AcademyHealth Blueprint

Agency for Healthcare Research and Quality (AHRQ)

The federal government's home for research on how health care works and how to keep patients safe.

What AHRQ does

AHRQ is the only federal agency whose primary mission is to study how the health care system actually performs: what care works, what it costs, and whether patients are kept safe. Its products carry decisions made well outside the agency. The U.S. Preventive Services Task Force, which AHRQ convenes and staffs, issues the recommendations that set private-insurance coverage requirements under the Affordable Care Act. Its patient-experience surveys are built into Medicare payments. Its expenditure and hospital-cost data are among the principal federal sources on what American health care costs and how it is used.

Where it is vulnerable

Three weaknesses recur across the agency's history, and they are structural rather than tied to any single moment.

- **It has faced elimination, consolidation, or deep cuts in every decade of its existence.** In 1995, the agency published guidelines that antagonized affected interests and saw its budget cut by roughly a fifth. The pattern has returned under administrations of both parties. Congress has repeatedly kept the agency operating, most recently funding it as a distinct line and declining a proposed consolidation in the FY2026 appropriations. Congressional direction alone, though, has not kept it running when an administration chose otherwise.
- **The case against it rests on a "duplication" claim the evidence does not support.** A congressionally directed RAND study found AHRQ's work largely complementary to other federal research rather than redundant. The claim persists as political pressure regardless.
- **Its legal authorities do not match its role.** Its director serves at the Secretary's pleasure, with no fixed term and no statutory qualifications. Its core data programs lack the confidentiality and independence protections that comparable federal data systems carry. Its grantmaking has no enforceable continuity when funds are withheld.

What the Blueprint recommends

1. Reauthorize AHRQ with the statutes its mission requires. A Secretary-appointed director serving a fixed five-year term, removable only for cause, an authorized funding floor, mandatory timelines that release grant funds on schedule, and anti-impoundment protections for its core functions. (Requires Congress. Interim grantmaking-timeline guidance can begin now under existing authority.)
2. Give AHRQ's core data programs the protections other federal data systems already have. OMB can recognize these programs as a protected statistical unit under existing law, securing their confidentiality and methodological independence, with Congress codifying the protection so it cannot be reversed administratively. (Available now under existing authority; codify in reauthorization.)
3. Write the Preventive Services Task Force's independence into law. After the Supreme Court's 2025 Braidwood ruling, the Task Force's methodology rests on the Secretary's discretion. Codifying its evidence-grading process, with public notice required for any change, keeps the coverage decisions that flow from it stable. (Requires Congress.)
4. Formally connect AHRQ evidence to federal coverage, payment, and quality decisions. Require specified AHRQ products to be considered when CMS makes related decisions, including Medicare coverage decisions and quality and payment programs, and establish a federal mechanism for evidence generation when no commercial sponsor can credibly provide it. (Administrative coordination can begin under existing authority; durable links require Congress.)
5. Bring selected federal data and evaluation functions into a reauthorized AHRQ. Move NCHS, federal health workforce data functions, and the National Survey on Drug Use and Health within AHRQ, while preserving their identities, methodological independence, workforce, cooperative relationships, and funding. (Requires Congress.)

Why it matters

AHRQ is where three of the Blueprint's goals meet: protecting the independence of federal health research, funding it steadily, and making sure evidence reaches the decisions it should inform. A country that spends this much on health needs one agency whose job is to establish what works.

Questions to track progress

Questions that can help Congress, media, and the public follow where these recommendations stand.

- OMB can recognize AHRQ's data programs as a protected statistical unit today, under existing authority. Where does that stand?
- The FY2026 law directed HHS to staff AHRQ sufficiently to meet its statutory responsibilities. Is the agency positioned to obligate its grant funds on schedule?
- Will the Preventive Services Task Force's methodology be codified so it cannot be changed without public notice?

Drawn from the AHRQ section of Modernizing Federal Health Evidence. AcademyHealth has worked across the health evidence enterprise for decades and helped preserve AHRQ as an independent agency in the FY2026 appropriations. Full section and sourcing available at **blueprint.academyhealth.org.**