



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

Fiscal Year

2027

**Office of the National Coordinator for Health
Information Technology**

*Justification of Estimates
to the Appropriations Committee*

Table of Contents

Executive Summary	4
Introduction and Mission.....	4
Overview of Budget Request	5
Overview of Performance	5
All-Purpose Table	6
Budget Exhibits	7
Summary of Changes	7
Appropriations History.....	8
Narrative by Activity	9
Supplementary Tables	15
Budget Authority by Object Class	15
Detail of Full-Time Equivalent Employment (FTE)	17
Detail of Positions	18
Physicians' Comparability Allowance Worksheet.....	19



U.S. Department of Health and Human Services

A Message from the National Coordinator for Health IT

Dear Reader,

The Office of the National Coordinator for Health IT (ONC) fiscal year (FY) 2027 President's Budget request supports a streamlined HHS strategy for building a person-centered health care system—one where every American can securely access, share, and use their health data—by focusing ONC resources on the limited set of activities that are most necessary for advancing policies and interoperability initiatives that make health information flow more freely and securely. ONC's top priority during this time will be increasing "data liquidity"—ensuring that health information moves efficiently to improve health outcomes and reduce costs.

Since 2009, Congress has repeatedly authorized and mandated ONC activities as a steward for nationwide health care innovation and transformation, including in the HITECH Act, MACRA, and 21st Century Cures Act (Cures Act). As a result, ONC's standards, certification, exchange, and coordination activities serve as a foundation upon which other HHS programs build and align their data needs. ONC's FY 2027 budget request builds on these foundations, and advances progress in the following key areas:

- **Trusted Exchange Framework and Common Agreement (TEFCA™)** - TEFCA now connects more than 60,000 organizations and over 300 million health records have been exchanged nationwide since its launch. With congressional support, ONC has expanded participation, strengthened governance and transparency, and added new Qualified Health Information Networks®, creating a durable national backbone for interoperability.
- **Information Blocking** - HHS's information blocking activity ensures accountability with information sharing requirements. HHS's work includes consumer and provider-facing education and engagement led by ONC, along with close coordination between ONC and HHS's Office of Inspector General for complaint intake and appropriate compliance or enforcement action.
- **ONC Health IT Certification Program** - ONC has also taken steps to modernize the Certification Program, which is used by health IT developers that serve nearly all U.S. hospitals and hundreds of thousands of providers. In December 2025, ONC issued the HTI-5 proposed rule to streamline outdated criteria, reduce regulatory burden, and align certification with FHIR-based APIs that support automation, interoperability, and emerging AI-driven data exchange.

By statutory mandate, ONC-led initiatives advance a simple but ambitious goal: a health system where every person can manage and share their health information as easily as their finances or travel plans. With sustained congressional investment in FY 2027, ONC can continue turning this data-driven, person-centered vision into an everyday reality for people and families nationwide.

/Thomas Keane/

Thomas Keane, M.D. M.B.A.

National Coordinator for Health IT

Executive Summary

Introduction and Mission

Vision: Better health enabled by data.

Mission: To create systemic improvements in health and care through the access, exchange, and use of data.

The Office of the National Coordinator for Health Information Technology's (ONC) work has a transformative impact on the American healthcare system. Twenty years ago, medical records primarily resided in file cabinets and were rarely shared with patients, caregivers, or other health care providers, resulting in significant care gaps. Today, tens of millions of Americans electronically interact with the healthcare system on a daily basis and ONC's interoperability efforts support that interaction. Patients can renew a prescription, send a secure message to their doctor, or view a new lab result online. Electronic health information powers a vast array of essential activities that enable providers, patients, researchers, and more. The interoperability of that data reduces burden and helps ensure that information flows securely where it needs to go in seconds.

Continued investment in the mission-critical ONC programs detailed below is integral to nationwide interoperability and unlocking the transformative impact of technology for a higher quality, more competitive health care system.

- **Trusted Exchange Framework and Common Agreement (TEFCA)** – TEFCA provides a critical cornerstone for nationwide health information exchange, facilitating millions of daily clinical interactions every day. The 11 designated Qualified Health Information Networks® (QHIN™) for the TEFCA, operate as a 'network-of-networks', connect a majority of U.S. hospitals and public health authorities, and a substantial portion of providers, clinics, mental health centers, and long-term care facilities.
- **Information Blocking Policy** – ONC coordinates with the HHS Office of Inspector General (OIG) to interpret and implement the information blocking regulations. Additional work is imperative as ongoing feedback indicates that information blocking practices in health care continue to impact competition, impede data sharing, and affect affordability. Since launching the complaint portal, HHS has received over 1,500 reports, most from patients. In September 2025, HHS launched a major enforcement initiative with the Office of Inspector General to ensure accountability and foster fair competition.
- **Health IT Certification Program** – The ONC Health IT Certification Program ensures that certified health IT products provide a baseline for interoperable health IT that has been adopted by 96 percent of all U.S. hospitals and 78 percent of office-based physicians.
- **Standards Development and Coordination** – ONC collaborates with industry experts to develop, test, and adopt health data interoperability standards aligned with government needs. ONC's non-regulatory projects like the Leading Edge Acceleration Projects (LEAP) in health IT, United States Core Data for Interoperability (USCDI), and the Interoperability Standards Advisory (ISA) are drivers of innovation, expanding the use of mature health information standards beyond the regulated minimum.

Overview of Budget Request

The funding requested in this budget enables ONC’s expert staff to coordinate health and human services IT programs and policies to deliver impacts to stakeholders and improve healthcare for all Americans.

The FY 2027 President’s Budget request for ONC is \$50 million in Public Health Service (PHS) Evaluation funds, -\$19.2 million below the FY 2026 Enacted level, which split ONC’s funding source between the PHS Evaluation account and direct budget authority. The request funds 140 FTE, a decrease of 20 from FY 2026. These activities are central to building an efficient and radically transparent health information infrastructure.

Overview of Performance

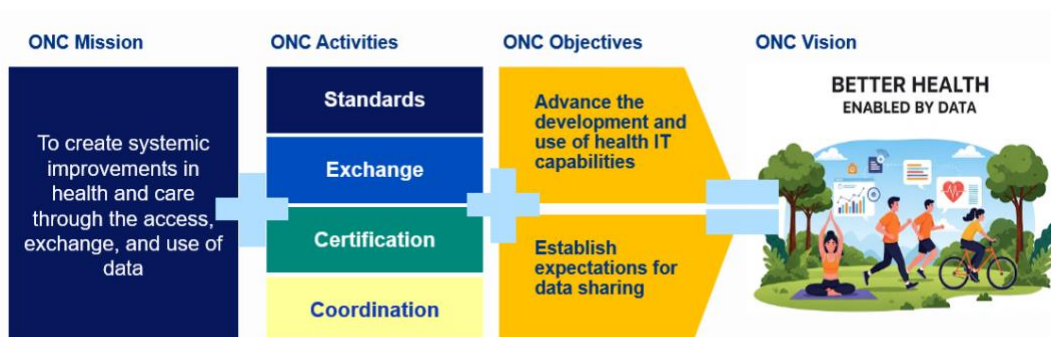
ONC’s FY 2027 budget request reflects plans to advance progress to the objectives codified at [42 U.S.C §300jj–11](#) and outlined in authorizing and enabling legislation, including:

- 21st Century Cures Act (“Cures Act”), Pub. L. 114-255 (Dec. 13, 2016), amending Title XXX of the Public Health Service Act.
- Medicare Access and CHIP Reauthorization Act (“MACRA”), Pub. L. 114-10 (Apr. 16, 2015).
- Health Information Technology for Economic and Clinical Health Act (“HITECH Act”), adopted as part of American Recovery and Reinvestment Act of 2009, Pub. L. 111-5 (Feb. 17, 2009) and adding Title XXX (Health Information Technology and Quality) to the Public Health Service Act.

In addition to maintaining long term progress on existing national priorities, ONC’s work is critical to successfully implementing the Administration’s executive orders and flagship priorities to Make America Healthy Again, including fighting the chronic disease epidemic, enabling gold standard research in science, promoting innovation, competition and choice in healthcare, and scaling digital health nationwide.

Prior investment in ONC has returned meaningful results for the American people, including in FY 2025, with advances in regulation and enforcement for the Certification Program, TEFCA, and information blocking policy; as well as the standards development and coordination efforts that accelerated innovation and enhanced competition in health care.

The following figure illustrates an overview of ONC’s mission, activities, objectives and vision. For more information about how ONC translates investments to results, view the agency [Budget Requests](#), [Reports to Congress](#), and the [Health IT Buzz Blog](#).



All-Purpose Table

(Dollars in Thousands)

Activity	FY 2025 Final		FY 2026 Enacted		FY 2027 President’s Budget		FY 2027 +/- FY 2026	
	\$	FTE	\$	FTE	\$	FTE	\$	FTE
Direct Budget Authority	-	-	33,375	-	-	-	-33,375	-80
PHS Evaluation	69,238	190	35,863	160	50,000	140	+14,137	+60
Total, ONC Program Level	69,238	190	69,238	160	50,000	140	19,238	-20

Budget Exhibits

Summary of Changes

(Dollars in Thousands)

	Dollars	FTEs
FY 2026 Enacted		
Total estimated program level	69,238	160
FY 2027 President's Budget		
Total estimated program level	50,000	140
Net Change	-19,238	-20

	FY 2026 Enacted		FY 2027 President’s Budget		FY 2027 +/- FY 2026	
	PL	FTE	PL	FTE	PL	FTE
Increases:						
A. Built-in:						
Annualization of 2026 civilian pay increase	-	-	-	-	-	-
Subtotal, Built-in Increases	-	-	-	-	-	-
B. Program:						
1. Health IT, PHS Eval	-	-	-	-	-	-
Subtotal, Program Increases	-	-	-	-	-	-
Total Increases					-	-
Decreases:						
A. Built-in:						
1. N/A	-	-	-	-	-	-
Subtotal, Built-in Decreases	-	-	-	-	-	-
B. Program						
1. Health IT, PHS Eval	\$69,238	160	\$50,000	140	-\$19,238	-20
Subtotal, Program Decreases	-	-	-	-	-\$19,238	-20
Total decreases	-	-	-	-	-\$19,238	-20
Net Change					-\$19,238	-20

Appropriations History

	Request to Congress	House Allowance	Senate Allowance	Appropriation
FY 2019				
Annual	\$38,381,000	\$42,705,000	\$60,367,000	\$60,367,000
Transfers (Secretary's)				(\$204,397)
Subtotal	\$38,381,000	\$42,705,000	\$60,367,000	\$60,162,603
FY 2020				
Annual	\$43,000,000		\$60,367,000	\$60,367,000
PHS Evaluation Funds		\$60,367,000		
Transfers (Secretary's)				(\$114,000)
Subtotal	\$43,000,000	\$60,367,000	\$60,367,000	\$60,253,000
FY 2021				
Annual	\$50,717,000	\$60,367,000	\$60,367,000	\$62,367,000
Transfers (Secretary's)				(\$187,241)
Subtotal	\$50,717,000	\$60,367,000	\$60,367,000	\$62,179,759
FY 2022				
PHS Evaluation Funds	\$86,614,000	\$86,614,000	\$86,614,000	\$64,238,000
Subtotal	\$86,614,000	\$86,614,000	\$86,614,000	\$64,238,000
FY 2023				
PHS Evaluation Funds	\$103,614,000	\$86,614,000	\$66,238,000	\$66,238,000
Subtotal	\$103,614,000	\$86,614,000	\$66,238,000	\$66,238,000
FY 2024				
PHS Evaluation Funds	\$103,614,000	\$56,238,000	\$71,238,000	\$69,238,000
Subtotal	\$103,614,000	\$56,238,000	\$71,238,000	\$69,238,000
FY 2025				
PHS Evaluation Funds	\$86,000,000	\$69,238,000	\$69,238,000	\$69,238,000
Subtotal	\$86,000,000	\$69,238,000	\$69,238,000	\$69,238,000
FY 2026				
PHS Evaluation Funds	\$30,000,000	\$59,238,000	\$69,238,000	35,863,000
Direct Budget Authority				33,375,000
Subtotal	\$30,000,000	\$59,238,000	\$69,238,000	69,238,000
FY 2027				
PHS Evaluation Funds	\$50,000,000			
Subtotal	\$50,000,000			

Narrative by Activity

Budget Summary (Dollars in Thousands)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President’s Budget	FY 2027 +/- FY 2026
PHS Evaluation	69,238	35,863	50,000	+14,137
Direct Budget Authority	-	33,375	-	-33,375
Program Level	69,238	69,238	50,000	-19,238
FTE	190	160	140	-20

Authorizing Legislation.....PHS Act amended by the HITECH Act, PL 111-5 and the Cures Act, PL 114-255
 FY 2027 Authorization..... No Separate Authorization of Appropriations
 Allocation Method.....Direct Federal, Contract, Cooperative Agreement, Grant

Program Description

The Office of the National Coordinator for Health IT (ONC) leads executive branch coordination and policy development on health and human services technology, emphasizing interoperability and electronic health information exchange. The National Coordinator serves as the Secretary’s principal advisor on health IT, particularly where it intersects with HHS programs and budgets. ONC’s work is carried out through the Offices of Standards, Certification, and Analysis; Policy; and the Chief Operating Officer.

ONC partners with a broad network of public and private stakeholders to achieve the following objectives:

1. **Advance nationwide interoperability of health information** as a cornerstone of HHS’s mission to protect and improve the health and well-being of all Americans;
2. **Coordinate health IT initiatives across all HHS programs** to ensure alignment of investments and maximize the impact of health and human services technology;
3. **Align HHS health IT policies and programs** with those of other executive branch agencies, Federal commissions, and advisory committees to promote a unified national approach;
4. **Lead the development and implementation of health IT regulations** that strengthen interoperability across the entire healthcare ecosystem—including behavioral health, human services, and public health sectors; and
5. **Drive Federal and industry collaboration** to expand the seamless access, exchange, and use of health information across the healthcare sector.

Budget Request

The President's Budget requests \$50 million in PHS Evaluation funds, a net decrease of -\$19.2 million from the FY 2026 level. The Budget funds 140 FTE, a reduction of 20 from the FY 2026 level. To operationalize this funding level, ONC would substantially reduce its contract and grant budgets, reduce educational outreach to patients and providers, and limit stakeholder meetings with industry partners. The -\$19.2 million reduction will bring a streamlined focus to the ONC budget in the following ways:

- **Reduce contracts and grants budget:** ONC would end standards development work (Cooperative Agreements and Challenges) for any early-stage standards investments and interoperability projects (e.g., Leading Edge Acceleration Project (LEAP)).
- **Reduce stakeholder coordination, outreach to patients and providers:** ONC would reduce all statutory authorized non-technical interoperability programs (e.g., Federal Advisory Committee, Annual Meeting, Congressional Reports, Strategic Planning, Surveys) to the minimum level.
- **Reduce capacity related information blocking:** ONC would reduce staffing and resources available for review, oversight, and enforcement coordination of the health care industry’s information sharing/blocking regulations.

Five Year Funding Table

Fiscal Year	Amount
FY 2023 Final	\$66,238,000
FY 2024 Final	\$69,238,000
FY 2025 Final	\$69,238,000
FY 2026 Enacted	\$69,238,000
FY 2027 President’s Budget	\$50,000,000

Program Accomplishments

ONC efforts have transformed the national landscape in favor of interoperable, patient-led health information exchange. As a result of ONC-led efforts:

- More than 20 federal programs, 96 percent of hospitals and 78 percent of physician offices across the country rely on ONC Certified Health IT, making the program a fundamental technological cornerstone of the U.S. health care delivery system.
- In 2024, 77 percent of individuals nationwide were offered online access to medical records by a health care provider or insurer, compared to just 42 percent in 2014.
- In 2024, 81 percent of individuals with a chronic condition were offered online access to their medical records and 69 percent accessed their records at least once in that past year.¹

The following recent accomplishments demonstrate how past investments in ONC have resulted in scaling the digital health system nationwide, improved clinical experiences and outcomes, and expanded competition and choice across health and human services:

¹ [Individuals’ Access and Use of Patient Portals and Smartphone Health Apps, 2024 | HealthIT.gov](#)

- **Improving electronic prior authorization with HTI-4** – In July 2025 ONC finalized HTI-4, which included health IT standards updates for electronic prescribing, real-time prescription benefit checks, and electronic prior authorization. These updates enable improvements to workflow automation, reduce the manual effort required to conduct prior authorizations, improve operational workflow, and support more timely and transparent clinical decision-making. We estimate these efficiencies will save millions of hours of clinician time annually, totaling \$19 billion in labor cost savings over ten years. In turn, that time savings can be used to spend more time with patients and less time on paperwork. HTI-4, formally titled “[Health Data, Technology, and Interoperability: Electronic Prescribing, Real-Time Prescription Benefit and Electronic Prior Authorization](#),” advances the Secretary’s goal of real-time prior authorization during patient care encounters. HTI-4 took effect October 1, 2025.
- **Unleashing Prosperity through HTI-5** – In December 2025, ONC announced the [Health Data, Technology, and Interoperability: ONC Deregulatory Actions to Unleash Prosperity](#) (HTI-5) Proposed Rule. HTI-5 will (1) reduce burden on health IT developers by removing redundant requirements to streamline ONC’s voluntary Health IT Certification Program; (2) update the information blocking regulations to better promote electronic health information access, exchange, and use so that patients’ access to their data is not blocked; and (3) advance a new foundation of Fast Healthcare Interoperability Resources (FHIR®)-based application programming interfaces (APIs) that promote AI-enabled interoperability solutions through modernized standards and certification. The HTI-5 proposed rule is expected to save \$1.53 billion in total, including \$650 million over the next five years for health IT developers, providers, and other stakeholders.
- **Interoperability Standards Advisory (ISA)** – In January 2025, ONC published the [2025 ISA Reference Edition](#), which is a tool ONC uses to coordinate standards awareness. The ISA organizes technical information on health information standards, models, and profiles into more than 60 sub-sections divided by topic and use (e.g., public health, patient information, coordination, clinical care, administration).
- **Reducing Regulatory Burden from the Health IT Certification Program** – In alignment with Executive Order 14192, *Unleashing Prosperity Through Deregulation*, ONC announced [several measures](#) in 2025 to reduce enforcement of certain Certification requirements for health IT developers. In April, ONC limited enforcement to the FHIR® API support rule, (*Health Data, Technology, and Interoperability: Electronic Prescribing, Real-Time Prescription Benefit and Electronic Prior Authorization*, “HTI-4” [Link](#)) pausing most other Insights-related provisions to cut costs and boost market efficiency. In June, ONC eased Real World Testing requirements, suspending the need for annual plans and reviews for CY 2025 and 2026, with some exceptions. Additionally, ONC exercised enforcement discretion for the electronic case reporting certification criterion and certain USCDI v3 data elements, aligning with EO 14168 to reduce compliance costs while maintaining program integrity. These actions collectively aim to reduce regulatory burdens and promote efficiency in the health IT market.
- **Restoring Biological Classifications in Federal Health Data** – In alignment with Executive Order 14168, *Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government*, ONC updated the United States Core Data for Interoperability (USCDI) Version 3, required under the Health IT Certification Program. These updates create [USCDI Version 3.1](#) by removing or revising Sex, Sexual Orientation, and Gender Identity data elements in the Patient Demographics/Information Data Class. These changes will carry forward into future versions, including USCDI Version 6, released in July 2025.

- **Standards Versioning and Advancement** – In July 2025, ONC concluded public comment on [USCDI Version 6](#), which proposes six new data elements: facility address, care plan, unique medical identifier, date of problem onset, family health history, and portable medical orders. Once adopted, Version 6 will support the Secretary's MAHA goals to improve chronic disease management and streamline prior authorization.
- **Establishing Expectations for Data Sharing** – Throughout FY 2025 ONC continued to formulate policies and responses to anti-competitive practices that hinder innovation and health information exchange. Key actions included issuing guidance in December on the applicability of [information blocking rules](#) to third party apps supporting patient access, releasing research on [information-blocking trends](#) in April, and publishing FAQs in July addressing the broader [info blocking environment](#) and [QHIN choice](#) – emphasizing that restricting QHIN selection by health IT developers may constitute interference under information blocking regulations.
- **Leading Edge Acceleration Projects (LEAP) in Health IT** – ONC issued two [LEAP](#) cooperative agreement awards to innovative health IT organizations focused on: (a) demonstrating readiness of FHIR®-based subscriptions for improved interactivity with third-party apps and (b) Testing innovative approaches to enhance Individual Access Services (IAS) under the TEFCA infrastructure. These projects should produce reportable results by 2027. Results from prior year grantees include:
 - **Advanced FHIR® for Advance Care Planning (LEAP 2023)** – Launched in 2023, this ONC funded project demonstrates how advanced FHIR® capabilities can aggregate advance care planning documents from disparate sources for electronic access at the point of care. Led by HEALTHeLINK, the initiative includes open-source software development, implementation, testing, and piloting in real-world settings. The project highlights the value of the health information exchange (HIE) for solving complex problems and was completed in 2025.
 - **Open-Source Platform for FHIR® Data Quality (LEAP 2023)** – This ONC-funded project, launched in 2023, aims to assess and improve the quality of structured and unstructured USCDI elements using FHIR® APIs. The initiative develops and deploys open-source tools that can be easily implemented across care delivery sites, with testing at two sites. The project concluded in 2025.

Outputs and Outcomes Tables

Measure	Year: Result Target: Related Target Result: Summary	FY 2026 Target	FY 2027 Target	FY 2026 Target +/- FY 2027 Target
Number of federal agencies actively participating in ONC-led health IT coordination efforts (ID: PDC.1)	FY 2025: 22 Target: Maintain Prior Year Result: Target Met	Maintain	Maintain	-
Number of interoperable data elements included in certification criteria adopted into the ONC Health IT Certification Program to meet congressional requirements (ID: SIC.1)	FY 2025: 92 data classes/elements in USCDI v.3.1 Target: Maintain Result: Target Met	Maintain	Maintain	-
Number of interoperability needs areas supported by standards and implementation specifications included in the annual Interoperability Standards Advisory (ISA) Reference Edition (ID: SIC.2)	FY 2025: 208 Target: Maintain & Publish January 2025 Result: Target Met	Maintain & publish by March 2026	Maintain & publish by March 2027	-
Number of visitors to ONC’s https://healthIT.gov websites to use health IT policy and technology assistance material (ID: AWS.1)	FY 2024: 24 million Target: Maintain Result: Target Exceeded	Maintain	Maintain	-

Explanation of Performance Compared to Target

Number of federal agencies actively participating in ONC-led health IT coordination efforts (ID: PDC.1)

- Coordination networks are weathering staffing and organizational limitations.

Number of interoperable data elements included in certification criteria adopted into the ONC Health IT Certification Program to meet congressional requirements (ID: SIC.1)

- In response to EO 14168, ONC removed non-conforming standards related to sexual orientation and gender identity. The HTI-2 Rule adopts USCDI v4 effective January 2028, which will be FY 2028. USCDI v4 includes 114 data classes/elements.

Number of interoperability needs areas supported by standards and implementation specifications included in the annual [Interoperability Standards Advisory \(ISA\)](#) Reference Edition (ID: SIC.2)

- In response to EO 14168, ONC removed non-conforming standards related to sexual orientation and gender identity. ONC also added standards related to labs, patient demographics, and social determinants of health, and administration

Number of visitors to ONC’s <https://healthIT.gov> websites to use health IT policy and technology assistance material (ID: AWS.1)

- HealthIT.gov is drawing significant direct traffic that appears to be from LLM learning and

improved search interactions, along with bot scraping. Deep pages have seen the highest gains.

Supplementary Tables

Budget Authority by Object Class

(Dollars in Thousands)

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget	FY 2027 +/- FY 2026
Personnel compensation:				
Full-time permanent (11.1)	26,226	26,488	23,177	(3,311)
Other than full-time permanent (11.3)	815	823	720	(103)
Other personnel compensation (11.5)	1,040	1,050	919	(131)
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	28,081	25,362	24,817	(3,545)
Civilian benefits (12.1)	9,597	9,693	8,481	(1,212)
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)	243	-	-	-
Total Pay Costs	37,921	38,055	33,298	(4,757)
Travel and transportation of persons (21.0)	371	341	4	(337)
Transportation of things (22.0)	-	-	-	-
Rental payments to GSA (23.1)	843	843	738	(105)
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	-	-	-	-
Other Contractual Services:				
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	12,742	12,674	6,677	(5,997)
Purchase of goods and services from government accounts (25.3)	12,380	12,314	6,487	(5,827)
Operation and maintenance of facilities (25.4) ...	169	169	148	(21)
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	36	36	32	(5)
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	26,511	26,377	12,085	(12,292)
Supplies and materials (26.0)	244	244	214	(31)
Equipment (31.0)	-	-	-	-
Land and Structures (32.0)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	4,562	4,562	2,403	(2,159)
Interest and dividends (43.0)	-	-	-	-
Refunds (44.0)	-	-	-	-
Total Non-Pay Costs	31,317	31,183	16,702	(14,481)

Total Budget Authority by Object Class	69,238	69,238	50,000	(19,238)
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Detail of Full-Time Equivalent Employment (FTE)

	2025 Actual Civilian	2025 Actual Military	2025 Actual Total	2026 Est. Civilian	2026 Est. Military	2026 Est. Total	2027 Est. Civilian	2027 Est. Military	2027 Est. Total
Direct:	190	-	190	160	-	160	140	-	140
Reimbursable:..	-	-	-	-	-	-	-	-	-
Total:	190	-	190	160	-	160	140	-	140
ONC FTE Total	190	-	190	160	-	160	140	-	140

Detail of Positions

	FY 2025 Final	FY 2026 Enacted	FY 2027 President's Budget
Executive level			
Total - Exec. Level Salaries			
ES.....	10	10	10
Total - ES Salary	1,734,950	1,752,299	1,752,299
GS-15.....	45	43	40
GS-14.....	45	44	40
GS-13.....	47	47	44
GS-12.....	5	5	5
GS-11.....	7	7	7
GS-10.....	-	-	-
GS-9.....	4	4	4
GS-8.....	-	-	-
GS-7.....	-	-	-
GS-6.....	-	-	-
GS-5.....	-	-	-
GS-4.....	-	-	-
GS-3.....	-	-	-
GS-2.....	-	-	-
GS-1.....	-	-	-
Subtotal	153	150	140
Total - GS Salary	26,266,938	25,932,316	24,203,495
Average ES salary.....	175,495	175,230	175,230
Average GS grade.....	14-7	14-7	14-7
Average GS salary.....	171,679	172,882	172,882

Physicians’ Comparability Allowance Worksheet

	PY 2025 (Actual)	CY 2026 (Estimate)	BY 2027 (Estimate)
Number of Physicians Receiving PCAs.....	0	1	3
Number of Physicians with One-Year PCA Agreements.....	0	0	0
Number of Physicians with Multi-Year PCA Agreements.....	0	0	3
Average Annual PCA Physician Pay (without PCA payment)....	0	159,028	159,028
Average Annual PCA Payment.....	0	16,000	16,000

Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

ONC needs physicians with a strong medical background to engage clinical stakeholders and to provide an in-depth clinically based perspective on ONC policies and activities such as EHR safety, usability, clinical decision support, and quality measures.

Without the PCA, it is unlikely that ONC could have recruited and maintained its current physician, nor is it likely that ONC would be able to recruit and maintain physicians without PCAs in future years.

Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

In FY 2025, ONC did not onboard a physician requiring a comparability allowance. In the past, ONC has been able to retain physicians with strong medical background, so the agency was better able to engage clinical stakeholders and provide a clinically based perspective on ONC policies and activities.