FY 2026-2030. OMUFA was first passed in 2020 to modernize the FDA’s regulation of over-the-counter monograph drugs, including authorizing the agency to carry out a user fee program in furtherance of this work.</li> <li>• The reauthorization includes the negotiated agreement on performance goals and procedures between FDA and industry, as well as provisions to improve transparency and accountability of the FDA relating to its regulation of over-the-counter (OTC) products and allows for increased innovation and access to OTC products.</li> </ul>
<b>TITLE VI – NO SURPRISES ACT IMPLEMENTATION</b>	
<b>Sec. 6601. Extension of Availability of Funding for No Surprises Act Implementation</b>	<ul style="list-style-type: none"> <li>• Extends funding for <i>No Surprises Act</i> implementation through January 30, 2026 (previously September 30, 2025).             <ul style="list-style-type: none"> <li>○ Appropriates \$14,000,000 for the period beginning on October 1, 2025, and ending on January 30, 2026.</li> </ul> </li> </ul>
<b>DIVISION H – MISCELLANEOUS</b>	
<b>Sec. 8001. Budgetary Effects</b>	<ul style="list-style-type: none"> <li>• Specifies that Divisions E through G of this bill will not be entered on the PAYGO scorecards maintained pursuant to the <i>Statutory Pay-As-You-Go Act of 2010</i> and the Senate PAYGO rule.</li> <li>• Specifies that the balances on the PAYGO scorecards at the end of the first session of the 119<sup>th</sup> Congress shall be zero (averting sequestration that was triggered by the <i>One Big Beautiful Bill Act</i> (H.R. 1)).</li> </ul>

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## DIVISION B – AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCY APPROPRIATIONS ACT, 2026

### FY 2026 Food and Drug Administration (FDA) Funding

FDA is provided \$6.97 billion, including \$3.4 billion in discretionary funding and \$3.5 billion in user fee funding. This is an increase of \$236.2 million, with a decrease of \$100 million in discretionary funding and an increase of \$336.2 million in user fee funding.

The agreement includes:

- \$3 million to advance scientific knowledge of neurological diseases, including encouraging FDA to hire additional staff with neurological expertise;
- No less than \$116 million for Human Foods Program state and local programs;
- \$2 million to aid in the implementation of the *Modernization of Cosmetics Regulation Act*;
- \$2.5 million for Center for Biologics Evaluation and Research (CBER) research related to the development and validation of improved endpoints for clinical trials of disease-modifying therapies in type 1 diabetes;
- At least \$200 million from tobacco industry user fees on enforcement related to electronic nicotine delivery systems, with at least \$2 million for the federal multi-agency taskforce focused on illegal imports of the products from China.

Additionally, the joint explanatory statement:

- Reiterates congressional support and strict adherence to the Orphan Drug Act;
- Directs FDA to submit a report and hold a tabletop exercise on implementation of the Food Traceability Final Rule by July 20, 2028;
- Reaffirms strong support for the Foreign Unannounced Inspections Pilot;
- Supports continued action by the FDA related to 7-OH;
- Revises House and Senate language on over-the-counter tests which encouraged FDA to prioritize the premarket review of OTC tests to include point of care tests;
- Reminds FDA that there are programs in place for healthy foods procurement and equipment to provide healthier foods to school children;
- Revises report language from the House related to infant formula;
- Requires FDA to submit a staffing report for every FDA program funded by both user fees and appropriations, certified by the FDA ombudsman;
- Prohibits the unregulated sale of intoxicating hemp-based or hemp-derived products, including Delta-8, from being sold online, in gas stations, and corner stores, while preserving non-intoxicating CBD and industrial hemp products.