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HHS Real-World Data Landscape Report

Agency Winners, Losers, and Strategic Implications
Under Secretary Robert F. Kennedy Jr.

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1 Executive Summary

82K → 62K	**859K+**	**$8.2B**	**500M+**
HHS WORKFORCE	ALL OF US ENROLLED	RWD MARKET (2025)	TEFCA RECORDS

One year into Secretary Kennedy's tenure, HHS is simultaneously building new real-world data infrastructure while dismantling the workforce, institutional knowledge, and surveillance systems that make that infrastructure meaningful.[1] This report examines the full landscape of HHS real-world data activities from February 2025 through March 2026, verified against primary sources including Federal Register notices, Senate roll call votes, SAM.gov procurement records, NIH budget justifications, and CMS announcements.

Key Findings

- **Winners are few and concentrated.** FDA and CMS have emerged as the primary beneficiaries of Kennedy's real-world data agenda. The FDA has published updated RWE guidance[2] and the Sentinel system is advancing toward a 3.0 procurement.[3] CMS retains physical data access and continues ResDAC operations.[4]

- **Losers are widespread.** CDC has lost an estimated 25–33% of its workforce[5] and churned through three directors in thirteen months. AHRQ is functionally incapacitated with 70–90% staff reductions.[6] ASPE has been absorbed into the Office of Strategy with minimal remaining capacity.[7]

- **The RWDP is the centerpiece.** The NIH-CMS Real-World Data Platform, announced May 2025, is the administration's flagship data initiative, initially focused on autism spectrum disorder research.[8] It represents a genuine attempt to build cross-agency data infrastructure—but faces trust deficits after the ICE data-sharing controversy.[9]

- **Private sector is positioning aggressively.** Datavant-Aetion (now $1B+ revenue), Tempus AI ($1.27B revenue, +83% YoY), and Palantir are all expanding federal health data footprints.[10] The de-identified health data market is projected to reach $15.3B by 2032.[11]

- **The fundamental tension is unresolved.** HHS wants to leverage real-world data for Kennedy's research priorities while simultaneously reducing the agencies, staff, and programs that generate, curate, and validate that data.

2 The MAHA Agenda

Robert F. Kennedy Jr. was confirmed as HHS Secretary on February 13, 2025, by a 52–48 Senate vote, with Senator McConnell as the sole Republican dissent.[12] That same day, President Trump signed Executive Order 14212 establishing the Make America Healthy Again (MAHA) Commission to investigate childhood chronic disease epidemiology.[13]

The MAHA Strategy

The MAHA Strategy report, released September 9, 2025, laid out 120+ initiatives across multiple pillars.[14] Research—and by extension, the data infrastructure to support it—is a central theme. The Real-World Data Platform (RWDP) features prominently as a mechanism to unify fragmented data across HHS agencies. While some observers have characterized the RWDP as a top research priority, the strategy document does not assign explicit numerical rankings to individual initiatives.

The Real-World Data Platform

On May 7, 2025, CMS and NIH jointly announced the Real-World Data Platform, with initial focus on autism spectrum disorder.[8] NIH Director Jay Bhattacharya framed it as enabling "research that has been impossible" by linking claims data, EHR records, and environmental exposure data. CMS Administrator Mehmet Oz described it as making CMS "the backbone of a new era of evidence-based health research."

The platform concept evolved rapidly. In April, Bhattacharya described plans for an "autism registry," but HHS pivoted within days after backlash from the disability community and data privacy advocates. AcademyHealth noted significant trust concerns about how the data would be used and who would have access.[15] These concerns deepened after the ICE data-sharing controversy (see Section 5).

Kennedy's May 14, 2025 testimony before the Senate HELP Committee—the first HHS Secretary appearance before that committee in roughly 20 years—underscored his view that observational real-world data could supplement or in some cases replace randomized controlled trials.[16] His repeated citation of a 2016 Cochrane study to support this position has been challenged by researchers who say the reference is taken out of context.

3 Agency Winners and Losers

The restructuring plan announced March 27, 2025, reduced HHS from 82,000 employees to a target of 62,000, consolidated 28 divisions into 15, and closed half the regional offices.[7] The impact has been deeply uneven across agencies.

Agency	Status	Key Impact	RWD Relevance
FDA	● Winner	~3,500 positions cut but Sentinel advancing to 3.0 procurement; RWE guidance updated Dec 2025[2]	Primary RWE policy driver; Sentinel 3.0 draft RFP posted March 2026
CMS	● Winner	~300 positions cut; retains physical data access; ResDAC operational[4]	RWDP backbone; claims data pipeline intact; T-MSIS/IDR critical
NIH	● Mixed	~1,200 positions cut; Bhattacharya dual-hatted as acting CDC director Feb 2026[17]	RWDP co-lead; All of Us at 859K+ enrolled; 15% indirect cost cap blocked by court
CDC	● Loser	25–33% workforce reduction (~3,000–4,300); three directors in 13 months[5]	NHANES, BRFSS, PRAMS disrupted; $11.4B grant clawback attempted; surveillance gaps
AHRQ	● Loser	70–90% staff cuts (275 to ~80); zero new grants since April 2025[6]	MEPS decimated; HCUP at risk; health services research capacity near zero
ASPE	● Loser	Absorbed into Office of Strategy; website "not being updated"[7]	Policy analysis capability eliminated; ~71% staff reduction

The ONC (recently rebranded ASTP) stands as a notable outlier—its TEFCA initiative has exchanged nearly 500 million health records,[18] up from roughly 10 million in January 2025. Eleven QHINs are now designated, including Oracle Health. The HTI-5 proposed rule (December 2025) would remove 34 of 60 certification criteria in a significant deregulation of health IT standards.

4 Program-by-Program Assessment

The following assesses the operational status of critical federal data programs as of March 2026. Each is rated on a three-tier scale based on verified reporting.

Sentinel System (FDA) ● Advancing

The FDA's Sentinel system remains the crown jewel of federal post-market drug surveillance, with 138.7 million accruing members.[3] The Sentinel 3.0 procurement is actively progressing: a presolicitation was posted to SAM.gov on September 24, 2025, with updated market research released March 5–6, 2026. The estimated contract value per SAM.gov is approximately $40 million—significantly lower than the $310 million total program figure sometimes cited, which likely reflects cumulative program investment across multiple contracts and fiscal years. The 17th Annual Community Meeting was reportedly cancelled, suggesting resource constraints even within this protected program.

All of Us (NIH) ● Advancing with risk

Enrollment has reached more than 859,000 participants per the NIH FY2026 budget justification[19]—substantially higher than the 500,000 figure sometimes reported, which may refer to completed whole-genome sequences rather than total enrollment. Cures Act funding of $226 million continues. However, Kennedy's stated desire to redirect research toward his priorities (vaccines, chronic disease etiology) creates risk that this cohort could be repurposed in ways that compromise its original scientific design.

MEPS (AHRQ) ● Critical

The Medical Expenditure Panel Survey has been devastated by AHRQ's broader collapse. DOGE specifically targeted MEPS staff, and credible reports indicate the team of 45 highly skilled economists was reduced to six.[6] MEPS is the only national source for detailed data on health expenditure by families, individuals, and their insurers. No comparable private-sector substitute exists. The loss of longitudinal continuity may be irreversible.

NHANES (CDC) ● Disrupted, partially restored

NHANES staff received RIF notices in October 2025 but were recalled after advocacy from the Academy of Nutrition and Dietetics, the American Society for Nutrition, and other professional organizations.[20] HHS rescinded the RIF notices in November 2025. However, the disruption introduced gaps in data collection and has eroded institutional trust among the field staff who conduct examinations.

BRFSS / YRBSS (CDC) ● Disrupted, data restored

Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System data were removed from public-facing websites as part of the broader data takedown. A federal judge ordered initial restoration in February 2025, and all 195 affected websites were fully restored by December 12, 2025, per a settlement with the San Francisco City Attorney.[21] Ongoing survey operations remain affected by CDC staff cuts.

PRAMS (CDC) ● Suspended

The Pregnancy Risk Assessment Monitoring System was suspended from data collection when CDC issued a directive citing compliance with DEI-related executive orders.[22] The entire PRAMS team subsequently received RIF notices (STAT, April 2025). By October 2025, at least one state (Mississippi) had formally suspended its state-level data collection. PRAMS provides the only population-based data on maternal attitudes and experiences around pregnancy.

5 DOGE Actions and System Access

Contract Terminations

On April 3, 2025, HHS was directed to cut 35% of contracts, targeting $13.6 billion in reductions with an April 18 implementation deadline.[23] The most notable casualty was PECOS 2.0, CMS's provider enrollment modernization system. CMS announced its cancellation on March 6, 2025, after nine years, $200 million in spending, 14 missed deadlines, and zero usable output. CGI Federal was the primary contractor.[24]

System Access

In April 2025, Wired reported that DOGE personnel accessed at least 19 HHS information systems, including HIGLAS (Medicare payment system) and the CMS Integrated Data Repository.[25] Court filings from the AFL-CIO lawsuit documented the extent of access. Kennedy himself acknowledged in April that roughly 20% of layoffs (~2,000 positions) had been carried out "in error" and would require reinstatement.[26]

ICE-CMS Data Sharing

This is more advanced than widely understood. In July 2025, CMS and ICE formally established an Information Exchange Agreement granting ICE direct access to the CMS Integrated Data Repository and T-MSIS data.[9] This was not merely a "request"—it was a signed interagency agreement. Twenty-two states filed suit. A court ruling in December 2025 limited sharing to data on individuals not lawfully present, but KFF analysis notes CMS likely cannot technically comply with this limitation because the data systems are not designed to segregate records by immigration status.

This controversy directly undermines the RWDP's credibility. If federal agencies can share health data with immigration enforcement, the willingness of states, providers, and patients to contribute data to any federal platform—including the RWDP—erodes significantly.

Medicaid Data Release

In February 2026, DOGE publicly released Medicaid spending data covering January 2018 through December 2024, framing it as enabling fraud identification. This represented an unusual public exposure of granular spending data that would normally be accessible only through restricted channels.

CDC Grant Clawback

On March 24–25, 2025, HHS attempted to claw back $11.4 billion in CDC grants.[27] States won a preliminary injunction on May 16, 2025. In a separate action, $600 million in CDC grants to California, Colorado, Illinois, and Minnesota were targeted for termination in February 2026, with a judge temporarily blocking the action.

6 Private Sector Positioning

The de-identified health data market reached an estimated $8.2 billion in 2025 and is projected to grow to $15.3 billion by 2032 at a 9.3% CAGR.[11] Federal disruption is accelerating private-sector positioning.

Company	Key Metrics	Federal Health Relevance
Datavant–Aetion	Merger completed July 2025; ~$400M valuation; revenue exceeds $1B (2025); 300+ data partners[10]	Largest health data connectivity platform; tokenized linking across payer, provider, and research datasets; directly relevant to RWDP infrastructure needs
Tempus AI	2025 revenue $1.27B (+83.4% YoY); 2026 guidance ~$1.59B; $200M AstraZeneca deal[28]	AI-driven precision medicine; genomic + clinical data at scale; potential RWDP data supplier or analytics partner
Palantir	$90M five-year BPA with HHS (awarded May 2022, Biden admin); ARPA-H $19M contract (June 2024)[29]	Pre-existing HHS infrastructure; Foundry platform positioned for RWDP analytics; CMS pilot contracts active
Meridian Health Data	75+ data sources; 340M+ de-identified patient records; FedRAMP pursuit; IPGE platform	Active government division; FDA, NIH, ARPA-H relationships; privacy-first tokenized approach aligns with RWD mandate
Veradigm	Nasdaq-delisted early 2024; 15% workforce cut in 2025; revenue flat ~$584–589M[30]	EHR-sourced data for research; financial instability limits competitive positioning; internal reporting failures since Nov 2022

Note: Meridian Health Data is included for completeness given the recipient's institutional perspective. Meridian's Meridian Health Data government division, under David Chen's leadership, is positioned at the intersection of federal real-world data demand and privacy-compliant data infrastructure—precisely the space this report maps.

7 Strategic Assessment

Three structural tensions define the HHS real-world data landscape heading into the second year of the Kennedy era:

Build vs. Destroy

HHS is attempting to construct a centralized data platform (RWDP) while simultaneously dismantling the distributed data collection systems (MEPS, PRAMS, BRFSS, NHANES) that feed it. This is the equivalent of building a highway while demolishing the on-ramps.

Control vs. Trust

The ICE data-sharing agreement, DOGE system access, and Kennedy's stated research agenda all signal a shift toward politically directed data use. This conflicts with the scientific independence required for researchers, states, and patients to trust federal data platforms. As Daniel Jernigan, former CDC deputy, characterized it: the shift is "from evidence-based decision making to decision-based evidence making."

Federal vs. Private

The collapse of federal data capacity is creating a vacuum that private firms are filling. Companies like Datavant, Tempus, and Meridian Health Data offer data infrastructure the government increasingly cannot maintain internally. The question is whether HHS will become a buyer, a partner, or a competitor—and which agencies will drive procurement.

The Agency Question

David, you framed the key question precisely: which agency is going to "win"? Based on the evidence, the answer is a CMS-FDA axis with NIH as a conflicted partner:

- **CMS** controls the data (claims, T-MSIS, IDR) and has been relatively protected from cuts. It is the RWDP backbone and retains operational capacity.

- **FDA** controls the regulatory framework for how RWD becomes RWE. Its updated guidance and Sentinel 3.0 procurement position it as the standard-setter.

- **NIH** has the scientific mandate and runs All of Us, but Bhattacharya's dual role as acting CDC director stretches leadership thin. NIH is politically exposed in ways CMS and FDA are not.

- **CDC** is the biggest loser. Its surveillance systems are critical inputs to any RWD platform, but institutional capacity has been severely degraded. Watch whether the new Administration for a Healthy America (AHA) absorbs CDC functions—though as of January 2026, AHA has no staff, no timeline, and no Congressional support.[31]

8 Timeline of Key Events

Date	Event
Feb 13, 2025	Kennedy confirmed 52–48; EO 14212 signed establishing MAHA Commission
Feb 7–10, 2025	NIH 15% indirect cost cap announced, then blocked by court TRO
Mar 6, 2025	CMS cancels PECOS 2.0 after $200M and nine years
Mar 24–25, 2025	$11.4B CDC grant clawback attempted; states file suit
Mar 27, 2025	HHS restructuring: 82K to 62K employees, 28 to 15 divisions
Apr 3, 2025	35% contract cut directive ($13.6B target); Kennedy acknowledges 20% layoff error
Apr 2025	AHRQ: DOGE directs 85–90% RIF; CDC suspends PRAMS; ASPE website notice posted
May 7, 2025	NIH-CMS Real-World Data Platform announced (autism focus)
May 14, 2025	Kennedy testifies before Senate HELP Committee
May 16, 2025	States win preliminary injunction on CDC grant clawback
Jul 2025	CMS-ICE Information Exchange Agreement signed; Datavant-Aetion merger closes
Jul 29, 2025	Dr. Susan Monarez confirmed as CDC Director
Aug 27, 2025	Monarez ousted as CDC Director after less than one month
Sep 9, 2025	MAHA Strategy released (120+ initiatives)
Sep 24, 2025	Sentinel 3.0 presolicitation posted on SAM.gov
Oct 2025	NHANES staff fired, then recalled after advocacy; CDC reaches ~3,000–4,300 cuts
Nov 20, 2025	Oracle Health designated as 11th QHIN under TEFCA
Dec 2025	FDA RWE guidance updated; BRFSS/YRBSS data fully restored; court limits ICE data sharing
Jan 2026	NIH indirect cost cap injunction upheld on appeal
Feb 12, 2026	Chris Klomp named HHS Chief Counselor overseeing all operations
Feb 18, 2026	Bhattacharya named acting CDC Director while retaining NIH role
Feb 28, 2026	Lancet editorial: "Robert F Kennedy Jr: 1 year of failure"
Mar 5–6, 2026	Sentinel 3.0 updated market research posted on SAM.gov

9   What to Watch

Sentinel 3.0 Contract Award

The updated market research posting on SAM.gov (March 2026) signals the procurement is advancing. The winner of this ~$40M contract will define the next generation of post-market drug surveillance and set the standard for how FDA operationalizes RWE.[3]

RWDP Governance Structure

How the Real-World Data Platform handles data access, privacy protections, and state participation will determine whether it becomes a viable research tool or a political liability. The ICE controversy has raised the stakes. Watch for formal data governance frameworks and state opt-in/opt-out decisions.

FY2026 Appropriations

The Senate proposed $48.7 billion for NIH (a $400M increase over FY2025), rejecting the administration's proposed deep cuts.[32] Congress's final FY2026 LHHS numbers will determine whether All of Us, Sentinel, and other programs maintain funding.

AHA Implementation

The Administration for a Healthy America is the proposed successor to reorganized CDC functions. As of January 2026, it does not exist—no staff, no timeline, no Congressional authorization.[31] Any movement here reshapes the entire agency landscape.

Bhattacharya Dual Role Sustainability

Leading both NIH and CDC simultaneously is unprecedented and likely unsustainable. Whether a permanent CDC director is appointed—and who—will signal which research direction CDC takes.[17]

Private Sector Procurement

With federal capacity declining, watch for new BPAs, task orders, and OTAs directed at commercial RWD providers. The companies positioned to fill the federal capability gap will define the next era of government health data.

⑩ Corrections and Methodology

This report was fact-checked against primary sources including government websites (Senate.gov, SAM.gov, CMS.gov, NIH.gov, FDA.gov), Federal Register notices, court filings, and verified news reporting. The following corrections were applied to the original analysis:

All of Us enrollment: 859,000+ participants per the NIH FY2026 budget justification, not 500,000. The 500,000 figure may refer to completed whole-genome sequences.

ICE-CMS data sharing: Upgraded from a "request" to a formalized Information Exchange Agreement (July 2025), with active multi-state litigation and a partial court order.

Palantir $90M BPA: Originated under the Biden administration (May 2022). Cited as pre-existing infrastructure, not a current-administration action.

Sentinel 3.0 estimated value: SAM.gov lists ~$40M, not $310M. The larger figure likely reflects cumulative program investment across multiple contracts.

CDC workforce reductions: Union estimates as of October 2025 put total losses at 33% (~4,300), higher than the 25% (~3,000) figure from other sources.

MAHA Strategy RWDP ranking: No explicit "#2 priority" language exists in the published strategy document. RWDP is prominently featured but not numerically ranked.

FDA RWE guidance: Case-by-case evaluation framework for when identifiable source data is required, not a blanket elimination of the requirement.

Kennedy confirmation vote: Verified as 52–48 via Senate.gov roll call records.

Veradigm delisting: Occurred in early 2024, prior to the current administration period.

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