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FY27 Labor-HHS Appropriations Mark: What Healthcare Stakeholders Can't Ignore

The House Appropriations Subcommittee has released its FY2027 Labor-HHS mark. It names more than 75 disease states and conditions spanning infectious disease, oncology, neurology, rare disease, women's health, and behavioral health with targeted directives across NIH, CDC, CMS, HRSA, and SAMHSA.

The mark is the first formal signal of where House appropriators intend to direct federal research, surveillance, and reimbursement attention for FY27. Each section below covers one policy area: what the mark says and what it means for your organization right now.

IN THIS EDITION

75+	8	$60M+	$120M
DISEASE STATES & CONDITIONS REFERENCED	HHS AGENCIES WITH SPECIFIC DISEASE LANGUAGE	CHILDHOOD CANCER DATA INITIATIVE FLOOR	INCLUDE DOWN SYNDROME RESEARCH INITIATIVE

FOCUS AREA 1 OF 4

WOMEN'S HEALTH & CHRONIC DISEASE

Endometriosis, Adenomyosis & Uterine Fibroids: Expanded Provisions Across CDC, NICHD, and the Secretary

Basic, clinical, and translational research directed; fertility-preserving treatments and disparities specifically addressed

What the Mark Says: Among the mark's most expanded provisions. CDC is directed to conduct awareness campaigns, surveillance, data standardization, burden assessment, and disparities work on endometriosis. NICHD receives language directing basic, clinical, and translational research into all three conditions with specific attention to fertility-preserving treatments, environmental and endocrine factors, and new diagnostic pathways. The Office of the Secretary is also named, underscoring cross-HHS coordination intent.

Strategic Read: This is a structurally different political environment for women's reproductive health research than existed two years ago. Companies with diagnostics, hormonal therapies, surgical devices, or fertility-preservation platforms in these indications should engage now. The appropriations signal is moving ahead of the reimbursement policy.

Chronic Kidney Disease: Cross-Agency Language Spans Research, Public Health, and CMS Payment

CDC, NIH/NIDDK, and CMS all named; one of the few conditions explicitly linking research to coverage policy

What the Mark Says: Increased CKD funding appears across CDC, NIH/NIDDK, and CMS, one of the few conditions in the mark where appropriators have explicitly linked research investment, public health surveillance, and payment policy in coordinated language.

Strategic Read: The CMS inclusion is significant. For companies with CKD diagnostics, therapeutics, or care management platforms, the three-agency coordination signal suggests appropriators want coverage policy to follow research investment. This is a moment to engage CMS directly on CED requirements or Medicare coverage pathways while the appropriations wind is at your back.

Lupus: National Registry Funding Continues

Real-world evidence infrastructure signals future regulatory and coverage argument potential

What the Mark Says: The mark provides dedicated funding for the National Lupus Registry at CDC, continuing a multi-year appropriations commitment to real-world evidence infrastructure for lupus and related autoimmune conditions.

Strategic Read: Registry infrastructure is the precursor to coverage-with-evidence-development decisions. Companies with lupus therapeutics in development should engage with the Registry program now to ensure their asset types and endpoints are reflected in data collection design.

ALSO REFERENCED IN THIS SECTION

Heart Disease & Stroke · Valvular Heart Disease · Diabetes & Diabetic Eye Disease · Obesity · IBD / Crohn's / Ulcerative Colitis · COPD / Alpha-1 Antitrypsin Deficiency · Sarcoidosis · Celiac Disease · PCOS (Cardiometabolic) · Infertility · Eating Disorders · Opioid Use Disorder · Substance Use Disorder · Neonatal Abstinence Syndrome · Cannabinoid Hyperemesis Syndrome

FOCUS AREA 2 OF 4

ONCOLOGY

Childhood Cancer: $60M+ Data Initiative Floor, $30M+ STAR Act Both Named

Pediatric brain cancer trial transition from PBTC to PEP-CTN also addressed

What the Mark Says: The mark provides explicit minimum funding floors: at least $60M for the Childhood Cancer Data Initiative and at least $30M for the Childhood Cancer STAR Act. Pediatric cancer is named as the leading cause of death by disease after infancy. The mark also addresses the transition of pediatric brain cancer clinical trials from PBTC to PEP-CTN, calling out pediatric brain cancer as the leading cause of cancer-related death in children.

Strategic Read: Companies with pediatric oncology assets, particularly brain cancer, leukemia, and DIPG, have durable bipartisan support to leverage in appropriations engagement. The PBTC-to-PEP-CTN transition language creates a trial infrastructure argument for companies seeking to engage on clinical pathway policy.

Early-Onset Colorectal Cancer: Leading Cancer Death Under Age 50

Research on screening, prevention, disparities, and novel treatments directed; language spans NIH/NCI and CMS

What the Mark Says: Colorectal cancer is named as the leading cause of cancer death in adults under age 50. The mark directs research into screening, prevention, disparities, and novel treatments and, unusually, the language spans both NIH/NCI and CMS, creating a research-to-reimbursement dimension that most oncology provisions lack.

Strategic Read: Companies with colorectal cancer therapeutics, diagnostics, or screening tools should note the CMS inclusion. This is a direct signal that coverage policy is intended to move in parallel with research investment.

"Deadliest Cancers" Framework: Sub-50% Five-Year Survival Named as NCI Priority

Brain, esophageal, liver, lung, ovarian, pancreatic, and stomach cancers all specifically listed

What the Mark Says: NCI is encouraged to maintain focus on cancers where five-year survival rates remain below 50 percent. The mark lists seven tumor types by name: brain, esophageal, liver, lung, ovarian, pancreatic, and stomach. This creates a durable appropriations identity for hard-to-treat malignancies that companies can anchor advocacy arguments to.

Strategic Read: The "deadliest cancers" framing is a powerful advocacy vehicle. Companies with pipeline assets in any of these seven tumor types have a named congressional priority to align with. The language will persist into conference and Senate negotiations.

Metastatic Uveal Melanoma: NCI Directed to Support Early-Phase Clinical Trials

Rare ocular malignancy receives explicit trial-support language; a rare and actionable appropriations signal

What the Mark Says: The mark directs NCI to support research and early-phase clinical trials for metastatic uveal melanoma, a rare skin and eye malignancy with severely limited treatment options. For a rare condition, receiving explicit trial-support language in report text is a meaningful appropriations signal.

Strategic Read: Companies with rare oncology pipeline assets in uveal melanoma should move quickly to align with the congressional champions behind this language and begin building the payer access narrative in parallel with the research investment signal.

ALSO REFERENCED IN THIS SECTION

Breast Cancer · Cervical Cancer · Ovarian Cancer · Prostate Cancer · Lung Cancer · Skin Cancer / Melanoma · Leukemia · DIPG · Liver Cancer · Pancreatic Cancer · Sickle Cell Disease (cross-listed NCI/NHLBI)

FOCUS AREA 3 OF 4

NEUROLOGY & RARE DISEASE

ALS: Expanded Clinical Trial Access and Accelerated New Treatments

Dual language at NIH/NINDS and CDC/NIOSH ALS Registry

What the Mark Says: The mark supports expanded ALS research to increase clinical trial access and accelerate new treatments. Language appears at both NIH/NINDS (research) and CDC/NIOSH (ALS Registry), giving the provision a dual public health and clinical research framing.

Strategic Read: The ALS Registry reference creates a real-world evidence infrastructure argument for companies seeking to document natural history or comparative effectiveness data. Companies with late-stage or commercial ALS assets should align early with the congressional ALS caucus before markup negotiations move to the Senate.

Duchenne MD: Approved Therapies "Do Not Halt or Reverse" Disease

Platform technology research encouraged; CDC directed to address adolescent and adult outcomes

What the Mark Says: The mark explicitly states that currently approved therapies do not halt or reverse Duchenne progression and encourages NIH to prioritize targeted platform technologies as a result. CDC receives separate language directing attention to adolescent and adult Duchenne outcomes and tracking of newborn screening results.

Strategic Read: This is among the most direct congressional statements on unmet need for a rare disease in recent memory. Companies developing next-generation Duchenne therapies, particularly platform or gene therapy approaches, have a clear appropriations argument to anchor clinical and regulatory advocacy.

Angelman Syndrome: Gene-Targeted Approaches and Natural History Studies Encouraged at NINDS + NCATS

NCATS inclusion signals interest in translation pathways, not only basic science

What the Mark Says: The mark recognizes Angelman syndrome as a rare neurogenetic disorder and encourages natural history studies, basic research, and gene-targeted therapeutic approaches. Language appears at both NINDS and NCATS. The translation center inclusion is a signal that appropriators want a pipeline toward clinical application, not just foundational science.

Strategic Read: For rare neurogenetic companies, NCATS inclusion in report language is a meaningful development. It creates a pathway argument for companies seeking NCATS partnership programs, rare pediatric disease vouchers, or co-development engagement with federal translational infrastructure.

Down Syndrome: $120M Floor for INCLUDE Initiative

NIH Office of the Director receives largest single rare disease investment in the mark

What the Mark Says: No less than $120M is directed to the INCLUDE Down Syndrome Research Initiative at NIH's Office of the Director, the largest single rare disease investment in the mark and one of the most substantial appropriations commitments to any rare condition in FY27.

Strategic Read: The INCLUDE program has become a model for cross-institute rare disease research infrastructure. Companies and organizations operating in the Down syndrome space, including comorbidity-focused assets (cardiac, Alzheimer's, oncology), should be actively engaged with the INCLUDE program leadership and congressional champions.

ALSO REFERENCED IN THIS SECTION

Alzheimer's / ADRD · Younger-Onset Dementia / FTD · Parkinson's Disease · Epilepsy & Tonic-Clonic Seizures · Friedreich's Ataxia · Limb-Girdle MD · Fragile X · Usher Syndrome · Mitochondrial Disease · Autism Spectrum Disorder · Sickle Cell Disease · Spina Bifida · Congenital Heart Defects

FOCUS AREA 4 OF 4

INFECTIOUS & ZOONOTIC DISEASE

Lyme Disease & Alpha-gal Syndrome: Tick-Borne Conditions Get Targeted Language

CDC diagnostics, surveillance & provider education; NIH research on pediatric and perinatal transmission

What the Mark Says: Lyme disease is identified as the most common animal-to-human transmitted disease in the United States. The mark supports CDC testing, diagnostics, surveillance, and education for high-risk workers and separately directs NIH/NIAID to fund pediatric Lyme research including perinatal Borrelia burgdorferi transmission and potential congenital outcomes. Alpha-gal Syndrome, described as an emerging tick-borne allergy with potentially life-threatening hypersensitivity, receives parallel language on provider awareness and basic research.

Strategic Read: Companies with diagnostics, biologics, or therapeutics in tick-borne or vector-borne disease have a direct appropriations hook. The pediatric and perinatal Lyme language creates a research pipeline argument for manufacturers pursuing lifecycle management or new indications.

Avian Influenza / H5N1: One Health Coordination Directed by Name

CDC directed to coordinate with USDA and state partners; spillover risk from cattle and poultry named

What the Mark Says: The mark notes potential spillover risk from egg-laying hens and cattle to high-risk workers and directs CDC to use a formal One Health approach in collaboration with USDA and state and local partners. This is a specific cross-agency directive with named livestock vectors.

Strategic Read: Vaccine manufacturers, diagnostics companies, and biosurveillance platform developers should track the One Health coordination mandate as a potential federal contracting and co-development signal through the appropriations cycle.

Drug-Resistant TB Classified as "Serious Threat Level Pathogen"

HHS directed to brief Committee on diagnostics, drug pipeline, vaccines, and cross-cutting countermeasures

What the Mark Says: Drug-resistant tuberculosis is explicitly classified as a "serious threat level pathogen." HHS is directed to brief the Committee on diagnostics, drug pipelines, vaccines, and cross-cutting AMR countermeasures, a formal accountability mechanism, not an aspirational funding note.

Strategic Read: Companies with AMR-adjacent assets, including novel diagnostics, drug-resistant TB therapeutics, or next-generation vaccine platforms, have a direct appropriations argument to make at the subcommittee level this cycle.

ALSO REFERENCED IN THIS SECTION

HIV/AIDS · Hepatitis C · Viral Hepatitis · Tuberculosis · Fungal / Mycotic Diseases · Malaria · Parasitic Diseases · Prion Disease / CJD · Healthcare-Associated Infections · Sepsis

MORTAR STRATEGIES ANALYSIS

THREE STRATEGIC TAKEAWAYS

01 **Rare and pediatric disease are bipartisan floors, not aspirational targets.** Funding minimums for Down Syndrome ($120M), childhood cancer ($60M+ CCDI, $30M+ STAR Act), and muscular dystrophy have hardened into durable commitments. Organizations not currently engaged in these appropriations relationships are falling further behind as these floors rise.

02 **Report language is the new lobbying target.** The mark's most actionable provisions are directives, not dollar figures. Language instructing HHS to brief the Committee on drug-resistant TB, directing NCI toward uveal melanoma trials, or linking CKD research to CMS payment policy creates accountability structures that companies and patient organizations can use as leverage throughout the appropriations process and into the Senate's version of the mark.

03 **Women's health and infectious disease provisions are structurally expanding.** Endometriosis, adenomyosis, and uterine fibroids are no longer afterthoughts. They are named, multi-agency priority areas in this mark. Similarly, tick-borne illness and AMR provisions are now standard mark fixtures with specific coordination directives, not emergency additions. Both trends will carry through to Senate negotiations and into FY28 baseline language.

Every condition named in this mark is a decision your organization needs to make before the Senate moves.

Report language gets written once per cycle. Once the mark moves to conference, the windows for influencing specific directives close fast. If your disease area is in here, and with 75+ conditions named, it likely is, now is the time to act.

ABOUT MORTAR STRATEGIES

Most health organizations track appropriations. Few have someone in Washington who can do something about it.

Mortar Strategies is a bipartisan government relations and public affairs firm built specifically for health and life sciences, federal and multi-state. We work with biotech, medical device, pharma, and patient advocacy organizations that need policy shaped, not just monitored.

If a condition in this mark affects your organization's priorities, reply and tell us what you're watching.

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