

## AGENCY OVERVIEW

# NATIONAL CENTER FOR HEALTH STATISTICS (NCHS)

## SUMMARY OF KEY CRITICAL SUPPORT AREAS AND LEADERSHIP

### Leadership

There have been no changes since July 2024. However, Brian Moyer, the director since 2020, plans to retire in December 2025.

### Budget

(see figure below, Table 2.2 in body of report, and our [online resource](#)):

- NCHS's FY25 budget was kept at its FY24 level of \$187.4 million, which amounts to:
  - an estimated 2.4% loss of purchasing power from FY24.
  - a 16% loss of purchasing power from FY09.
- The FY26 President's Budget Request is for \$175 million, which represents a 9% loss in purchasing power from FY25, and a 24% loss in purchasing power from FY09. The budget also proposes to move NCHS out of the Centers for Disease Control and Prevention (CDC) to an Office of Strategy, the head of which is to report to the Secretary of Health and Human Services (HHS).

### Staffing

(see Table 2.1 in body of report):

- NCHS had lost an estimated 10% in staffing by Fall 2025.
- The FY26 President's Budget Request is for a staffing level of 428, which would be a 9% decline from the FY24-reported level of 470.

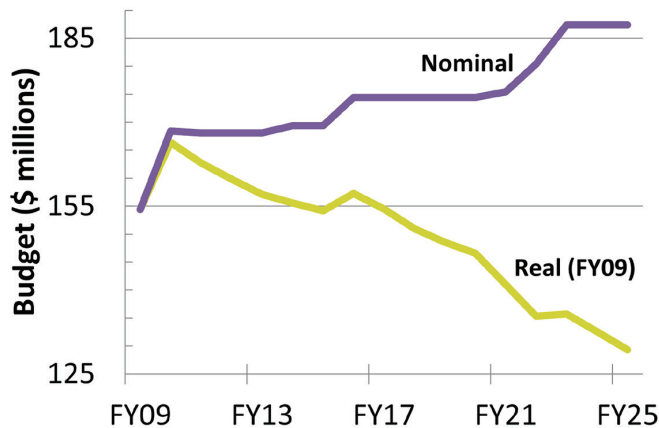
### Parent Agency

Because statistical agencies are hesitant or not allowed to communicate with outside entities, and the parent agencies are communicating little information specific to statistical agencies, we have only one agency-specific update in this category beyond the proposed reorganization above: Early in the government shutdown, HHS and CDC laid off 110 NCHS employees. While the reductions-in-force (RIFs) notices were all rescinded in November 2025, the RIFs and the fact that the staffing cuts and the proposed budget cut occurred indicates lack of support for the statistical agency, support that is required by the Evidence Act.

### Statistical Integrity Safeguards

Because statistical agencies are hesitant or not allowed to communicate with outside entities and the parent agencies are communicating little information specific to statistical agencies, we have no agency-specific updates in this category. A degree of open communication with outside stakeholders is an important component of statistical integrity safeguards and government transparency.

## National Center for Health Statistics



### Appropriations for NCHS in Nominal and Inflation-Adjusted (“Real”) Dollars, Fiscal Years 2009–2025

NOTE: The GDP deflator is used to adjust nominal appropriations for inflation.

SOURCE: [ASA online resources](#)

## IMPACTS

The impacts of the 10% loss of staff through September this year include increased burden on remaining staff. NCHS also lost critical support through the ending of contracts, particularly weakening the publication of reports and the release of data. In October, approximately 110 NCHS staff were laid off as part of department-wide RIFs under the government shutdown. By November 18, 2025, all NCHS RIFs were rescinded.

## SUMMARY

While we are not updating our ratings for parent agency support and statistical integrity safeguards—primarily for lack of information—we rate the NCHS resources as CHALLENGING owing to this fall’s sharp drop in staffing. According to our 2024 report rubric, this rating means, “The agency’s efforts to meet its Evidence Act responsibilities are challenged.” This rating is compounded by the 16% loss of purchasing power since FY09. We note the ambiguity about the roles of HHS and CDC in terms of Evidence Act requirement that the parent agency “shall enable, support, and facilitate statistical agencies or units in carrying out [their mandated] responsibilities.” The proposed move of NCHS out of CDC into a new office under the HHS secretary would address the issue. We also note the October RIFs and that the median requested increase for NCHS’s in the president’s annual budget proposal is 0.1% for 2001–2025, the lowest among the 13 principal federal statistical agencies by a factor of 25. See our [online resource](#) (tab 6).

## RECOMMENDATIONS

In addition to the all-agency recommendations in the body of the report, we reiterate the recommendations from last year, namely that:

- CDC should allow NCHS to use its name and logo prominently on its website, products, and outreach, to facilitate greater public awareness and trust of NCHS.
- HHS and CDC should engage NCHS in department- and CDC-wide initiatives.
- CDC should engage with Congress along with NCHS to provide NCHS the resources to better fulfill its requirement to provide relevant and timely data.

## NATIONAL CENTER FOR HEALTH STATISTICS: 2024 HEALTH ASSESSMENT SUMMARY

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For full text, see <https://bit.ly/NationsDataAtRiskNCHS>.

The July 2024 assessment of NCHS reveals the nation's principal health statistics agency demonstrating exceptional innovation and pandemic response capacity yet also constrained by minimal budget support, low institutional profile within CDC/HHS, and an eroding purchasing power that threatens its ability to provide timely, granular health data.

### KEY SUCCESSSES AND STRENGTHS

NCHS modernized mortality data reporting, reducing the gap from death event to data release to 10 days and enabling critical products including Weekly Pneumonia and Influenza Mortality Surveillance, Monthly Provisional Drug Overdose Deaths, and annual final mortality data released within a year. The agency enhanced coordination across 57 jurisdictions using machine learning to accurately code nearly 90% of mortality records. NCHS documented life expectancy decline, accurately monitored Covid-19 deaths using excess mortality measures, documented fertility rate decline, and produced the first nationwide Long Covid datasets. The agency initiated the Rapid Survey System for time-sensitive data on emerging health topics and established the Coordinating Office for Medical Examiners and Coroners to improve mortality trend tracking. From 2020 to 2022, NCHS doubled document downloads and website visits to 1.7 million and 41 million, respectively. The agency receives over 2,300 annual citations of its work and serves as HHS's core data collection infrastructure, with partners efficiently adding questions or expanding samples to NCHS platforms.

### CRITICAL CHALLENGES AND VULNERABILITIES

NCHS receives the weakest budget support among the 13 principal federal statistical agencies. The median presidential budget request increase since 2001 is just 0.4%—10 times lower than other non-cyclical agencies—resulting in 15% purchasing power loss since FY09. Despite releasing its report “U.S. Playbook to Address Social Determinants of Health” calling for additional NCHS funding, the Biden Administration requested only 1.1% increase in FY24. NCHS faces low institutional profile: little public evidence of engagement in department or CDC initiatives, creation of CDC's Center for Forecasting and Outbreak Analytics without leveraging NCHS expertise, and frequent failure to attribute NCHS data to NCHS rather than CDC. The agency relies heavily on other agencies' funding for core survey operations (NHANES, NHIS, National Survey of Family Growth, National Health Care Surveys), putting programs at risk. Budget constraints prevent addressing coverage, timeliness, and granularity needs.

### 2024 SUPPORT RATINGS SUMMARY

The assessment assigned:

- Statistical integrity safeguards: **Mixed**, noting no acute threats but lack of statutory protections and brand autonomy issues;
- Parent agency: **Mixed**, recognizing the CDC's Data Modernization Initiative (DMI) funding support but minimal budget request backing and limited engagement; and
- Budget/staffing: **Challenging**, acknowledging 15% purchasing power loss since FY09, with staffing commensurate to inadequate budget levels.