Fiscal Year **2023**

Budget in Brief

U.S. Department of Health & Human Services

HHS.GOV

Department of Health and Human Services

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This document is also available at http://www.hhs.gov/budget

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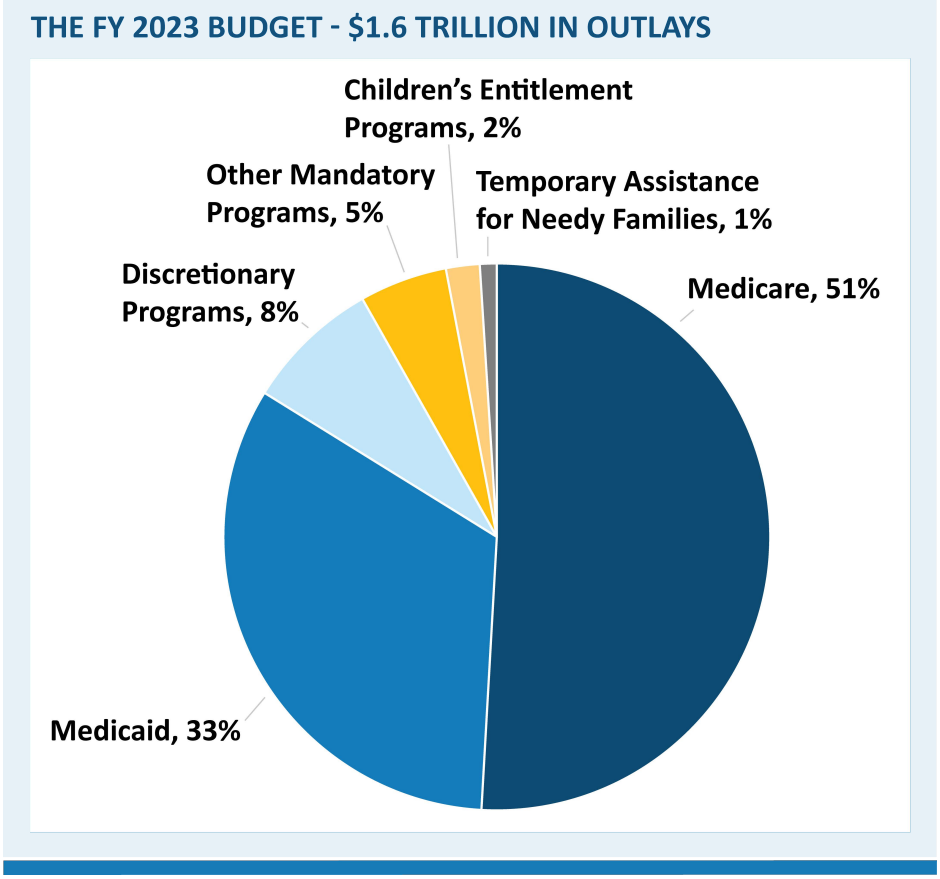
BUILDING A HEALTHY AMERICA
FY 2023 President's Budget for HHS

The following table is in millions of dollars.

HHS Budget	2021	2022	2023
Budget Authority[1]	1,676,029	1,573,403	1,765,121
Total Outlays	1,466,894	1,626,356	1,649,133



General Notes

This Budget in Brief presents all fiscal years (FYs) comparably to FY 2023 to reflect true funding changes, since the location of programs may not be the same across fiscal years. All FY 2022 and FY 2023 mandatory figures reflect both the current law and mandatory proposals in the budget. All Full-Time Equivalent (FTE) levels presented in this Budget in Brief are based on the Appendix, Budget of the United States Government, Fiscal Year 2023, and were finalized before the enactment of the Consolidated Appropriations Act, 2022. Unless otherwise noted, all tables are in millions of dollars and numbers may not add to the totals due to rounding.

[1] The Budget Authority levels presented here are based on the Appendix, Budget of the United States Government, Fiscal Year 2023, and potentially differ from the levels displayed in the individual Operating or Staff Division Chapters.

BUILDING A HEALTHY AMERICA

The mission of the U.S. Department of Health and Human Services (HHS) is to enhance and protect the health and well-being of all Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

The President's Fiscal Year (FY) 2023 Budget invests in all Americans' health and well-being. It addresses critical challenges and opportunities we face as a nation, including tackling the COVID-19 pandemic, expanding access to care, addressing health disparities, strengthening behavioral health, and promoting the well-being of children, families, and seniors.

HHS proposes $127.3 billion in discretionary and $1.7 trillion in mandatory budget authority for FY 2023. This budget demonstrates the Administration's commitment to reinvesting in public health, research, and development to drive growth and shared prosperity for all Americans by making major investments in priority areas, including overdose prevention, mental health, maternal health, cancer, and HIV. It also advances equity through the work of the federal government and helps ensure our programs serve people of color and other marginalized populations with the opportunities promised to all Americans. The mandatory budget proposals in this budget improve care, drive quality, promote the well-being of the whole family, and focus on prevention.

RESPOND TO EMERGENT CHALLENGES

COVID-19 and Future Pandemics

With the recent surge of the Omicron variant, the COVID-19 pandemic is undoubtedly still at the forefront of most Americans' minds, especially disadvantaged communities, including immunocompromised individuals, people with disabilities, and communities of color, who are disproportionately impacted. Tackling the pandemic remains a key focus for this Administration and HHS. The FY 2023 budget continues to invest resources in pandemic response, as well as preparedness activities towards future pandemics and biological threats.

The budget includes $81.7 billion in mandatory funding over five years across the Office of the Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Food and Drug Administration (FDA) to support President Biden's plan to transform U.S. capabilities to prepare for and respond rapidly and effectively to future pandemics and other high consequence biological threats.

The COVID-19 pandemic highlights the importance of vaccines and prevention. Long-standing, deep disparities exist in adult vaccination coverage based on race and ethnicity, particularly among Black and Hispanic populations. HHS includes in this budget the Vaccines for Adults program, a new mandatory program modeled after the existing Vaccines for Children program, to provide uninsured adults with access to vaccines recommended by the Advisory Committee on Immunization Practices. The budget further expands the existing Vaccines for Children program to include all children under age 19 enrolled in the Children's Health Insurance Program. These mandatory investments complement the investments in CDC's discretionary Section 317 Immunization program included in the FY 2023 budget.

HHS takes action to further protect and advance access to care for all Centers for Medicare & Medicaid Services (CMS) beneficiaries, underscoring the Administration's commitment to removing barriers within the healthcare system and supporting the country's most vulnerable individuals. For instance, the budget includes a proposal to consolidate vaccine coverage under Medicare Part B, which will make vaccines more accessible, remove financial barriers, and streamline the process for beneficiaries and providers. The budget includes a proposal to grant the Secretary authority to make Emergency Use Authorization drugs and devices available during a public health emergency, without patient cost-sharing, for Medicare, Medicaid, and Children's Health Insurance Program enrollees and for the uninsured. Moreover, the budget includes proposals to improve Medicare provider data reporting and laboratory testing flexibilities in public health emergencies.

In addition to these mandatory proposals, HHS makes significant discretionary investments in support of preparedness in FY 2023. This budget builds on the historic investment in the budget released last year to further strengthen preparedness activities across CDC, ASPR, and other HHS entities.

Consistent with the President's Executive Order 13994 on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats, the budget provides $200 million for CDC's Data Modernization Initiative to continue to modernize public health data systems nationwide that will last beyond the current pandemic. The funding will also help facilitate an "equity-centered" data system that improves data quality and makes data more complete, accessible, and representative of all people. The budget also supports CDC in building core public health infrastructure and capacity across all levels of government with $600 million to create a resilient public health system, with strategies in place to address surge needs, capabilities for long-term public health planning, and flexibility to address local or emerging priorities with evidence-based approaches. The budget includes $353 million, $100 million above the FY 2022 enacted, for Global Public Health Protection to ensure a strategic regional presence and improve global public disease detection and emergency response, as well as $50 million to sustain the recently established Center for Forecasting and Outbreak Analytics to improve the U.S. government's ability to forecast emerging health threats.

This pandemic highlighted the need for a permanent and nimble organizing entity to synchronize and provide logistical support for the government's medical countermeasure efforts. The HHS Coordination Operations and Response Element in ASPR handles the coordination and implementation of priorities surrounding the development, production, and distribution of COVID-19 vaccines and therapeutics. HHS's budget provides $133 million to support the program's work in coordinating and operationalizing the COVID-19 pandemic response. The budget also provides $130 million for the National Disaster Medical System to help communities respond, recover, and protect public health when they are most overwhelmed. ASPR will use the funding to recruit, hire, and train the intermittent workforce, as well as routine maintenance and replenishment of kits and caches. The budget also provides $20 million for the Public Health Commissioned Corps to maintain and continue to operationalize COVID-19 investments in the U.S. Public Health Service Commissioned Corps Ready Reserve, Public Health Emergency Response Strike Team, and Corps' readiness and training activities.

The budget further provides $975 million for the Strategic National Stockpile, an increase of $130 million above FY 2022 enacted, to sustain and expand the current inventory of supplies to ensure readiness for potential future pandemics and other threats.

HHS also recognizes the importance of advanced research and development and provides $828 million for the Biomedical Advanced Research and Development Authority within ASPR, an increase of $83 million above FY 2022 enacted, to work with both public and private sector partners to support the advanced research, development, regulatory approval, and procurement of life-saving medical countermeasures, and to support the Broad-Spectrum Antimicrobials Program. In addition, the budget includes $25 million for CDC and $20 million for the Agency for Healthcare Research and Quality (AHRQ) to study long COVID conditions.

The budget also includes a proposal designed to combat antibiotic-resistant bacteria by encouraging the development of innovative antimicrobial drugs. This proposal would provide annual payments from a contract valued between $750 million and $3 billion to the developers of newly approved antimicrobial drugs. By delinking revenue from the volume of sales, these

advance market commitments properly incentivize the market entry of new antimicrobials and ensure that the American people are armed with an adequate supply of properly stewarded antimicrobial products against highly dangerous drug-resistant microbes.

Refugees and Unaccompanied Children

Amid the COVID-19 pandemic, large numbers of unaccompanied children continue to arrive at our Southern border. HHS is committed to fulfilling the legal and humanitarian responsibility to care for all unaccompanied children. The FY 2023 budget includes $6.3 billion in discretionary funding for refugees and unaccompanied children, with a new mandatory contingency fund to provide additional funds during a surge. The discretionary investment continues to build on the nation's refugee infrastructure to support resettling of up to 125,000 refugees in 2023. HHS is committed to caring for unaccompanied children safely and humanely in alignment with child welfare best practices. HHS aims to unify these children with vetted sponsors as safely and quickly as possible.

A YEAR IN REVIEW: 2021 ACCOMPLISHMENTS

950+ MILLION

doses of COVID-19 vaccines approved for distribution

Making vaccines free and widely available to all Americans

Increased at-home tests available per month by **4**-FOLD

The **Increasing Community Access program** has **tested** over **29 MILLION people** in over **10,000 pharmacies** and **800 surge sites**

500 MILLION

rapid At-home tests distributed directly to the homes of Americans

40 National Disaster Medical System teams deployed

250+ MILLION

items from the strategic national stockpile deployed including 3,000+ ventilators

Donating more vaccines globally than any other country

475+ MILLION vaccine doses to **112 countries**

TOP PRIORITIES

- **Tackling the COVID-19 pandemic**
- **Expanding access to care**
- **Addressing healthcare disparities**
- **Strengthening behavioral health**
- **Promoting well-being of children, families, and seniors**

Launched National Suicide prevention 988 hotline which will become operational in July of 2022

Helped 68,000+ Afghans on humanitarian parole or special immigrant visas permanently resettle

Medicaid and CHIP enrollment at an all-time high

Nearly

6 MILLION

Americans newly gained health care coverage

5 STATES

expanded postpartum medicaid coverage for the first time: IL, GA, MO, NJ, VA

Two states expanded Medicaid coverage Under the Affordable Care Act

Record Low Premiums and Newly expanded financial assistance

4 in 5 people can find a **healthcare.gov** Plan for under **$10** Per month

Healthcare.gov **average monthly premiums fell by 23%** compared to 2021

STRENGTHENING BEHAVIORAL HEALTH

The COVID-19 pandemic has had a detrimental effect on behavioral health, but even without the pandemic, focused efforts to address mental health and substance use are long overdue. HHS proposes $20.8 billion in discretionary funding for behavioral health programs in FY 2023, $4.9 billion above FY 2022 enacted. Individuals who develop substance use disorders are often also diagnosed with mental disorders—the budget addresses the significant connection between mental health and substance use by investing in a broad spectrum of behavioral health services.

Mental Health

According to the 2020 National Survey on Drug Use and Health, an estimated 21.0 percent (53 million) of adults ages 18 and older had some type of mental illness in the previous year and 5.6 percent (14.2 million) had serious mental illness. Investing in prevention, treatment, and recovery supports are essential strategies to advance the health and prosperity of individuals, families, communities, and the country.

In support of the President's call for transforming how we deliver mental health services, the budget includes a new $7.5 billion Mental Health System Transformation Fund to increase access to mental health services through workforce development and service expansion, including the development of non-traditional health delivery sites, the integration of quality mental health and substance use care into primary care settings, and the dissemination of evidence-based practices.

The budget also provides a historic investment in 9-8-8 and Behavioral Health Services, which will expand access to crisis care services for people with suicidal ideations or experiencing behavioral health crisis. The National Suicide Prevention Lifeline will transition from a 10-digit number to 9-8-8 in July 2022. The launching of this 9-8-8 mental health crisis service hotline will create a national network of local crisis centers fortified by national backup centers to answer calls and texts. To ensure 100 percent of contacts are answered in FY 2023, SAMHSA will dedicate $697 million to the 9-8-8 and Behavioral Health Services program, an increase of $590 million over FY 2022 enacted.

In addition, the budget supports community-based mental health and will permanently extend funding for Community Mental Health Centers. This historic investment builds off the $825 million in funding directed to the centers in the Coronavirus Response and Relief Supplemental Appropriations and provides $413 million to these centers in FY 2023, and $4.1 billion over ten years, through the Substance use And Mental Health Services Administration (SAMHSA). Additionally, the budget increases funding for Certified Community Behavioral Health Center Expansion Grants by $238 million above FY 2022 enacted. These community-based clinics help ensure that patients receive coordinated, high-quality, and comprehensive behavioral health services. The budget also expands and converts the Demonstration Programs to Improve Community Mental Health Services into a permanent program, allowing all states and territories to participate in the existing Certified Community Behavioral Health Clinic demonstration. It would also convert existing and any new demonstration programs to a more sustainable Medicaid state plan option.

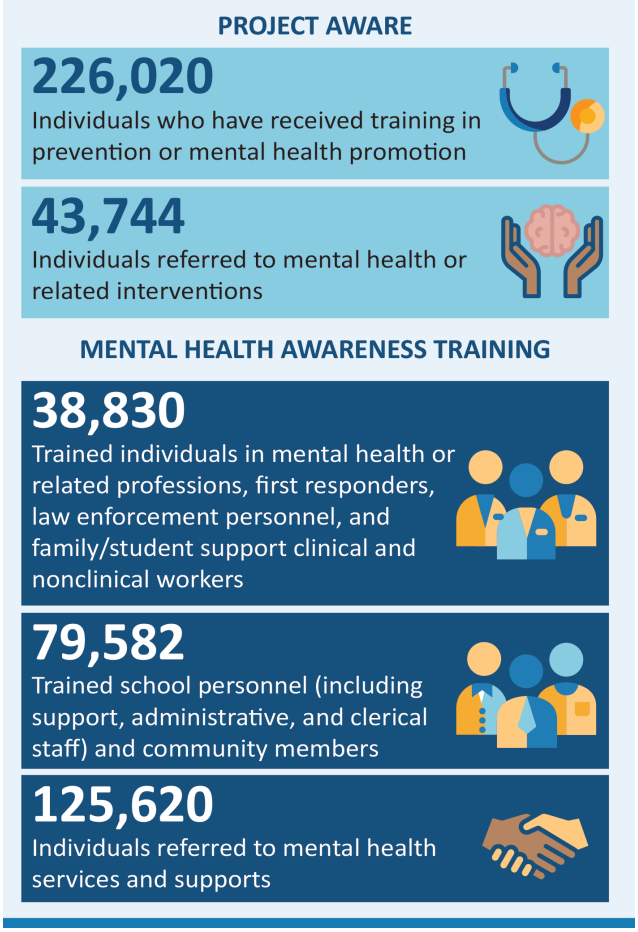
The budget includes appropriations language to ensure states will use at least 10 percent of Mental Health Block Grant funds to invest in early intervention and prevention of mental disorders in at-risk youth and adults. Moreover, the budget also includes language that further increases the amount of Mental Health Block Grant funds reserved for crisis intervention services from 5 percent to 10 percent.

In support of the President's call for full parity between physical and mental health and substance use benefits, the budget includes proposals to modernize Medicare's mental health benefits and improve behavioral health for the private insurance market and Medicaid beneficiaries, with an emphasis on improving access, promoting equity, and fostering innovation. The budget includes proposals to require Medicare and private insurance to cover three behavioral health visits per year with no cost-sharing. The budget also requires Medicaid behavioral health services, whether provided under fee-for-service or managed care, be consistent with current and clinically appropriate treatment guidelines.

Youth Mental Health

Suicide remains the second leading cause of death among young people between the ages of 10 and 24. Unfortunately, a significant proportion of our nation's youth, especially young people of color, Indigenous youth, and LGBTQ+ youth, still lack access to affordable mental healthcare coverage. Additionally, the COVID-19 pandemic has made addressing youth mental health only more challenging, as the pandemic has subjected many young Americans to social isolation, loss of

routines, and traumatic grief. Public health data now show alarming rates of behavioral health needs among school-age youth, with significant increases in the number experiencing moderate to severe anxiety and depression. The budget includes $308 million, an increase of $163 million above FY 2022 enacted, for Project AWARE and the Mental Health Awareness Training program. This investment will support comprehensive, coordinated, and integrated state and tribal efforts to adopt trauma-informed approaches and increase access to mental health services. This investment will also support increased training to law enforcement personnel, veterans, armed service members, and their families to recognize the signs and symptoms of mental disorders. The budget also includes $225 million, an increase of $100 million above FY 2022 enacted, to support the development, implementation, expansion, and sustainability of comprehensive, community-based services for youth with severe emotional disturbance. It expands support for the Administration for Children and Families (ACF) to improve outcomes for families at risk of child welfare, including expanding services to keep families together, enhancing support for youth who experienced foster care in the transition to adulthood, and providing mental and behavioral health services for children and adults.



Behavioral Health Workforce

In order to improve access to needed behavioral health services, investments are needed to grow and diversify the workforce that is equipped and trained to deliver high-quality, culturally appropriate mental health and substance use services, particularly in underserved areas. Therefore, this budget includes $397 million for Behavioral Health Workforce Development Programs. The Health Resources and Services Administration (HRSA) will prioritize training paraprofessionals, increasing the overall numbers of behavioral health providers in the workforce, and promoting team-based care. In addition to expanding services for the American public, HHS recognizes it is more critical now than ever before to support our frontline health professionals who have continued to provide high-quality care throughout the COVID-19 pandemic. The budget thus includes $50 million for Preventing Burnout in the Health Workforce. This investment will provide crucial support for health workforce retention and recruitment, which is essential for addressing current and future behavioral health workforce shortages. The budget also establishes a $7.5 billion demonstration to improve provider capacity in Medicaid to address mental health treatment. All states may apply for funding, which can be used for planning grants to assess and develop strategies on education, recruitment, integration, reimbursement, and training of providers, and to improve mental health provider capacity.

Substance Use

The overdose epidemic has been one of the most significant public health challenges of our time, and the COVID-19 pandemic has had a devastating impact on this ongoing crisis. According to CDC data, drug overdose deaths increased nearly 30 percent in 2020. This budget addresses the overdose epidemic by investing $11.4 billion, including $10.8 billion in discretionary funding, in programs addressing opioids and overdose-related activities across HHS. These are foundational programs supporting the Department's Overdose Prevention Strategy. The Strategy prioritizes four key target areas—primary prevention, harm reduction, evidence-based treatment, and recovery support. These four cornerstone principles reflect the Biden-Harris Administration's dedication to maximizing

health equity for underserved populations, using the best available data and evidence to inform policy and actions, integrating substance use disorder services into other types of healthcare and social services, and reducing stigma.

The budget also proposes to remove the word "abuse" from the agency names within HHS—including the Substance use And Mental Health Services Administration, the National Institute on Alcohol Effects and Alcohol-Associated Disorders, and the National Institute on Drugs and Addiction. Individuals do not choose to "abuse" drugs and alcohol; they suffer from a disease known as addiction. It is a high priority for this Administration to move past outdated and stigmatizing language that is harmful to the individuals and families that suffer from addiction.

TACKLING HEALTH DISPARITIES

Advancing equity is at the core of HHS's FY 2023 budget. It is impossible to truly achieve HHS's mission to enhance the health and well-being of all Americans without ensuring our programs, policies, and processes address entrenched disparities and promote equal opportunity. HHS is working to close the gaps in access to healthcare and human services to advance equitable outcomes for underserved populations. HHS is committed to carrying out the President's Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. In this budget, HHS focuses on serving Americans equitably across all our programs and has included foundational proposals on the issue. For the first time, this Budget in Brief, where applicable, describes equity impacts of mandatory proposals.

Health Centers

Health centers are increasingly becoming the first line of defense in addressing behavioral health issues nationwide when resources are available. This is particularly true for underserved populations, including low-income patients, racial and ethnic minorities, rural communities, and people experiencing homelessness. Where health centers have begun to integrate behavioral health services into their primary care operations, they include counseling, psychiatry, substance use disorder treatments, and other evidence-based interventions. The budget provides $5.7 billion for health centers, including $3.9 billion in mandatory resources, and will expand the Ending HIV Epidemic initiative and support the placement of early childhood development experts in health centers.

Maternal Health

The maternal mortality rate in the United States is significantly higher than most other developed countries and is especially high among Black and Native American/Alaska Native women, regardless of their income or education levels. The Biden-Harris Administration is committed to promoting maternal health and ensuring equitable access to affordable, quality healthcare for our nation's pregnant women and mothers. HHS invests over $470 million in funding across AHRQ, CDC, HRSA, NIH, and the Indian Health Service (IHS) to reduce maternal mortality and morbidity. This includes increased funding to CDC's Maternal Mortality Review Committees and other Safe Motherhood programs; HRSA's State Maternal Health Innovation Grants program and new Healthy Start program initiatives; and other maternal health programs across HHS.

The budget also invests resources specifically to reduce healthcare disparities and advance health equity in the maternal health space. In FY 2023, the Office of Minority Health will increase focus on areas with high rates of adverse maternal health outcomes or with significant racial or ethnic disparities in maternal health outcomes. The budget includes a total of $86 million for this increased focus, as well as continuation of existing activities addressing health disparities. The budget also includes $42 million for the Office on Women's Health to fund activities relating to disease prevention, health promotion, service delivery, research, and healthcare professional education, for issues of particular concern to women throughout their lifespan.

Title X Family Planning

The COVID-19 pandemic has further disrupted access to reproductive and sexual health services and exacerbated inequalities in access to care. HHS is committed to protecting and strengthening access to reproductive healthcare. The budget provides $400 million to the Title X family planning program to address increased need for family planning services. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services in communities across the United States.

Ending the HIV Epidemic

The budget continues to support the fourth year of the Ending the HIV Epidemic initiative with $850 million in funding across CDC, HRSA, IHS, and NIH for FY 2023, $377 million above FY 2022 enacted. The initiative is a

bold plan announced in 2019 and further solidified in the National HIV/AIDS Strategy (2022-2025) that aims to reduce the number of new HIV infections in the United States by 75 percent by 2025, and by at least 90 percent by 2030. HHS works closely with communities to support the four key strategies – Diagnose, Treat, Prevent, and Respond – to end the HIV epidemic. The budget also creates a national program that invests $9.8 billion in mandatory funding over 10 years to guarantee pre-exposure prophylaxis (also known as PrEP) at no cost for all uninsured and underinsured individuals; provide essential wrap-around services through States, IHS and tribal entities, and localities; and establish a network of community providers to reach underserved areas and populations. The budget also expands access to PrEP under Medicaid by covering the drug and associated services without cost sharing, while removing utilization management practices that may limit access.

Improving Equity in Medicare and Medicaid

The budget prioritizes resources to break down barriers to reduce health disparities. CMS invests $35 million in a new initiative to systematically identify and resolve barriers to equity in each CMS program through research, data collection and analysis, stakeholder engagement, building upon rural health equity efforts, and technical assistance. HHS is committed to obtaining more accurate and comprehensive race and ethnicity data on Medicare beneficiaries, and the budget requires reporting on social determinants in post-acute healthcare settings. HHS also proposes to add Medicare coverage for services furnished by community health workers, who often play a key role in addressing public health challenges for underserved communities. These proposals will help identify, mitigate, and lessen health disparities.

Civil Rights Enforcement and Protection from Discrimination

The pandemic has shone a light on the disparities in our healthcare system and provided us with a new opportunity to address them in a meaningful way. Protecting individuals from being discriminated based on race, color, national origin, sex, age, disability, and religion is a critical part of HHS's work. This budget builds on the budget released last year to provide the Office for Civil Rights $60 million, a 50 percent increase compared to FY 2022 enacted, to support additional resources needed to address the existing complaint backlog; ensure a "whole-of-government", Department-wide civil rights compliance and policy development through technical assistance, regulations reviews, and HHS grantee training; and support the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders now housed within HHS. The initiative will develop, monitor, and coordinate efforts across the executive branch to advance equity, justice, and opportunity for Asian American, Native Hawaiian, and Pacific Islander communities.

MEETING THE HEALTH NEEDS OF INDIAN COUNTRY

The Biden-Harris Administration is committed to fulfilling America's promises to Tribal Nations by taking bold actions to address the significant health disparities experienced by American Indians and Alaska Natives. To honor this commitment and address chronic underinvestment, the budget proposes all funding for the Indian Health Service (IHS) as mandatory beginning in FY 2023. This historic step is in response to the long-standing recommendations of Tribal leaders shared in consultation with HHS.

In FY 2023, the budget provides $9.3 billion in mandatory funding for IHS, which includes $147 million in current law mandatory funding for the Special Diabetes Program for Indians. This IHS budget is a $2.5 billion increase above FY 2022 enacted and exempts IHS from mandatory sequestration to substantially expand access to high-quality healthcare services in Indian Country. The FY 2023 budget maintains substantial funding increases proposed in the FY 2022 budget for direct healthcare services, facilities and IT infrastructure, and management and operations. It also provides targeted increases in FY 2023 to address key health issues that disproportionately impact American Indians and Alaska Natives such as HIV, Hepatitis C, opioid use, and maternal mortality.

Additionally, the budget increases funding for IHS each year over ten years, building to $36.7 billion in FY 2032, to keep pace with population growth, inflation, and healthcare costs. Over a five-year period from FY 2024 to FY 2028, the budget will reduce existing facilities backlogs, fully fund the level of need gap identified by the FY 2018 Federal-Tribal Indian Health Care Improvement Fund workgroup[2], and finalize the

[2] Indian Health Service: Indian Health Care Improvement Fund Workgroup Interim Report June 2018

modernization of the IHS electronic health record system.

HHS is committed to maintaining a strong Nation-to-Nation relationship with tribes and respects the core principles of self-determination. The budget continues to support a robust consultative process with tribes, Urban Indian Organizations, and other stakeholders to ensure IHS fully meets the healthcare needs of tribal communities.

IMPROVING THE WELL-BEING OF CHILDREN, FAMILIES, AND SENIORS

> ***"It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life, the sick, the needy and the handicapped."***
>
> *- Hubert Humphrey*

Central to the HHS mission is the charge to enhance the health and well-being of all Americans throughout all stages of life. The budget invests in areas across HHS to equitably serve the American people.

Childcare and Early Learning

HHS invests in the health and well-being of the country's future. How we care for our children impacts their success later in life, and HHS has a responsibility to ensure our programs serve children equitably. The budget provides $20.2 billion in discretionary funding for ACF's early care and education programs, $2.7 billion over FY 2022 enacted. This includes $12.2 billion for Head Start, which provides services to more than a million children, pregnant women, and families every year throughout the country, and $7.6 billion for the Child Care and Development Block Grant. It also includes $450 million for Preschool Development Grants to increase the capacity of states to expand preschool programs.

Child Welfare

The budget includes a $100 million competitive grant to advance equity, reduce overrepresentation of children of color, and reorient child welfare systems towards a prevention-first model. Over 10 years, the mandatory budget includes a $4.9 billion expansion of services to prevent child maltreatment and the need for foster care, $1.3 billion to support states in placing children who have to be removed from their parents in foster care with kin, $3 billion for programs to stabilize and support families and adoptive families, and a $1 billion increase in support for the transition to adulthood for youth who experienced foster care.

Child Health and Well-being

The FY 2023 budget includes a suite of investments for CDC to promote the health and well-being of children and adolescents where they live and learn. CDC will invest $90 million to expand the Childhood Lead Poisoning Prevention program to all states and territories and fund a new community-based effort to further support communities with the highest need. The budget also includes $50 million to expand the Healthy Schools program to all states, enhance technical assistance for state education agencies, and include mental health, resilience, and emotional well-being in the scope of the program.

The budget also prioritizes investments to promote prevention and early intervention of adverse events to mitigate longer term impacts. This includes $15 million to advance surveillance and research aimed at preventing Adverse Childhood Experiences at CDC. The budget also invests $22 million to expand CDC's multi-pronged strategy on suicide prevention, with a focus on prevention and early intervention to address the mental health consequences of the COVID-19 pandemic on adolescents. Furthermore, the budget includes $250 million for the Community Violence Intervention initiative.

HHS also invests $20 million in FY 2023 on several FDA initiatives to improve maternal and infant health and well-being through nutrition and by reducing exposure to harmful chemicals and toxins in food. This investment continues to support research focusing on the safety, efficacy, or potential toxicity in infant foods, with the goal to strengthen the scientific basis of decision-making for FDA-regulated products.

Maternal, Infant, and Early Childhood Home Visiting Programs

The budget extends and expands home visiting programs to provide economic assistance, childcare, and health support to up to 165,000 additional families at risk for poor maternal and child health outcomes. This funding will help strengthen and expand access to home visiting programs that provide critical services directly to parents and their children in underserved communities.

Elder Adult Programs

The Administration has made meaningful progress in protecting seniors from abuse through investments in Adult Protective Services and the Long-Term Care Ombudsman Program within the Administration for Community Living (ACL). As the populations served by ACL continues to grow, the FY 2023 budget focuses on innovation and collaboration to improve program effectiveness and sustainability. It advances the President's priorities for expanding home and community-based services, supporting caregivers, and advancing equity. The budget also bolsters the infrastructure that supports program administration and oversight, and ACL's role as an advocate for older adults and people with disabilities. To address these challenges, the budget provides $139 million to protect vulnerable older adults, an increase of $64 million above FY 2022 enacted.

ADVANCING RESEARCH TO IMPROVE HEALTH

HHS is at the forefront of key efforts to expand scientific knowledge and its application to healthcare, public health, human services, and biomedical research, as well as ensuring the availability of safe food and drugs. The budget continues to support innovative science and research to advance the health and well-being of all Americans.

Cancer Moonshot

On February 2, President Biden reignited the Cancer Moonshot with an ambitious goal of reducing the death rate from cancer by at least 50 percent over the next 25 years and improving the experience of people and their families living with and surviving cancer and, by doing this and more, end cancer as we know it today. In FY 2023 HHS will continue our support by advancing Cancer Moonshot activities led by CDC, FDA, CMS, and NIH. The budget includes an increase of $20 million for FDA to strengthen current programs and an increase of $72 million for CDC to enhance a range of cancer-related programs.

Pushing the frontiers of biomedical research

NIH continues to lead the world in biomedical research and turn discovery into health. The budget funds NIH at $49.0 billion in discretionary funding, which is $4.3 billion above FY 2022 enacted. This includes $5.0 billion, $4.0 billion above FY 2022 enacted, for the Advanced Research Projects Agency for Health, to build high-risk, high-reward capabilities and platforms to drive biomedical breakthroughs that would provide transformative solutions for all patients. With an initial focus on cancer and other diseases like diabetes and dementia, ARPA-H will accelerate innovative solutions to end cancer as we know it.

Using scientific knowledge to improve lives

FDA continues to work with developers, researchers, manufacturers, and other partners to help expedite the development and availability of therapeutic drugs and biological products to prevent or treat COVID-19. Currently, FDA reviewed more than 470 trials and authorized 12 therapeutics for emergency use. These include antivirals, immunomodulators, neutralizing antibodies, cell and gene therapies, and combinations of these products.

AHRQ's mission is to provide evidence-based research, data, and tools to improve healthcare quality and make healthcare safer, more accessible, equitable, and affordable for all Americans. The budget includes $268 million to support AHRQ's research on health costs, quality, and outcomes. This research covers a wide-range of topics, including health equity, primary care, COVID-19, opioids, patient safety, and telehealth, that also benefits other HHS entities including CDC, CMS, HRSA, IHS, and SAMHSA.

IMPROVING DEPARTMENTAL OPERATIONS

Core Program Operations

Continued investment in the Department's operational needs will ensure HHS's ability to carry out its mission to enhance and protect the health and well-being of all Americans while maximizing our resources. The budget requests an increase of $372 million for CMS Program Management to modernize core operations and keep pace with growing enrollment and legislative changes. This investment will help sustain high quality customer experiences for the nearly 40 percent of Americans who access health coverage through CMS.

Critical IT and Cybersecurity

The FY 2023 budget invests in data modernization and IT infrastructure, which continues to grow even more critical to mission success. HHS invests $6 million in FDA to improve the safety and security of medical devices, help address issues with legacy devices, which continues to be one of the biggest vulnerabilities in most healthcare systems in the United States, as well as to improve the resiliency of the domestic supply chain overall. The budget includes $3.0 billion at the program level for CMS information technology, including $646 million to prioritize cybersecurity enhancements and continue progress in modernizing outdated Medicare payment systems. The budget continues to support CDC's progress toward a public health system that supports the seamless flow and exchange of data. The budget directs $52 million at the program level for the Office of the National Coordinator for Health Information Technology towards improving standards to increase interoperability and equity among various health IT activities, in coordination with industry-led standards development organizations, as well as using the resources for fulfilling unmet legislative requirements. The budget also includes $161 million for the HHS Cybersecurity Program to strengthen HHS's cybersecurity posture across the Department, including $50 million to implement Zero Trust architecture and security logging.

IT and Facility Needs Supported by the Nonrecurring Expenses Fund

The Nonrecurring Expenses Fund is a resource available to HHS for use to fund IT and facilities infrastructure projects across the Department. Since FY 2013, the fund has allocated over $5.4 billion in capital investment projects across the Department. For FY 2023, HHS is proposing to use $300 million from the fund for various IT and infrastructure projects across the Department, including at IHS, NIH, and HRSA. These proposed investments will ensure aging systems and facilities do not compromise the Department's mission.

Oversight and Program Integrity

Carrying out HHS's mission depends on taxpayer dollars, therefore ensuring the integrity of our spending is a core value and responsibility of HHS. The budget increases the discretionary Heath Care Fraud and Abuse Control program spending to a total of $899 million to provide oversight of CMS health programs, strengthen OIG investigations, and protect beneficiaries against healthcare fraud, yielding a return-on-investment of $13.6 billion over ten years. The pandemic has unleashed new healthcare fraud risks related to the implementation of billions in new federal spending, as well as multiple provider regulatory and other flexibilities. In response, HHS seeks to prevent identity theft and other fraud schemes in the Medicare program by proposing to prohibit unsolicited contacts to Medicare beneficiaries. HHS remains vigilant in rooting out bad actors who take advantage of these federal funds and flexibilities.

HHS BUDGET BY OPERATING DIVISION

The following table is in millions of dollars.

HHS Operating Division Budget[1]	2021[2]	2022[2]	2023[2]
Food and Drug Administration – Budget Authority[3]	3,765	3,315	5,403
Food and Drug Administration – Outlays	3,303	4,729	4,102
Health Resources and Services Administration – Budget Authority	21,733	12,196	13,614
Health Resources and Services Administration – Outlays	14,232	18,127	15,845
Indian Health Service – Budget Authority[4]	13,794	7,413	9,973
Indian Health Service – Outlays[4]	9,866	10,011	9,249
Centers for Disease Control and Prevention – Budget Authority	28,511	8,556	41,343
Centers for Disease Control and Prevention – Outlays	11,269	15,826	21,197
National Institutes of Health – Budget Authority[3]	42,186	42,225	62,398
National Institutes of Health – Outlays	38,868	41,610	43,825
Substance use And Mental Health Services Administration – Budget Authority	13,674	5,960	10,562
Substance use And Mental Health Services Administration – Outlays	5,910	8,250	10,456
Agency for Healthcare Research and Quality – Program Level	436	455	527
Agency for Healthcare Research and Quality – Budget Authority	337	338	376
Agency for Healthcare Research and Quality – Outlays	329	335	358
Centers for Medicare & Medicaid Services – Budget Authority[5]	1,296,727	1,418,723	1,493,654
Centers for Medicare & Medicaid Services – Outlays	1,240,623	1,359,740	1,421,716
Administration for Children and Families – Budget Authority	122,521	69,741	73,931
Administration for Children and Families – Outlays	70,079	90,041	89,841
Administration for Community Living – Budget Authority	4,221	2,234	2,958
Administration for Community Living – Outlays	2,662	3,769	3,666
Departmental Management – Budget Authority[6]	485	486	580
Departmental Management – Outlays[6]	431	597	564
Office of the National Coordinator – Budget Authority	62	62	--
Office of the National Coordinator – Outlays	63	56	-30
Non-Recurring Expense Fund – Budget Authority	-375	-375	-500
Non-Recurring Expense Fund – Outlays	298	499	184
Medicare Hearings and Appeals – Budget Authority	191	192	196
Medicare Hearings and Appeals – Outlays	208	230	196
Office of Civil Rights – Budget Authority	39	39	60
Office of Civil Rights – Outlays	44	38	64
Office of Inspector General – Budget Authority	97	91	117
Office of Inspector General – Outlays	116	129	104
Public Health and Social Services Emergency Fund – Budget Authority	119,654	2,847	43,834
Public Health and Social Services Emergency Fund – Outlays	70,653	67,698	27,553

[1] The Budget Authority levels presented here are based on the Appendix and potentially differ from the levels displayed in the individual Operating or Staff Division Chapters.

[2] The Budget Authority and Outlays includes Advanced Research Projects Agency for Health (ARPA-H) in FY 2022 and FY 2023 and Supplemental Funding in FY 2021.

[3] FDA and NIH Budget Authority levels include the full allocations provided in 21st Century Cures Act.

[4] The FY 2023 President's Budget proposes that IHS is funded entirely as mandatory funding.

[5] Budget Authority includes non-CMS Budget Authority for Hospital Insurance and Supplementary Medical Insurance for the Social Security Administration and the Medicare Payment Advisory Commission.

[6] Includes the Pregnancy Assistance Fund, the Health Insurance Reform Implementation Fund, and transfers from the Patient-Centered Outcomes Research Trust Fund; and payments to the State Response to the Opioid Abuse Crisis Account.

HHS Operating Division Budget[1]	2021[2]	2022[2]	2023[2]
Program Support Center (Retirement Pay, Medical Benefits, Misc. Trust Funds) – Budget Authority	760	797	819
Program Support Center (Retirement Pay, Medical Benefits, Misc. Trust Funds) – Outlays	732	211	576
No Surprises Implementation Fund – Budget Authority	500	--	--
No Surprises Implementation Fund – Outlays	9	144	138
Defense Production Act Medical Supplies Enhancement – Budget Authority	10,000	--	--
Defense Production Act Medical Supplies Enhancement – Outlays	52	5,800	500
PrEP Delivery Program to End the HIV Epidemic – Budget Authority	--	--	237
PrEP Delivery Program to End the HIV Epidemic – Outlays	--	--	213
Mental Health Transformation Fund Budget Authority	--	--	7,500
Mental Health Transformation Fund – Outlays	--	--	750
Prevention and Public Health Fund – Budget Authority	--	47	--
Prevention and Public Health Fund - Outlays	--	--	--
Offsetting Collections and Allowance – Budget Authority	-2,238	-769	-609
Offsetting Collections and Allowance – Outlays	-2,238	-769	-609
Other Collections – Budget Authority	-615	-715	-1,325
Other Collections – Outlays	-615	-715	-1,325
Total, Health and Human Services – Budget Authority	**1,676,029**	**1,573,403**	**1,765,121**
Total, Health and Human Services – Outlays	**1,466,894**	**1,626,356**	**1,649,133**

COMPOSITION OF THE HHS BUDGET
DISCRETIONARY PROGRAMS

The following table is in millions of dollars.

Discretionary Program	2021[7]	2022	2023	2023 +/- 2022
Food and Drug Administration – Budget Authority[8]	3,284	3,365	3,722	+356
Food and Drug Administration – Program Level	6,050	6,247	6,760	+513
Health Resources and Services Administration – Budget Authority	7,218	8,575	8,526	-49
Health Resources and Services Administration –Program Level	12,079	13,294	13,335	+41
Indian Health Service – Budget Authority (Comparable Adjustment)[9]	--	--	--	--
Indian Health Service – Current Law Budget Authority	6,236	6,631	--	N/A
Indian Health Service Proposed Law Comparable Adjustment to Mandatory	-6,236	-6,631	--	N/A
Indian Health Service – Program Level	6,386	7,958	--	N/A
Centers for Disease Control and Prevention – Budget Authority	7,041	7,579	9,706	+2,127
Centers for Disease Control and Prevention – Program Level	13,969	14,732	47,475	+32,743
National Institutes of Health – Budget Authority[8,10]	41,514	44,727	49,040	+4,313
National Institutes of Health – Program Level	42,936	46,178	62,503	+16,325
Substance use And Mental Health Services Administration – Budget Authority	5,870	6,400	10,137	+3,738
Substance use And Mental Health Services Administration – Program Level	6,017	6,547	10,697	+4,150
Agency for Healthcare Research and Quality – Budget Authority	338	350	376	+26
Agency for Healthcare Research and Quality – Program Level	436	455	527	+71
Centers for Medicare & Medicaid Services – Budget Authority	3,975	4,025	4,347	+322
Centers for Medicare & Medicaid Services – Program Level	6,481	6,647	7,099	+452
Administration for Children and Families – Budget Authority	24,695	32,412	33,283	+871
Administration for Children and Families – Program Level	24,695	32,412	33,283	+871
Administration for Community Living – Budget Authority	2,258	2,318	2,986	+668
Administration for Community Living – Program Level	2,358	2,428	3,111	+683
General Departmental Management – Budget Authority	486	506	580	+74
General Departmental Management – Program Level[11]	551	571	665	+94
Medicare Hearings and Appeals – Budget Authority	192	196	196	--

[7] The FY 2021 column reflects enacted levels (including required and excluding permissive transfers).
[8] FDA and NIH Budget Authority levels include the full allocations provided in the 21st Century Cures Act.
[9] The FY 2023 President's Budget proposes that IHS is funded entirely as mandatory funding. This table shows an adjustment to display IHS as mandatory in FY 2022 and FY 2021 as well for ease of comparison.
[10] FY 2022 enacted displayed comparably with the FY 2023 budget. FY 2022 enacted provides funding for ARPA-H within the Office of the Secretary and gives the Secretary authority to delegate to NIH.
[11] GDM Program Level does not include estimated reimbursable Budget Authority for HCFAC or MACRA PTAC, unless otherwise indicated.

Discretionary Program	2021[7]	2022	2023	2023 +/- 2022
Medicare Hearings and Appeals – Program Level[12]	192	196	196	--
Office of the National Coordinator – Budget Authority	62	--	--	--
Office of the National Coordinator – Program Level	62	64	104	+39
Office of Civil Rights – Budget Authority	39	40	60	+20
Office of Civil Rights – Program Level	54	66	81	+15
Office of Inspector General – Budget Authority[13]	87	89	113	+24
Office of Inspector General – Program Level	411	418	454	+36
Public Health and Social Services Emergency Fund – Budget Authority	2,847	3,200	3,815	+615
Public Health and Social Services Emergency Fund – Program Level	2,847	3,200	43,834	+40,634
Discretionary HCFAC	807	873	899	+26
Accrual for Commissioned Corps Health Benefits	31	36	37	+1
Total, Discretionary Budget Authority	**100,744**	**114,690**	**127,822**	**+13,131**
NEF Cancellation and Rescissions	-375	-650	-500	+150
Discretionary Budget Authority	**100,369**	**114,040**	**127,322**	**+13,281**
Less One-Time Rescissions	-8,790	-24,301	-32,175	-7,874
Revised, Discretionary Budget Authority	**91,579**	**89,739**	**95,147**	**+5,407**
Discretionary Outlays	**181,034**	**164,509**	**128,440**	**-36,069**

[12] Includes funding for Office of Medicare Appeals and Departmental Appeals Board for FY 2021, FY 2022 and FY 2023.
[13] OIG Budget Authority reflects a $5 million directed transfer from NIH and $1.5 million from FDA.

COMPOSITION OF THE HHS BUDGET
MANDATORY PROGRAMS

The following table is in millions of dollars.

Mandatory Programs (Outlays)[14]	2021	2022	2023	2023 +/- 2022
Medicare	688,631	764,101	847,785	+83,684
Medicaid	520,588	561,838	535,893	-25,945
Temporary Assistance for Needy Families[15]	15,973	17,643	17,121	-522
Foster Care and Adoption Assistance	9,713	10,851	10,650	-201
Children's Health Insurance Program[16]	16,093	16,613	15,938	-675
Child Support Enforcement	4,158	4,116	4,122	+6
Child Care Entitlement	3,151	3,238	3,415	+177
Social Services Block Grant	1,655	1,636	1,627	-9
Other Mandatory Programs[17]	28,136	82,580	85,789	+2,171
Offsetting Collections	-2,238	-769	-609	+160
Subtotal, Mandatory Outlays	1,285,860	1,461,847	1,520,693	+58,846
Total, HHS Outlays	**1,466,894**	**1,626,356**	**1,649,133**	**+22,777**

[14] Totals may not add due to rounding.
[15] Includes outlays for the Temporary Assistance for Needy Families (TANF), and the TANF Contingency Fund.
[16] Includes outlays for the Child Enrollment Contingency Fund.
[17] Includes outlays for No Surprises Implementation Fund, Defense Production Act Medical Supplies Enhancement, Prepare for Pandemics and Biological Threats, and all other remaining mandatory outlays not broken out in the Mandatory Programs table above.

Food and Drug Administration

The following tables are in millions of dollars.

FDA Programs	2021[1]	2022[2]	2023[3]	2023 +/- 2022
Foods	1,110	1,145	1,232	+87
Human Drugs	1,997	2,116	2,219	+104
Biologics	437	457	476	+19
Animal Drugs and Food	245	255	301	+46
Medical Devices	628	648	698	+51
National Center for Toxicological Research	67	70	79	+9
Tobacco Products	682	680	777	+97
Headquarters and Office of the Commissioner	318	329	356	+27
White Oak Operations	53	54	56	+2
GSA Rental Payment	222	237	239	+2
Other Rent and Rent Related Activities	151	139	161	+22
Subtotal, Salaries and Expenses[4]	**5,909**	**6,130**	**6,594**	**+464**
21st Century Cures Act	70	50	50	--
Seafood Safety One Time	1	--	--	--
Export Certification Fund	5	5	10	+5
Color Certification Fund	10	11	11	--
Priority Review Voucher Fees[5]	13	13	13	--
Over-the Counter Monograph	28	29	30	+1
Cancer Moonshot One Time	--	--	20	+20
Buildings and Facilities	13	13	31	+18
Mandatory Pandemic Preparedness	--	--	1,630	+1,630
Total, Program Level[4]	**6,050**	**6,250**	**8,390**	**+2,139**

Current Law User Fees	2021[1]	2022[2]	2023[3]	2023 +/- 2022
Prescription Drug	1,107	1,200	1,224	+24
Medical Device	236	243	248	+5
Generic Drug	520	540	550	+11
Biosimilars	42	40	41	+1
Animal Drug	33	32	32	+1
Animal Generic Drug	23	25	29	+5
Family Smoking Prevention and Tobacco Control Act	712	712	712	--
Food Reinspection	7	7	7	--
Food Recall	1	2	2	--
Mammography Quality Standards Act	19	19	19	--
Export Certification	5	5	5	--
Color Certification Fund	10	11	11	--
Priority Review Voucher Fees[5]	13	13	13	--
Voluntary Qualified Importer Program	6	6	6	--
Third Party Auditor Program	1	1	1	--
Over-the Counter Monograph	28	29	30	+1
Outsourcing Facility	2	2	2	--
Subtotal, Current Law User Fees[4]	**2,766**	**2,885**	**2,933**	**+48**

[1] The FY 2021 column reflects final levels, including required and permissive transfers and rescissions.
[2] The FY 2022 column reflects enacted levels, including required transfers.
[3] The FY 2023 column total amounts reflect directed transfer of $1.5 million to the HHS Office of Inspector General.
[4] Totals may not add due to rounding.
[5] Includes priority review voucher fees for rare pediatric diseases, tropical diseases, and medical countermeasures.

Proposed Law User Fees	2021[1]	2022[2]	2023[3]	2023 +/- 2022
Export Certification User Fee	--	--	4	+4
Increase to the Tobacco User Fee	--	--	100	+ 100
Subtotal, Proposed Law	**--**	**--**	**104**	**+104**

Mandatory Budget Authority	2021[1]	2022[2]	2023[3]	2023 +/- 2022
Mandatory Pandemic Preparedness	--	--	1,630	+1,630
Subtotal, Mandatory Budget	**--**	**--**	**1,630**	**+1,630**

FDA Budget Totals	2021[1]	2022[2]	2023[3]	2023 +/- 2022
Total, Program Level[4]	**6,050**	**6,250**	**8,390**	**+2139**
Less Total, User Fees	-2,766	-2,885	-3,038	-153
Total Mandatory Budget Authority	--	--	**1,630**	+1,630
Total Discretionary Budget Authority	**3,284**	**3,365**	**3,722**	**+356**
Full-Time Equivalents[6]	18,187	18,174	18,705	+531

The Food and Drug Administration protects the public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, the nation's food supply, cosmetics, and products that emit radiation. FDA also advances the public health by helping to efficiently advance innovations that make medicines more effective, safer, and affordable; and by helping the public get the accurate, science-based information they need to use medical products and foods to maintain and improve their health. Furthermore, the FDA regulates the manufacturing, marketing, and distribution of tobacco products to protect public health and reduce tobacco use by minors. Finally, FDA strengthens the nation's counterterrorism capability by ensuring the security of the food supply and fostering the development of medical products to respond to deliberate and naturally occurring public health threats.

The Food and Drug Administration (FDA) is responsible for protecting and promoting public health by (1) ensuring the safety, effectiveness, and security of human and animal drugs, biological products, and medical devices; (2) ensuring the safety of human and animal food, cosmetics, and radiation-emitting products; and (3) regulating tobacco products.

FDA is responsible for the oversight of more than $2.7 trillion in consumption of in food and medical safety products. Combined, these products account for about 20 cents of every dollar US consumers spend.[7]

The Fiscal Year (FY) 2023 budget provides $8.4 billion for FDA—an increase of $2.1 billion or 34 percent above FY 2022 enacted. This total includes $3.7 billion in discretionary budget authority, $3.0 billion in user fees, and $1.6 billion in proposed mandatory funding.

The budget supports FDA's public health activities, including supporting the continued transformation of the human and animal food safety systems, advancing the development and approval of safe and effective medical products, and crosscutting efforts to modernize the agency's technology and physical infrastructure. In addition, the budget invests in new resources to support the President's Cancer Moonshot Initiative, which will allow FDA's Oncology Center of Excellence to expand internal and external collaborations and to expedite the development of oncology and malignant hematology products using an integrated approach to the clinical evaluation of drugs, biologics, and devices to treat patients with cancer. Finally, the budget includes investment in pandemic preparedness across HHS agencies including FDA.

In calendar year 2021, FDA had several notable achievements across the broad spectrum of the agency's mandated priorities, which include public health emergencies, foodborne illnesses, and product tampering that have already resulted in meaningful, lifesaving differences. For example, the agency has successfully combated the COVID-19 pandemic. Since the authorization of the Pfizer-BioNTech and Moderna COVID-19 Vaccines in December 2020, the agency has gone on to authorize an additional COVID-19 vaccine manufactured by Janssen and the Pfizer-BioNTech COVID-19 Vaccine for use in children five years of age

[6] The FTE totals do not include FTE proposed through Pandemic Preparedness or funded by COVID-19 supplemental resources.
[7] https://www.fda.gov/about-fda/fda-basics/fact-sheet-fda-glance

and older, as well as booster doses, increasing access to COVID-19 vaccines. In August 2021, the agency approved the Pfizer-BioNTech COVID-19 Vaccine (marketed as Comirnaty) for use in individuals ages 16 and older. Additionally, FDA has approved one drug to treat COVID-19, and 14 therapeutics are currently authorized for emergency use, including antiviral drugs and monoclonal antibody treatments. The agency has authorized, approved, granted, or cleared over 2,000 additional COVID-19 medical products, including, but not limited to, molecular diagnostic, antigen and serology tests, sample collection devices, personal protective equipment, and ventilators.

PANDEMIC PREPAREDNESS

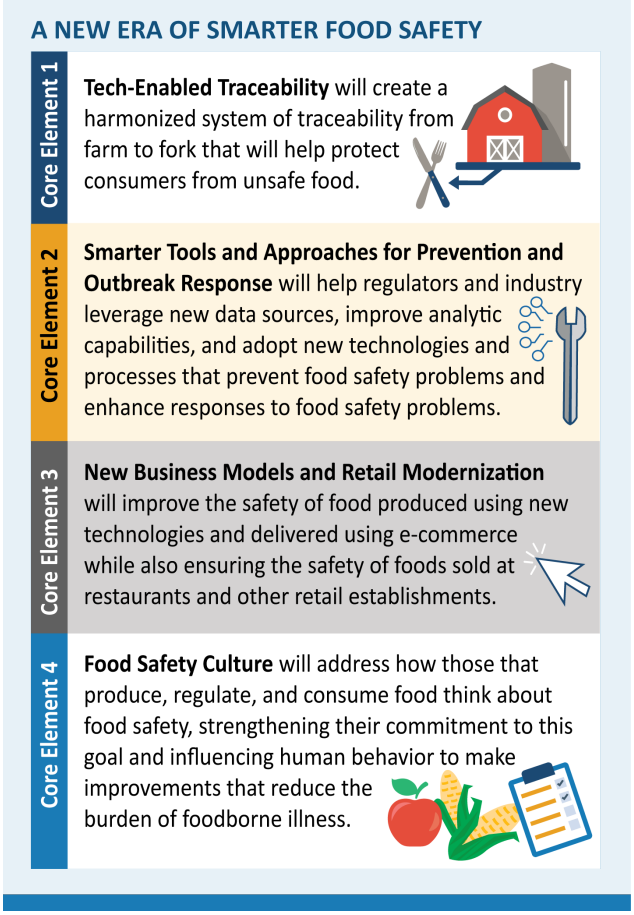
The FY 2023 budget makes transformative investments in pandemic preparedness and biodefense across HHS public health agencies to enable an agile, coordinated, and comprehensive public health response to future threats and protect American lives, families, and the economy.

The mandatory funding will support preparedness activities across HHS. Within an HHS-wide total of $81.7 billion, $1.6 billion is included for FDA to expand and modernize regulatory capacity, information technology, and laboratory infrastructure to respond rapidly and effectively to any future pandemic or high consequence biological threat. With these investments, FDA aims to strengthen the personal protective equipment supply chain by building analytics and creating predictive modeling capabilities and speed development of diagnostics, including expansion of test validation capacity and development of common performance standards. Additionally, these investments support efforts with international partners to strengthen foreign inspections, harmonize premarket review of vaccines, therapeutics, diagnostics, and reduce zoonotic pathogen spillover.

CONTINUING THE TRANSFORMATION TO MODERNIZE THE FOOD SAFETY SYSTEM

When the Food Safety Modernization Act was enacted in 2011, FDA embarked on a collaborative path with regulatory partners and stakeholders to transform the human and animal food safety systems. Under the act, FDA established foundational science and risk-based protections that shifted the agency from responding to foodborne illness outbreaks to a prevention-based approach.

Even as food safety modernization act implementation was underway, the agency recognized the need for steps beyond this regulatory framework in order to keep up with the continuously and rapidly evolving food industry. The agency will continue, over the next decade, to further bend the curve of foodborne illness by creating a more digital, traceable, and safer food system that improves the quality of life for consumers in this country. FDA will continue to measure its regulatory actions against achievable goals to enhance food traceability, how well they strengthen processes to predict, prevent and address incidences of foodborne illness using modern tools and approaches, ability to ensure the safety of foods produced, prepared and delivered through new business models, and fosters food safety culture.



The COVID-19 pandemic has highlighted the need to advance goals and strategies that usher FDA into a new era of smarter food safety regulatory oversight. For example, the pandemic exposed broad supply chain issues and unprecedented imbalances in the marketplace and presented challenges to perform in-person inspections. Many of FDA's smarter food safety

activities underway will address these issues while also enhancing food safety.

The budget builds on the successes of food safety modernization activities and supports other core food safety efforts. The budget provides $1.6 billion, an increase of $136 million above FY 2022 enacted, to ensure the safety of human and animal food supply. This amount includes $1.6 billion in budget authority and $17 million in user fees. Funds will support human and animal safety activities, improve infant and maternal health and nutrition, and expand on toxicology-focused research and chemical food safety.

The budget also provides resources for agency-wide and crosscutting investments to continue the modernization of FDA's data infrastructure, strengthening of administrative capabilities, and optimization of inspections. These investments are discussed in the modernization section below.

New Era of Smarter Food Safety

The FY 2023 budget provides $59 million, an increase of $43 million above FY 2022 enacted, to support food safety activities. This investment will enable FDA to improve prevention-oriented food safety practices to better address identified risks, strengthen data sharing and predictive analytics capabilities, and enhance traceability to more quickly respond to food-related outbreaks and recalls. The budget will also help the agency to effectively adapt to the rapid expansion of e-commerce and other new business models within the food industry. In addition, the budget will ensure FDA has the resources to more effectively leverage the new tools and approaches to address ongoing and emerging food safety issues that impact every U.S. consumer.

Within this amount, $20 million—$11 million increase above FY 2022 enacted—is included to expand Domestic Mutual Reliance efforts needed to modernize, harmonize, and transform the animal food inspection system into one that is comprehensive and prevention oriented. This investment will allow the FDA to implement quality management systems, implement a comprehensive approach to animal food inspections, react more quickly, coordinate removal of unsafe animal food from the market, and enhance data and information sharing with state regulatory partners.

Maternal and Infant Health and Nutrition

FDA supports initiatives to improve health and well-being through nutrition and reducing exposure to harmful chemicals and toxins in food. For example, under the Closer to Zero Action plan, FDA aims to reduce exposure to toxic elements, including lead, arsenic, cadmium, and mercury, from foods for babies and young children. The plan advances research, sets action levels, and encourages the adoption of best practices by industry to address concerns about toxicity in foods. Since the release of Closer to Zero in April 2021, FDA has issued a letter to baby and toddler food manufacturers reminding them of their existing responsibility to consider risks from chemical hazards—including toxic elements—when conducting a hazard analysis.

FDA is building on its maternal and infant health and nutrition efforts with an approach that integrates nutrition and diet, toxicology, and health across the lifespan. The FY 2023 budget includes $20 million, an increase of $7 million above FY 2022 enacted, to continue efforts to reduce exposure to harmful chemicals and toxins in foods and modernize labeling guidance to support healthy eating. In addition, FDA will invest in better tools to generate and analyze real-time information on the food supply's evolving composition, increase staff capacity to research co-occurrence of toxic elements in baby foods, expand education and outreach programs to update consumers, and empower consumers to make healthy choices.

Healthy and Safe Food for All

The budget also provides $14 million in new funding for FDA to implement the Healthy and Safe Food for All initiative to improve health equity through nutrition and reduce exposure to harmful chemicals and toxins in food. The additional investments support expanding outreach efforts to other potentially vulnerable populations and producing educational materials that integrate information to help consumers make healthy choices that reduce exposure to toxic elements. In addition, the focus on health equity leverages FDA's unique role in increasing transparency to consumers by modernizing labeling guidance and regulations, exploring opportunities to include nutrition labeling on food packages purchased through e-commerce, and developing health and dietary educational materials targeted to specific at-risk populations. Lastly, funds will also enable FDA to increase its scientific and regulatory capacity related to dietary supplements.

Emerging Chemical and Toxicology Issues

The budget provides $20 million, $13 million above FY 2022 enacted, to streamline regulatory frameworks for food products that may pose potential chronic risks to human health, such as per- and polyfluoroalkyl

substances, chemicals used in food contact, and food additives. In addition, funds will support hiring additional experts to advance the science, acquire new data tools, and advance research.

ADVANCING ACCESS TO SAFE AND EFFECTIVE MEDICAL PRODUCTS

From glucose meters and programmable pacemakers to the pills in our medicine cabinets, FDA provides patients and consumers greater access to safe and effective medical products. FDA also ensures that regulated products are marketed according to federal standards and that products available to the public continue to be safe, especially as new clinical information becomes available. The FY 2023 budget requests $4.2 billion, an increase of $253 million above FY 2022 enacted, for medical product safety investments. This includes $2.0 billion in budget authority and $2.2 billion in user fees to support premarket animal drug review capacity, bolster medical device cybersecurity, and support Cancer Moonshot activities. The budget also provides funding to FDA to advance the goal of ending the opioid crisis, bolster device shortages and challenges with supply chain activities, advance the Predictive Toxicology Roadmap, improve drug safety surveillance and oversight, and continue Center for Veterinary Medicine's medical product supply chain activities.

The budget also provides resources for agency-wide and crosscutting investments to continue the modernization of FDA's data infrastructure, strengthening of administrative capabilities, and optimization of inspections. These investments are discussed in the modernization section below.

Reigniting the Cancer Moonshot

Cancer Moonshot is a bold effort to accelerate progress in cancer research and aims to make more therapies available to more patients. Since the Cancer Moonshot was launched, remarkable progress and scientific accomplishments have been made. FDA is committed to meeting the goals of accelerating scientific discovery, fostering greater collaboration, and improving data sharing. The budget includes an additional $20 million in new, one-time funding to support FDA's Oncology Center of Excellence programs that incorporate patient voice, real-world evidence, and collaborations with FDA's global partners to facilitate faster patient access to innovative cancer therapies. With this investment, FDA will build on existing efforts to continue to facilitate and expand internal and external collaborations to expedite the development of oncology and malignant hematology products as well as increase diversity and speed progress against the most deadly and rare cancers, including childhood cancers, and foster the development of novel therapeutics for patients with ultra-rare cancers.

Animal Drug Reviews

The FY 2023 budget provides $5 million in new funding to Animal Generic Drug User Fee Amendment programs. The number of pioneer and generic animal drug submissions received have steadily increased over time, and these funds will increase FDA's capacity to review the additional submissions within agreed-upon timeframes.

Medical Device Cybersecurity

Medical devices are increasingly connected to the internet, hospital networks, and other medical devices. This can lead to safer, more effective technologies and provide many new options that can be used in people's homes and other places outside of traditional health care settings. However, this also makes medical devices increasingly vulnerable to security breaches, potentially impacting the safety and effectiveness of the device. Moreover, cybersecurity incidents have severely impacted medical devices and hospital networks, disrupting the delivery of patient care across healthcare facilities and, in some cases, posing significant risks to our national security.

The FY 2023 budget includes a total of $6 million to address cybersecurity vulnerabilities by improving the safety and security of medical devices. These funds expand upon ongoing efforts to recruit and hire cyber experts and develop tools to track vulnerabilities associated with devices.

Fighting the Opioids Epidemic

Opioids are claiming lives at a staggering rate and have reduced life expectancy in the United States. Since 1999, overdose deaths involving opioids have increased over six times. In 2019, overdoses involving opioids killed nearly 50,000 people, with synthetic opioids accounting for nearly 73% of those deaths [8].

As part of the HHS Opioid Strategy, FDA is committed to examining all facets of the epidemic: opioid abuse, misuse, addiction, overdose, and deaths in the United

[8] https://www.cdc.gov/drugoverdose/deaths/index.html

States. In addition, FDA is taking steps to address four priority areas of the epidemic: (1) decreasing exposure and preventing new addiction; (2) supporting the treatment of those with opioid use disorder; (3) fostering the development of novel pain treatment therapies; and (4) improving enforcement and assessing benefit-risk.

The budget provides an increase of $30 million above the FY 2022 enacted level to support the development of opioid overdose reversal treatments and treatments for opioid use disorder, interdict shipments of counterfeit pharmaceuticals and health fraud-related shipments, and new funding to develop, evaluate, and advance digital health medical devices to address opioids use disorder. In addition, funding will expand operations and support courier hubs and ports of entry.

Other Medical Product Safety Activities

The FY 2023 budget carries forward proposals from the last year's budget to increase resources for critical activities to ensure medical product safety. For example, the budget includes an increase of $6 million above the FY 2022 enacted to help build the foundation for implementing the 21st Century Roadmap for modernizing FDA's safety surveillance and oversight program for marketed drug products, an increase of $5 million above FY 2022 enacted to continue the implementation of the Predictive Toxicology Roadmap, which will enhance FDA's ability to quickly and more accurately predict potential toxicities–and reduce associated risks to the public. In addition, the budget also continues to request $22 million for the Resilient Supply Chain and Shortages Program and $3 million to strengthen data collection and analysis capacity for animal drug supply.

MODERNIZING THE AGENCY TO KEEP PACE WITH SCIENCE AND TECHNOLOGY

The budget requests $261 million, an increase of $185 million above FY 2022 enacted, to address newly emerging agency-wide challenges and crosscutting and advancing Food Safety and Medical Product Safety efforts. These investments provide resources, technology, capacity, and infrastructure to address public health needs and tackle complex challenges due to advances in the global food and medical product technology and supply chains.

Capacity Building and Support for FDA Staff

The budget includes an increase of $54 million above FY 2022 enacted on capacity-building efforts at the agency, including support for essential services such as responding to inquiries and subject matter expertise on FOIA requests, legal services, and support efforts that reduce risk from laboratory work, enhance laboratory security and data quality, and increase efficiencies across the safety and health program.

The budget also includes an increase of $34 million above FY 2022 enacted, to partially fund anticipated increases in pay costs for FDA's over 19,000 employees.

Data Modernization and Emerging Technologies

The FY 2023 budget includes $83 million, an increase of $68 million above FY 2022 enacted, to support ongoing enterprise technology and data modernization efforts. The increases will focus on FDA's coordinated data modernization agenda, including centralized resources and capabilities across food and medical product safety. Of the total, $45 million, an increase of $42 million above the FY 2022 enacted, provides investments to strengthen the common data infrastructure established through the Technology Modernization Action Plan and Data Modernization Action Plan. This funding will enable FDA to continuously access, aggregate, visualize and analyze multiple sources of information by building and strengthening data and technological infrastructure across the agency.

Within the total provided for ongoing data modernization efforts, $26 million supports efforts within New Era of Smarter Food Safety and $12 million is for medical product safety data modernization efforts. Funding for the New Era of Smarter Food Safety will enhance technologies and data analytics to prevent human and animal foodborne illnesses, enable food contamination to be rapidly traced to its source, and improve understanding of food safety challenges. Within medical product safety, funds will expand information management and data infrastructure, consolidate data systems, migrate to a reliable hybrid cloud environment, and modernize outdated and disparate systems and business processes for animal drug review.

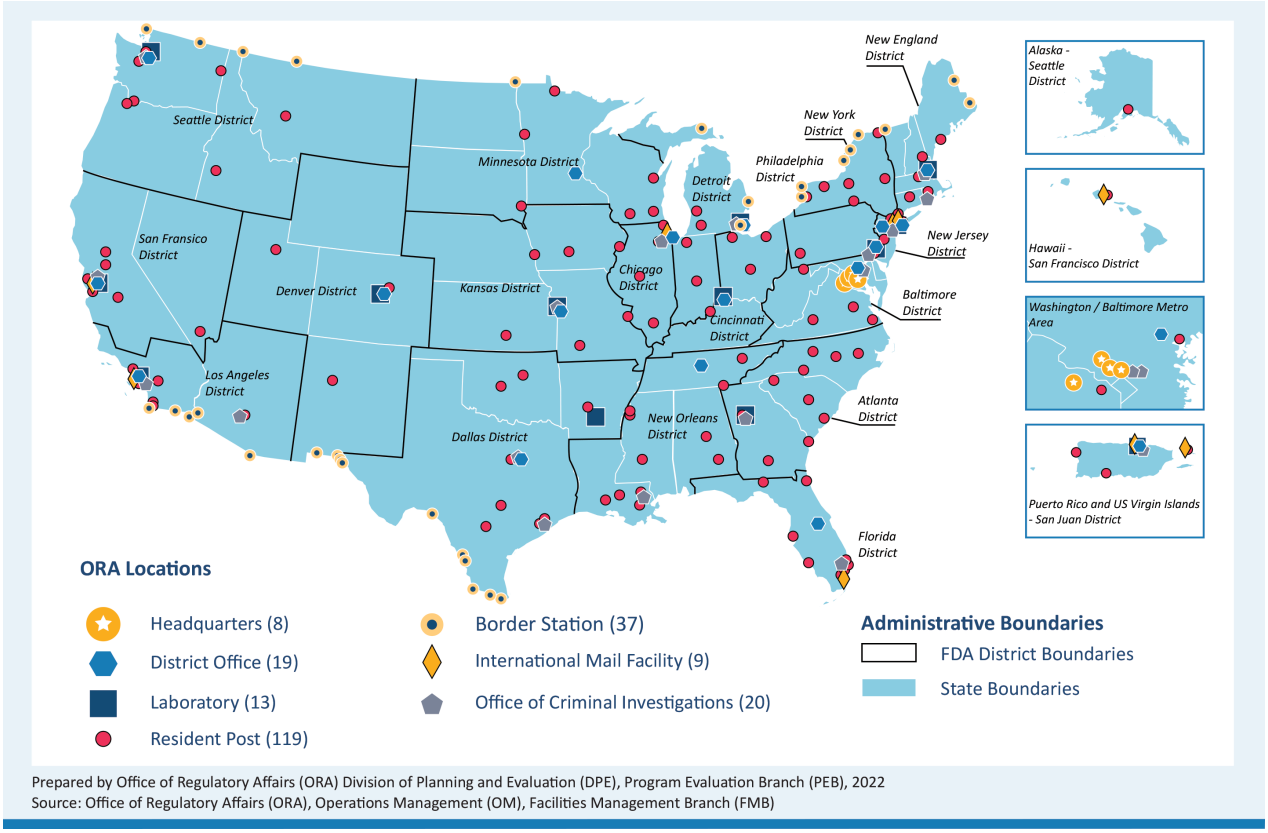
New Alternative Methods Program:

The FY 2023 budget includes $5 million in new funding to support a new FDA-wide New Alternative Methods Program, a comprehensive strategy to advance the development, qualification, and implementation of

new alternative methods for product safety and efficacy testing. This funding will spur the adoption of new alternative methods for regulatory use that can replace, reduce and refine animal testing (the 3Rs), and improve predictivity of nonclinical testing to streamline the development of FDA-regulated products and bring them to US public and patients more rapidly and more efficiently while assuring they are safe, effective, and that patients can depend on them.

Optimizing Inspections

The FY 2023 budget includes $34 million in budget authority, an increase of $24 million above FY 2022 enacted, to optimize inspection. The increase will support the recruitment and training of staff capable of analyzing available data to increase the efficiency and productivity of FDA's operations. In addition, throughout FY 2020 and into FY 2021, the COVID-19 pandemic significantly impacted in-person inspectional operations for medical products and food safety and highlighted the need for a safe and secure medical supply chain.



Prepared by Office of Regulatory Affairs (ORA) Division of Planning and Evaluation (DPE), Program Evaluation Branch (PEB), 2022
Source: Office of Regulatory Affairs (ORA), Operations Management (OM), Facilities Management Branch (FMB)

The budget will also support cross-agency inspection analysis and improvement projects to streamline, improve, and optimize end-to-end inspection processes and improve overall inspections operations for food and Medical Product inspections. With additional personnel and tools, FDA will improve its inspectional capacity and build on the efforts to keep pace with a rapidly expanding industry, including medical countermeasures and advanced manufacturing.

REDUCING THE USE AND HARMS OF TOBACCO

Despite significant progress over the past half-century, tobacco use continues to be the leading cause of preventable death and disease in the United States. Each year, nearly half a million people in the United States die prematurely from tobacco-related diseases. One of FDA's core missions is to protect and advance public health by helping to reduce harm from regulated tobacco products. Since the enactment of the Family Smoking Prevention and Tobacco Control Act in 2009, FDA has had the authority to regulate the manufacturing, distribution, and marketing of tobacco

products. For FY 2023, FDA remains committed to reducing the burden of the addiction crises that are threatening American families to prevent a new generation of children from becoming addicted to nicotine through e-cigarettes. The FY 2023 budget includes $812 million in user fees to support FDA tobacco's program. Included within this total, the budget continues to propose an increase to this fee of $100 million to enhance product review and evaluation, research, compliance and enforcement, public education campaigns, and policy development.

These user fee resources will continue ongoing efforts to bolster the agency's compliance and enforcement efforts for all tobacco products and expand public education campaigns and science and research programs as it works to address substance use and protect consumers from the dangers of tobacco use. Furthermore, the agency aims to advance health equity by taking targeted steps to prevent youth from starting to smoke and addressing tobacco-related health disparities experienced by communities including, but not limited to, certain racial and ethnic populations, low-income populations, and LGBTQ+ individuals.

FDA is on track to advance two proposed tobacco product standards—one prohibiting menthol as a characterizing flavor in cigarettes and another prohibiting all characterizing flavors (including menthol) in cigars in the spring of FY 2023.

The user fees also support public education campaigns to educate youth about the dangers of e-cigarette use; provide resources to educators, parents, and community leaders to prevent youth use; and provide resources to help kids who are already addicted to e-cigarettes quit using these products.

INFRASTRUCTURE AND FACILITIES

Investing in infrastructure and facilities continues to be a priority need for FDA. The agency manages an extensive portfolio, including 53 laboratories strategically located across the continental United States and Puerto Rico. The FY 2023 budget includes $353 million in budget authority, an increase of $40 million above FY 2022 enacted to address FDA's infrastructure and facilities needs.

Within this total is $322 million, an increase of $22 million above FY 2022 enacted, to cover the cost of security, rental payments to the General Services Administration (GSA), and the operations and maintenance services and utilities not covered by GSA rent. For example, many FDA locations, both directly owned and managed by GSA, require support 24 hours a day, 7 days a week, 365 days a year. In addition, these facilities contain labs or vivariums that house activities that cannot be accomplished remotely.

The budget also provides $31 million, an increase of $18 million above FY 2022 enacted, to ensure that FDA's owned offices and labs across the country, many of which are aged and in critical need of repair and improvement, function optimally and empower the agency's workforce to carry out its public health mission, respond to food safety and medical product emergencies, and protect and promote the safety and health of American families.

USER FEES

FDA's user fee programs help the agency fulfill its mission of protecting public health and enabling the agency to strengthen its efficiency and increase the speed at which products are available to the public. The calendar year 2022 marks the 30th anniversary of the Prescription Drug User Fee Act (PDUFA). Since 1992, PDUFA has allowed FDA to collect fees from industry on certain human drug products submitted for FDA review. These funds support staffing and other resources enabling the agency to review and approve new drug applications. In addition, following the initial passage of PDUFA, Congress has enacted and reauthorized several other user fees for drugs, medical devices, generic drugs, and biosimilar biological products. The budget assumes resources from these four user fee programs, currently authorized user fees, and increases to export certification fee and the tobacco user fee for a total of $3.0 billion.

In FY 2023, the following user fee programs are proposed for reauthorization: PDUFA, the Generic Drug User Fee Act, the Biosimilars User Fee Act, and the Medical Device User Fee Act. In addition, the following user fee programs will be submitted to Congress for reauthorization covering FYs 2024—2028: The Animal Drug User Fee Act and the Animal Generic Drug User Fee Act.

Health Resources and Services Administration

The following tables are in millions of dollars.

Primary Health Care	2021[1]	2022[2]	2023	2023 +/- 2022
Health Centers	5,554	5,533	5,623	+90
Discretionary Budget Authority (non-add)	*1,554*	*1,628*	*1,718*	*+90*
Current Law Mandatory (non-add)[3]	*4,000*	*3,905*	*3,905*	*--*
Ending HIV/AIDS Epidemic (non-add)	*102*	*122*	*172*	*+50*
Health Centers Tort Claims	120	120	120	--
Free Clinics Medical Malpractice	1	1	1	--
Subtotal, Primary Care[4]	**5,675**	**5,654**	**5,744**	**+90**

Health Workforce	2021[1]	2022[2]	2023	2023 +/- 2022
National Health Service Corps	430	414	502	+88
Discretionary Budget Authority (non-add)	*120*	*122*	*210*	*+88*
Current Law Mandatory (non-add)[3]	*310*	*292*	*292*	*--*
Training for Diversity	91	94	109	+15
Training in Primary Care Medicine	49	49	54	+5
Oral Health Training	41	41	41	--
Teaching Health Centers Graduate Medical Education (Mandatory)[3]	127	119	119	--
Area Health Education Centers	43	45	43	-2
Behavioral Health Workforce Development Programs	149	162	397	+235
Public Health and Preventive Medicine Programs	17	17	18	+1
Nursing Workforce Development	264	280	295	+15
Children's Hospital Graduate Medical Education	349	375	350	-25
National Practitioner Data Bank User Fees	19	19	19	--
Other Workforce Programs	98	111	102	-9
Subtotal, Health Workforce	**1,676**	**1,726**	**2,050**	**+324**

Maternal and Child Health	2021[1]	2022[2]	2023	2023 +/- 2022
Maternal and Child Health Block Grant	711	748	954	+206
Poison Control Program	25	26	25	-1
Sickle Cell Treatment Demonstration Program	7	7	7	--
Autism and Other Developmental Disorders	53	54	57	+3
Heritable Disorders	19	20	19	-1
Healthy Start	128	132	145	+13
Early Hearing Detection and Intervention	18	18	18	--
Emergency Medical Services for Children	22	22	28	+6
Pediatric Mental Health Care Access Grants	10	11	10	-1
Screening and Treatment for Maternal Depression	5	7	10	+4
Maternal, Infant and Early Childhood Home Visiting (Mandatory)[3]	377	377	467	+90
Current Law Mandatory (non-add])	*377*	*377*	*--*	*-377*
Proposed Law Mandatory (non-add)	*--*	*--*	*467*	*+467*
Family-to-Family Health Information Centers (Mandatory)	6	6	6	--
Subtotal, Maternal and Child Health	**1,380**	**1,427**	**1,746**	**+318**

[1] The FY 2021 column reflects final levels, including required and permissive transfers and rescissions, but does not include $9.4 billion in COVID-19 supplemental resources.

[2] The FY 2022 column reflects enacted levels, including required transfers.

[3] FY 2021, 2022 and 2023 totals reflect sequestration.

[4] Totals may not add due to rounding.

Ryan White HIV/AIDS Program	2021[1]	2022[2]	2023	2023 +/- 2022
Emergency Relief - Part A	656	670	666	-5
Comprehensive Care - Part B	1,315	1,344	1,345	+1
AIDS Drug Assistance Program (non-add)	*900*	*900*	*900*	--
Early Intervention - Part C	201	206	207	+2
Children, Youth, Women, and Families - Part D	73	77	75	-2
AIDS Education and Training Centers - Part F	34	34	34	-1
Dental Services - Part F	13	13	13	--
Special Projects of National Significance (SPNS)	25	25	25	--
Ending HIV Epidemic Initiative	105	125	290	+165
Subtotal, Ryan White HIV/AIDS	**2,421**	**2,495**	**2,655**	**+160**

Health Systems	2021[1]	2022[2]	2023	2023 +/- 2022
Organ Transplantation	30	30	29	-1
Cell Transplantation Program and Cord Blood Stem Cell Bank	48	50	49	-1
Hansen's Disease Programs	13	14	14	--
Other Health Care Systems Programs	2	2	2	--
Subtotal, Health Care Systems	**93**	**96**	**94**	**-2**

Rural Health	2021[1]	2022[2]	2023	2023 +/- 2022
Rural Outreach Grants	82	86	90	+4
Rural Hospital Flexibility Grants	55	62	58	-5
Rural Health Policy Development	11	11	11	--
State Office of Rural Health	12	13	13	--
Radiation Exposure Screening and Education	2	2	3	+1
Black Lung Clinics	12	12	12	--
Rural Communities Opioids Response Program	110	135	165	+30
Rural Residency Program	10	11	13	+2
Rural Health Clinic Initiative (Behavioral Health)	--	--	10	+10
Subtotal, Rural Health	**295**	**331**	**374**	**+43**

Other Activities	2021[1]	2022[2]	2023	2023 +/- 2022
Telehealth	34	35	45	+9
340B Drug Pricing Program	10	11	17	+6
Family Planning	286	286	400	+114
Program Management	155	155	169	+14
Congressional Directed Community Projects	--	1,058	--	-1,058
Vaccine Injury Compensation Program Direct Operations	11	13	26	+13
Countermeasures Injury Compensation Program	--	5	15	+10
Subtotal, Other Activities	**496**	**1,564**	**672**	**-892**

HRSA Budget Totals	2021[1]	2022[2]	2023	2023 +/- 2022
Total, Discretionary Budget Authority	**7,197**	**8,575**	**8,526**	**-49**
Mandatory Funding	4,819	4,700	4,790	+90
User Fees	19	19	19	--
Total, Program Level	**12,035**	**13,294**	**13,335**	**+41**
Full-Time Equivalents	2,316	2,316	2,920	+604

The Health Resources and Services Administration (HRSA) improves health outcomes and advances health equity by expanding access to quality health care services in underserved and rural communities, growing the health care workforce, and supporting innovative initiatives to provide behavioral health care, increase maternal and child health services and serve individuals living with HIV.

The Fiscal Year (FY) 2023 President's Budget requests $13.3 billion for HRSA, which is $41 million above FY 2022 enacted. This total includes $8.5 billion in discretionary budget authority and $4.8 billion in mandatory funding and other sources. In FY 2023, HRSA programs and services will invest in actions to expand health care access for the underserved, grow the health care workforce, and advance health equity including:

- Advancing equitable access to mental health and substance use disorder services with historic investments in the behavioral health workforce, including psychiatry, crisis care, peer support, community health workers, nursing, primary care, and substance use disorder practitioners, and integrating these services into primary care settings;
- Launching new initiatives to reduce maternal mortality and disparities in maternal health outcomes through evidence-based interventions;
- Supporting the resiliency and mental health of our health care workforce to prevent burnout in frontline workers;
- Training the next generation of the health workforce – including physicians, nurses, community health workers, and other professionals – through scholarships and loan repayment programs in exchange for working in underserved communities;
- Providing affordable, accessible, and high-quality medical, dental, and behavioral health care services to millions of low-income, disproportionately racial and ethnic minority patients, regardless of their ability to pay;
- Ending the HIV epidemic by expanding prevention and treatment services;
- Investing new resources in embedding early childhood development experts in community health centers and targeted expansion of Healthy Start community-based supports for children and families; and
- Advancing telehealth services that increase health care quality and access, expand provider access to specialized expertise, and improve health outcomes in rural and underserved areas.

PROMOTING EQUITABLE ACCESS TO HIGH-QUALITY HEALTH CARE SERVICES

The budget supports the delivery of direct health care services through Health Centers, the Ryan White HIV/AIDS Program, and Title X Family Planning. These programs deliver affordable, patient-centered, and high-quality services to more than 30 million people across the United States.

Health Centers

The FY 2023 budget provides $5.7 billion for health centers, including $3.9 billion in mandatory resources. Within this amount, the budget includes $85 million to embed early childhood development experts in health centers and $172 million for the Ending the HIV Epidemic Initiative.

For 55 years, health centers have delivered affordable, accessible, quality, and value-based primary health care to millions of people regardless of their ability to pay. Health centers serve one in 11 people across the country and lead the nation in driving quality improvement with cost-effective care.

HRSA's investments have advanced the nation's commitment to health equity by ensuring more patients and communities each year have access to high quality, comprehensive primary care. Today, HRSA funds nearly 1,400 health centers operating over 14,000 service delivery sites in every U.S. state, U.S. territory, and the District of Columbia.

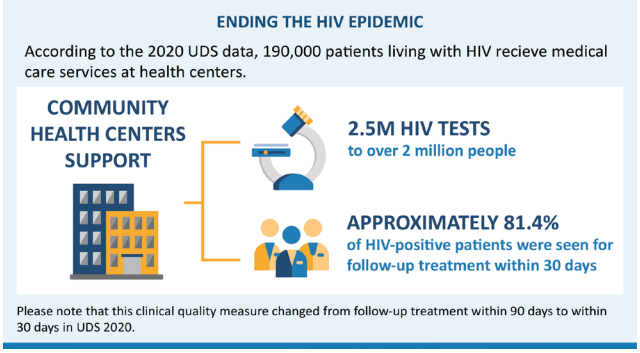
Health centers deliver positive health outcomes to the communities they serve by providing culturally competent care, helping patients to overcome geographic, financial, linguistic, and other barriers to care. Although health center patients may experience a variety of social and economic barriers to connecting and remaining in care, center outcomes on key measures like diabetes and hypertension control exceed national averages. Sixty-four percent of health center patients with diabetes had their blood sugar levels controlled (HbA1c 9%), exceeding the national average of 55 percent. Fifty-eight percent of health center patients with hypertension had their blood pressure

controlled, which exceeds the national average of 56 percent.

The health center model of care also is associated with reductions in the use of costly care options, such as emergency department utilization and hospitalization. Compared to other health care providers, patients receiving care at health centers have 24 percent lower overall costs due to the reduced need for specialty and hospital care.

Health Centers and Ending the HIV Epidemic in the United States

Health centers serve as a key point of entry for prevention and diagnosis of people living with HIV. In 2020, health centers provided over 2.5 million HIV tests to more than 2 million patients and treated one in 5 patients diagnosed with HIV nationally. In FY 2023, HRSA will dedicate $172 million to increase access to HIV prevention services, including pre-exposure prophylaxis (PrEP), outreach efforts, and care coordination for approximately 400 health centers.

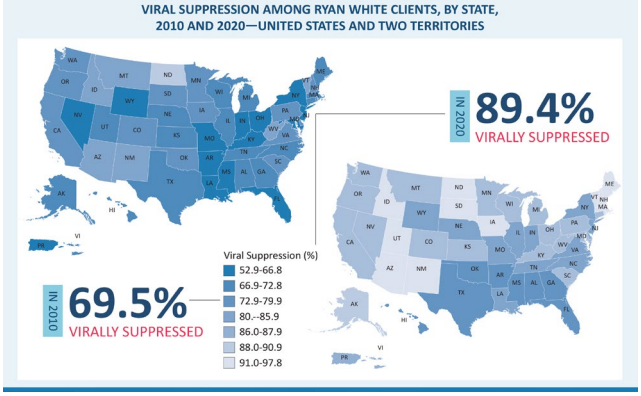


Ryan White HIV/AIDS Program

Millions of lives have been lost or changed forever due to HIV since the first cases were reported in the United States in June 1981. Over 36,000 people were diagnosed with HIV in the United States in 2019, and an estimated 1.2 million people in the United States are living with HIV. Among those living with HIV, one in eight do not know they are infected.

The budget provides $2.7 billion for the Ryan White HIV/AIDS Program, which is $160 million above FY 2022 enacted. This program provides a comprehensive system of primary medical care, essential support services, and medication for people with low incomes living with HIV/AIDS. More than half a million people—representing half of all people with diagnosed HIV in the United States—receive services through the Ryan White Program each year. In 2020, 89.4 percent of Ryan White HIV/AIDS Program clients were virally suppressed, which exceeds the national average of 65.5 percent. This means individuals have an undetectable viral load and cannot sexually transmit the virus to a partner.

The budget increases funding for the Ending the HIV Epidemic in the United States Initiative by providing an additional $165 million above FY 2022 enacted, for a total of $290 million. Funding will support HIV care and treatment for over 76,000 clients in the 50 geographic locations that currently have more than 50 percent of new HIV diagnoses nationally and the seven states with substantial rural HIV burden. This funding will also expand evidence-informed practices to link, engage, and retain people with HIV in care, and support capacity building, technical assistance, program implementation, and oversight—with a focus on reducing disparities in health outcomes and building the capacity of organizations that reflect the communities they serve.



Title X Family Planning Program

For more than 50 years, Title X family planning clinics have ensured access to a broad range of family planning and related health services for millions of individuals who are low-income or uninsured. The budget provides $400 million, an increase of $114 million above FY 2022 enacted, to the Title X Family Planning program to improve access to vital reproductive and preventive health services.

The Title X program prioritizes advancing equity for all, including people from families with low incomes, people of color, and others who have been historically underserved, and adversely affected by persistent poverty and inequality. The FY 2023 budget request is expected to support family planning services for approximately 4.25 million people, with approximately 90 percent having family incomes at or below 250 percent of the federal poverty level.

IMPROVING MATERNAL AND CHILD HEALTH

HRSA programs provide health and public health services, support research, and invest in workforce training to ensure the health and well-being of mothers, children, and families across their lives. At least 93 percent of pregnant people and 98 percent of all infants receive HRSA-funded services, including infant screenings and preventive care visits, each year through the Maternal and Child Health Block Grant to States program.

HRSA SUPPORTS MATERNAL HEALTH

93% of all pregnant women receive services funded by HRSA

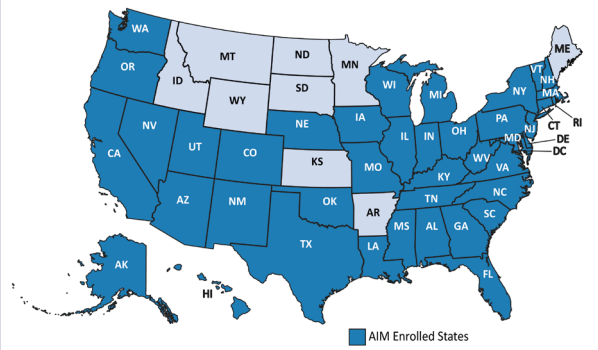
Improving Maternal Health

Despite improvements in medical care, the United States continues to have the highest maternal mortality rate among developed nations. In 2020, more than 800 women died from pregnancy-related causes in the U.S. and nearly 20,000 infants died before reaching their first birthday. In addition, each year, tens of thousands of mothers experience severe morbidity—unintended outcomes of labor and delivery that result in life-altering short- or long-term health challenges, such as severe heart issues, hemorrhages, seizures, and blood infections.

The maternal mortality rates are highest for Black and American Indian/Alaska Native women, with rates that are two to three times higher than those for white populations. These inequities are major drivers of the poor overall U.S. rates of maternal mortality and infant mortality. Geographic disparities in maternal health outcomes also persist, and county-level access to obstetric care services varies widely across states.

"I call on all Americans to recognize the importance of addressing the crisis of Black maternal mortality and morbidity in this country." – President Biden Proclamation on Black Maternal Health Week, April 2021

The Alliance for Innovation on Maternal Health is a quality Improvement Initiative that has created a network of state teams where hospitals work to improve the quality of maternal care. AIM's impact can be seen in 41 states and over 1,900 birthing facilities as of April 2021.



To tackle these disparities, the budget dedicates $276 million across HRSA to improve maternal health and specifically reduce maternal mortality and morbidity, $202 million above FY 2022 enacted. HRSA will expand current initiatives, including:

- **State Maternal Health Innovation Grants** ($55 million, $26 million above FY 2022 enacted): to implement state specific innovative action plans to improve access to maternal care services and address workforce needs;
- **Alliance for Innovation on Maternal Health** ($15 million, $3 million above FY 2022 enacted): to expand the implementation of maternal safety bundles, which are straightforward sets of evidence-based practices shown to improve patient outcomes, in birthing facilities, community-based organizations and outpatient clinical settings;
- **Rural Maternity and Obstetrics Management Strategies** ($10 million, $4 million above FY 2022 enacted): to expand maternal and obstetrics care in rural communities;
- **Screening and Treatment for Maternal Depression** ($10 million, $4 million above FY 2022 enacted): to expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum individuals for maternal depression and related behavioral health needs;
- **Maternal Health Hotline** ($7 million, $3 million above FY 2022 enacted): to expand funding for a vital, easily accessible new maternal mental health resource;
- **Maternity Care Target Areas** ($5 million, $4 million above FY 2022 enacted): to identify geographic areas with maternity care health

professional shortages to inform efforts to distribute maternity care health professionals to these areas; and

- **Healthy Start program** ($32 million, $17 million above FY 2022 enacted): to 1) support an existing initiative to provide clinical services, such as well-woman care and maternity care services at Healthy Start sites and 2) expand a new Healthy Start model to reduce racial disparities in poor maternal and infant health outcomes. This funding will support new programs in communities with the highest rates of disparities, focusing on addressing the unique structural, environmental, and systemic factors that contribute to disparities in poor outcomes for mothers and their babies.

The budget also includes funding for HRSA to launch innovative maternal health programs, including:

- **Pregnancy Medical Home Demonstration Project** ($25 million, $25 million above FY 2022 enacted): to support efforts to deliver integrated health care services to pregnant and postpartum individuals and reduce adverse maternal health outcomes and racial disparities in maternal mortality and morbidity;
- **Implicit Bias Training Grants for Health Care Providers** ($5 million, $5 million above FY 2022 enacted): to reduce and prevent implicit bias, racism, and discrimination in maternity care settings and to advance respectful, culturally congruent, trauma-informed care;
- **National Academy of Medicine Study** ($1 million, $1 million above FY 2022 enacted): to study and make recommendations for incorporating bias recognition in clinical skills testing for accredited schools of allopathic medicine and accredited schools of osteopathic medicine; and
- **Maternal Health Pilot Programs** ($110 million, $110 million above FY 2022 enacted)
    - $55 million for **Addressing Emerging Issues and Social Determinants of Maternal Health**
    - $20 million for **Growing and Diversifying the Doula Workforce**
    - $25 million for **Growing and Diversifying the Nursing Workforce**
    - $10 million to support research and curricula development through **Minority-Serving Institutions**.

Home Visiting

The budget proposes $467 million in mandatory funding for the Home Visiting program, which is a $67 million increase above the current mandatory funding in FY 2022 enacted. Home Visiting serves a crucial role in promoting the physical and mental health of pregnant people, young children, and families living in communities at risk for poor maternal and child health outcomes. Each year, the voluntary Home Visiting program serves over 144,000 parents and children and provides more than 940,000 home visits.

The expansion of Home Visiting will allow the program to reach more families, increasing the program's reach in communities that have historically experienced systemic racism and health inequities. Home Visiting programs have been shown to improve maternal and child health outcomes in the early years, leaving long-lasting, positive impacts on parenting skills, children's development, and school readiness. Home Visiting programs have also been found to improve women's health, including reductions in symptoms of depression, and increase women's health insurance coverage. The Administration is committed to working with Congress to double funding for Home Visiting.

Other Maternal and Child Health Programs

The budget requests $1 billion for other maternal and child health programs in addition to the programs related to reducing maternal mortality, which is $60 million above FY 2022 enacted. This includes $592 million, an increase of $24 million above FY 2022 enacted, for the Maternal and Child Health Block Grant to States to expand health care and public health services that currently benefit an estimated 60 million women, infants, and children.

Funding also includes increases to Emergency Medical Services for Children ($28 million, $6 million above FY 2022 enacted) to address critical gaps in emergency and trauma care and to Autism and Other Developmental Disorders ($57 million, $3 million above FY 2022 enacted) to improve care and outcomes for people with autism spectrum disorder.

TRANSFORMING RURAL HEALTH IN AMERICA

More than 61 million Americans live in rural communities, and too often face challenges in access health care services. In addition, rural residents tend to be older and in poorer health than urban counterparts.

The budget requests $374 million for Rural Health programs, which is $43 million above FY 2022 enacted. These funds will provide grants to improve rural health care service delivery by strengthening health networks' quality of care and encouraging health care providers to remain in rural communities. In FY 2020, over 470,000 people were served by rural community programs. The budget supports essential rural health activities and services such as the Rural Communities Opioids Response Program, Rural Residency Planning and Development Program, Black Lung Clinics, and the Rural Maternity and Obstetrics Management Strategies Program to support the well-being of the Americans living in rural communities.

Rural Communities Opioids Response Program

The budget requests $165 million for the Rural Communities Opioid Response Program, an increase of $30 million above FY 2022 enacted. This program supports substance use prevention, treatment, and recovery services for opioids and other substance use in the highest risk rural communities. The budget invests in programs to respond to the evolving circumstances of the opioid epidemic in rural counties, including workforce and service delivery challenges, and aims to reduce the morbidity and mortality of substance use disorder in rural communities at high risk.

Rural Health Clinic Behavioral Health Initiative

Rural Health Clinics are key safety net providers for rural communities, but less than 10 percent of Rural Health Clinics employ a social worker or psychologist. The budget includes $10 million for a Rural Health Clinic Behavioral Health Initiative to allow clinics in rural areas where there are no existing behavioral health providers to fund the salary of a behavioral health provider, address provider burnout, and expand the availability of services such as mental health screenings, counseling, and therapy.

INVESTING IN A ROBUST HEALTH WORKFORCE

A well-trained and high performing health workforce is vital to our nation's future. The budget provides a total of $2.1 billion for HRSA workforce programs—including $430 million in mandatory and other sources of funding—an increase of $324 million above FY 2022 enacted. This funding will expand access to high quality clinicians and other health professionals, particularly in areas across the country where they are needed most. This effort includes significant new and expanded investments in behavioral health and workforce diversity.

National Health Service Corps

The National Health Service Corps provides scholarships and loan repayment to health professionals who commit to practice in health professional shortage areas. National Health Service Corps practitioners include medical, dental, and mental and substance use disorder clinicians. The budget includes an increase of $88 million over FY 2022 enacted for a total of $502 million for the National Health Service Corps. In 2021, 19,984 National Health Service Corps clinicians were practicing in underserved communities – a record number. The request includes $25 million specifically dedicated to mental and behavioral health providers,

including peer support specialists, in crisis centers and an additional $60.0 million for loan repayment for clinicians to provide opioid and substance use disorder treatment.

Behavioral Health Workforce

To strengthen the mental health and substance use disorder workforce, the budget provides an investment of $397 million for HRSA's Behavioral Health Workforce Development Programs, which is $235 million above FY 2022 enacted level. This funding will increase training of new behavioral health providers, including a track for health support workers like peers and community health workers and place an emphasis on team-based care. To promote inclusive and equitable behavioral health care for youth, this investment will support a special focus on the knowledge and understanding of children, adolescents, and youth at risk for a mental health disorder, serious emotional disturbance, or substance use disorder. The budget also includes increases in Primary Care Training and Enhancement and Nurse Education, Practice and Retention to expand behavioral health services into primary care.

The COVID-19 pandemic created incredible challenges and stressors for the frontline health care workforce. The budget invests $50 million to support the resiliency, mental health, and well-being of health care providers. Through this essential work, which was piloted with funding from the American Rescue Plan Act, grantees will employ interventions to prevent burnout among essential health care workers, help the workforce respond to workplace stressors, and create health care environments that support workforce well-being.

Behavioral Health Integration in Community-Based Settings

Ensuring access to behavioral health services requires integration of services in non-traditional settings, especially in communities that are historically medically underserved or that have experienced social inequity. The budget includes $50 million in the Behavioral Health Workforce Education and Training program and the Maternal Child Health Special Projects of Regional and National Significance (SPRANS) totals to co-locate navigator and mental health specialists in non-traditional community-based settings. Non-traditional settings may include libraries and after-school programs to promote the health and social and emotional development of mothers, children, and families.

Teaching Health Center Graduate Medical Education

The Teaching Health Center Graduate Medical Education Program supports training primary care physicians and dental residents in community-based ambulatory care settings. The budget includes $119 million in mandatory funding for training clinicians in these community-based settings, such as rural health clinics and health centers, which are primarily in medically underserved communities.

Supporting a Diverse Health Workforce

Several HRSA programs seek to foster a more diverse health workforce providing support for individuals with less access to opportunity, including underrepresented racial and ethnic minorities. The budget provides $133 million, an increase of $15 million above FY 2022 enacted, to expand the diversity of the health professions workforce, including Nursing Workforce Diversity, Centers of Excellence, Health Careers Opportunity Program, Faculty Loan Repayment, and Scholarships for Disadvantaged Students. Greater diversity among health professionals is associated with improved outcomes and access to health care.

OTHER HRSA PROGRAMS

340B Drug Pricing Program

The 340B Drug Pricing Program is an integral component of the health care safety net, requiring drug manufacturers to provide discounts on outpatient prescription drugs to certain health care providers that serve vulnerable and underserved patient populations. The budget provides $17 million to improve operations and oversight of the 340B Program, an increase of $6 million over FY 2022 enacted. The budget also improves program integrity by providing additional regulatory authority to support program implementation and oversight.

Telehealth

HRSA supports telehealth services to increase health care quality and access, expand provider access to specialized expertise, and improve health outcomes in rural and underserved areas. The budget requests

$45 million for Telehealth, which is $9 million above FY 2022 enacted, to promote direct-to-consumer telehealth services, provider-to-provider telementoring, and a telehealth data collection infrastructure to track telehealth services across HRSA. The budget also includes language expanding the authority for the Office for Advancement of Telehealth, which will allow HRSA to support telehealth innovation and best practices across the Department.

Compensation Programs

The budget invests $41 million for the National Vaccine Injury Compensation Program and the Countermeasure Injury Compensation Program, an increase of $23 million above FY 2022 enacted.

This total includes $15 million for the Countermeasure Injury Compensation Program to compensate eligible individuals for injuries and deaths directly resulting from the use of covered countermeasures as identified in federal declarations. In addition, $26 million is provided for the Vaccine Injury Compensation Program, which compensates individuals, or families of individuals, who have been injured by vaccines recommended by the Centers for Disease Control and Prevention (CDC) for routine administration to children and/or pregnant women.

Program Management

The budget requests $169 million to support investments in information technology, cybersecurity, program integrity, and other operational costs necessary to execute the significant expansion of HRSA's responsibilities in recent years.

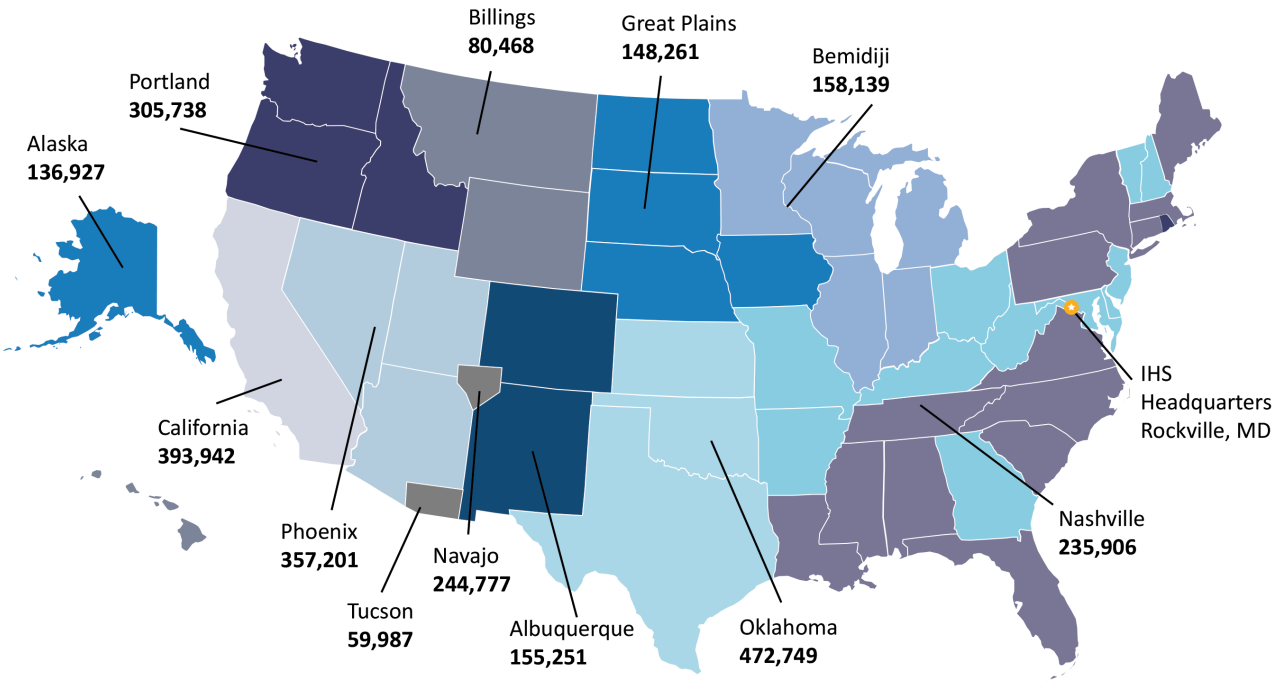
Indian Health Service

The following tables are in millions of dollars.

Services Programs	2021[1][2]	2022[2][3]	2023[4]	2023 +/- 2022
Total Budget Authority	**6,386**	**6,778**	**9,268**	**+2,490**
Services Account	4,301	4,661	6,262	+1,601
Facilities Account	918	940	1,567	+627
Contract Support Costs Account	916	880	1,142	+262
Payments for Tribal Leases Account	101	150	150	--
Special Diabetes Program for Indians[5]	150	147	147	--

The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

IHS SERVICE POPULATION BY AREA



Total IHS service population for CY 2023:
2,756,612

The federal government has a unique government-to-government relationship with 574 federally recognized tribes. In accordance with this relationship, the Indian Health Service (IHS) provides healthcare to over 2.7 million American Indians and Alaska Natives (AI/ANs) through IHS and Tribal Health Programs, as

[1] The FY 2021 column reflects final levels, including required and permissive transfers, but does not include $7.1 billion in COVID-19 supplemental resources.

[2] Includes discretionary budget authority and mandatory funding for the Special Diabetes Program for Indians.

[3] The FY 2022 column reflects enacted levels, including required transfers, but does not include $700 million in funding from the Infrastructure Investment and Jobs Act.

[4] The FY 2023 budget proposes all IHS funding as mandatory.

[5] The FY 2021 Consolidated Appropriations Act (P.L. 116-260) extended the Special Diabetes Program for Indians through FY 2023 at $150 million per year. FY 2022 and FY 2023 levels reflect current law, which includes a mandatory sequester of 2%.

well as Urban Indian Organizations, often referred to as the I/T/U or Indian Health system. IHS consults and partners with tribes to incorporate their priorities and needs into programs that affect their communities.

The Indian Health system is chronically under-funded compared to other health systems in the United States.[6][7] These funding deficiencies directly contribute to stark health disparities faced by tribal communities. AI/AN people born today have a life expectancy that is 5.5 years shorter than the U.S. all-races population, with some tribes experiencing life expectancy as much as 12 years shorter than the general population. They also experience disproportionate rates of mortality from most major health issues, including chronic liver disease and cirrhosis, diabetes, unintentional injuries, assault and homicide, and suicide. The pandemic compounded the impact of these disparities in tribal communities, with AI/ANs experiencing disproportionate rates of COVID-19 infection, hospitalization, and death.

LONG-TERM FUNDING SOLUTIONS

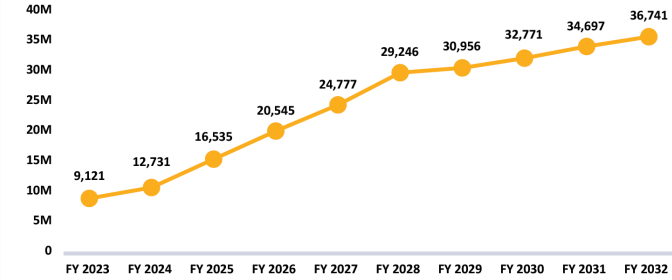
The Administration is committed to implementing long-term solutions to address chronic under-funding of IHS and finally delivering on the nation's promises to Indian Country. To that end, the Fiscal Year (FY) 2023 President's Budget takes the historic step of proposing *all* funding for the IHS as mandatory funding and to exempt the IHS budget from sequestration. The budget proposes $9.3 billion for IHS in FY 2023, which includes $147 million in current law mandatory funding for the Special Diabetes Program for Indians. This is an increase of $2.5 billion or 37 percent above FY 2022 enacted.

Proposing mandatory funding for IHS is aligned with long-standing recommendations of tribal leaders that have been shared in consultation with HHS. Implementing this change to the IHS budget will make meaningful progress toward redressing health inequities and ensuring that the disproportionate impacts of the COVID-19 pandemic on AI/AN communities are never repeated.

Growth beyond what can be accomplished through discretionary spending is necessary to make substantial progress toward closing funding gaps and remediating health disparities. While discretionary funding for IHS has increased substantially in the last decade, by 57 percent from FY 2012 to the current FY 2022 enacted level, the growth has not been sufficient to address the well-documented funding gaps in Indian Country.

The budget proposes to authorize mandatory funding for IHS from FY 2023 to FY 2032. Funding would grow over time, from $9.3 billion in FY 2023 to $36.7 billion in FY 2032, an increase of 296 percent over the 10-year budget window. In addition to allowing for more significant funding increases each year, the budget will enable IHS, Tribal Health Programs, and Urban Indian Organizations to more effectively plan healthcare programming over multiple years, because outyear funding levels will be known in advance. This increased stability and ability to conduct longer-term planning will improve quality of healthcare, promote recruitment and retention of health professionals, and enhance management efficiencies for individual health programs and the Indian Health system at-large.

GROWTH IN FUNDING OVER TIME



In FY 2023, the budget maintains substantial funding increases proposed in the FY 2023 advance appropriation level included in the FY 2022 budget. It makes high-impact investments that will expand access to healthcare services, modernize aging facilities and information technology infrastructure, and address urgent health issues, including HIV and Hepatitis C, maternal mortality, and opioid use. It also includes funding to improve healthcare quality, enhance operational capacity, fully fund operational costs for Tribal health programs to support tribal self-determination, and recruit and retain healthcare providers.

From FY 2024 to FY 2032, the budget continues to grow each year to account for the growing cost of providing

[6] Government Accountability Office Report: Indian Health Service: *Spending Levels and Characteristics of IHS and Three Other Federal Health Care Programs*

[7] United States Commission on Civil Rights Report: *Broken Promises: Continuing Federal Funding Shortfall for Native Americans*

healthcare, using the Consumer Price Index for All Urban Consumers, Medical Inflation, the Employment Cost Index, as well as population and pay growth. The budget also includes additional increases over the 10-year window to begin addressing documented gaps in healthcare services and infrastructure. These investments collectively support IHS's strategic goals to improve access to comprehensive and culturally appropriate care, promote excellence and quality through innovation, and strengthen the agency's management and operations.

WORKING IN PARTNERSHIP WITH TRIBES

Commitment to Tribal Consultation

HHS is committed to maintaining a strong Nation-to-Nation relationship between the federal government and tribes. In 2021, HHS held the first ever formal Tribal Consultation and Urban Confer sessions to consider mandatory proposals for the IHS budget. These sessions provided critical input to inform formulation of the FY 2023 budget and were an important first step. With the release of the budget, we look forward to working with tribes and Congress to refine this historic proposal through the legislative process and ensure funding is implemented properly.

> ***"As Secretary, I'm excited to help lead the critical Tribal work being done across HHS agencies. I will continue to advocate for Tribes and ensure that HHS keeps working with other federal departments and agencies to strengthen the federal COVID-19 response in Indian Country... preparing for future challenges as well. We're here to listen to you, learn from you, and work together with you to build back better."***
>
> *-Secretary Becerra, 2021 White House Tribal Nations Summit*

The FY 2023 budget is a historic first step and the start of an ongoing conversation with tribes to ensure the IHS system is meeting the healthcare needs in Indian Country. HHS looks forward to working in consultation with tribes, urban Indian organizations, and Congress to identify the appropriate structure and long-term funding levels to make sustained improvements in health status as we continue to strengthen the Nation-to-Nation relationship.

Supporting Tribal Self-Determination

Additionally, HHS continues to support the self-determination of tribes to operate their own health programs. Tribal leaders and members are best positioned to understand the priorities and needs of their local communities. In recognition of this, the Indian Self-Determination and Education Assistance Act allows tribes to enter into contracts or compacts to directly administer health programs that would otherwise be administered by IHS. The amount of the IHS budget that is administered through these contracts and compacts has grown over time, with over 60 percent of IHS funding currently administered directly by tribes. Tribes design and manage the delivery of individual and community health services through 22 hospitals, 319 health centers, 552 ambulatory clinics, 79 health stations, 146 Alaska village clinics, and 8 school health centers across Indian Country. The budget continues this strong commitment to supporting tribes as they determine the best approach to providing healthcare services in their individual communities.

ADVANCING HEALTH EQUITY BY PROVIDING HIGH-QUALITY CARE IN INDIAN COUNTRY

Historical trauma and chronic underinvestment significantly contributed to the perpetuation of health disparities in Indian Country. These stark inequities illustrate the urgent need for investments to improve the health status and quality of life of AI/ANs. In FY 2023, the budget includes $6.3 billion in the Services account, an increase of $1.6 billion above FY 2022 enacted. These increases will expand access to programs that provide essential health services and community-based disease prevention and promotion in tribal communities. This funding will support additional direct patient care services across the IHS system, including inpatient, outpatient, ambulatory care, dental care, and medical support services, such as laboratory, pharmacy, nutrition, behavioral health services, and physical therapy.

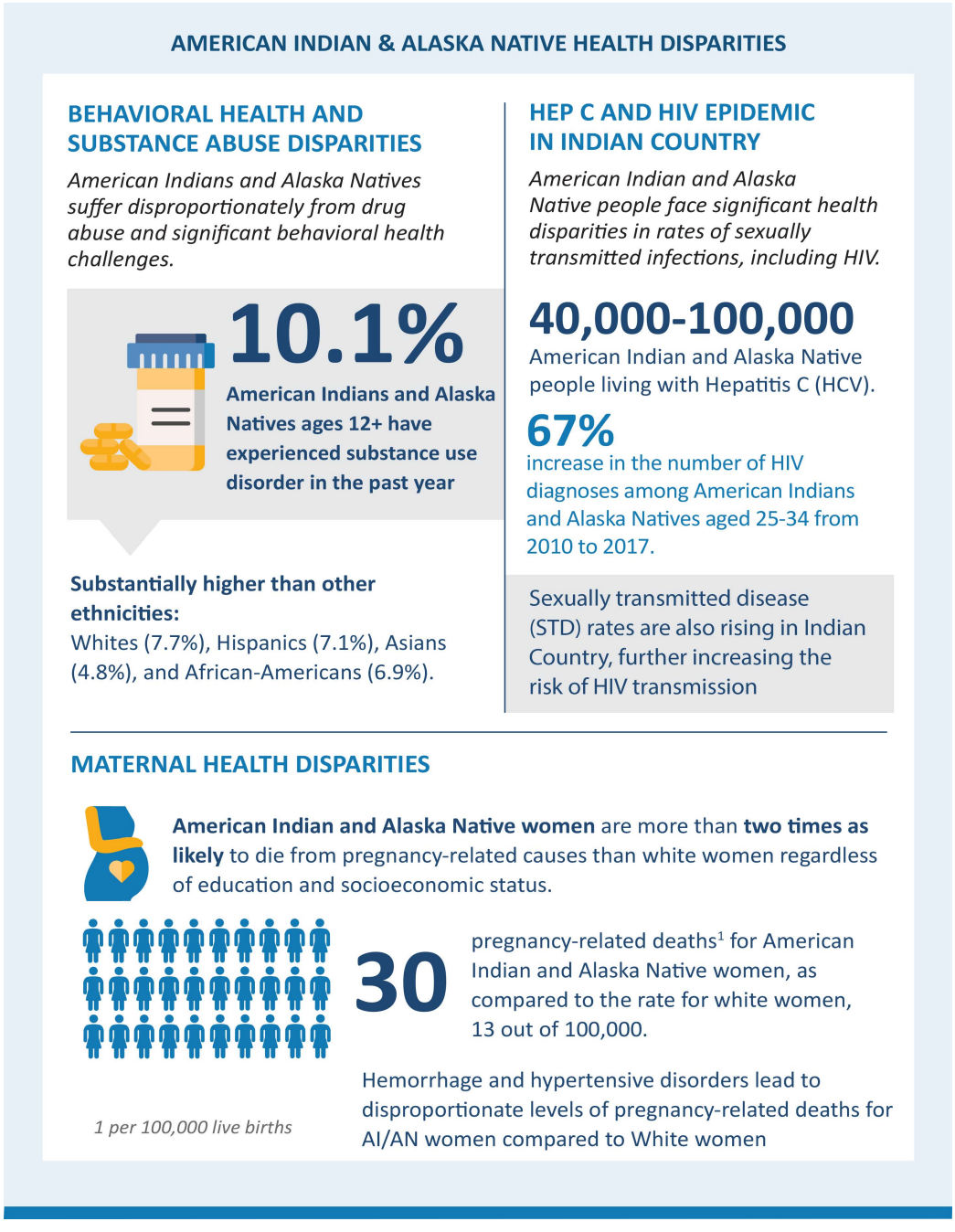
Addressing Targeted Health Challenges

In FY 2023, the budget also includes targeted investments in IHS as part of HHS initiatives to address our Nation's most pressing public health challenges, which disproportionately impact AI/AN communities. This includes HIV and Hepatitis C, maternal mortality and morbidity, and opioid use.

- *Ending HIV and Hepatitis C in Indian Country ($52 million):* Provides $47 million above FY 2022 enacted to enhance access to HIV testing, promote linkages to care, provide treatment, and reduce the spread of HIV

through the prescribing of pre-exposure prophylaxis (PrEP). Funds will also support enhanced surveillance and data infrastructure to better track HIV, Hepatitis C, and sexually transmitted diseases through Tribal Epidemiology Centers.

- *Addressing Opioid Use ($20 million):* Provides $9 million above FY 2022 enacted to enhance existing activities to provide prevention, treatment, and recovery services to address the impact of opioid use in AI/AN communities. This includes activities to increase knowledge and use of culturally appropriate interventions and encourage the use of medication-assisted treatment.
- *Improving Maternal Health ($10 million):* Provides $4 million above FY 2022 enacted to improve maternal health in AI/AN communities. Funding supports preventive, perinatal, and postpartum care; addresses the needs of pregnant women with opioid or substance use disorder; and advances the quality of services provided to improve health outcomes and reduce maternal morbidity.



Staffing for New and Expanded Facilities

In FY 2023, the budget fully funds staffing and operating costs for eight newly constructed or expanded healthcare facilities including: Naytahwaush Health Center in Naytahwaush, Minnesota; Northeast Ambulatory Care Center (Salt River) in Scottsdale, Arizona; Phoenix Indian Medical Center in Phoenix, Arizona; Ysleta Del Sur Health Center in El Paso, Texas; Alternative Rural Health Center in Dilkon, Arizona; Elbowoods Memorial Health Center in New Town, North Dakota; North Star Health Clinic in Seward, Alaska; and Rapid City Health Center in Rapid City, South Dakota. These investments will expand access to healthcare services in local communities where existing capacity is overextended. Four of these projects are part of the highly successful Joint Venture Construction Program, where tribes fund construction of a new or replacement facility, and IHS works with Congress to fund staffing and operating costs.

Closing Documented Funding Gaps for Direct Healthcare Services

Over the 10-year budget window, the Services account grows to $34.2 billion, an increase of $29.5 billion above FY 2022 enacted. In addition to accounting for inflationary factors, this funding would address the funding gap for direct healthcare services documented in the FY 2018 Indian Health Care Improvement Fund Workgroup's Level of Need Funded analysis[8]. The fund is authorized in the Indian Health Care Improvement Act to eliminate deficiencies in the health status and resources of all Indian Tribes, eliminate backlogs in healthcare services provided to AI/ANs, meet the needs of AI/ANs in an efficient and equitable manner, eliminate inequities in funding for both direct care and Purchased/Referred Care programs, and augment health services where deficiencies are highest. In FY 2018, an IHS workgroup comprised of both federal and tribal representatives was convened to evaluate the fund's formula and propose potential revisions to the formula. As part of this process, the workgroup documented an estimated $16.2 billion funding need in 2018 for direct healthcare services in comparison to a benchmark of national health expenditures. In FY 2018, the IHS received $4.9 billion in resources for direct health care services. This leaves a funding deficiency of $11.2 billion.

The budget proposes to address this documented gap over 5 years, from FY 2024 to FY 2028. These funding increases would be distributed across the IHS funding lines that provide direct healthcare services, including: Hospitals and Health Clinics, Purchased/Referred Care, Dental Health, Mental Health, Alcohol and Substance Abuse, Indian Health Care Improvement Fund, Public Health Nursing, Health Education, Community Health Representatives, and Urban Indian Health. This approach ensures a broad benefit of this increased funding for all tribes, while also seeking to address funding disparities within the Indian Health system.

Health Information Technology Modernization

The IHS Health Information Technology infrastructure supports the delivery of quality healthcare to 2.7 million AI/AN people. The Electronic Health Record is an essential tool for the provision of clinical care, administrative functions of hospitals and health clinics, and third-party billing for reimbursements that are foundational to the operating budgets of many health facilities. IHS requires a secure, certified system to improve healthcare delivery and quality, enhance access to care, reduce medical errors, enhance data collection and tracking, and improve health outcomes in Indian Country.

The current IHS Electronic Health Record (EHR), the Resource and Patient Management System (RPMS), is over 50 years old, and the Government Accountability Office identified it as one of the 10 most critical federal legacy systems in need of modernization. IHS relies on its EHR for all aspects of patient care–from the patient record to prescriptions, and care referrals to billing public and private insurance for reimbursable healthcare services. In 2017, the Department of Veterans Affairs announced it will phase out an underlying system that IHS uses to operate RPMS. Over the coming years, IHS must modernize its Health Information Technology infrastructure, including its EHR, to an innovative and practical solution that meets the needs of IHS, Tribal, and Urban facilities and patients.

The budget invests an additional $6 billion from FY 2024 to FY 2028 to complete the transition to an improved and modernized EHR system. This substantial investment demonstrates the mission-critical nature of this effort, which will have a meaningful and lasting impact on the health of AI/AN people. This additional funding will support the following activities, which are vital to the success of the Health IT Modernization initiative:

[8] Indian Health Care Improvement Fund Workgroup Interim Report

- Continued efforts to stabilize the aging system while Electronic Health Record modernization is underway;
- Procurement of a solution and initial build activities for the Electronic Health Record environment;
- Initial site transition planning;
- Work to ensure interoperability with partners;
- Efforts to centralize immunization information and exchange data with state immunization and public health systems; and
- Completing individual site transitions to move to the new system and address the individualized needs of each healthcare delivery site.

ADDRESSING INFRASTRUCTURE NEEDS IN INDIAN COUNTRY

IHS manages a comprehensive facilities and environmental health portfolio, including programs that support the planning and construction of healthcare facilities, sanitation facilities construction, engineering services, and facilities operations. The facilities programs improve access to medical care and promote collaboration and partnership between tribes and IHS.

Outdated facilities can pose challenges in providing patient care, recruiting and retaining staff, and meeting accreditation standards. IHS hospitals are 40 years old on average, which is almost four times the age of the average hospital in the United States. The operational challenges posed by outdated infrastructure were acutely highlighted during the COVID-19 pandemic, when additional renovations and maintenance were necessary for many IHS and Tribal Facilities to mount an appropriate response. Infrastructure improvements continue to be an urgent need across the Indian health system. This includes significant backlogs in healthcare facilities construction, sanitation facilities construction, maintenance and improvement of IHS and Tribal facilities, and medical equipment.

The budget provides $1.6 billion for Facilities programs in FY 2023—an increase of $627 million above FY 2022 enacted—to support projects on the Healthcare Facilities Construction Priority List, fund sanitation construction projects, purchase medical equipment, support maintenance and improvement of health facilities, and support the Facilities and Environmental Health Support program.

Over the 10-year budget window, the Facilities account grows to $4.7 billion, an increase of $3.7 billion above FY 2022 enacted. Over this period, the budget provides additional funding to complete the projects on the Healthcare Facilities Construction Priority List and to address existing projects on the Sanitation Deficiency System, maintenance and improvement of IHS and tribal facilities, and the maintenance and replacement of medical equipment for IHS and Tribal Health Programs.

Healthcare Facilities Construction

The Healthcare Facilities Construction Priority List, developed in 1993 by IHS in consultation with tribes, governs new and replacement facilities construction. The 2010 reauthorization of the Indian Health Care Improvement Act incorporated the Priority List in statute.

The additional funding provided in the budget will support the completion of the remaining projects on the Priority List, including: Phoenix Indian Medical Center in Phoenix, Arizona; Whiteriver Hospital in White River, AZ; Gallup Indian Medical Center in Gallup, New Mexico; and outpatient facilities in Bodaway Gap, Arizona, Albuquerque, New Mexico, and Sells, Arizona. Completing this almost 30-year-old list will enable IHS to begin addressing critical facilities

needs across Indian Country that are beyond the scope captured in the Priority List.

Pictured: Front entry construction of the Dilkon Alternative Rural Health Center in Dilkon, AZ. The center, serving the Navajo Nation, consists of over 30 departments and 600 rooms and offers emergency and diagnostic services. The facility was completed in February 2022.

CONTRACT SUPPORT COSTS

Contract Support Costs are the necessary and reasonable costs associated with administering the contracts and compacts through which tribes assume direct responsibility for IHS programs and services. These are costs for activities the tribe must carry out to ensure compliance with the contract but are normally not carried out by IHS in its direct operation of the program. The budget proposes to fully fund Contract Support Costs at an estimated $1.1 billion through an indefinite mandatory appropriation to support these costs in FY 2023. The indefinite mandatory appropriation grows with inflation and is maintained across the 10-year budget window to ensure Contract Support Costs continue to be fully funded each year.

PAYMENTS FOR TRIBAL LEASES

The Indian Self-Determination and Education Assistance Act requires compensation for reasonable operating costs associated with facilities leased or owned by tribes and tribal organizations to carry out health programs under the Act. In FY 2023, the budget proposes to fully fund section 105*(l)* leases, or tribal leases, at an estimated $150 million through an indefinite mandatory appropriation. The indefinite mandatory appropriation grows with inflation and is maintained across the 10-year budget window to ensure section 105(*l*) leases continue to be fully funded each year.

Centers for Disease Control and Prevention

The following tables are in millions of dollars.

CDC Programs[1]	2021[2]	2022[3]	2023	2023 +/- 2022
Immunization and Respiratory Diseases	820	868	1,251	+383
Prevention and Public Health Fund (non-add)	*372*	*419*	*419*	--
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infection and Tuberculosis Prevention	1,310	1,345	1,471	+126
Emerging and Zoonotic Infectious Diseases	646	693	703	+10
Prevention and Public Health Fund (non-add)	*52*	*52*	*52*	--
Chronic Disease and Health Promotion	1,274	1,339	1,612	+274
Prevention and Public Health Fund (non-add)	*255*	*255*	*255*	--
Birth Defects, Developmental Disabilities, Disabilities & Health	167	177	195	+18
Environmental Health	222	228	402	+174
Prevention and Public Health Fund (non-add)	*17*	*17*	*17*	--
Public Health Service Evaluation Funds (non-add)	--	--	*7*	*+7*
Injury Prevention and Control	681	715	1,283	+568
Public Health and Scientific Services	590	652	799	+147
Public Health Service Evaluation Funds (non-add)	--	--	*144*	*+144*
Occupational Safety and Health	343	352	345	-7
Global Health	591	647	748	+101
Public Health Preparedness and Response	840	862	842	-20
Buildings and Facilities	30	30	55	+25
Crosscutting Activities and Program Support	284	494	969	+475
Prevention and Public Health Fund (non-add)	*160*	*160*	*160*	--
Agency for Toxic Substances and Disease Registry (ATSDR)	78	81	85	+5
Total Program Level	**12,286**	**14,732**	**47,470**	**+32,739**

CDC Budget Totals	2021[1,2]	2022[3]	2023	2023 +/- 2022
Total Program Level	**12,286**	**14,732**	**47,470**	**+32,739**
Less Funds from Other Sources				
Vaccines for Children[4]	3,806	5,555	5,859	+304
Vaccines for Adults – Proposed Law Mandatory[4]	--	--	2,088	+2,088
Pandemic Preparedness – Proposed Law Mandatory[4]	--	--	28,000	+28,000
World Trade Center Health Program[4]	551	641	710	+68
Public Health Service Evaluation Funds	--	--	151	+151
Prevention and Public Health Fund	856	903	903	--
Energy Employee Occupational Illness Compensation Program[5]	51	51	51	--
User Fees	2	2	2	--
Total Budget Authority (including ATSDR)	**7,020**	**7,579**	**9,706**	**+2,127**
Full-Time Equivalents (including ATSDR)	12,235	12,633	13,389	+756

[1] This table reflects totals by budget activity. The FY 2023 budget proposes a single "CDC-Wide Activities and Program Support" Treasury account structure.

[2] The FY 2021 column reflects final levels, including required and permissive transfers, but does not include $20 billion in COVID-19 supplemental resources.

[3] The FY 2022 column reflects enacted levels but does not include $29.5 million in Afghanistan supplemental resources.

[4] Reflects estimates for mandatory programs. FY 2023 estimate for Vaccines for Children reflects estimate under proposed law to expand VFC to include CHIP. World Trade Center Health Program funds reflect Federal share only.

[5] Reflects post-sequester amounts.

The Centers for Disease Control and Prevention (CDC) works 24/7 to protect America from health, safety, and security threats, both foreign and in the United States. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.

CDC increases the health security of our nation. As the nation's health protection agency, CDC saves lives and protects people from health threats. To accomplish its mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats and responds when these arise.

The Centers for Disease Control and Prevention (CDC) is the nation's health protection agency. The CDC works 24/7 to prevent and protect against public health threats domestic and abroad. CDC plays a key role in detecting and responding to new and emerging health threats, putting science into action to prevent disease, promoting healthy and safe behaviors, communities and environments, and developing and training a robust public health workforce.

The Fiscal Year (FY) 2023 President's Budget includes $47.5 billion in total mandatory and discretionary funding for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). This total includes $9.9 billion in discretionary funding, $903 million from the Prevention and Public Health Fund, and $36.7 billion in current and proposed mandatory funding. This includes new proposed mandatory funding to establish a Vaccines for Adults program and mandatory funding to support President Biden's plan to transform U.S. capabilities to prepare for and respond rapidly and effectively to future pandemics and other high consequence biological threats.

The FY 2023 budget prioritizes investments and policies to enhance public health capacity and infrastructure at the state, local, and federal levels and to ensure that necessary legislative authorities and flexibilities are in place to allow CDC to effectively and efficiently address known and emerging public health threats. In particular, the FY 2023 budget prioritizes investments that will modernize public health data collection, increase capacity to forecast and analyze future outbreaks, and operationalize lessons learned from the COVID-19 response.

Additionally, the budget invests in a range of CDC programs to advance health equity and healthy environments, including maternal health, viral hepatitis, sickle cell disease, youth mental health and well-being, suicide prevention, and childhood lead poisoning prevention. In addition, the budget includes robust investments to address violence and climate change, two significant public health issues that jeopardize the health and wellbeing of the nation. To continue to address gun violence as a public health epidemic, the budget also invests in community violence intervention and firearm safety research.

Building on the investments in the American Rescue Plan Act of 2021, CDC will support core public health capacity improvements in states and territories, modernize public health data collection nationwide, train new epidemiologists and other public health experts, and build international capacity to detect, prepare for, and respond to emerging global threats.

MODERNIZING BUDGET STRUCTURE AND AUTHORITIES FOR EMERGENCY RESPONSE AND PREPAREDNESS

The FY 2023 budget proposes to enhance preparedness capacity and CDC's response to public health emergencies, as well as modernize CDC's budget structure. The budget includes several legislative authorities which would allow CDC to more effectively and efficiently prepare for and respond to public health emergencies. This includes additional authorities to: recruit and retain public health professionals more effectively, limit caps on overtime pay for employees working on emergency and response operations, provide danger pay to employees serving in an environment that may result in physical harm or risk to health and wellbeing, and to provide CDC with additional flexibility to enter into financial transactions other than contracts, grants, and cooperative agreements when the HHS Secretary has declared a public health emergency or determined there is a significant potential for an emergency.

As an agency with public health emergency response as a core part of its mission, CDC's current budget structure with 13 separate Treasury accounts is not flexible enough to enable a "whole of agency" response to a national public health emergency. The account structure proposal in FY 2023 would reduce CDC's 13 separate Treasury accounts into one "CDC-Wide Activities and Program Support" account,

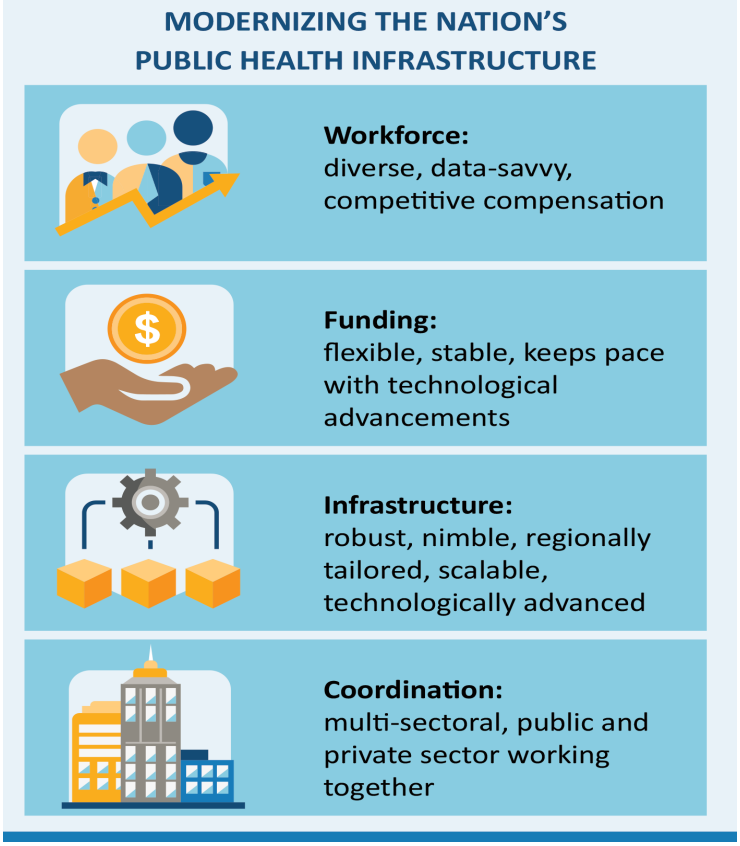
enabling the agency to more efficiently bring its resources to bear to address a crisis. This would provide flexibility to deploy staff more efficiently to CDC's response activities and appropriately cover associated salaries, while retaining accountability for specific programs, projects, and activities.

CROSSCUTTING CDC-WIDE ACTIVITIES

To complement program or disease specific investments, CDC leverages critical crosscutting resources to effectively implement, manage, and provide oversight of federal funding appropriated to CDC. The FY 2023 budget includes $969 million in crosscutting funding, of which $600 million will support flexible public health infrastructure and capacity investments within states, territories, localities, and at CDC, and $50 million will sustain investments in the Center for Forecasting and Outbreak Analytics, which was established with American Rescue Plan Act of 2021 (ARP) supplemental resources. The FY 2023 budget also includes $124 million for leadership, communication, and public health innovation, which includes an increase of $10 million above FY 2022 enacted, and is the first request for increased funding for this activity in over a decade.

Public Health Capacity and Infrastructure

The COVID-19 pandemic has revealed long-standing vulnerabilities in the nation's public health system. Public health officials in many jurisdictions have described how the lack of sufficient funding and capacity prior to the pandemic left jurisdictions poorly prepared to conduct basic public health functions required to address such a rapidly moving, deadly disease. CDC is committed to building a responsive, highly coordinated, strategic, and predictive public health system. The FY 2023 budget includes $600 million in flexible funding to support core public health capacity investments at all levels of government. These investments will enhance capacity to surge for local, state, regional, or national emergencies, conduct long-term public health planning, and expand or create new evidence-based approaches. Investing in public health infrastructure will enable health departments to address the challenges of today and be better prepared to address the public health challenges of tomorrow.



Center for Forecasting and Outbreak Analytics

President Biden's National Security Memorandum-1 called for the establishment of a national capability that would support the US government and partners with advanced analytics, disease modeling, and outbreak analytics. The American Rescue Plan Act of 2021 (ARP) provided initial funding to establish the Center for Forecasting and Outbreak Analytics (CFA) at CDC. With this investment, CDC has begun developing this critical interagency capability, and is already providing insights to inform the CDC and United States Government response on issues such as the wave of Omicron infections in late 2021. The FY 2023 budget includes $50 million in dedicated funding which would allow CDC to sustain the CFA in FY 2023. This funding is critical to maintain CFA's functionality for COVID-19 and other pandemic or epidemic threats.

IMMUNIZATION AND RESPIRATORY DISEASES

The existing immunization infrastructure at federal, state, and local levels plays a critical role in limiting and preventing the spread of infectious disease. COVID-19 highlighted the importance of a robust and adaptable immunization infrastructure as a key component of outbreak response and recovery.

The FY 2023 budget proposes significant investments in the discretionary Section 317 Immunization program, as well as legislative changes to expand the Vaccines for Children program and to establish a new mandatory Vaccines for Adults program.

In addition to an estimated $5.9 billion in mandatory resources for the Vaccines for Children program under proposed law, and an estimated $2.1 billion in mandatory resources for the new Vaccines for Adults program under proposed law, the FY 2023 budget includes $1.3 billion, an increase of $383 million above FY 2022 enacted, in discretionary resources for Immunization and Respiratory Diseases. This includes $994 million for the discretionary Section 317 Immunization program, which will help transition to a sustainable program to support COVID-19 vaccination in the future, continue research related to long COVID-19 conditions, and enhance support in the human papilloma virus (HPV) vaccination efforts in alignment with the Administration's Cancer Moonshot Initiative priorities. Within the discretionary total, the FY 2023 budget also includes $251 million to enhance support for CDC's influenza program, with a focus on increased surveillance of novel influenza viruses.

Vaccines for Children

Vaccines for Children is an entitlement program, funded through Medicaid and implemented by CDC, that provides Advisory Committee on Immunization Practices-recommended vaccines at no cost to uninsured or underinsured children. These public health agencies distribute vaccines to providers who participate in the program. The impact and success of childhood vaccination, due in large part to the Vaccines for Children program, is measurable and well-documented. For instance, CDC estimates childhood vaccination prevented over 400 million illnesses, more than 26 million hospitalizations, and 930,000 deaths among children born between 1994 and 2018. The FY 2023 budget proposes to leverage the success of the Vaccines for Children infrastructure by expanding the program to include all children under age 19 enrolled in Children's Health Insurance Program and make program improvements, such as updating the provider administration fee structure to increase provider capacity and eliminating cost-sharing for eligible children.

PANDEMIC PREPAREDNESS

Tackling the pandemic remains a key focus for the FY 2023 budget, which includes key investments across HHS and within CDC for pandemic response as well as for preparing for the future.

Pandemic Preparedness Plan

The FY 2023 budget includes an effort totaling $81.7 billion in mandatory funding, available over five years across the Office of the Assistant Secretary for Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Food and Drug Administration (FDA) to support the Administration's plan to transform U.S. capabilities to prepare for and respond rapidly and effectively to future pandemics and other high consequence biological threats. Within this total, the FY 2023 budget requests $28 billion in mandatory funding for CDC to invest in the public health system infrastructure, support international capabilities for vaccine preparedness and medical countermeasure development, enhance domestic and global disease surveillance, expand laboratory capacity, further develop a robust public health workforce, and strengthen public health data systems. The CDC-specific investments will help transform our medical defenses, ensure early warning and situational awareness, strengthen public health systems, and build core capabilities—all which will transform America's pandemic preparedness while having major benefits for public health in general.

Increased Access to Vaccines

The budget establishes a new, mandatory Vaccines for Adults program, which will provide uninsured adults with access to all vaccines recommended by the Advisory Committee on Immunization Practices at no cost. As a complement to the successful Vaccines for Children program, the Vaccines For Adults program will reduce disparities in vaccine coverage and promote infrastructure for broad access to routine and outbreak vaccines. The budget would also expand the children's program to include all children under age 19 enrolled in CHIP.

HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED INFECTIONS AND TUBERCULOSIS PREVENTION

CDC envisions a future free of Human Immunodeficiency Virus (HIV), viral hepatitis, sexually transmitted infections, and tuberculosis. In working

toward that future, CDC prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest reduction in the incidence of these conditions—all of which have significant personal, societal, and economic costs for all Americans and an even greater cost for certain groups.

The FY 2023 budget includes $1.5 billion, an increase of $126 million above FY 2022 enacted, for CDC's efforts to support state, tribal, local, and territorial health departments' responses to infectious disease outbreaks, with a focus on comprehensive, evidence-based approaches to prevent the spread of infection.

Ending the HIV Epidemic in the United States

Through the Ending the HIV Epidemic initiative, CDC works to reduce new HIV infections and advance health equity by reaching disproportionately affected populations, including gay and bisexual men of color, transgender and cisgender Black/African American women, and people who inject drugs. The budget provides $1.1 billion for CDC's domestic HIV/AIDS surveillance and prevention efforts, which includes $310 million, an increase of $115 million above FY 2022 enacted, to continue to advance HHS's efforts to end the HIV/AIDS epidemic in 48 counties, the District of Columbia, and San Juan, Puerto Rico, which together account for more than 50 percent of new HIV diagnoses, and seven states that have a substantial rural HIV burden with additional expertise, technology, and resources. In FY 2023, the CDC will expand innovations, implement approaches that integrate health equity into the entire HIV prevention portfolio, test innovative service delivery models designed to increase access to prevention services, and strengthen engagement of community-based organizations in implementing the Ending the HIV Epidemic initiative.

These investments will result in approximately 16,000 new diagnoses being identified, 13,000 people re-linked to healthcare, 15,000 people enrolled in pre-exposure prophylaxis (PrEP) services and treatment, and investigation of and response to 100 HIV clusters or outbreaks. Health equity is central to addressing the HIV epidemic, and CDC is embracing innovative strategies to increase access to HIV prevention services, enhance community engagement, and combat stigma. The FY 2023 budget investments will help fulfill the National HIV/AIDS Strategy (2022-2025) commitment to a 75 percent reduction in HIV infection by 2025.

EMERGING AND ZOONOTIC INFECTIOUS DISEASES

CDC's National Center for Emerging and Zoonotic Infectious Diseases works to protect people at home and around the world from infectious disease outbreaks and public health threats. These threats include foodborne, waterborne, and fungal infections, biothreats like anthrax, and infections like rabies and Lyme disease that spread between people, animals, and insects. CDC also provides expertise, guidance, and resources to support travelers abroad and domestically.

The FY 2023 budget includes $703 million for CDC's emerging and zoonotic infectious diseases activities and prioritizes funding to address the ongoing risk of antibiotic resistant bacteria, as described previously, as well as expanded and modernized public health and migration systems to protect the United States during future international outbreaks and pandemics.

PUBLIC HEALTH SCIENTIFIC SERVICES

The FY 2023 budget includes $799 million for CDC to lead, promote, and facilitate scientific standards and policies. This includes providing leadership and training to create an impactful public health workforce, maintaining and transforming public health surveillance systems and infrastructure and ensuring readily available access to information that public health professionals need to inform policy and action.

Specifically, the National Center for Health Statistics produces official health statistics for the nation and provides critical evidence to inform policies, monitor programs, track progress, and measure change. The budget includes $182 million, which will allow CDC to enhance critical data collection activities. Additional funding in FY 2023 will be used to expand the sample size of the National Health Interview Survey to allow for disaggregated estimates and intersectional analyses of healthcare access, chronic disease conditions, and mental health status by race, ethnicity, sexual orientation, and gender identity.

Public Health Data Modernization Initiative

Investments in CDC's Public Health Data Modernization Initiative in FY 2020 and FY 2021 have enabled CDC to take the first steps to strengthen the public health data and surveillance infrastructure of the United States. To date, CDC's ongoing efforts have laid the groundwork for a sustainable strategy to advance data science, build robust public-private partnerships to support

health information exchange, and to modernize data systems at state, local, tribal, and territorial public health agencies and at the CDC. Building on investments to date, the FY 2023 budget includes $200 million to prioritize funding to transform how public health data is collected and used to move toward an integrated data ecosystem where information can more easily flow in real-time between public health agencies, the healthcare system, and the CDC. CDC's Roadmap of Activities and Expected Outcomes guides all current and future investments in data modernization, and outlines how CDC and its partners will coordinate and collaborate to ensure that high quality data is available when and where it is needed.

INJURY PREVENTION AND CONTROL

Violence is a serious and growing problem in the United States affecting people in all stages of life. Furthermore, injuries and violence are leading causes of death for children and adults ages 1-45 in the United States. Many survivors of violence suffer physical, mental, and/or emotional health problems throughout their lives. Preventing violence and injuries uses the same public health methods used to prevent disease: carefully defining the problem through data, studying factors that increase or decrease risk, designing and evaluating interventions that target these risk factors, and taking steps to ensure that proven strategies are implemented in communities nationwide. CDC is committed to reducing health disparities, achieving health equity, addressing the epidemic of systemic racism as it relates to injury and violence, and fostering a diverse injury and violence prevention workforce to ensure all people can achieve lifelong health and wellbeing. CDC's goal is to keep people safe where they live, work, play, and learn.

The FY 2023 budget includes $1.3 billion, an increase of $568 million above FY 2022 enacted, for injury prevention and control programs. This funding level supports investments that will allow CDC to advance efforts to reduce all forms of violence—including community violence, gun violence, intimate partner violence, gender-based violence, and sexual violence. Specifically, the FY 2023 budget provides an additional $5 million above FY 2022 enacted for domestic violence community projects, allowing to CDC to expand the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program, $45 million above FY 2022 enacted for rape prevention education, and $10 million above FY 2022 enacted for the National Violent Death Reporting System. In addition, the FY 2023 budget prioritizes and increases investments in CDC's suicide prevention program, which focuses on early intervention, and expands support for states to improve surveillance and research to prevent Adverse Childhood Experiences.

Community and Youth Violence Prevention

The FY 2023 budget includes $265 million, of which $250 million is dedicated to continuing the Community Violence Intervention Initiative. These funds will support the implementation and monitoring of proven, evidence-based strategies to address community violence, including strategies in hospital settings, by state and local health departments. This increase also supports additional awards to further build the evidence base for prevention violence in communities experiencing the greatest burden, and to reduce the racial, ethnic, and economic inequities that characterize such violence across the United States. CDC also funds five National Centers of Excellence in Youth Violence Prevention, or Youth Violence Prevention Centers. Each center is an academic-community collaboration to advance the science and practice of youth violence prevention research. Through local partnerships, the CDC centers of excellence develop, implement, and rigorously evaluate innovative strategies to prevent violence and

create safer, healthier family and community environments for youth.

Firearm Injury and Mortality Prevention Research

Firearm injuries are a serious public health problem. In 2020, there were 45,222 firearm-related deaths in the United States—roughly 124 people dying from a firearm-related injury each day. Firearm injuries affect people in all stages of life, though some groups have higher rates of firearm injury than others:

- Males account for 86 percent of all victims of firearm deaths,
- Firearm homicide rates are highest among teens and young adults 15-34 years of age, and
- Firearm suicide rates are highest among adults 75 years of age and older and among American Indian/Alaska Native and non-Hispanic white populations.

The FY 2023 budget includes $35 million, an increase of $23 million above FY 2022 enacted, to continue funding research to identify the most effective ways to prevent firearm related injuries and deaths. CDC will also build upon the findings from currently funded firearm research projects and begin implementation of evidence informed strategies through a new grant program focused on preventing firearm injuries and deaths in high-risk urban and rural communities. CDC will directly fund state and local health departments, government agencies, and/or community-based organizations to implement a menu of evidence-based, evidence-informed, and innovative strategies to prevent firearm-related injuries and deaths.

Addressing the Drug Overdose Epidemic in America

The drug overdose epidemic continues to evolve and is becoming more complex through an increasing range of drugs, such as synthetic opioids (e.g., illicitly manufactured fentanyl) and stimulants, and an increase in polysubstance use. In 2020, over 93,000 drug overdose deaths occurred in the United States, up from 70,630 in 2019 and exacerbated by the COVID-19 pandemic. Combatting the current overdose epidemic remains a priority for CDC and its drug overdose prevention work encompasses four foundational pillars (surveillance and research, building state, local, and tribal capacity, supporting providers, health systems, and payers, and partnering with public safety), all of which align with the Office of National Drug Control Policy drug control strategy. These activities are implemented within a framework centering on health equity, reducing stigma, and improving linkage to care and treatment.

The FY 2023 budget invests $713 million, an increase of $223 million above FY 2022 enacted, for CDC's opioid overdose prevention and surveillance. CDC will continue local investments and innovation to reach approximately 25 of the nation's largest cities/counties and 40 smaller communities heavily impacted by the overdose crisis, while continuing to support all 50 states, territories, and local jurisdictions to track and prevent overdose deaths.

Adverse Childhood Experiences

Adverse Childhood Experiences are childhood traumas that include experiences such as exposure to violence, abuse, and neglect and household challenges like parental incarceration or mental illness. Other examples of adverse childhood experiences include bullying, experiencing racism, or the death of a parent. Historical and ongoing traumas due to systemic racism and structural inequities, such as discrimination, multigenerational poverty, as well as limited educational and economic opportunities, intersect with, and amplify the experience of, other adverse experiences, leading to disproportionate effects in certain populations. Preventing adverse childhood experiences can help create neighborhoods and communities where every child thrives. The FY 2023 budget includes $15 million, an increase of $8 million above FY 2022 enacted, to further support states to improve surveillance and research for the prevention of adverse childhood experiences.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) was established to improve the health and well-being of populations across the lifespan, including those that have been disproportionately impacted in the United States, and advance the science to support those that have been historically marginalized. CDC's birth defects, developmental disabilities, blood disorders and disabilities, and health programs promote optimal health across the lifespan among populations that have been historically marginalized by advancing leadership, programs, research, tools, and surveillance into action. CDC identifies health inequities among individuals living with birth defects, disabilities, and infant disorders by 1) linking birth defects and other data, such as critical congenital heart defect newborn screening data to determine the method and timing of

detection and disparities in timing of diagnosis, 2) improving access to timely screenings and quality healthcare for children with developmental disabilities and hearing impairments, 3) expanding surveillance and strengthening reporting of disability status and gender identity for persons with bleeding disorders, and 4) preventing secondary conditions for individuals with disabilities. CDC is working toward a day when every child is born with the best health possible. The FY 2023 budget includes $195 million, an increase of $18 million above FY 2022 enacted, to prevent birth defects and developmental disabilities. The increase also includes $2 million in additional funding above FY 2022 enacted for Sickle cell disease research.

Emerging Threats to Mothers and Babies

Within the overall increase, the FY 2023 budget includes $35 million, which is $22 million above FY 2022 enacted, to expand activities to protect mothers and babies from emerging threats. The *Surveillance for Emerging Threats to Mothers and Babies* (SET-NET) initiative, launched in FY 2019, currently supports 31 health departments to monitor and determine the impact of serious threats, such as COVID-19, hepatitis C, Zika virus, and syphilis, by collecting data from pregnancy through childhood. The data that are collected are then used to inform clinical decision-making and public health action. This system also aims to track birth defects, developmental problems, and other disabilities. Findings help CDC monitor and improve the health of mothers and babies, link families to medical and social services to get recommended care, strengthen laboratory and clinical testing to find emerging health threats quickly.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Chronic diseases are the leading causes of death and disability, and a major driver of healthcare costs in the United States. Over half of adults have a chronic disease and four in 10 adults have two or more chronic diseases. CDC's chronic disease prevention and health promotion programs produce lasting change to address these costly conditions. Although chronic diseases affect all populations, disease rates are influenced by socioeconomic factors including race, ethnicity, education, and income level.

REIGNITING THE CANCER MOONSHOT

Cancer Moonshot Initiative is a bold effort to accelerate progress in cancer research and aims to make more therapies available to more patients. In the years since the Cancer Moonshot was launched, remarkable progress and scientific accomplishments have been made.

To support the goals of the Cancer Moonshot Initiative, the FY 2023 budget includes additional funding within CDC. This funding will support dedicated increases across a range of CDC's cancer prevention-related programs, including: National Breast and Cervical Cancer Early Detection Program, Colorectal Cancer Control Program, National Program of Cancer Registries, the National Comprehensive Cancer Control Program, the Bring Your Brave campaign, the Inside Knowledge: About Gynecological Cancer campaign, Cancer Survivorship, prostate cancer, skin cancer, HPV vaccination, tobacco prevention, analysis of cancer clusters, and laboratory and environmental health activities.

The FY 2023 budget includes $1.6 billion—an increase of $274 million above FY 2022 enacted— for chronic disease prevention and health promotion programs to continue efforts to prevent and reduce chronic diseases, conditions, and associated risk factors; promote health; and eliminate health disparities. The budget prioritizes investments to support maternal health, to promote healthy school environments, and to strengthen investments in cancer prevention programs in support of the Administration's Cancer Moonshot Initiative goals.

Improving Maternal Health

The FY 2023 budget includes $164 million, an increase of $81 million above FY 2022 enacted, to make robust investments in maternal health. This includes additional funding for Maternal Mortality Review Committees to promote representative community engagement and Enhancing Reviews and Surveillance to Eliminate Maternal Mortality to further expanding support for all states and territories and increasing support for Tribes. Additional funding will also be directed to expand Perinatal Quality Collaboratives to every state and support community engagement in maternal mortality prevention. This increase will also support the Pregnancy Risk Assessment Monitoring

System to test and implement alternate approaches to data collection to increase response rates, particularly among underrepresented communities. The FY 2023 budget includes an expansion of CDC's *Hear Her* campaign to raise awareness of critical warning signs during and after pregnancy and to improve communication between patients and their healthcare providers, as well as tools to help states develop coordinated regional systems to help ensure that those at high risk of complications receive care at a birth facility that is best prepared to meet their health needs.

ENVIRONMENTAL HEALTH

Health is inextricably linked to the environment, and safe and healthy environments promote healthier people and communities. CDC helps protect Americans from environmental hazards, addressing environmental factors that could otherwise pose health risks, and working to ensure the safety of the air they breathe, the water they drink, the food they eat, the soil in which they grow their food, and the environment in which they live, work, and play. CDC is committed to protecting the health and wellbeing of populations who are especially vulnerable to environmental health threats, including children, older adults, racial and ethnic minority groups, people with lower incomes, and people with disabilities.

The FY 2023 budget includes $402 million, an increase of $174 million above FY 2022 enacted, to support CDC's environmental health activities. This increase will allow CDC to strengthen environmental programs and support CDC's efforts around Climate and Health and the Childhood Lead Poisoning Prevention Program. In addition, the budget will support the Administration's Cancer Moonshot Initiative, with a focus on enhanced study of cancer clusters and understanding of human health and exposure to hazardous substances and pathways by which exposures may cause or contribute to development of different cancers.

Childhood Lead Poisoning Prevention Program

The budget increases funding for the Childhood Lead Poisoning Prevention Program by $49 million above FY 2022 enacted, for a total of $90 million. In FY 2023, CDC will continue to support childhood lead poisoning prevention activities in state and local jurisdictions. Increased funding will be used to:

1. Expand and enhance existing activities to all states and territories to ensure all jurisdictions have sufficient resources to implement a comprehensive childhood lead poisoning prevention program;
2. Improve health equity by building capacity in additional jurisdictions through a new community-based effort to further support communities with the highest need; and
3. Expand CDC's capacity and data capabilities to enhance guidance, technical assistance, and other tools.

The recipient state and local health departments will focus their efforts on four core program strategies: 1) testing and reporting; 2) surveillance; 3) linking lead-exposed children to services; and 4) implementing tailored, community-based interventions.

Climate and Health

CDC's Climate and Health Program directly addresses the Administration's climate change priorities by supporting state, tribal, local, and territorial public health agencies to prepare for specific health impacts of a changing climate. Climate-related events, such as heat waves, floods, droughts, and extreme storms affect everyone, but not everyone is affected equally. Some communities and populations are disproportionately at risk. Additionally, factors such as age, location, race, pregnancy, and occupation all affect an individual's resilience to climate-related health risks. As the only U.S. government investment dedicated to preparing our nation to anticipate and adapt to the health effects linked to climate change, CDC's Climate and Health Program is uniquely positioned to provide resources and assistance to some of the communities around the country most disproportionately affected by the health impacts of climate change through its core program of data, science, and action. In FY 2023, CDC will dedicate $110 million, an increase of $100 million above FY 2022 enacted, to continue the program in all states and territories, identify potential health effects associated with climate change, and implement health adaptation plans. Additionally, the total increase includes $10 million to support states to pilot the provision of portable High Efficiency Particulate Air (HEPA) filtration systems in homes and communities most affected by exposure to wildfire smoke, and to better understand the feasibility and health impact of installing such systems.

OCCUPATIONAL SAFETY AND HEALTH

The National Institute for Occupational Safety and Health (NIOSH) is the only dedicated federal investment for the research needed to prevent work-related injuries and illnesses among the nation's 161 million workers. To achieve this, CDC works cooperatively with employers and employees to adapt research findings into effective and feasible solutions to prevent illness and injury in the workplace. In 2021, 137 Health Hazard Evaluations were conducted in 38 states to address work-related health concerns of thousands of workers and managers.

The FY 2023 budget includes $345 million to address occupational hazards with high public health burden. In addition to the discretionary resources provided for these activities, the budget provides $51 million post-sequester, for the mandatory Energy Employee Occupational Injury Compensation Act program.

World Trade Center Health Program

The September 11, 2001 terrorist attacks required extensive response, recovery, and cleanup activities. Thousands of responders and survivors were exposed to toxic smoke, dust, debris, and psychological trauma. The James Zadroga 9/11 Health and Compensation Act of 2010 (reauthorized in 2015 until 2090) established the World Trade Center Health Program. The program was created to serve all eligible responders and survivors who were in the New York City disaster area and provide monitoring and healthcare benefits. The program also conducts research on World Trade Center-related health conditions and maintains a health registry to collect data on those affected by the September 11, 2001 terrorist attacks.

The budget includes $710 million in mandatory federal share funding to provide monitoring and treatment benefits to eligible responders and survivors, conduct research on related health conditions, and maintain a health registry to collect data on those affected. As of December 31, 2021, the program has enrolled over 115,630 eligible responders and survivors and paid claims for treatment and medication for more than 38,439 enrollees.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

The COVID-19 pandemic highlighted the critical need for sustained investment in domestic public health preparedness and response infrastructure. Over the last two decades, there have been various infectious diseases and localized disease outbreaks – including H1N1, Ebola, Zika, SARS-CoV-1 (SARS), and SARS-CoV-2 (COVID-19)—that spread rapidly and affected populations around the world. CDC's preparedness efforts rely on its expertise in laboratory science, public health surveillance, epidemiology, and public health emergency management in addition to its longstanding relationships with federal, state, tribal, local, territorial, and global partners.

The FY 2023 budget includes $842 million for domestic public health preparedness, which will allow CDC to continue to support state, tribal, local, and territorial health departments' capacity to address naturally occurring or intentional events that may cause public health emergencies. CDC will continue to fund all 50 states, four large metropolitan areas, and eight U.S. territories and freely associated states through the Public Health Emergency Preparedness cooperative agreement. Funding in FY 2023 will also continue to support academic centers for public health preparedness, which enable the translation and dissemination of research to inform decision-making and the rapid implementation of interventions during public health crises.

GLOBAL HEALTH

In today's tightly connected world, diseases can be transported from any remote village to any major city on any continent in as little as 36 hours. CDC's global health mission is to improve and protect the health, safety, and security of Americans while reducing morbidity and mortality worldwide. CDC works globally to protect Americans from dangerous and costly public health threats, like COVID-19, vaccine-preventable diseases, HIV, tuberculosis (TB), and malaria. As the U.S. government lead for infectious disease emergency response, CDC supports global efforts to detect epidemic threats earlier, respond more effectively, and prevent avoidable catastrophes. CDC's trusted partnerships and extensive technical expertise in public health emergency management, disease tracking and reporting systems, workforce training, infection control, and laboratory systems targeting high-hazard pathogens, enable the agency to build local, national, and regional public health capabilities and strengthen global health security.

The budget includes $748 million, an increase of $101 million above FY 2022 enacted, for CDC's global health activities that help protect Americans from major health threats.

Global Public Health Protection

Within the overall increase for CDC's global health activities, the FY 2023 budget includes $100 million above FY 2022 enacted, for a total of $353 million, for Global Public Health Protection. This increase will allow CDC to make strategic investments to establish additional regional public health platforms necessary to improve country-level and global healthcare systems. This approach allows CDC the flexibility to focus efforts where they are most needed, such as deploying staff and other resources to a country within a region to address outbreaks, providing technical assistance, and advancing key programmatic objectives. In addition, CDC will strengthen bilateral partnerships by implementing additional global health security activities where CDC has presence; initiate and enhance National Public Health Institutes; and support Field Epidemiology Training Programs in new countries.

BUILDINGS AND FACILITIES

CDC's building repair and improvement needs are nationwide—covering CDC-owned facilities in seven states and San Juan, Puerto Rico. The FY 2023 budget includes $55 million to fund renovations to existing buildings as well as repair and improvements (e.g., laboratory ventilation upgrades, structural repairs, roof replacements, and electrical and mechanical repairs) necessary to restore, maintain, and improve CDC's physical assets. This investment will allow CDC to make progress toward reducing the backlog of maintenance and repairs, which is currently $174.7 million. This investment is critical to keeping CDC facilities fully functional and prepared to identify, respond to, and eliminate the next disease threat to our nation.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

The Agency for Toxic Substances and Disease Registry (ATSDR) is the only federal health agency that works directly with concerned citizens to address environmental hazards and responds to requests for assistance from communities across the nation. Its work is centered on protecting communities from harmful health effects related to exposure to natural and man-made hazardous substances. ATSDR achieves this work by responding to environmental health emergencies; investigating emerging environmental health threats; conducting research on the health impacts of hazardous waste sites; and building capabilities of, and providing actionable guidance to, state and local health partners. In addition to protecting human health, ATSDR's efforts mitigate the economic burdens commonly associated with environmental contamination, including the cost of treatment, lost productivity, and decreased lifetime earnings for those affected, and even reduced property value and business liability. In FY 2021, ATSDR connected more than 1,000 patients with more than 60 clinical trials and epidemiological studies related to Amyotrophic Lateral Sclerosis and funded 19 research grants.

The FY 2023 budget includes $85 million for ATSDR to protect communities from harmful environmental exposures and build on current capacity to respond, provide assistance, and prevent harmful effects. ATSDR will expand its partnership with communities to address their concerns by monitoring and investigating hazardous exposures and developing science-based tools and resources to build environmental health capacity. With these additional resources, ATSDR can also continue to educate the public and train healthcare providers on the health concerns associated with exposures to harmful substances.

National Institutes of Health

The following tables are in millions of dollars.

Institutes/Centers[1]	2021[2]	2022[3]	2023	2023 +/- 2022
National Cancer Institute	6,540	6,913	6,714	-199
National Heart, Lung, and Blood Institute	3,654	3,808	3,823	+14
National Institute of Dental and Craniofacial Research	483	501	513	+12
National Institute of Diabetes and Digestive and Kidney Diseases	2,276	2,345	2,348	+2
National Institute of Neurological Disorders and Stroke	2,504	2,611	2,768	+157
National Institute of Allergy and Infectious Diseases	6,049	6,323	6,268	-54
National Institute of General Medical Sciences	2,986	3,092	3,098	+5
Eunice K. Shriver National Institute of Child Health and Human Development	1,588	1,683	1,675	-8
National Eye Institute	833	864	853	-11
National Institute of Environmental Health Sciences: Labor/HHS Appropriation	812	842	932	+90
National Institute of Environmental Health Sciences: Interior Appropriation	82	83	83	+0
National Institute on Aging	3,888	4,220	4,011	-209
National Institute of Arthritis and Musculoskeletal and Skin Diseases	632	656	676	+21
National Institute on Deafness and Communication Disorders	497	515	509	-6
National Institute of Mental Health	2,100	2,217	2,211	-6
National Institute on Drugs and Addiction[4]	1,476	1,595	1,843	+248
National Institute on Alcohol Effects and Alcohol-Associated Disorders[4]	553	574	567	-7
National Institute of Nursing Research	174	181	199	+18
National Human Genome Research Institute	614	639	629	-10
National Institute of Biomedical Imaging and Bioengineering	409	425	419	-5
National Institute on Minority Health and Health Disparities	390	459	660	+201
National Center for Complementary and Integrative Health	154	159	183	+24
National Center for Advancing Translational Sciences	853	882	874	-9
Fogarty International Center	84	87	96	+9
National Library of Medicine	461	479	472	-7
Office of the Director[5]	2,413	2,624	2,310	-314
21st Century Cures Innovation Accounts[6]	109	150	419	+269
Buildings and Facilities	199	250	300	+50
Advanced Research Projects Agency for Health[7]	--	1,000	5,000	+4,000
Mandatory Pandemic Preparedness	--	--	12,050	+12,050

[1] Totals may not add due to rounding.
[2] The FY 2021 column reflects final levels, including required and permissive transfers.
[3] The FY 2022 column reflects enacted levels, including required transfers.
[4] The FY 2023 Budget proposes to change the name of the National Institute on Drug Abuse to the National Institute on Drugs and Addiction, and to change the name of the National Institute on Alcohol Abuse and Alcoholism to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.
[5] Amounts for all fiscal years reflect directed transfer of $5 million to the HHS Office of Inspector General.
[6] Total funding available through the 21st Century Cures Act is $1,085 million in FY 2023. It is allocated to National Cancer Institute (NCI, $216 million), National Institute of Neurological Disorders and Stroke (NINDS, $225 million), National Institute of Mental Health (NIMH, $225 million), and the Innovation Account ($419 million).
[7] FY 2022 enacted displayed comparably with the FY 2023 budget. FY 2022 enacted provides funding for ARPA-H within the Office of the Secretary and gives the Secretary authority to delegate to NIH.

NIH Budget Totals	2021[2]	2022[3]	2023	2023 +/- 2022
Total, Program Level	**42,812**	**46,178**	**62,503**	**+16,325**
Less Funds from Other Sources	-1,422	-1,451	-13,463	-12,012
Public Health Service Evaluation Funds (non-add)	*-1,272*	*-1,309*	*-1,272*	*+38*
Current Law Mandatory Funding – Type 1 Diabetes (non-add)[8]	*-150*	*-141*	*-141*	*--*
Mandatory Pandemic Preparedness (non-add)	*--*	*--*	*-12,050*	*-12,050*
Total, Discretionary Budget Authority	**41,391**	**44,727**	**49,040**	**+4,313**
Full-Time Equivalents[9]	18,408	19,675	20,302	+627

Appropriations	2021	2022	2023	2023 +/- 2022
Labor/HHS Appropriation	41,309	44,645	48,957	+4,312
Interior Appropriation	82	83	83	--

The National Institutes of Health's (NIH) mission is to seek fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability.

Founded in 1887, the National Institutes of Health (NIH) today is one of the world's foremost medical research centers, and the federal focal point for medical research in the United States. The NIH mission is to uncover new knowledge that will lead to better health for everyone. NIH works toward that mission by: conducting research in its own laboratories; supporting the research of non-federal scientists in universities, medical schools, hospitals, and research institutions throughout the country and abroad; helping in the training of research investigators; and fostering communication of medical and health sciences information.

The FY 2023 President's Budget provides $63 billion in discretionary and mandatory resources for NIH, an increase of $16 billion above FY 2022 enacted. Within this total, $5 billion is proposed for the Advanced Research Projects Agency for Health (ARPA-H), which will revolutionize healthcare and medicine through accelerated biomedical innovation and adoption of technologies. The NIH budget continues vital work to address the opioid crisis and end HIV. The budget also makes new investments in pandemic preparedness and nutrition research, establishes a Center for Sexual Orientation and Gender Identity Research, and also supports NIH's work as part of the Cancer Moonshot.

More than 80 percent of NIH's funding is awarded for extramural research, largely through almost 50,000 competitive grants to more than 300,000 researchers at more than 2,500 universities and other research institutions in every state, the District of Columbia, Puerto Rico, and several tribes. About 10 percent of NIH's budget supports approximately 1,200 principal investigators and more than 4,000 postdoctoral fellows conducting basic, translational, and clinical research in the Intramural Research Program. To date, 195 NIH-supported researchers, including 33 intramural investigators, have been awarded the Nobel Prize.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

The FY 2023 budget provides $5 billion, an increase of $4 billion above FY 2022 enacted, for ARPA-H, a new entity that will benefit the health of all Americans by catalyzing health breakthroughs that cannot readily be accomplished through traditional research or commercial activity. With an initial focus on cancer and other diseases such as diabetes and dementia, this major investment will drive transformational innovation in health and speed the application and implementation of health breakthroughs.

Modeled after the Defense Advanced Research Projects Agency (DARPA), ARPA-H will recruit visionary term-limited program managers who can identify and fund traditional and non-traditional partners to take on critical challenges that are unlikely to move forward quickly without this catalytic assistance. ARPA-H will leverage novel public-private partnerships, use directive approaches that will provide quick funding decisions to support projects that are results-driven and time-limited, and identify emergent opportunities through advanced systematic horizon scans of academic and industry efforts.

[8] Reflects mandatory sequester of 5.7 percent in FY 2022 and FY 2023.
[9] Excludes 4 FTEs funded by the Public Health Service trust funds in all years.

ARPA-H will be tasked with building high-risk, high-reward capabilities to drive biomedical innovations—ranging from molecular to societal—that would provide transformative solutions for all patients. Potential areas of transformative research driven by ARPA-H include development and implementation of accurate, wearable, ambulatory blood pressure technology, preparation of mRNA vaccines against common forms of cancer, and accelerating development of efficient gene/drug delivery systems to target any organ, tissue, or cell type—a zip code for the human body.

PANDEMIC PREPAREDNESS

The FY 2023 budget makes transformative investments in pandemic preparedness and biodefense across HHS public health agencies to enable an agile, coordinated, and comprehensive public health response to future threats, and to protect American lives, families, and the economy.

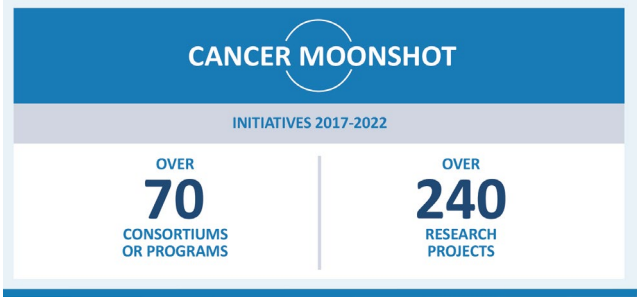
The mandatory funding will support preparedness activities across HHS. Within the HHS-wide total of $81.7 billion, $12.1 billion is included for NIH research and development of vaccines, diagnostics, and therapeutics against high priority viral families, biosafety and biosecurity, and to expand laboratory capacity and clinical trial infrastructure.

For example, NIH will conduct preclinical and clinical research on vaccines and vaccine platforms, monoclonal antibodies (mAbs) and novel adjuvants to provide protection against prototype or representative pathogens selected from a preliminary group of ~20 viral families of concern. It will support development and clinical trials of additional therapeutic candidates, including host-tissue-directed therapies. It will invest in biomedical research infrastructure to address future pandemics, including BSL-3/-4 laboratories, and expand its capacity to manufacture pilot lots of prototype medical countermeasures in compliance with FDA's Current Good Manufacturing Practice (cGMP) regulations. It will expand and sustain its network of domestic and international outpatient and inpatient clinical trial sites that have been so critical to addressing the COVID-19 pandemic. Finally, NIH will develop next-generation diagnostics to fill critical gaps, such as the need for affordable at-home tests that are equally reliable to lab-based PCR tests, as well as innovative clinical and environmental surveillance technologies.

RESEARCH PRIORITIES IN FY 2023

Reigniting the Cancer Moonshot

Cancer Moonshot is a bold effort to accelerate progress in cancer research and aims to make more therapies available to more patients. In the years since the Cancer Moonshot was launched, remarkable progress and scientific accomplishments have been made. As part of the Administration's priority, NIH will work with other agencies to organize the collective efforts of the National Cancer Institute (NCI) cancer centers and other networks to identify barriers to broader cancer screening and investigate the most effective means of delivering screening. This will help offset the millions of delayed cancer screenings due to the pandemic, with a focus on reaching those individuals most at risk. Also in partnership with other federal agencies, NIH will dedicate FY 2023 funding to develop a focused program to expeditiously study and evaluate multicancer early detection tests, which could help detect cancers at an earlier stage when there may be more effective treatment options. Opportunities or obstacles identified by the Cancer Moonshot may become candidates for the new approach to transformational change offered by ARPA-H.



Transforming Nutrition Science

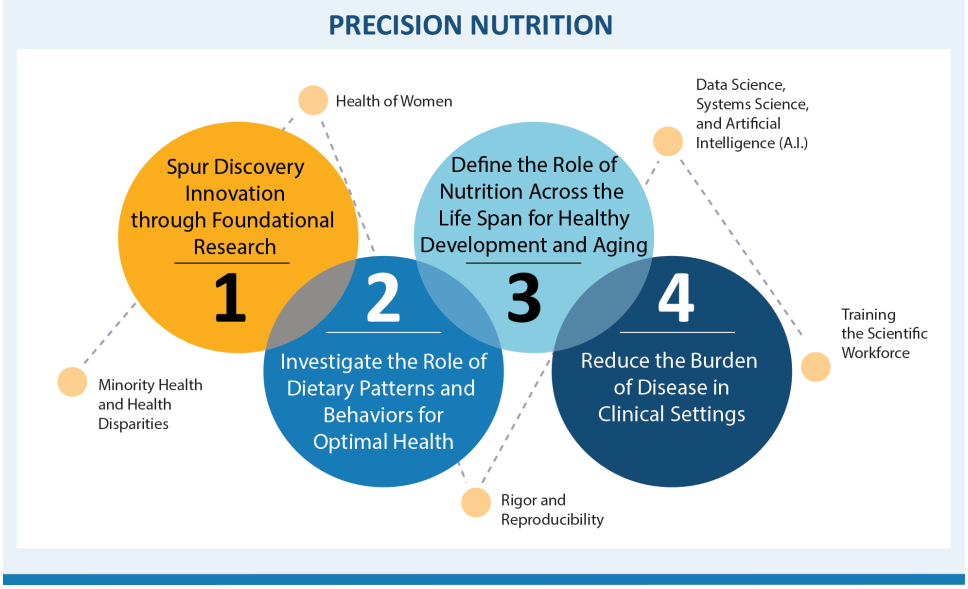
To reflect the priority NIH places on innovative, multidisciplinary nutrition research, in FY 2021, the Office of Nutrition Research was moved from the National Institute of Diabetes and Digestive and Kidney Diseases to the NIH Office of the Director. By centrally coordinating the implementation of the Strategic Plan for NIH Nutrition Research[10], the Office of Nutrition Research can support large, time-limited, goal-driven projects of cross-cutting NIH interest developed in

[10] 2020-2030 Strategic Plan for NIH Nutrition Research

collaboration with Institutes and Centers that already fund nutrition research. The FY 2023 budget includes $97 million for the Office of Nutrition Research, an increase of $96 million above FY 2022 enacted to advance nutrition science to promote health and reduce the burden of diet-related diseases.

One new collaborative project is the Reducing Nutrition Health Disparities through Food Insecurity and Neighborhood Food Environment Research. This research will use precision regional implementation science and pragmatic research approaches to test strategies ensuring food security and access to healthy food to prevent disparities in a variety of diet-related diseases and conditions, such as cardiovascular disease, obesity, diabetes, and cancer. Elucidating the role of these social conditions on diet and nutritional status could help address and prevent diet-related health disparities and promote health equity.

Nutrition science research will also complement the Artificial Intelligence (AI) for Chronic Disease initiative, given that most chronic diseases are diet-related. The complexity of human nutrition demands that cutting-edge data science and system science methods be employed to move this field forward. Funds will support new training programs in Artificial Intelligence for Precision Nutrition that will focus on integration of related domains, including machine learning, systems biology, systems science, Big Data, and computational analytics. The goal is to build a future workforce that will be able to use growing data resources to tackle complex biomedical challenges in nutrition science that are beyond human intuition.



Combatting Overdose and Addiction

The crisis of opioid misuse, addiction, and overdose in the United States is a rapidly evolving and urgent public health emergency. In 2020, there were over 90,000 drug overdose deaths in the United States. More than 2 million Americans have opioid use disorder, and 10 million Americans misuse opioids. Additionally, more than 25 million Americans experience daily pain, putting them at increased risks for opioid misuse. The COVID-19 pandemic has collided with the opioid crisis in profound ways. Since the declaration of a public health emergency for COVID-19, overdoses increased six percent in May 2020 compared to May 2019. The COVID-19 pandemic caused significant disruption to pain management and substance use disorder treatment and recovery services. These numbers fail to capture the full extent of the damage of the opioid crisis, which reaches across every domain of family and community life—from lost productivity and economic opportunity, to intergenerational and childhood trauma, to extreme strain on community resources, including first responders, emergency rooms, hospitals, and treatment centers.

The budget dedicates $2.6 billion within NIH for opioids, stimulant, and pain research. Within this total, $1.8 billion will support ongoing research across the Institutes and Centers while $811 million is allocated to the Helping to End Addiction Long-term (HEAL) Initiative.

NIH launched the HEAL Initiative in 2018 to provide scientific solutions to the opioid crisis and offer new hope for individuals, families, and communities affected by this devastating crisis. This cross-cutting NIH effort spans basic, translational, clinical, and implementation science on opioid misuse, addiction, and pain. By the end of FY 2021, HEAL funded $2 billion in research, representing more than 500 research projects across the United States. These projects aim to identify new therapeutic targets for both pain and opioid use disorder, reduce the risk of opioids through nonpharmacological strategies for pain management, and improve opioid addiction treatment in a variety of settings.

Health Disparities and Inequities Research

While the diversity of the American population is one of the nation's greatest assets, one of its greatest challenges is reducing the profound disparity in the health status of its racial and ethnic minority, rural, low-income, and other underserved populations. NIH will continue to aim towards expanding its investment in research on health disparities, fostering collaborations and partnerships to promote and support evidence-based science to address long-standing inequities. The FY 2023 budget provides an increase of $350 million above FY 2022 enacted to enhance health disparities and inequities research, including $210 million for the National Institute on Minority Health and Health Disparities.

NIH also will continue to support the UNITE Initiative that was launched in early 2021, which is an NIH-wide effort committed to ending racial inequities across the biomedical research enterprise. This Initiative builds upon and complements the advances in health disparities research at NIH.

Developing a Universal Influenza Vaccine

NIH-supported research advances our understanding of how influenza strains emerge, evolve, infect, and cause illness. This research informs the design of new and improved therapies, diagnostics, and vaccines, including a universal influenza vaccine. Circulating and emerging influenza viruses present a public health threat and place substantial health and economic burdens in the United States and around the world. Annual influenza vaccination is the most effective way to reduce influenza morbidity and mortality. However, traditional vaccine development relies heavily on predicting which strains will be in circulation each year. This approach is suboptimal for dealing with constantly evolving and newly emerging virus strains. The Budget includes $260 million for the development of a universal influenza vaccine, an increase of $15 million above FY 2022 enacted. The Budget supports continued investments toward developing a universal influenza vaccine, which would provide durable and broad protection to millions of people from infection and significantly mitigate the public health threat posed by seasonal influenza and pandemic influenza strains.

Ending the HIV Epidemic in the United States

The FY 2023 budget continues investments across HHS to end the HIV epidemic in the United States by 2030. This bold initiative leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices.

NIH has made critical investments into HIV research in the decades since the AIDS pandemic emerged. These investments have been integral to the significant decline in HIV diagnoses and extending the lifespan of those living with HIV. Despite such progress, new infections continue to occur in every state.

As part of the initiative to end HIV, the FY 2023 budget includes $26 million for NIH-sponsored Centers for AIDS Research to continue innovative and evidence-based implementation research on new strategies for the successful delivery of integrated HIV prevention and treatment. NIH-funded research will build upon identified and evaluated strategies to diagnose new cases of HIV, help connect people living with HIV or at risk of HIV acquisition with medical care and HIV prevention services, and ensure they continue to receive care to treat or prevent HIV.

Improving Maternal Health

The CDC estimates 700 women die each year in the United States of pregnancy-related deaths, 60 percent of which are preventable, and over 50,000 experience severe pregnancy-related complications. Understanding and reducing pregnancy-related deaths and complications—or maternal mortality and morbidity—is a high priority for NIH. More studies are needed to better understand the causes of these severe complications and deaths, the circumstances that contribute to them, and how to prevent them.

The Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) Initiative supports research to reduce preventable maternal deaths and improve health for all women before, during, and after delivery. The FY 2023 budget includes $30 million for IMPROVE to invest in comprehensive, interdisciplinary research that engages communities with high rates of maternal deaths and complications to address the foremost causes of maternal mortality in the United States, which include cardiovascular disease, infection, embolism, and immunity—as well as significant pregnancy-associated and pregnancy-related health complications, such as diabetes, obesity, mental health disorders, and substance use disorders.

An additional $3 million is provided within the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) to support research on mitigating the effects of COVID-19 on pregnant, lactating, and post-partum individuals, with a focus on individuals from racial and ethnic minority groups.

Innovating Mental Health Research

The FY 2023 budget provides an increase of $10 million to the National Institute of Mental Health (NIMH) to support studies of the social media impact on mental health ($5 million) and to support studies to inform mental health treatment approaches, service delivery, and system transformation ($5 million). Multiple NIH Institutes are examining the impact of social media on human development, including neurodevelopment and health behaviors. NIMH will build on these efforts in FY 2023, including by supporting research that leverages social media to inform targets and timing for interventions and to facilitate clinical decision-making. In keeping with its mission of transforming the understanding and treatment of mental illnesses, NIMH will continue to prioritize research on improving the quality and outcomes of care, organization- and system-level interventions to enhance service delivery, and strategies for widespread dissemination and implementation of evidence-based treatments into routine care settings.

Establishing a Center for Sexual Orientation and Gender Identity Research

Advancing sexual orientation and gender identity (SOGI) data collection for research and administrative activities at the Department is a priority and an integral part of the mission to promote the health and well-being of all Americans. The FY 2023 budget provides $2 million to establish a center for ongoing SOGI research. The purpose will be to analyze and build upon the consensus study by the National Academies of Sciences, Engineering, and Medicine (NASEM) on Measuring Sex, Gender Identity, and Sexual Orientation, published in March 2022. The NASEM study report made recommendations for standardized federal data collection efforts based on evaluating current measures of sex, gender identity, and sexual orientation. However, more research needs to be done, and the NASEM study serves as a starting point. To build on this work, the goal of establishing this center will be to continue research in SOGI data collection and establish best practices that can be distributed across government agencies.

RESEARCH INFRASTRUCTURE

Buildings and Facilities

The dynamic nature of biomedical and clinical research requires state-of-the-art facilities and infrastructure. A critical aspect of supporting the discovery of novel diagnostics, therapeutics, and cures to disease requires facilities that can house state-of-the-art imaging equipment, discover tumors at the earliest stage possible, safely develop novel treatments such as cellular therapy, and more. Facilities must co-evolve with science for NIH to achieve its full potential.

As part of a long-term effort to stem the growth of NIH's backlog of maintenance and repair, the budget provides $300 million for intramural Buildings and Facilities, an increase of $50 million above FY 2022 enacted, and expands the authority for Institutes and Centers to contribute toward facilities projects. NIH will execute various modernization and repair projects at NIH's research hospital, replace research animal facilities with a centralized and more efficient facility, improve facilities that advance computational and data science, replace temporary and obsolete administrative support facilities with permanent buildings, improve the energy and water efficiency of buildings, and support the co-evolution of science and buildings.

Overview by Mechanism

The following tables are in millions of dollars except as indicated.

Mechanism[1]	2021[11]	2022[12]	2023[13]	2023 +/- 2022
Research Project Grants (dollars)	24,347	24,185	25,933	+1,748
[# of Non-Competing Grants]	28,492	29,502	29,301	-201
[# of New/Competing Grants]	11,258	9,806	11,878	+2,072
[# of Small Business Grants]	1,863	1,837	1,950	+113
[Total # of Grants]	41,613	41,145	43,129	+1,984
Research Centers	2,770	2,774	2,806	+32
Other Research	2,941	2,880	2,916	+36
Research Training	926	984	1,033	+49
Research and Development Contracts	3,355	3,421	3,569	+148
Intramural Research	4,539	4,638	4,763	+125
Research Management and Support	2,050	2,146	2,256	+110
Office of the Director[14]	1,573	1,579	1,764	+185
NIH Common Fund (non-add)	*649*	*640*	*659*	*+18*
Office of Research Infrastructure Programs (non-add)	*300*	*300*	*306*	*+6*
OD Appropriation (non-add)	*2,522*	*2,519*	*2,729*	*+209*
Buildings and Facilities[15]	229	230	330	+100
National Institute of Environment Health Services Interior Appropriation (Superfund)	82	82	83	+2
Advanced Research Projects Agency for Health	--	--	5,000	+5,000
Mandatory Pandemic Preparedness	--	--	12,050	+12,050
Total, Program Level	**42,812**	**42,919**	**62,503**	**+19,584**

NIH Budget Totals	2021[11]	2022[12]	2023[13]	2023 +/- 2022
Total, Program Level	**42,812**	**42,919**	**62,503**	**+19,584**
Less Funds from Other Sources	-1,422	-1,413	-13,463	--
Public Health Service Evaluation Funds (NIGMS) (non-add)[16]	*-1,272*	*-1,272*	*-1,272*	*--*
Current Law Mandatory Funding – Type 1 Diabetes (NIDDK) (non-add)[17]	*-150*	*-141*	*-141*	*--*
Mandatory Pandemic Preparedness (non-add)	--	--	*-12,050*	*-12,050*
Total, Discretionary Budget Authority	**41,391**	**41,506**	**49,040**	**+7,534**
Full-Time Equivalents[18]	18,408	19,675	20,302	+627

[11] Reflects the FY 2021 Final Level including funding authorized by 21st Century Cures Act and directed and permissive transfers.

[12] Reflects the FY 2022 Continuing Resolution level including the $5 million directed transfer to the HHS Office of Inspector General.

[13] Reflects $5 million directed transfer to the HHS Office of Inspector General.

[14] Number of grants and dollars for the Common Fund and Office of Research Infrastructure Programs components of the Office of the Director (OD) are distributed by mechanism and the dollars are noted here as a non-add. OD appropriations are noted as a non-add because the remaining funds are accounted for under OD Other.

[15] Includes Buildings and Facilities appropriation and funds for facility repairs and improvements at the National Cancer Institute Federally Funded Research and Development Center in Frederick, Maryland.

[16] Number of grants and dollars for Program Evaluation Financing are distributed by mechanism above; therefore, the amount is deducted to provide subtotals only for the Labor/HHS Budget Authority.

[17] Number of grants and dollars for mandatory Type I Diabetes are distributed by mechanism above; therefore, Type I Diabetes amount is deducted to provide subtotals only for the Labor/HHS Budget Authority.

[18] Excludes 4 FTEs funded by the Public Health Service trust funds in all years.

Appropriations	2021[11]	2022[12]	2023[13]	2023 +/- 2022
Labor/HHS Appropriation	41,309	41,424	48,957	+7,533
Interior Appropriation	82	82	83	+2

Substance use And Mental Health Services Administration

The following tables are in millions of dollars.

Mental Health	2021[1]	2022[2]	2023	2023 +/- 2022
Community Mental Health Services Block Grant	756	858	1,653	+795
PHS Evaluation Funds (non-add)	*21*	21	*21*	--
Programs of Regional and National Significance	556	681	1,680	+999
Prevention and Public Health Fund (non-add)	*12*	12	*12*	--
Community Mental Health Centers - Mandatory (Proposed)	--	--	413	+413
Certified Community Behavioral Health Clinics	250	315	553	+238
Children's Mental Health Services	125	125	225	+100
Projects for Assistance in Transition from Homelessness	65	65	70	+5
Protection and Advocacy for Individuals with Mental Illness	36	38	36	-2
Subtotal, Mental Health	**1,787**	**2,081**	**4,628**	**+2,547**

Substance Use Prevention Services	2021[1]	2022[2]	2023	2023 +/-2022
Programs of Regional and National Significance	208	218	312	+94
Subtotal, Substance Use Prevention	**208**	**218**	**312**	**+94**

Substance Use Services	2021[1]	2022[2]	2023	2023 +/-2022
Substance Use Prevention, Treatment and Recovery Block Grant	1,850	1,908	3,008	+1,100
PHS Evaluation Funds (non-add)	*79*	*79*	*79*	--
Formula Grants to States to Address Opioids	1,498	1,525	2,000	+475
Programs of Regional and National Significance	495	522	566	+45
PHS Evaluation Funds (non-add)	*2*	*2*	*2*	--
Subtotal, Substance Use Treatment	**3,843**	**3,955**	**5,574**	**+1,619**

Health Surveillance and Program Support	2021[1]	2022[2]	2023	2023 +/-2022
Program Support	79	82	83	+2
Health Surveillance	47	49	53	+5
PHS Evaluation Funds (non-add)	*30*	*30*	*30*	--
Public Awareness and Support	13	13	13	--
Drug Abuse Warning Network	10	10	20	+10
Performance and Quality Information Systems	10	10	10	--
Data Request and Publications, User Fees	2	2	2	--
Behavioral Health Workforce Data and Development, PHS Eval.	1	1	1	--
Congressionally Directed Community Project Funding	**--**	128	**--**	**-128**
Subtotal, Health Surveillance and Program Support	**161**	**292**	**183**	**-109**

[1] The FY 2021 column reflects final levels, including required and permissive transfers and rescissions, but does not include $7.8 billion in COVID-19 supplemental resources.

[2] The FY 2022 column reflects enacted levels, including required transfers.

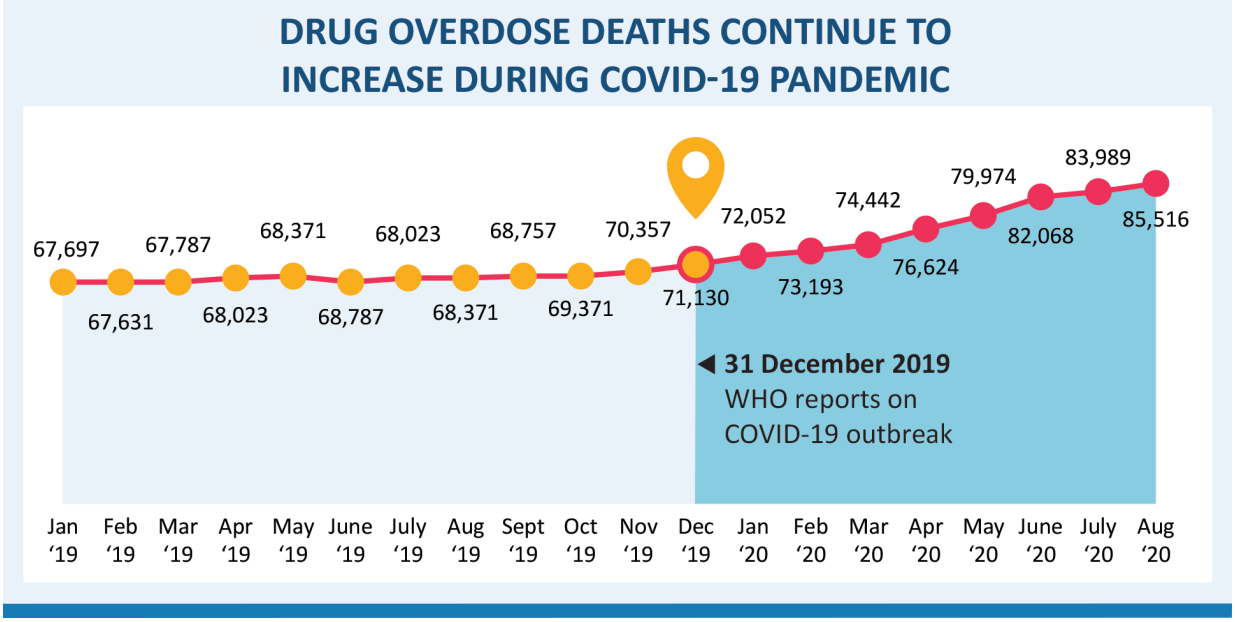
SAMHSA[3] Budget Totals	2021[1]	2022[2]	2023	2023 +/-2022
Total, Program Level	**5,999**	**6,547**	**10,697**	**+4,152**
Less Funds from Other Sources	-148	-147	-561	-413
Prevention and Public Health Fund (non-add)	*-12*	*-12*	*-12*	--
PHS Evaluation Funds (non-add)	*-134*	*-134*	*-134*	+1
Data Request and Publications User Fees (non-add)	*-2*	*0*	*-2*	-2
Community Mental Health Centers - Mandatory (Proposed)	--	--	*-413*	*-413*
Total, Discretionary Budget Authority	**5,852**	**6,400**	**10,137**	**+3,739**
Full-Time Equivalents	472	650	725	+75

The Substance use And Mental Health Services Administration leads public health efforts to advance the behavioral health of the nation and to reduce the impact of substance use and mental illness on America's communities.

Behavioral health is essential to overall health—but Americans continue to face significant challenges with mental health and substance use. An estimated 59.3 million Americans aged 12 or older had a substance use disorder in 2020 and approximately 104,000 people died from a drug-related overdose in the 12-month period that ended in September 2021. The Substance use And Mental Health Services Administration (SAMHSA) is poised to make historic investments that expand access to care across the spectrum of behavioral health services. The budget's proposals will ensure SAMHSA can continue to directly enhance the behavioral health of the nation.

Even before the pandemic, demand for mental health and substance use services was increasing, especially for our nation's young people. The FY 2023 President's Budget provides $10.7 billion for SAMHSA, an increase of $4.2 billion above FY 2022 enacted. The proposals in the FY 2023 President's Budget direct an historic investment in strengthening and supporting the Behavior Health Crisis Services; invest in supporting the health of our nation's children through increasing access to children's mental services; and expand access to community mental health services to protect the health of children and communities.

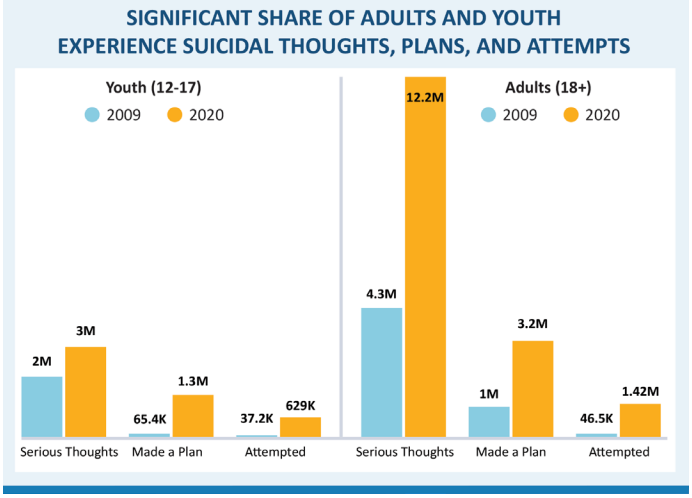
The budget's investments in SAMHSA are a critical component of the Administration's commitment to eliminate barriers to care and expand the full continuum of prevention, treatment, and recovery services.



[3] The FY 2023 Budget proposes to change the name of the Substance Use and Mental Health Services Administration to remove "abuse" from the agency name. Individuals do not choose to "abuse" drugs and alcohol; they suffer from a disease known as addiction. The Administration is committed to moving past outdated and stigmatizing language that is harmful to the individuals and families that suffer because of addiction.

HISTORIC EXPANSION OF MENTAL HEALTH SERVICES

Addressing mental health has become even more paramount during the COVID-19 pandemic, which has not only negatively impacted many individuals' mental health but has also created barriers to treatment. In 2020, an estimated 52.9 million adults had a diagnosable mental illness, but only 46 percent of these adults received mental health services in the past year. Recent studies and research indicate an increased risk of COVID-19 mortality among individuals with mental illness. The COVID-19 pandemic is also associated with high levels of psychological distress among the general population, particularly among people with serious mental illness. Expanding access to mental health services is critical to saving lives and ensuring the mental health and well-being of Americans of all ages.



The FY 2023 budget provides $4.6 billion for SAMHSA's mental health activities, an increase of $2.5 billion over FY 2022 enacted. These investments will provide an historic investment in the Behavior Health Crisis Services; expand access to crisis services; ensure access to early intervention and prevention services to the nation's vulnerable populations; and invest in children's mental health.

In addition, HHS will create a new $7.5 billion mental health system transformation fund to increase access to mental health services through workforce development and service expansion. This new program supports the President's call for transforming how we deliver mental health services. This fund will include the development of non-traditional health delivery sites, the integration of quality mental health and substance use care into primary care settings, and dissemination of evidence-based practices.

9-8-8 and Behavioral Health Crisis Services

Suicide is a leading cause of death in the United States, with 45,979 deaths in 2020, or about one death every 11 minutes. Suicide is a significant concern for youth—in 2020, suicide was the second leading cause of death for people aged 10-14 and 25-34. Suicide rates are disproportionately high among Black youth, and LGBTQI+ persons are at disproportionate risk of death by suicide as well as suicidal ideation, planning, and attempts. The Administration is committed to providing historic investments in suicide prevention and 9-8-8 and Behavioral Health Crisis Services in FY 2023.

The National Suicide Prevention Lifeline will transition from a 10-digit number to 9-8-8 in July 2022. The launching of this "9-8-8" mental health crisis service hotline will create a national network of local crisis centers fortified by national back-up centers to answer calls and texts. This transition will result in significantly increased 9-8-8 contacts directed toward local crisis call centers. SAMHSA estimates that the 9-8-8 call centers will respond to approximately 7.6 million individuals in 2023—compared to approximately 2 million answered contacts in 2020. To ensure 100 percent of contacts are answered in FY 2023, SAMHSA will dedicate $697 million to the 9-8-8 and Behavioral Health Services program, an increase of $590 million over FY 2022 enacted.

This historic investment in 9-8-8 and Behavioral Health Services will enhance access to crisis care services for people with suicidal ideations or experiencing behavioral health crises through the use of an easily remembered 3-digit number; reduce reliance on the police by linking the behavioral health crisis care centers with mobile crisis teams; reduce deadly gaps in the existing Lifeline services by enabling the behavioral health crisis care centers to stay in contact and follow up with those in crisis; relieve emergency room over-crowding/boarding by providing needed evaluation and crisis intervention in the community whenever possible; and better meet the behavioral healthcare needs of all people experiencing crises in a way that reduces stigma and encourages people at risk and their family members to seek help in the future. The creation of 9-8-8 is a once-in-a-lifetime opportunity to strengthen and expand the Lifeline and transform America's behavioral health crisis care system to one

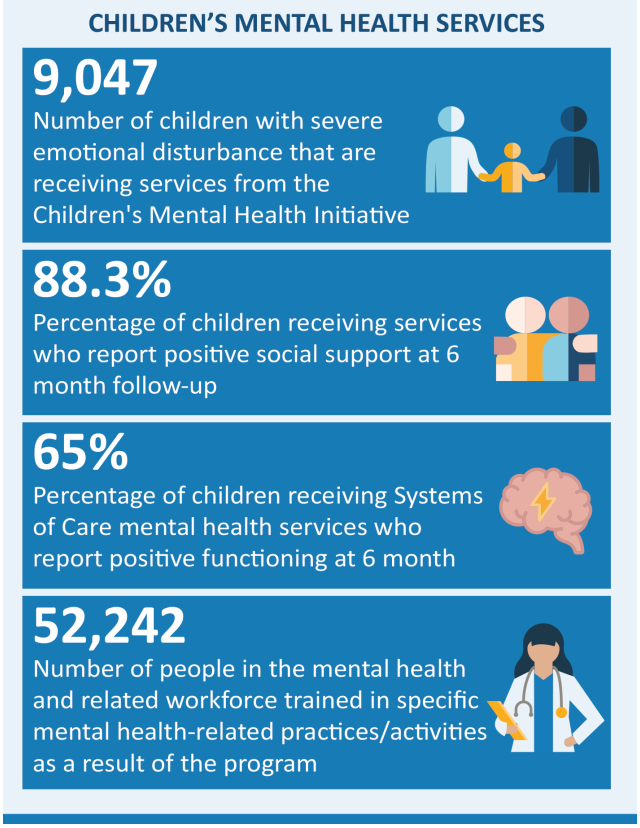
that saves lives by serving anyone, at any time, from anywhere across the nation.

Bolster Children's Mental Health Services

In 2021, a national emergency for children's mental health was declared by several pediatric health organizations, and the U.S. Surgeon General released an advisory on mental health among youths. The COVID-19 pandemic has made the situation only more challenging, subjecting many young Americans to social isolation, loss of routines, and traumatic grief. Public health data now show alarming rates of behavioral health needs among school-age youth, with significant increases in the number experiencing moderate to severe anxiety and depression. In 2020, 4.1 million youth aged 12-17 had a major depressive episode, but only 42 percent of those youth received treatment for depression within the past year.

To address this alarming public health crisis, the FY 2023 budget includes $244 million for Project AWARE, an increase of $123 million above FY 2022 enacted. This investment will support comprehensive, coordinated, and integrated state efforts to make schools safer and increase access to mental health services. This funding will directly support training for teachers, parents, first responders, and other adults who interact with youth to recognize and respond to the signs of mental health and substance use issues. Additionally, this significant investment in Project AWARE will expand access to these funds to broader populations, including college students and adults. The budget also provides $64 million for the Mental Health Awareness Training program, an increase of $39 million above FY 2022 enacted. This investment will support increased training to school personnel, emergency first responders, law enforcement, veterans, armed service members, and their families to recognize the signs and symptoms of mental disorders.

More than half of parents express concern over their children's mental well-being. The budget includes several critical investments in programs addressing the mental health needs of children. The budget provides $150 million to the National Child Traumatic Stress network, an increase of $68 million above FY 2022 enacted, to provide trauma-informed services for children and adolescents as well as training for the child-serving workforce. The budget also includes $38 million for the Infant and Early Childhood Mental Health grant program, an increase of $28 million above FY 2022 enacted to expand access to evidence-based and culturally appropriate infant and early childhood mental health services. Additionally, the budget includes $35 million for Project LAUNCH, an increase of $12 million above FY 2022 enacted, to provide behavioral health screening, prevention, early intervention, and referrals to high quality treatment for young children.



A significant share of youth experience serious mental health concerns each year. In 2020, an estimated 4.1 million children aged 12-17 (17 percent) experienced a major depressive episode. The budget provides $225 million for Children's Mental Health Services, an increase of $100 million over FY 2022 enacted. This investment will direct funding into the development, implementation, expansion, and sustainability of comprehensive, community-based services for children and youth with severe emotional disturbance. This approach has demonstrated improved outcomes for children at home, at school, and in their communities—including a significant decrease in suicide attempt rates within 12 months after children and youth services.

Broaden Mental Health Services

Serious mental illnesses are common in the United States. Among adults aged 18 or older in 2020,

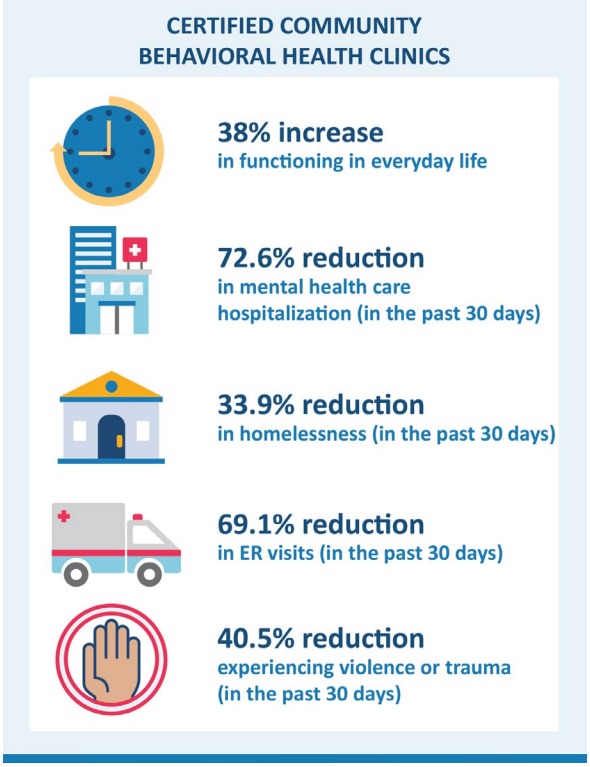
5.6 percent (or 14.2 million people) had a serious mental illness in the past year. Since 1992, the Mental Health Block Grant has directed funding directly to the nation's behavioral health infrastructure. The block grant provides funding for community-based behavioral health services to 59 eligible states and territories and freely associated states. These funds provide critical support for some of the most at-risk populations across the country. The block grant's flexibility and stability have made it vital in support of public mental health systems. This funding has improved outcomes for millions of Americans. In 2021, the block grant served 8.0 million clients. Eighty percent of clients reported improved functioning as a direct result of the mental healthcare services they received.

The budget invests $1.7 billion into the Community Mental Health Block Grant, an increase of $795 million above FY 2022 enacted, to ensure our nation's mental healthcare system can serve our most vulnerable populations. The budget also proposes to dedicate 10 percent of these funds to support early intervention and prevention for at-risk youth and adults. This investment will expand funding to support earlier identification and prevention of mental health disorders and further support targeted services for youth and prevent more serious symptoms further on in a person's life.

Since FY 2021, states have been required to use five percent of the funds from the Mental Health Block Grant for evidence-based crisis care programs. The FY 2023 budget proposes to increase the share of funds states must use for crisis services from five percent to 10 percent.

A fully developed crisis response system must be responsive to anyone, anywhere, at any time. This increased set-aside will invest in effective community-based crisis-intervention and response systems. The development of fully accessible and responsive crisis services involves complex problem solving with many stakeholders. This expansion of crisis services will play a critical role in tandem with the expansion of the Suicide Lifeline. Effective implementation of the 9-8-8 program will be the catalyst for further crisis service development and transformation.

In 2020, 14.2 million people aged 18 and older (six percent of the population) had a serious mental illness in the past year. The budget provides investments in services to ensure people experiencing serious mental illness receive the services they need. The budget provides $105 million for the Primary and Behavioral Health Care Integration program, an increase of $50 million above FY 2022 enacted, to coordinate primary care services and community behavioral health services for individuals with serious mental illness or co-occurring mental illness and substance use disorder. The budget also provides $36 million, an increase of $5 million above FY 2022 enacted, for the Homelessness Prevention programs, and $70 million, an increase of $5 million above 2022 enacted, for Projects for Assistance in Transition from Homelessness. This funding will expand access to



treatment and connect homeless individuals experiencing Serious Mental Illness with safe, secure housing.

Expand Access to Community-Based Mental Health Services

The budget includes two keystone investments in community-based mental health services. The budget provides $553 million for the Certified Community Behavioral Health Clinics Expansion Grant program, an increase of $238 million over FY 2022 enacted. Since the inception of the program in FY 2018, Certified Community Behavioral Health Clinics have served over 276,000 individuals. This investment will drive funding

to certified clinics serving children and adults and ensure patients receive coordinated, high-quality state-certified behavioral health services for comprehensive behavioral health services.

The budget also includes a new mandatory program, directing $413 million to Community Mental Health Centers. The budget directs $4.1 billion to this program over 10 years. This historic investment would build off the $825 million in funding directed to Community Mental Health Centers in the Coronavirus Response and Relief Supplemental Appropriations. This proposal would expand access to local mental health services across the country and ensure that these critical centers have sustainable funding year after year.

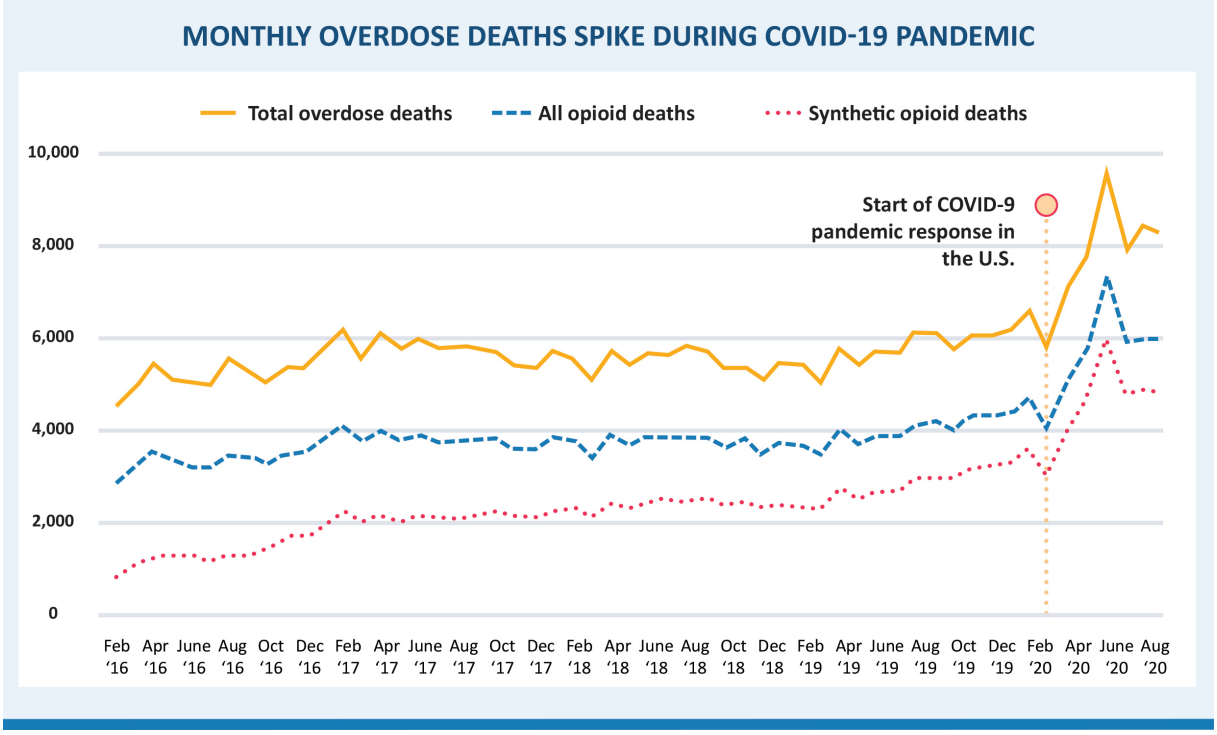
INVESTING IN OVERDOSE PREVENTION AND ENDING THE OPIOID EPIDEMIC

The budget provides $5.9 billion for substance use prevention and treatment activities, an increase of $1.7 billion over FY 2022 enacted. The budget continues to infuse funding to states and tribes to respond to the ongoing opioid and substance use crisis, ensure access to naloxone and overdose prevention services, and invest in prevention and recovery support services.

HHS requests $11.0 billion across the Department to support activities that will help end the opioid and substance use crisis. Of that amount, $5.5 billion is specifically for SAMHSA's substance use prevention and treatment programs and $861 million for mental health activities, an increase of $2.1 billion over FY 2022 enacted.

Ensuring Access to Substance Use Treatment

The budget includes $3.0 billion for the Substance Use Prevention and Treatment Block Grant— an increase of $1.1 billion over FY 2022 enacted. This funding will improve the health and lives of individuals with substance use disorders—serving 2.3 million people in FY 2022. The block grant distributes funds to 60 eligible states, territories, and one eligible tribe. This investment in the block grant will support state prevention, treatment, and recovery systems' infrastructure and capacity. It is imperative that HHS's addiction crisis response evolve from an acute short-term individual-focused treatment response to a broader community recovery response. The block grant funding includes the 10 percent recovery set-aside to significantly expand the continuum of care both upstream and downstream. Provisional data indicate that estimated overdose deaths from opioids were increasing as of September 2021. The budget's investments in these critical SAMHSA programs will ensure states and tribes have the necessary funding to direct interventions where they are needed most in their communities.



The budget also provides $2.0 billion for the State Opioid Response grant program, an increase of $475 million over FY 2022 enacted. Within this total, SAMHSA will direct $75 million to the Tribal Opioid Response grant program to specifically address the opioid substance use needs in tribal communities. Since the State Opioid Response program began, approximately 971,372 patients have received treatment services for opioid use disorder, including 409,086 who have received medication-assisted treatment. The overdose epidemic has continued amidst the global pandemic. According to the Centers for Disease Control and Prevention's provisional data estimates, more than 104,000 drug overdose deaths occurred in the United States in the 12 months ending in September 2021. The budget's investments in the State Opioid Response program are critical to ensuring access to treatment services and preventing overdose-related deaths.

Access to treatment services for substance use disorder is a critical component of overdose epidemic response. The budget provides $105 million for the drug court program, an increase of $35 million over FY 2022 enacted, to serve 6,489 clients. Drug courts play an integral role in providing direct treatment services to diverse populations. This program is dedicated to expanding access to these important services and addressing behavioral health disparities among racial and ethnic minorities.

Increasing access to medication-assisted treatment is imperative as overdose deaths associated with opioids continue to rise. The budget invests $137 million in SAMHSA's Medication Assisted Treatment for Prescription and Drug Addiction program, an increase of $36 million over FY 2022 enacted.

BUILDING CAPACITY TO IMPROVE NATION'S BEHAVIORAL HEALTH

SAMHSA's work is critical to ensuring we have accurate and updated public health data regarding mental health and substance use. The FY 2023 budget invests in SAMHSA's data collection efforts and in further developing a diverse behavioral workforce.

Develop a Diverse Behavioral Health Workforce

The budget includes $22 million for SAMHSA's Minority Fellowship Programs, an increase of $6 million over FY 2022 enacted. Since the Fellowship began in 1973, the program has enhanced services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, marriage and family therapy, mental health counseling, psychology, and substance use and addiction counseling. The investment in this program will continue to expand access to this Fellowship opportunity, which seeks to improve behavioral healthcare outcomes for racial and ethnic minority populations. Participants in the fellowship will be trained and better prepared to more effectively treat and serve people of different cultural and ethnic backgrounds.

Health Surveillance and Program Administration

In FY 2023, SAMHSA will invest $183 million in Health Surveillance and Program Support. Of this amount, the budget includes $53 million for Health Surveillance, a $5 million increase over FY 2022 enacted. This investment will expand SAMHSA's collection of mental health and substance use facility data through the National Substance Use and Mental Health Services Survey to include Certified Community Behavioral Health Centers. The budget also includes a $20 million for the Drug Abuse Warning Network, an increase of $10 million over FY 2022 enacted. The increase of funds will be used to increase the number of hospitals participating in the network in high priority geographic regions. This will further expand enhanced monitoring of potential drug related outbreaks in high-risk areas. These key investments will provide targeted support to effectively expand nationwide Health Surveillance efforts.

Agency for Healthcare Research and Quality

The following tables are in millions of dollars.

Research on Health Costs, Quality, and Outcomes	2021	2022[1]	2023	2023 +/- 2022
Health Services Research, Data, and Dissemination	95	98	133	+35
Patient Safety	72	80	79	-1
Digital Health Care Research	16	16	18	+2
Long COVID Research	--	--	19	+19
Improving Maternal Health Initiative	--	--	7	+7
U.S Preventive Services Task Force	12	12	12	--
Subtotal, Research on Health Costs, Quality, and Outcomes	**195**	**206**	**269**	**+63**

Medical Expenditure Panel Survey	2021	2022	2023	2023 +/- 2022
Medical Expenditure Panel Survey	72	72	72	--
Subtotal, Medical Expenditure Panel Survey	**72**	**72**	**72**	**--**

Program Support	2021	2022	2023	2023 +/- 2022
Program Support	71	73	75	+2
Subtotal, Program Support	**72**	**73**	**75**	**+2**

Patient Centered Outcomes Research Trust Fund[2]	2021	2022	2023	2023 +/- 2022
Patient Centered Outcomes Research Trust Fund (PCORTF)	96	105	111	+6
Subtotal, Patient Centered Outcomes Research Trust Fund	**96**	**105**	**111**	**+6**

AHRQ Budget Totals	2021	2022	2023	2023 +/- 2022
Total, Budget Authority	338	350	376	+26
Total, PHS Evaluation Funds	--	--	40	+40
Total, PCORTF	96	105	111	+6
Total, Program Level	**434**	**455**	**527**	**+71**
Full-Time Equivalents[3]	262	262	269	+7

The Agency for Healthcare Research and Quality's mission is to produce evidence to make healthcare safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

The Agency for Healthcare Research and Quality (AHRQ) is the lead Federal agency charged with improving the safety and quality of healthcare for all Americans. AHRQ develops the knowledge, tools, and data needed to improve the healthcare system and help consumers, healthcare professionals, and policymakers make informed health decisions. AHRQ's overarching goal is to improve the lives of patients.

The agency aims to help healthcare systems and professionals deliver care that is high quality, safe, equitable and high value. AHRQ accomplishes its mission by focusing on three core competencies:

- **Health Services and Systems Research:** Investing in research that generates evidence about how to deliver high-quality, safe, equitable, high-value healthcare.

[1]The FY 2022 column reflects enacted levels, including required transfers.

[2]AHRQ receives mandatory funds transferred from the Patient-Centered Outcomes Research Trust Fund to implement section 937 of the Public Health Services Act.

[3]Excludes mandatory PCORTF FTEs and reimbursable FTEs.

- **Practice Improvement:** Creating strategies and tools to help health systems and frontline clinicians deliver high-quality, equitable, safe, high value healthcare.
- **Data and Analytics:** Disseminating data and analyses that help healthcare decision makers understand how the US healthcare system is working and where there are opportunities for improvement.

The FY 2023 budget invests in AHRQ's core mission areas of conducting health services research, improving patient safety, digital healthcare, and sustaining key data resources on access, care delivery, and affordability for all.

The Fiscal Year (FY) 2023 budget requests $527 million for AHRQ. This includes $376 million in budget authority, $40 million in PHS Evaluation Set Aside funding, and $111 million in mandatory transfers from the Patient Centered Outcomes Research Trust Fund. The budget supports new Long COVID research and diagnostic safety research, the development of an all-payer claims database, and activities to evaluate the effects of telehealth on healthcare delivery and health outcomes.

HEALTH SERVICES, RESEARCH, DATA, AND DISSEMINATION

The principal goals of health services and systems research are to identify the most effective ways to organize, manage, finance, and deliver healthcare that is high quality, safe, equitable, and high value. This portfolio first conducts research to find answers for the most pressing questions faced by clinicians, health system leaders, policy makers and others about how to best provide the care patients need. This research is done both through investigator-initiated and directed research grants programs as well as through research contracts. The next step in the Health Services Research continuum is to translate research findings into tools and resources and partner with delivery systems to ensure innovations are implemented in practice. Lastly, AHRQ creates and disseminates data and analyses of key trends in the quality, safety, equity, and cost of healthcare to help users understand and respond to what is driving the delivery of care today.

The FY 2023 budget provides $133 million, an increase of $35 million above FY 2022 enacted, for the health services research, data, and dissemination portfolio. This increase will support targeted research investments that will address today's most pressing healthcare challenges, such as COVID-19, the opioid epidemic, primary care, and health equity. Funding will also support an all-payers claims database.

Investigator-Initiated Grants and Contracts

AHRQ is addressing critical healthcare issues through investigator-initiated research and training grants support, which can generate discoveries and address today's critical issues. AHRQ-funded research generates new research findings and develops knowledge into practice. The budget provides $62 million for investigator-initiated research to support new general research grants and grants to ensure diversity within the health services research community. New investigator-initiated research and training grants are essential to health services research – they ensure that both new ideas and new investigators are supported each year. Investigator-initiated research grants allow extramural researchers to pursue the various research avenues that lead to successful yet unexpected discoveries. In this light, the investigator-initiated grant funding is seen as one of the most vital forces driving health services research in this country.

Primary Care Research

Primary care research is critical to AHRQ's mission to make healthcare safer, higher quality, more accessible, equitable, and affordable. AHRQ is the only Public Health Service agency that supports clinical, primary care research which includes translating science into patient care and better organizing healthcare to meet patient and population needs. The budget proposes an investment of $10 million for primary care research.

Opioid Initiative

Deaths from drug overdoses have risen steadily over the past two decades and have become a leading cause of injury death in the United States. The rise in drug overdose deaths was initially driven by misuse of prescription opioids but is now also fueled by rising use of fentanyl and other synthetic opioids, stimulants, and polydrug use. The FY 2023 budget proposes $10 million to support opioid and polysubstance research grants to increase equity in treatment access and outcomes, accelerate the implementation of effective evidence-based care in primary and ambulatory care, and develop whole person models of care that address the co-existing conditions and social

factors which shape treatment adherence and long-term recovery.

All-Payer Claims Database

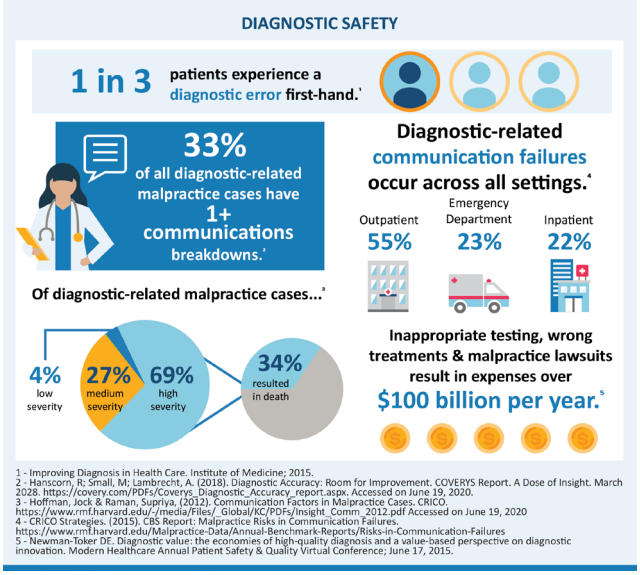
The FY 2023 provides $5 million to develop the infrastructure to regularly create and disseminate an All-Payers Claims Database. AHRQ will partner with states and other data holders to create a framework for a secure claims database that will enhance value to individual participating states and provide analytics to federal policy makers to inform decision making, address equity issues, and improve healthcare quality. As part of this effort, AHRQ will seek input from other federal agencies, including ASPE, HRSA, OMB, and SAMHSA, to ensure that the databases produced will have wide applications and uses to meet a variety of federal needs. Additionally, the budget allows AHRQ to continue expansion and innovation of major data platforms, including the Medical Expenditure Panel Survey and the Healthcare Cost and Utilization Project, making them more comprehensive, timely, and relevant.

ENHANCING PATIENT SAFTEY

At the core of AHRQ's efforts to improve healthcare delivery is a focus on patient safety. AHRQ conducts critical research to advance the field of patient safety and develops tools and resources to ensure health systems and professionals can put this evidence into real-world practice. AHRQ collects data to monitor the nation's progress in preventing harm in healthcare settings. In FY 2023, the program will continue its focus on Healthcare-Associated Infections, its support of Patient Safety Organizations, and its efforts to prevent and mitigate patient safety risks and harms. The FY 2023 budget provides $79 million for patient safety research to reduce patient safety risks and harms, support patient safety organizations, and address healthcare-associated infections. To achieve this work, AHRQ supports the Comprehensive Unit-based Safety Program projects aimed at improving antibiotic stewardship and maintains the Network of Patient Safety Databases to advance the nation's understanding of the prevalence, causes, and potential solutions to improve patient safety.

Diagnostic Errors

Approximately 12 million Americans suffer a diagnostic error each year, and more than four million people experience severe consequences because of these errors or from diagnostic delays. The cost of diagnostic errors to the U.S. healthcare system may be well over $100billion annually. To discover and test solutions to avoid diagnostic error, AHRQ will invest $10 million in Diagnostic Safety Centers of Excellence and disseminating evidence-based tools for improving diagnostic safety. The research Centers will bring together multi-disciplinary teams to develop, implement, test, and refine practical solutions for reducing diagnostic errors using human factors principles, system engineering, and digital health applications. AHRQ intends to fund five centers with each center focusing on specific conditions, populations, or settings of diagnostic safety. At least one Center will focus on each of 'big three' conditions – cancer, heart disease, and infectious disease – which together account for more than 50 percent of diagnostic errors annually. Ideally, centers will develop, implement, test, and refine practical solutions for reducing diagnostic errors using human factors, system engineering, and digital health applications. This increase will also support the evaluation, refinement, and dissemination of evidence-based tools and resources to improve diagnostic safety.



DIGITAL HEALTHCARE RESEARCH

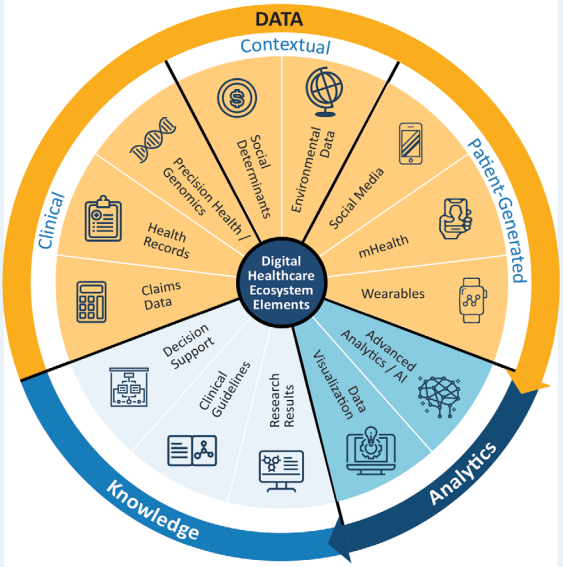
The budget provides $18 million for the AHRQ digital healthcare research portfolio, an increase of $2 million above FY 2022 enacted. AHRQ's Digital Healthcare Research Program provides foundational research to ensure that digital healthcare systems are designed and implemented in ways that improve quality, safety, and equity while not resulting in excessive burden on physicians and other members of the care team. The

program also funds research to create actionable findings around "what and how digital healthcare technologies work best" for its key stakeholders: patients, clinicians, and health systems working to improve healthcare quality. In executing this portfolio, AHRQ also operates in coordination with other federal health programs, particularly the Office of the National Coordinator for Health IT, and its research findings have informed policy at federal entities such as CMS and the Veteran's Administration.

The increase in FY 2023 will support the establishment of two Centers of Excellence in Telehealth Implementation. These centers will play a role in evaluating the effects of telehealth on healthcare delivery and health outcomes to ensure the promise of telehealth is delivered through evidence-based practice and policy. This work is especially important given the rapid expansion of telehealth during the COVID-19 pandemic, which created both historic opportunities and unique challenges. With this unprecedented rapid expansion of telehealth, it is important to understand telehealth's effect on key health policy priorities and thoroughly evaluate the effect of the telehealth on healthcare quality, safety, equity, access, utilization, and value. The Centers of Excellence in Telehealth Implementation would be critical in this endeavor by generating evidence on questions such as how telehealth can improve equity through expanded healthcare access to high quality care for diverse populations and how remote monitoring can improve quality and equity while reducing unnecessary utilization.

In FY 2023, AHRQ will continue to support research grants and contracts in several priority areas, such as digital healthcare equity, virtual healthcare, patient-generated health data, patient safety, and care transitions. According to the latest digital healthcare annual report from 2020, AHRQ supported 103 research grants on topics such as low-cost screening in emergency departments to address social determinants of health, improving hypertension management in children, and dissemination of successful data strategies and technology.

THE DIGITAL HEALTH ECOSYSTEM SUPPORTS QUALITY HEALTHCARE



The digital healthcare ecosystem includes clinical, contextual, and patient-generated health data as well as the tools used to manage and apply these data such as advanced analytics and data visualizations. The application of these data can result in knowledge, which can take the form of computable clinical guidelines and decision support used by providers, payers, patients, and researchers. Ecosystem elements and actors are essential to supporting safe, quality healthcare.

LONG COVID RESEARCH

The FY 2023 budget invests $19 million within AHRQ's Center for Evidence and Practice Improvement to establish a new initiative aimed at advancing and disseminating quality healthcare approaches for people living with post-acute sequalae of SARS COV-2 Infection, or Long COVID. Long COVID is a range of symptoms that can last weeks or months after first being infected with the virus that causes COVID-19 or can appear weeks after infection. Providing patient-centered, whole person-oriented care for COVID-19 and Long COVID remains a challenge as organizations seek to develop strategies for effectively preventing, diagnosing, treating, and managing COVID-19. AHRQ's work will ensure that healthcare delivery systems are prepared to provide that patient-centered, coordinated care. Building on its competencies in healthcare delivery research, digital healthcare research, and quality and safety implementation science and practice, AHRQ will:

- Invest in health systems research on how to organize and deliver patient-centered care for people living with Long COVID
- Develop, test, and disseminate clinical tools, resources, and trainings to improve the quality, safety, coordination, patient-centeredness, equity, and value of the delivery of care for people living with Long COVID
- Establish a hub and spoke based model for supporting multispecialty Long COVID centers in communities without access to major academic centers; and
- Establish telementoring support for primary care clinicians who will be the backbone of long- term care of Long COVID for many Americans.

IMPROVING MATERNAL HEALTH

In 2020, 861 women were identified as having died of pregnancy and birth-related causes in the United States, compared with 754 in 2019. These outcomes are not evenly distributed, with underserved populations, including African American individuals, being at substantially higher risk of complication and death.

The budget requests $7 million to fund AHRQ's contribution to the HHS-wide *Improving Maternal Health Initiative.* Funding would support the first year of the effort.

This initiative will focus on expanding state capacity to link local and federal healthcare, vital statistics, and social service data; using predictive analytics to improve maternal health and outcomes; expanding the Medical Expenditure Panel Survey to provide better data on maternity care; and expanding the capacity to measure pregnant individuals' experience with care.

U.S PREVENTIVE SERVICES TASK FORCE

AHRQ provides scientific and administrative support for the U.S. Preventive Services Task Force, an independent, non-governmental, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services. AHRQ supports the Task Force by ensuring that it has the evidence it needs to make recommendations; the ability to operate in an open, transparent, and scientifically rigorous, and efficient manner; and the ability to share its recommendations clearly and effectively with the healthcare community and public. In FY 2021, the Task Force issued 15 final recommendation statements, all of which were published in a major national peer-reviewed journal. In 2021, the Task Force also described a new plan for increasing their focus on addressing racial and ethnic health disparities in preventive care.

The budget invests $12 million to conduct evidence reviews and develop approximately 8-12 recommendations in FY 2023. AHRQ will also continue to support the task force in advancing its efforts to increase health equity through the implementation of evidence-based clinical preventive services.

MEDICAL EXPENDITURE PANEL SURVEY

The Medical Expenditure Panel Survey is a set of large-scale surveys of families and individuals, their medical providers, and employers across the United States. The survey is the most complete source of data on the cost and use of healthcare and health insurance coverage. The survey collects detailed information from families on access, use, expenses, insurance coverage, and quality. Funding supports data collection and analytical file production for three interrelated survey components: household, medical provider, and insurance. The information from the survey provides valuable data on health status, demographics, employment, and healthcare access and quality. For example, AHRQ recently released analyses from the household component examining the overall concertation of healthcare expenditures across the U.S. population, specifically identifying most commonly treated conditions among top spends and shares of spending by age, race and ethnicity, type of medical service, and source of payment.

The FY 2023 budget provides $72 million. This level includes funding for the third-year costs associated with increasing state sample sizes to enhance the ability to estimate for states and smaller population subgroups.

PROGRAM SUPPORT

The budget includes $75 million, an increase of $2 million above FY 2022 enacted, to support agency-wide operational and administrative costs that help ensure efficient management of research activities and

stewardship of federal resources. The increase in funding will allow AHRQ to support the staff and operation costs necessary to carry out the agency's responsibilities. This increase will also fund the addition of seven full-time equivalents needed to support HHS- and AHRQ-funded initiatives including patient safety, digital healthcare, and Long COVID research.

IMPLEMENTING PATIENT CENTERED OUTCOMES RESEARCH FINDINGS

In FY 2023 AHRQ will receive $111 million from the Patient Centered Outcomes Research Trust Fund to advance the dissemination and use of patient-centered outcomes research findings and train future PCOR researchers. AHRQ will also use these resources to advance the use of clinical decision support, and other digital technologies to incorporate patient centered outcomes research findings into clinical practice, provide training and career development for researchers and institutions in methods to conduct comparative effectiveness research, and engage with stakeholders to ensure this work has the greatest possible impact on healthcare delivery and outcomes.

Centers for Medicare & Medicaid Services: Overview

The following tables are in millions of dollars.

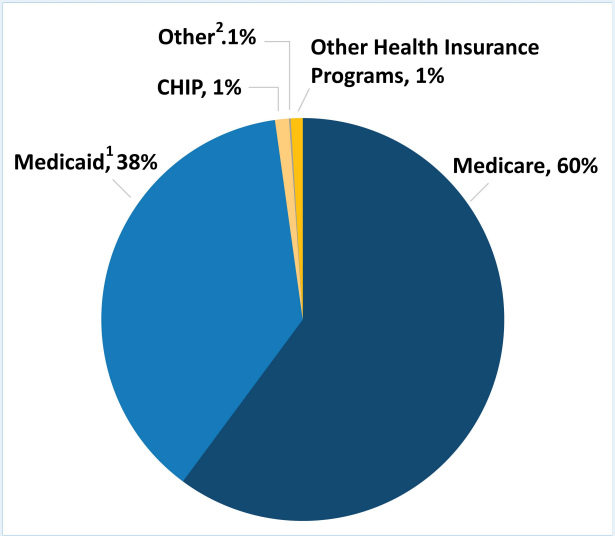
Current Law	2021	2022	2023	2023 +/- 2022
Total, Net Outlays, Current Law	**1,240,666**	**1,370,463**	**1,424,232**	**+53,769**

Proposed Law	2021	2022	2023	2023 +/- 2022
Total Proposed Law	--	--	-552	-552
Total, Net Outlays, Proposed Law	**1,240,666**	**1,370,463**	**1,423,680**	**+53217**

The Centers for Medicare & Medicaid Services ensures effective and high-quality healthcare while promoting more equitable and accessible care for all.

As the largest single health payer in the United States, the Centers for Medicare & Medicaid Services (CMS) administers Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the federal Marketplace, Healthcare.gov. Over 150 million Americans rely on CMS programs for high-quality health coverage. The President's Fiscal Year (FY) 2023 Budget estimates $1.4 trillion in mandatory and discretionary outlays for CMS, a net increase of $53 billion above FY 2022 enacted.

CMS FY 2023 NET FEDERAL OUTLAYS PROPOSED LAW - $1.4 TRILLION



/1 Medicaid represents total Federal spending only
/2 Other represents State Grants and Demonstrations and the Center for Medicare & Medicaid Innovation

BUDGETARY REQUEST

CMS is dedicated to moving toward a healthcare system that emphasizes equitable and high-quality healthcare access for all Americans. As the Nation's largest administrator of health benefit programs, CMS is uniquely positioned to accelerate initiatives that advance the Secretary's commitment to enhance mental health services, transform pandemic preparedness capabilities, and advance health equity.

MENTAL HEALTH

Through Executive Orders and other regulatory actions, the Administration is taking steps to address the unprecedented mental health crisis exacerbated by the COVID-19 pandemic by strengthening system capacity and connecting more Americans to the care they need. CMS has implemented a new Medicaid state option made available under the American Rescue Plan Act of 2021 to support community-based mobile crisis intervention services that will make behavioral health providers the first responder to mental health and substance use crises. CMS has also promulgated Medicare regulations that improve coverage and reimbursement for mental health services.

The budget emphasizes the Administration's commitment to mental health by modernizing Medicare mental health benefits and making them more affordable, expanding access to virtual therapy services for Medicare beneficiaries, and allowing more providers to receive direct Medicare payment for their mental health services. It also expands access to mental health services by strengthening consumer protections in the private insurance market. Additionally, the budget proposes improvements to mental health access in Medicaid through increased access to providers, expanding and converting the Demonstration Programs to Improve Community Mental Health Services into a permanent program to improve access to behavioral health services, establishing a performance fund to improve behavioral health, and encouraging utilization of clinically

appropriate criteria for Medicaid covered behavioral health services.

PANDEMIC PREPAREDNESS

The Administration put Pandemic Preparedness at the forefront of national priorities in the American Rescue Plan Act. The Act empowered CMS to respond to the COVID-19 pandemic by investing in advanced research, development, manufacturing, production and purchase of vaccines, therapeutics, and ancillary medical products utilized for treatment and prevention of COVID-19. The Act also:

- Requires Medicaid and CHIP coverage of COVID-19 vaccines and their administration, testing, and treatment without beneficiary cost sharing with the vaccine and administration matched at 100 percent federal medical assistance percentage through one year after the end of the public health emergency.
- Allows territories to fund this Federal Medical Assistance Percentage (FMAP) increase for coverage of COVID-19 vaccines and their administration, testing, and treatment outside of the territory funding allotment caps.
- Creates a Medicaid state option to provide coverage to the uninsured for COVID-19 vaccines and treatment without cost sharing at 100 percent federal medical assistance percentage.
- Provides 100 percent FMAP for two years for services provided to Medicaid beneficiaries receiving care through Urban Indian Organizations and Native Hawaiian Healthcare Systems.

The COVID-19 pandemic highlights the importance of vaccines and prevention. The budget therefore bolsters CMS's pandemic preparedness with proposals that strengthen CMS's ability to collect crucial quality data during future public health emergencies and ensure laboratory services are accessible to the maximum extent feasible in any federally declared emergency period.

EQUITY

The Administration's commitment to equity in healthcare was made evident in Executive Order 13985, "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government." The Administration has also taken actionable steps to increase health equity by lowering the cost of coverage and healthcare costs for millions of Americans, resulting in 5.8 million people who newly gained Marketplace coverage. In step with the Administration's priority to reduce health disparities, the budget emphasizes positive equity impacts for beneficiaries of all CMS programs. The budget includes foundational equity- and data-related proposals that would further increase access to healthcare coverage.

ONGOING PRIORITIES

> ***"Cut the cost of prescription drugs. We pay more for the same drug produced by the same company in America than any other country in the world…Let's cap the cost of insulin at $35 a month so everyone can afford it."***
>
> *- President Biden, 2022 State of the Union*

The Administration remains committed to lowering prescription drug costs for Americans and supports actions to address high and rising drug prices. President Biden's comprehensive Prescription Drug Pricing Plan reiterates the important call to action to lower prescription drug prices, which is guided by the Administration's principles for equitable drug pricing reform through competition, innovation, and transparency.

The Administration is also committed to supporting a temporary extension of broader telehealth coverage under Medicare beyond the COVID-19 Public Health Emergency declared by the Secretary to study its ability to promote proper use and access to care.

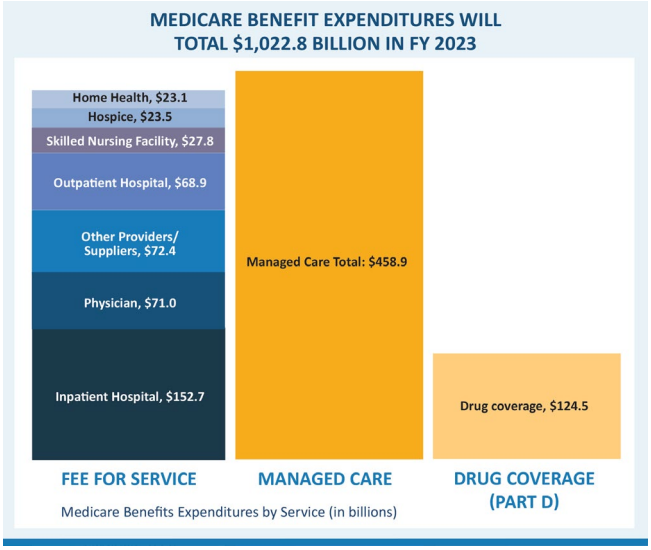
Centers for Medicare & Medicaid Services: Medicare

The following tables are in millions of dollars.

Current Law Outlays and Offsetting Receipts	2021	2022	2023	2023 +/- 2022
Benefits Spending (gross)[1]	866,535	990,132	1,022,839	32,706
Less: Premiums Paid Directly to Part D Plans[2]	-11,410	-12,203	-12,486	-283
Subtotal, Benefits Net of Direct Part D Premiums Payments	**855,125**	**977,929**	**1,010,353**	**32,423**
Related-Benefit Expenses[3]	46,019	48,193	18,659	-29,534
Administration[4]	-26,882	-56,339	11,972	68,311
Total Outlays, Current Law	**874,263**	**969,783**	**1,040,984**	**71,201**
Premiums and Offsetting Collections	-177,966	-197,706	-183,615	14,091
Current Law Outlays, Net of Offsetting Receipts	**696,297**	**772,077**	**857,369**	**85,292**

Proposed Policy	2021	2022	2023	2023 +/- 2022
Medicare Proposals, Net of Offsetting Receipts[5]	--	--	-1,071	-1,071
Subtotal, Medicare Proposed Policy	**--**	**--**	**-1,071**	**-1,071**
Total Net Outlays, Proposed Law	**696,297**	**772,077**	**856,298**	**84,221**
Mandatory Total Net Outlays, Proposed Policy[6]	**688,631**	**764,101**	**847,785**	**83,684**

Medicare provides health benefits to individuals who are aged 65 or older, disabled, or have End-Stage Renal Disease. In Fiscal Year (FY) 2023, the Office of the Actuary estimates that gross current law spending on Medicare benefits will total $1.0 trillion and the program will provide health benefits to 66.3 million beneficiaries.



HOW MEDICARE WORKS – THE FOUR PARTS OF MEDICARE

Part A

Medicare Part A pays for healthcare services in inpatient hospitals and skilled nursing facilities, home healthcare related to a hospital stay, and hospice care. A 2.9 percent payroll tax, paid by both employees and employers, is the primary financing mechanism for Part A. Part A gross fee-for-service spending will total an estimated $211.7 billion in FY 2023. Individuals who have worked for 10 years (40 quarters) and paid Medicare taxes during that time generally receive Part A benefits without paying a premium, but most services require beneficiary coinsurance. In Calendar Year (CY) 2022, beneficiaries pay a $1,556 deductible for a hospital stay of 1-60 days, and a $194.50 daily coinsurance for days 21-100 in a skilled nursing facility.

Part B

Medicare Part B pays for physician, outpatient hospital, End-Stage Renal Disease, laboratory, durable medical equipment, home healthcare unrelated to a hospital stay, and other medical services. Part B coverage is

[1] Represents all post-sequester spending on Medicare benefits by either the federal government or through other beneficiary premiums.
[2] In Part D only, beneficiary premiums paid directly to plans and not from the Trust Funds are netted out.
[3] Includes refundable payments made to providers and plans, transfers to Medicaid, and premiums to Medicare Advantage plans paid out of the Trust Funds from beneficiary Social Security withholdings.
[4] Includes CMS Program Management, the Health Care Fraud and Abuse Control Program (HCFAC), Quality Improvement Organizations, repayments for the Accelerated and Advance Payment Program, and other administration.
[5] Includes non-legislative savings from program integrity investments in HCFAC and the Social Security Administration.
[6] Removes total Medicare discretionary amount: FY 2021 -$7,666 million; FY 2022 -$7,976 million; and FY 2023 -$8,513 million.

voluntary, and approximately 90 percent of all Medicare beneficiaries enrolled in Part B through either fee-for-service or Medicare Advantage in CY 2022. Beneficiary premiums finance approximately 25 percent of Part B costs with the remaining 75 percent covered by general revenues from the U.S. Treasury. Part B gross fee-for-service spending will total $227.7 billion in FY 2023.

The standard monthly Part B premium is $170.10 in CY 2022, an increase of $21.60 from $148.50 in CY 2021. A statutory "hold harmless" provision applies each year to the approximately 70 percent of enrollees whose premiums are paid from their Social Security benefits, limiting the annual rise in Part B premiums to no more than the Social Security cost of living increase. For these enrollees, any increase in Part B premiums must be lower than the increase in their Social Security benefits. Some beneficiaries also pay a higher Part B premium based on income: those with annual incomes above $91,000 (single), or $182,000 (married) will pay from $238.10 to $578.30 per month in CY 2022. The Part B annual deductible in CY 2022 is $233.00 for all beneficiaries, an increase of $30.00 from $203.00 in CY 2021.

Part C

Medicare Part C, the Medicare Advantage Program, pays plans a capitated monthly payment to provide all Part A and B services, and Part D services if offered by the plan. Plans can offer additional benefits or alternative cost-sharing arrangements that are at least as generous as the standard Parts A and B benefits under traditional Medicare. In addition to the regular Part B premium, beneficiaries who choose to participate in Part C may pay monthly plan premiums that vary based on the services offered by the plan and the efficiency of the plan.

In CY 2023, Medicare Advantage enrollment is expected to total about 32.0 million beneficiaries, or 52.6 percent of all Medicare beneficiaries who have both Parts A and B. Between 2013 and 2022, private plan enrollment grew by 15.3 million, or 103 percent, compared to growth in the overall Medicare population of 24 percent for the same period. Recent data confirm that 99.7 percent of Medicare beneficiaries have access to at least one Medicare Advantage plan in CY 2022. Additionally, plan offerings of Medicare Advantage supplemental benefits have increased while premiums have remained stable. Medicare payments for private health coverage under Part C are expected to total $459 billion in FY 2023. MedPAC reports payments to plans are 104% of what they would be to provide Part A and B benefits in fee-for-service, negatively affecting Part A solvency and increasing Part B premiums for beneficiaries.

Part D

Medicare Part D offers a standard prescription drug benefit with a CY 2022 deductible of $480 and base beneficiary premium of approximately $33.37 per month. Enhanced and alternative benefits are also available with varying deductibles and premiums. Participating beneficiaries pay a portion of the cost of their prescription drugs, which varies based on the phase of coverage and the amount the beneficiary has already spent on medications that year. Low-income beneficiaries have varying degrees of cost-sharing, with co-payments ranging from $0 to $9.85 in 2022 and low or no monthly premiums. For CY 2023, CMS expects Medicare Part D enrollment to increase 2.8 percent to 52 million, including 13.8 million beneficiaries who receive the low-income subsidy. CMS estimates Part D program costs will total $124.5 billion in FY 2023.

In CY 2022, of beneficiaries that have Part D coverage, approximately 45 percent are enrolled in a standalone Part D Prescription Drug Plan, 53 percent are enrolled in a Medicare Advantage Prescription Drug Plan, and 2 percent are enrolled in an employer plan. Of Medicare beneficiaries overall, approximately 79 percent receive prescription drug coverage through Medicare Part D or employer sponsored retiree health plans, and a significant number of the remaining beneficiaries through other creditable coverage, including benefits received under the Federal Employees Health Benefits Program, the Department of Veterans Affairs, TRICARE, and Indian Health Services.

For most Part D enrollees (those without the low-income subsidy), the Part D defined standard benefit covers 75 percent of drug spending above a deductible and all but five percent coinsurance once a beneficiary reaches an out-of-pocket threshold. In the initial coverage phase, if the combined amount the beneficiary and the drug plan pay for prescription drugs reaches a certain level ($4,430 in 2022), the beneficiary enters the Part D coverage gap phase. As of 2020, non-low-income subsidy beneficiaries who reach this phase of Medicare Part D coverage continue to pay no more than 25 percent of costs for all covered Part D drugs. Low-income subsidy beneficiaries are statutorily excluded from the coverage gap discount program, and Medicare pays the majority of their cost

sharing. Beneficiaries stay in this phase until they reach the threshold for qualified out-of-pocket spending ($7,050 in out-of-pocket costs CY 2022), at which point they enter the catastrophic phase and are then generally responsible for no more than five percent of their drug costs.

Medicare Quality Improvement Organizations

CMS contracts with Quality Improvement Organizations (QIOs)—experts in quality improvement—to ensure Medicare beneficiaries and their families receive high quality care and support CMS's aims of better health, better care, and lower costs. The QIOs drive local change by partnering directly with Medicare providers, beneficiaries, families, and other organizations to support innovative approaches to improve quality, accessibility, and affordability, which translates into national quality improvement.

The current five-year contract cycle, or 12th Scope of Work, began FY 2019 and lasts through FY 2023. Spending under this Scope of Work totals $641 million in FY 2023 and $3.7 billion over five years. There are two types of QIOs that work with providers and beneficiaries: Quality Innovation Network contractors and Beneficiary and Family Centered Care contractors. During the 12th Scope of Work, Quality Innovation Network QIOs assist patients, providers, and communities to improve behavioral health outcomes, decrease opioid misuse, increase patient safety, address chronic disease self-management, and promote quality of care transitions as well as nursing home quality. Quality innovation Network QIOs also play an essential role in the Department's response to COVID-19 by providing targeted response and technical assistance to nursing homes experiencing infection outbreaks. To date, the Quality Innovation Network QIOs have trained frontline staff and managers in over 11,500 nursing homes on first-of-its-kind COVID-19 infection control techniques. Beneficiary and Family Centered Care organizations perform the program's statutory case review work, including beneficiary complaints, concerns related to early discharge from healthcare settings, and patient and family engagement.

QUALITY IMPROVEMENT ORGANIZATION ACHIEVEMENTS

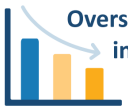
Conducted **1,076,326** case reviews

72,398 Medicare beneficiaries completed diabetes self-management education classes

Contributed to the avoidance of **105,266** readmissions with a cost savings of **$1.4 BILLION**

Contributed to prevention of **54,516** adverse drug events through dissemination of evidence based clinical information and best practices

Achieved **98-99%** timeliness on responses to beneficiary complaints and Emergency Medical Treatment and Labor Act reviews



Oversaw a reduction of approximately **6%** in all-cause harm rates and **9.2%** decline in 30 day readmissions from 2014-2019

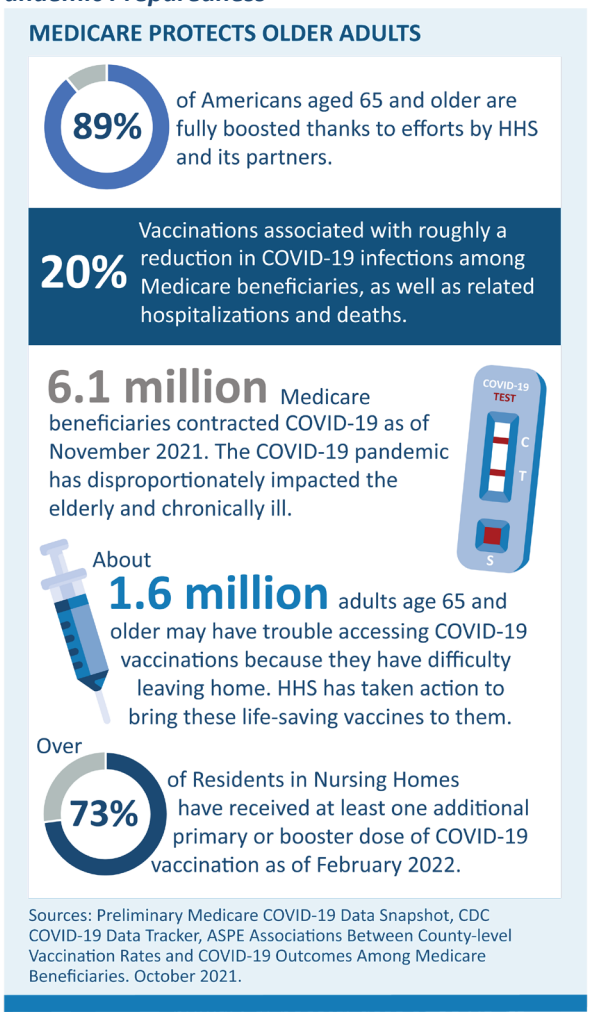
RECENT PROGRAM DEVELOPMENTS

Mental Health

Mental healthcare and access to care is a very high priority for this Administration. The Administration is expanding access to mental health and beneficiary-centered care under Medicare via greater use of telehealth and other telecommunications technologies to provide behavioral healthcare, among other services. Medicare beneficiaries can experience care directly in their homes thanks to recent regulations, including the CY 2022 Physician Fee Schedule final rule, that allow for certain behavioral health services via audio-only telephone calls. This means counseling and therapy services, including treatment of substance use disorders and services provided through Opioid Treatment Programs, will be more readily available to individuals, especially in areas with poor broadband infrastructure. During the COVID-19 pandemic, a report by the HHS Assistant Secretary for Planning and Evaluation found that visits with behavioral health specialists constituted the largest increase in Medicare fee-for-service telehealth utilization in 2020. Further, telehealth services comprised a third of total visits

with behavioral health specialists and up to 70 percent of 2020 telehealth visits were potentially payable as audio-only services. The report can be found at: https://aspe.hhs.gov/reports/medicare-beneficiaries-use-telehealth-2020. For the first time outside of the COVID-19 public health emergency, Medicare will pay for mental health visits furnished by Rural Health Clinics and Federally Qualified Health Centers via telecommunications technology, including audio-only telephone calls, expanding access for rural and other vulnerable populations.

Pandemic Preparedness



The Administration has worked tirelessly to increase access to COVID-19 vaccinations for all Americans. Medicare took critical steps to ensure that America's healthcare facilities responded effectively to the COVID-19 public health emergency, including publishing final payment rules to establish a national average COVID-19 vaccine payment rate for physicians, hospitals, pharmacies and many other immunizers; issue Long-Term Care Facility immunization requirements for residents and staff; improve transparency with vaccine and therapeutics treatment reporting requirements; and provide sets of toolkits for providers, states, and insurers to facilitate the healthcare system's swift response. These measures supported the important actions taken by providers to expand their capacity to increase the number of vaccines they could furnish each day, including establishing new or growing existing vaccination sites, conducting patient outreach and education, and hiring additional staff.

The Biden-Harris Administration's efforts to expand access to COVID-19 vaccines extended to Medicare beneficiaries' homes. There are approximately 1.6 million adults 65 or older who may have trouble accessing COVID-19 vaccinations because they have difficulty leaving home. These individuals are often at-risk patients who could require complex care if they contracted COVID-19 and needed to be hospitalized. To better serve this group, Medicare increased the total payment amount for at-home vaccinations in certain circumstances to ensure that providers administering the vaccines are sufficiently compensated for upfront costs, clinical time, and safety measures to administer the vaccines in a home environment. Actions taken to protect all beneficiaries underscores the Administration's commitment to removing barriers and bringing the fight against the COVID-19 pandemic to the country's most vulnerable individuals.

The Administration is further supporting pandemic preparedness through a $200 million investment in infection control and vaccination uptake for nursing homes through the American Rescue Plan Act of 2021. This funding enables QIOs to combat COVID-19 in nursing homes by providing assistance to increase resident and staff vaccination rates, mitigate outbreaks, and strengthen infection control systems to prevent the entry and spread of infections.

Encourage Efficiency

The Administration has continued to promote price transparency for Medicare beneficiaries as well as all healthcare users through its efforts to enforce hospital compliance with the Hospital Price Transparency final rule. Hospital price transparency helps people know what a hospital charges for the items and services it provides, an important factor given that healthcare costs can cause significant financial burdens for consumers. While enforcement activities are necessary

to drive compliance with price transparency, CMS is also committed to working with hospitals to help them meet those requirements.

Strengthen Oversight, Quality, and Beneficiary Protections

The Administration has made nursing home staff turnover rates and weekend staff levels publicly available to Medicare beneficiaries and all healthcare consumers for the first time ever. Staffing in nursing homes has a substantial impact on the quality of care and outcomes residents experience. This information, available on Medicare.gov/care-compare, helps consumers understand more about each nursing home facility's staffing environment and choose a facility that provides the highest quality of care that best meets the healthcare needs of their loved one. In addition, via the National Healthcare Safety Network, beneficiaries are also able to see national and state level data on COVID-19 vaccination coverage among nursing home residents and staff. The Administration is also launching new initiatives to improve nursing home quality, including the intention to strengthen requirements for on-site infection preventionists, efforts to continue to bring down the inappropriate use of antipsychotic medications, and the provision of technical assistance to nursing homes to help them improve.

2023 LEGISLATIVE PROPOSALS

The FY 2023 budget includes targeted Medicare proposals that support the Administration's priorities to invest in mental health, strengthen equity in healthcare, and improve beneficiary protections. Together, this legislative package invests a net $3.0 billion into the Medicare program over 10 years. When, combined with program integrity investments, the budget yields net savings to Medicare of $17.7 billion over 10 years.

Mental Health

Eliminate the 190-day Lifetime Limit on Psychiatric Hospital Services

Under current law, once an individual receives Medicare benefits for 190-days of care in a psychiatric hospital during their lifetime, no further benefits of that type are available to that individual. This limitation applies only to services furnished in a psychiatric hospital, not to inpatient psychiatric services furnished in a distinct psychiatric unit of a general hospital. Eliminating the lifetime limit on psychiatric hospital services would serve to improve parity between Medicare mental health and physical health coverage by removing a limitation on coverage of mental health services for which there is no comparable limit on physical health services. It would also increase the overall availability of inpatient psychiatric hospital services. This proposal will improve equity by removing a barrier to accessing mental health services, which affects thousands of Medicare beneficiaries with mental illness, many of whom are under age 65. [$2.2 billion in Medicare costs over 10 years]

Require Medicare to Cover Three Behavioral Health Visits without Cost-Sharing

Medicare Part B includes coverage of behavioral health visits to a doctor, therapist, or other clinician for services generally received outside of a hospital, but the annual Part B deductible and coinsurance apply, with limited exceptions. This proposal would require Medicare to cover up to three behavioral health visits per year without cost-sharing. Eliminating cost-sharing for individuals removes potential financial barriers to treatment and gives more patients access to the care they need. This proposal will have a positive impact on health equity by improving access and adherence to treatment, creating a pathway to better overall health outcomes. [$1.4 billion in costs over 10 years]

Revise Criteria for Psychiatric Hospital Terminations from Medicare

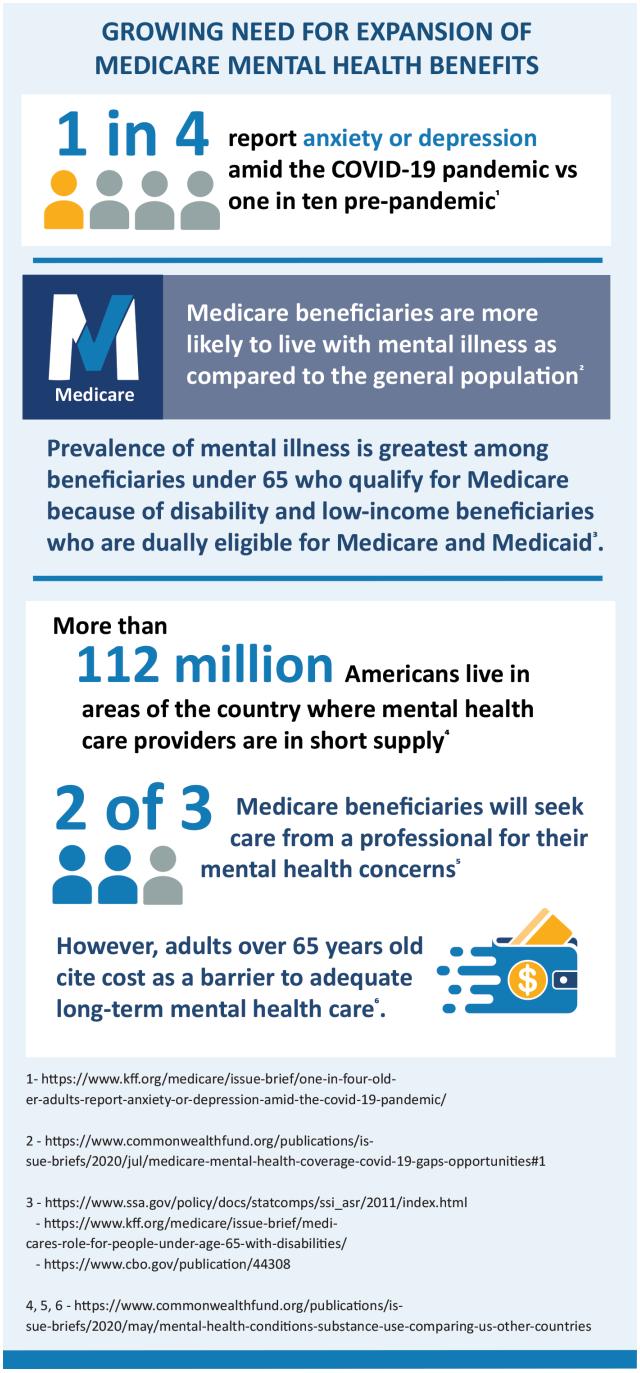
Current law requires CMS to terminate psychiatric hospital participation in Medicare after six months of non-compliance with conditions of participation, even if the deficiency does not jeopardize patient health and wellbeing. This provision does not apply to any other provider category. If a facility must be terminated, it would diminish access to quality mental health services by diverting resources away from patient care, and any required termination could cause patients with mental illness to forgo seeking the appropriate care. This proposal would give CMS flexibility to allow a psychiatric hospital to continue receiving Medicare payments when deficiencies are not considered to immediately jeopardize the health and safety of its patients and where the facility is actively working to correct the deficiencies identified in an approved Plan of Correction. Without this flexibility for options beyond termination from participation in Medicare, the communities using these psychiatric services may suffer reduced access to care, increasing health disparities and having a negative impact on social determinants of health. [Budget Neutral]

Modernize Medicare Mental Health Benefits

Currently, statutory limits on the list of practitioners and the scope of services that are eligible for Medicare payment restrict access to mental health services in Medicare. This proposal would: establish a Medicare benefit category for Licensed Professional Counselors and Marriage and Family Therapists that authorizes direct billing and payment under Medicare for these practitioners , remove limits on the scope of services for which Clinical Social Workers, Licensed Professional Counselors, and Marriage and Family Therapists can be paid by Medicare; allow these practitioners to bill Medicare directly for their mental health services for covered Part A qualifying Skilled Nursing Facility stays; establish Medicare payment under Part B for services provided under an Assertive Community Treatment delivery system; allow payment to Rural Health Clinics and Federally Qualified Health Centers for Licensed Professional Counselors and Marriage and Family Therapists providing mental health services; and enable Medicare coverage of evidence-based digital applications and platforms that facilitate the delivery of mental health services. By removing statutory limits on the list of providers that are authorized to receive direct Medicare payment for their mental health services, this proposal would expand access to mental health services in Medicare, especially in rural and underserved areas with fewer mental health professionals, or communities more likely to receive care from the referenced practitioners. [Not Scorable]

Apply the Mental Health Parity and Addiction Equity Act to Medicare

Unlike most private and employer-based insurance and Medicaid plans, Medicare is not subject to the 2008 Mental Health Parity and Addiction Equity Act (the Act), which requires health plans that offer mental health and substance use disorder benefits to provide coverage that is on par with the medical and surgical benefits they offer. This proposal ensures that mental health and substance use disorder benefits under Medicare do not face greater limitations on reimbursement or access to care relative to medical and surgical benefits. MedPAC will be required to issue a report to identify existing gaps in mental health and substance use disorder benefits to be addressed in Medicare statute. Applying the Act to Medicare builds on efforts to enhance behavioral health coverage and improves access to comprehensive care for these beneficiaries. This proposal improves health equity and confirms the notion that Medicare beneficiaries suffering from mental health and substance use disorders are just as deserving of protection and care as those with medical, physical, or surgical needs. [Not Scoreable]



Pandemic Preparedness

Consolidate all Vaccine Coverage under Medicare Part B

Current Medicare coverage for vaccine administration is divided between Part B and Part D, which can be confusing and burdensome for both Medicare beneficiaries and providers. Part B is a more appropriate type of coverage for vaccines because

more beneficiaries are enrolled in Part B than Part D and higher out-of-pocket costs in some Part D plans may create a financial barrier to access. This proposal shifts all Medicare coverage for vaccines, including administration costs, to Part B and requires that Medicare Advantage Plans charge no greater cost-sharing for any vaccines and their administration than is charged under Original Medicare. For all vaccines, as recommended by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices, and approved by the CDC Director, with the exception of vaccination for travel-related purposes, there will be zero cost-sharing for Medicare beneficiaries. This proposal also modifies the way Medicare pays for vaccines from 95 percent of the Average Wholesale Price, which often has little relationship to market prices, to 103 percent of the Wholesale Acquisition Cost, the price at which the manufacturer sells the vaccine to the wholesaler. These changes promote better access to vaccines among the Medicare population while making Medicare payment for them more in line with actual costs. Health equity is improved by removing potential financial barriers to CDC-recommended vaccines. [$3.6 billion in costs over 10 years]

Authorize Coverage for Unapproved Drugs and Devices Authorized for Emergency Use

The Secretary has broad authority to temporarily waive or modify certain Medicare, Medicaid, or Children's Health Insurance Program (CHIP) requirements in certain public health emergencies, but this emergency waiver authority does not permit the Secretary to broaden coverage to drugs and devices that the FDA authorizes under an Emergency Use Authorization. Additionally, current law does not allow the Secretary to require coverage for the uninsured. This proposal changes the public health emergency statute to provide the Secretary with explicit authority to respond rapidly and effectively to future pandemics and other public health emergencies. Specifically, this proposal grants the Secretary explicit authority to make Emergency Use Authorization drugs and devices available during a public health emergency, without patient cost-sharing, for Medicare, Medicaid, and CHIP enrollees and for the uninsured. This authority would avoid dependence on emergency legislation or administrative workarounds, both of which have been necessary during the COVID-19 public health emergency. The authority ensures that all Americans have access to drugs and devices that receive Emergency Use Authorizations, without patient cost-sharing. The proposal improves health equity as underserved communities have been historically disproportionately impacted by disasters and emergencies. This proposal would increase HHS's capacity to address the medical needs of vulnerable communities during future pandemics, disasters, and other public health emergencies. [Not Scoreable]

Ensure Consistency and Clarity of Data Reporting Requirements for Medicare Providers, Suppliers and Contractors During Public Health Emergencies

While CMS was able to collect valuable information from certain providers during the public health emergency, CMS is limited and often faces significant delays around the collection and reporting of quality data. This proposal permits CMS to require all Medicare providers, suppliers, and contractors to collect and report relevant data under a declared public health emergency as specified by the Secretary, and to enforce these requirements with intermediate penalties such as civil monetary penalties. By permitting CMS to require relevant data submissions from all Medicare providers, suppliers, and contractors during public health emergencies, and setting clear and consistent expectations for data reporting and allowing more flexible enforcement, CMS could improve compliance and better inform government response to public health emergencies. [Budget Neutral]

Enable the Secretary to Temporarily Waive or Modify the Application of Specific Requirements of the Clinical Laboratory Improvement Amendments of 1988 Act during Public Health Emergencies

The use of waiver authority under current law is central to CMS's emergency response activities during the pandemic; however, the Clinical Laboratory Improvement Amendments program does not have similar statutory flexibilities. Because of this limitation, CMS has had to use enforcement discretion to implement a temporary policy within the constraints of the program's statutory requirements. This proposal enables the Secretary to temporarily waive or modify the application of specific requirements of the Act to ensure laboratory services are accessible to the maximum extent feasible in any federally declared emergency period and area, among other things. Exempting certain requirements will strengthen preparedness by allowing laboratory flexibilities for testing performed during federally declared emergencies and public health emergencies, thus allowing for expanded testing to underserved communities. For example, during the COVID-19 public

health emergency, the Clinical Laboratory Improvement Amendments program allowed pathologists to interpret slides remotely under enforcement discretion. This enforcement discretion added to continuity of care, especially for surgical patients awaiting a serious and time sensitive diagnosis. Amending the statute would provide CMS the ability to apply consistent criteria when granting a waiver to specific Clinical Laboratory Improvement Amendments requirements. [Not Scorable]

Strengthen Oversight, Quality, and Beneficiary Protections

Enhance Physician Fee Schedule Conversion Factor Updates in CY 2025

Under current law, eligible clinicians who achieve Qualifying Participant (QP) status in an Alternative Payment Model (APM) receive two primary incentives: (1) exclusion from the Merit-based Incentive Payment System, including both the reporting requirements and payment adjustments; and (2) a financial incentive that applies from 2019-2024 followed by one that applies from 2026 forward. Specifically, for Payment Years 2019 through 2024, QPs receive a five percent APM incentive payment for Part B covered professional services furnished during a year, then beginning in 2026, QPs receive a 0.75 percent conversion factor update, while non-QPs receive a 0.25 percent update. There is no incentive in 2025. The conversion factor is the multiplier that Medicare applies to calculate payment rates for Medicare Part B covered professional services under the Physician Fee Schedule. This proposal begins the respective conversion factor updates for Advanced APM participants and non-participants in 2025, one year earlier than under current law, effective CY 2025. Beginning the enhanced conversion factor update in 2025 rather than 2026 would close the gap during which QPs would receive no financial reward under the Quality Payment Program and therefore encourage eligible clinicians to participate in Advanced APMs to attain QP status in Performance Year 2023 for payment year 2025. Beginning the enhanced conversion factor update in 2025 instead of 2026 would simplify physician payment policy, reduce regulations and paperwork, and avoid confusion among stakeholders. [$3.5 billion in costs over 10 years]

Add Medicare Coverage of Services Furnished by Community Health Workers

Under current law, services provided by community health workers are not paid under Medicare. This proposal would provide coverage and reimbursement to community health workers acting within the scope of their license or certification under Medicare's Physician Fee Schedule for select, evidence-based preventive, chronic, and behavioral care management services, as well as certain social determinants of health evaluation and navigation services, effective CY 2024. Such services would be exempt from Medicare cost-sharing. Services must be furnished under the direction of—and billed by—a Medicare-enrolled supplier or provider in accordance with a comprehensive community needs assessment and engagement plan. In addition to existing Medicare providers, the Secretary would be permitted to enroll community-based organizations (e.g., non-profits, public health departments, etc.) as community health worker suppliers to broaden access to services, subject to program integrity and patient safety guardrails. This proposal has positive equity implications, as it would increase access to the healthcare system for underserved Medicare beneficiaries and allow communities to better target resources to addressing local public health challenges. [Not Scorable]

Standardize Data Collection to Improve Quality and Promote Equitable Care

Current law requires post-acute providers (inpatient rehabilitation facilities, long-term care hospitals, skilled nursing facilities, and home health agencies) to report standardized patient assessment data on five health assessment categories, as well as "other categories deemed necessary and appropriate by the Secretary." However, there is no express statutory requirement for data reporting on social determinants of health. This proposal would add a new category of standardized patient assessment data, "drivers of health", for post-acute care providers. These data could include, for example, transportation, housing, social isolation, and food insecurity. This new data would enable real-time information exchange between the healthcare system and those resources best equipped to address individual needs—activating government, community agencies, and healthcare providers to work together to support individuals of underserved populations and be responsive to respond to public health needs. [Budget Neutral]

Remove Restrictions on the Certification of New Entities as Organ Procurement Organizations and Increase Enforcement Flexibility

Under current law, only currently certified organ procurement organizations may be recertified. This

prevents new entities from becoming certified as an organ procurement organization. This proposal allows CMS to do two things: 1) certify new entities as organ procurement organizations, and 2) recertify certain organ procurement organizations that do not meet the criteria for recertification based on outcome measure performance, but which have shown significant improvement during a re-certification cycle. The proposal will provide the flexibility CMS needs to avoid organ procurement disruptions due to the certification status of certain organ procurement organizations and provide these organizations with an incentivize to maximize performance even if they do not believe they could satisfy the outcome requirements at the next re-certification. [Budget Neutral]

Increase Transparency by Disclosing Accreditation Surveys

Current law prohibits the Secretary from disclosing accreditation surveys done by Accrediting Organizations or any other national accreditation body, except for surveys for home health agencies, hospice programs, and surveys related to enforcement action taken by CMS. This proposal will remove the disclosure prohibition that currently prohibits the Secretary from disclosing certain accreditation surveys. Posting survey information about facilities currently out of compliance addresses the information gap for members of the public who would otherwise be unaware of an accredited provider's performance based solely on their continued accreditation status. [Budget Neutral]

Hold Long-Term Care Facility Owners Accountable for Noncompliant Closures and Substandard Care

When a long-term care facility closes, it is typically the owner of the facility that has control of the finances (including profits) and authority over the closure, and not the facility administrator. Yet under current statute, it is the administrator that is at risk of being imposed a civil money penalty, and the owner has no accountability if they close the facility in a noncompliant manner. This proposal would change the individual subject to a civil money penalty from "administrator" to "owner, operator, or owners or operators" of a facility and add a provision that would ensure the Secretary has the authority to impose enforcement on the owners of a facility, after the facility has closed. [Budget Neutral]

2023 ADMINISTRATIVE PROPOSALS

The budget also includes one Medicare administrative proposal that the Department plans to implement in FY 2023. This proposal supports the Administration's priorities for Medicare and does not require Congressional action.

Strengthen Oversight, Quality, and Beneficiary Protections

Increase Social Security Administration Sharing and Collection of Race and Ethnicity Data for Medicare Beneficiaries

The primary source of race and ethnicity data on Medicare beneficiaries has been the Social Security Administration (SSA). Currently, SSA collects limited race and ethnicity data on some Medicare beneficiaries and does not collect any data on other beneficiaries, which hinders CMS's ability to identify and reduce health disparities. The current collection of race and ethnicity data complies with certain 1997 OMB guidelines but does not comply with the more expansive 2011 HHS Data Standards that, for example, provide more detail on the diversity of Asian populations in the United States, such as Chinese, Vietnamese, and Filipino. This administrative proposal would have SSA increase sharing of race and ethnicity data with CMS for current and prospective Medicare beneficiaries, and consider expanding collection of detailed data, e.g., at 2011 HHS data standards or newer data standards. CMS will assist by conducting appropriate research and user testing for collection of this data to ensure it is useful for the purposes of tracking disparities in healthcare treatment and outcomes by race and ethnicity. [Budget Neutral]

Centers for Medicare & Medicaid Services: Medicare

FY 2023 Budget Proposals

LEGISLATIVE PROPOSALS

The following tables are in millions of dollars.

Mental Health	2023	2023-2027	2023-2032
Eliminate the 190-day Lifetime Limit on Psychiatric Hospital Services (Medicare Impact Only)	70	870	2,160
Require Medicare to Cover Three Behavioral Health Visits without Cost-Sharing	--	520	1,350
Revise Criteria for Psychiatric Hospital Terminations from Medicare	--	--	--
Modernize Medicare Mental Health Benefits	--	--	--
Apply Mental Health Parity and Addiction Equity Act to Medicare	--	--	--
Total, Mental Health Proposed Policy	**70**	**1,390**	**3,510**

Pandemic Preparedness	2023	2023-2027	2023-2032
Consolidate all Vaccine Coverage under Medicare Part B	--	1,750	3,580
Authorize Coverage for Unapproved Drugs and Devices Authorized for Emergency Use	--	--	--
Ensure Consistency and Clarity of Data Reporting Requirements for Medicare Providers, Suppliers, and Contractors during Public Health Emergencies	--	--	--
Enable the Secretary to Temporarily Modify or Waive Specific Requirements of the Clinical Laboratory Improvements Amendments of 1988 during Public Health Emergencies	--	--	--
Total, Pandemic Preparedness Proposed Policy	**--**	**1,750**	**3,580**

Strengthen Oversight, Quality, and Beneficiary Protections	2023	2023-2027	2023-2032
Enhance Physician Fee Schedule Conversion Factor Updates in CY 2025	--	1,040	3,450
Add Medicare Coverage of Services Furnished by Community Health Workers	--	--	--
Standardize Data Collection to Improve Quality and Promote Equitable Care	--	--	--
Remove Restrictions on the Certification of New Entities as Organ Procurement Organizations and Increase Enforcement Flexibility	--	--	--
Increase Transparency by Disclosing Accreditation Surveys	--	--	--
Hold Long-Term Care Facility Owners Accountable for Noncompliant Closures and Substandard Care	--	--	--
Total, Strengthen Oversight, Quality, and Beneficiary Protections Proposed Policy	**--**	**1,040**	**3,450**

ADMINISTRATIVE PROPOSALS

Strengthen Oversight, Quality, and Beneficiary Protections	2023	2023-2027	2023-2032
Increase Social Security Administration Sharing and Collection of Race and Ethnicity Data for Medicare Beneficiaries	--	--	--
Total, Strengthen Oversight, Quality, and Beneficiary Protections Proposed Administrative Policy	**--**	**--**	**--**

TOTALS

Medicare Interactions	2023	2023-2027	2023-2032
Subtotal, Medicare Legislative Proposals	70	4,180	10,540
Subtotal, Medicare Administrative Proposals	--	--	--
Eliminate the 190-day Lifetime Limit on Psychiatric Hospital Services (Medicaid Impact - Non-Add)	*-40*	*-410*	*-1,020*
Extension of Sequester	--	--	-7,550
Total Outlays, Medicare Proposals	**70**	**4,180**	**2,990**

Medicare Proposed Policy	2023	2023-2027	2023-2032
Total Outlays, Medicare Proposals	70	4,180	2,990
Savings from Program Integrity Investments	-1,141	-7,682	-20,715
Total Outlays, Medicare Proposed Policy	**-1,071**	**-3,502**	**-17,725**

Centers for Medicare & Medicaid Services: Medicaid

The following tables are in millions of dollars.

Current Law	2021	2022	2023	2023 +/- 2022
Benefits[1]	531,283	584,992	555,251	-29,741
State Administration[1]	10,901	22,954	23,649	+695
Total Net Outlays, Current Law[2]	**520,588**	**561,839**	**535,777**	**-26,062**

Proposed Policy	2021	2022	2023	2023 +/- 2022
Legislative Proposals[3]	--	--	134	+134
Total Net Outlays, Proposed Policy	520,588	561,839	535,911	-25,928

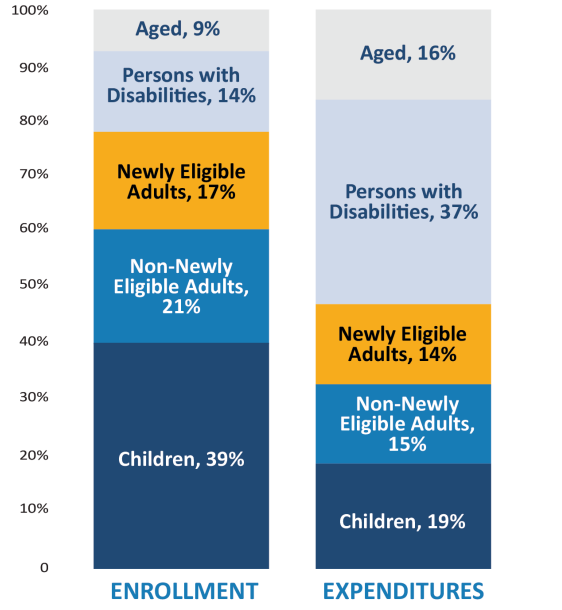
Medicaid provides critical health coverage to millions of low-income and disabled Americans, with an estimated enrollment of nearly 86 million people in FY 2022.

The Administration's vision is to protect and strengthen Medicaid and the Affordable Care Act by expanding access to coverage, improving health equity, and making our healthcare system less complex to navigate.

HOW MEDICAID WORKS

States design, implement, and administer their own Medicaid programs based on federal guidelines. The federal government matches state expenditures using the Federal Medical Assistance Percentage, which is based on state per capita income compared to the national average and can be no lower than 50 percent. In FY 2021, the federal share of Medicaid outlays was approximately $521 billion. Medicaid beneficiaries include low-income children, pregnant adults, non-elderly adults, and the aged, blind, and/or disabled. Individuals must meet certain minimum categorical and financial eligibility standards. States have flexibility to extend coverage to higher income groups, including medically needy individuals, through waivers and amended Medicaid state plans. Medically needy individuals are those who do not meet the income standards of the categorical eligibility groups, but these individuals incur large medical expenses and would otherwise qualify for Medicaid. States also have the option to expand Medicaid to eligible adults with modified adjusted gross income up to 138 percent of the Federal Poverty Level.

IN FY 2020, CHILDREN COMPRISED 39% OF TOTAL MEDICAID ENROLLMENT AND PERSONS WITH DISABILITIES COMPRISED 37% OF EXPENDITURES



Source: CMS Office of the Actuary estimates
Note: Totals and components exclude Disproportionate Share Hospital expenditures, territorial enrollees and expenditures, and financial adjustments.
Note: Percentages may not add to 100% due to rounding.

Under Medicaid, states must cover certain services and have the flexibility to offer additional benefits to beneficiaries. Medicaid is also the primary payer

[1] Gross obligations

[2] Totals may not add due to rounding.

3 The HHS total for legislative proposals does not include the -$18 million in third scorecard savings anticipated from the Social Security Administration allocation adjustment proposal. However, this number is accounted for in the CMS Program Integrity chapter. Non-PAYGO savings from the HHS HCFAC allocation adjustment are also displayed in the CMS Program Integrity chapter. Total net Medicaid policy outlays in FY 2023 are $535,893.

across the nation for long-term care services and supports.

MEDICAID ENROLLMENT (PERSON YEARS IN MILLIONS)

Eligibility Group	2021	2022	2023	2023 +/- 2022
Aged 65 and Older	6.6	6.8	6.9	+0.1
Blind and Disabled	10.6	10.8	10.8	0.0
Children	30.3	31.1	30.0	-1.1
Adults	18.0	18.9	16.4	-2.5
Expansion Adults	15.7	16.9	15.4	-1.5
Territories	1.3	1.4	1.4	0.0
Total	**82.4**	**85.9**	**81.0**	**-4.9**

Source: CMS Office of the Actuary fiscal year estimates

RECENT PROGRAM DEVELOPMENTS

Ensuring an Equitable COVID-19 Pandemic Response and Recovery

Severe and pervasive health and social inequities in the United States have been further exacerbated by COVID-19. On January 21, 2021, the President signed Executive Order 13995, which directed a government-wide effort to address equity in the Administration's pandemic response. In addition, the Executive Order established the COVID-19 Health Equity Task Force, which has a mission to provide specific recommendations to the President for mitigating inequities caused or exacerbated by the COVID-19 pandemic and for preventing such inequities in the future.

To increase accessibility of services to Medicaid and Children's Health Insurance Program (CHIP) beneficiaries during the COVID-19 pandemic, CMS provided guidance to states on flexibilities surrounding Medicaid and CHIP reimbursement for telehealth, including audio-only telehealth services. CMS released a robust toolkit and checklist for states seeking to expand or newly-offer telehealth services under Medicaid and CHIP. Telehealth, specifically audio-only telehealth, can greatly increase access to services for individuals who may not have sufficient bandwidth or technology to support 2-way audio-video, particularly in underserved areas and among older populations.

From March 2020 to August 2021, more than 117 million Americans were enrolled across each state's Medicaid program or CHIP at some point during the COVID-19 Public Health Emergency declaration, nearly half of whom identified as Black, Latinx, Asian American, Native Hawaiians and Pacific Islanders, American Indian/Alaska Native, or multiracial.[4] CMS continues to provide guidance and technical assistance to states that provide continuous Medicaid enrollment and qualify for the temporary Federal Medical Assistance Percentage increase under section 6008 of the Families First Coronavirus Response Act. Additionally, CMS will provide support through the phase-down period after the Public Health Emergency declaration eventually ends to ensure continuity of coverage, minimize beneficiary burden, and maximize state effectiveness as states return to standard processing of eligibility redeterminations.[5]

American Rescue Plan Act Implementation

CMS swiftly issued guidance and technical assistance to states to support implementation of key Medicaid and CHIP provisions of the American Rescue Plan (ARP), including mandatory coverage of COVID-19 vaccines, testing, and treatment; the state option to extend postpartum coverage for 12 months; additional support for Medicaid home and community-based services; 100 percent federal match for Urban Indian Health Organizations and Native Hawaiian Health Care Systems; and the state incentive to provide coverage for community-based mobile crisis intervention services.[6]

One of the most transformational provisions is Section 9817, which provides states with a temporary 10 percentage point increase in federal matching funds for home and community-based services to support program enhancements. These programs provide critical services to millions of low-income older adults and individuals with disabilities that allow them to

[4] Medicaid and CHIP and the COVID-19 Public Health Emergency: Preliminary Medicaid and CHIP Data Snapshot Services through August 31, 2021

[5] See SHO 22-01, *Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency*, for more information.

[6] Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Related Provisions in the American Rescue Plan Act of 2021.

receive services and supports in their homes and communities, rather than in nursing homes and institutions. Within three months of submission of initial state home and community-based services spending plans, all states and the District of Columbia received approval to enhance, expand, and strengthen these services.[7] The $25 billion in planned investment allows states to tailor enhancements, while strengthening the home and community-based services workforce and accelerating reform and innovation.

CMS also continues to support states as they address the impact of COVID-19 on Medicaid beneficiaries. Under the ARP, CMS distributed funds and guidance to support the mandatory coverage of COVID-19 vaccines, testing, and treatment.[8] Following the authorization and recommendation of the Pfizer-BioNTech COVID-19 vaccine for children, age 5 and older, and a booster dose for those aged 12 to 17, CMS released a new policy requiring states to cover stand-alone COVID-19 vaccine counseling visits for children and stand-alone COVID-19 vaccine counseling visits related to all pediatric vaccines for child beneficiaries.[9] CMS is also providing intensive technical assistance to states as they prepare for the eventual end of the Public Health Emergency and work to ensure that eligible Medicaid beneficiaries maintain healthcare coverage once the declaration ends.

Comprehensive Access Strategy for Medicaid and CHIP

The Administration is committed to continuing to work to reduce inequities in Medicaid and CHIP and ensuring every eligible person can access the coverage and care to which they are entitled. In February 2022, CMS released a Request for Information (RFI) regarding access to care and coverage for people enrolled in Medicaid and CHIP. CMS seeks input on a broad set of topics related to accessibility of care, ranging from ensuring adequate payment rates and encouraging provider availability and quality, to culturally and linguistically competent care and reducing gaps in healthcare coverage, as well as barriers to enrolling in and maintaining coverage of Medicaid and CHIP, and beneficiaries' perceptions and experiences with care. This feedback will help inform future policies, monitoring, and regulatory actions, helping ensure beneficiaries have equitable access to high-quality and appropriate care across all Medicaid and CHIP payment and delivery systems, including fee-for-service, managed care, and alternative payment models. The RFI submissions will also inform CMS's work to ensure timely access to critical services, such as behavioral healthcare and home and community-based services.

Quality Measurement and Improvement

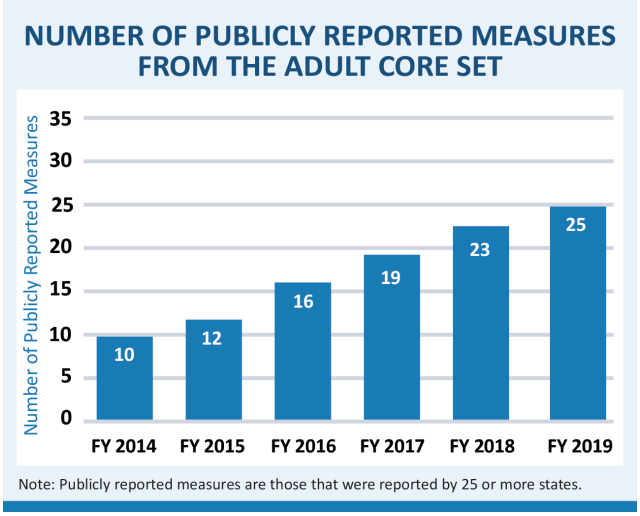
The Affordable Care Act appropriated a total of $300 million for the purpose of measuring overall national quality of care for Medicaid and CHIP beneficiaries, monitoring performance at the state level, and improving the quality of healthcare. CMS continues to work with states, the District of Columbia, and territories to improve reporting and quality of services in Medicaid and CHIP. For example, CMS identified the need to improve the postpartum period experience for Medicaid and CHIP beneficiaries and thus developed the Postpartum Care Learning Collaborative. This Collaborative provides states with strategies to improve outcomes, such as ensuring continuity of coverage for beneficiaries and reforming provider payments. In FY 2021, all states, District of Columbia , and Puerto Rico participated in at least one Quality Improvement Learning Collaborative Webinar, and 34 states are currently participating in at least one Quality Improvement Learning Collaborative Affinity Group.

Due to CMS's work with states, CMS publicly reported state performance on 28 of the 33 Adult Core Set measures in FY 2020, and all 50 states, District of Columbia, and Puerto Rico voluntarily reported on at least one measure from the Adult Core Set. Beginning in FY 2024, state reporting on the Behavioral Health measures included in the Adult Core Set, as enacted in the SUPPORT for Patients and Communities Act, will be mandatory. See CHIP chapter for Child Health Quality information.

[7] Strengthening and Investing in Home and Community Based Services for Medicaid Beneficiaries: American Rescue Plan Act of 2021 Section 9817 Spending Plans and Narratives

[8] Coronavirus Disease 2019 (COVID-19)

[9] Biden-Harris Administration Makes 100% Federal Medicaid Matching Funds Available for State Expenditures on Certain COVID-19 Vaccine Counseling Visits for Children and Youth



2023 LEGISLATIVE PROPOSALS

Mental Health

Expand and Convert the Demonstration Programs to Improve Community Mental Health Services into a Permanent Program

Our country faces an unprecedented mental health crisis among people of all ages, and the lack of access to mental health treatment services exacerbates this crisis. The FY 2023 budget includes a proposal to allow all states and territories to participate in the existing Certified Community Behavioral Health Clinics (CCBHCs) demonstration program and would convert existing and any new demonstration programs to a more sustainable Medicaid state plan option. This proposal also maintains the demonstration's enhanced federal matching rate under the state plan option. Extending and converting this demonstration program into a permanent program will help ensure more Medicaid beneficiaries have access to all the behavioral health services CCBHCs provide, which can improve health outcomes. See the State Grants and Demonstrations chapter for additional information. [$24 billion in costs over 10 years. The remaining $45 million in proposal costs are funded in the State Grants and Demonstrations account.]

Establish Medicaid Provider Capacity Demonstration for Mental Health Treatment

There are currently widespread shortages of highly trained mental health professionals in the United States to address the full spectrum of mental health issues, including those treating adults with serious mental illness. This proposal includes $7.5 billion in Medicaid to provide planning grants and a demonstration opportunity for states to improve Medicaid mental health provider capacity, complementing the existing successful Medicaid provider capacity demonstration program for substance use disorder treatment. All states may apply for funding, which can be used for planning grants to assess and develop strategies on education, recruitment, integration, reimbursement, and training of providers, and to improve mental health provider capacity. Demonstration states will be selected from planning grants states for those that have a robust strategy to improve provider capacity. This proposal seeks to improve access to care for Medicaid beneficiaries by increasing mental health provider capacity. [$7.5 billion in costs over 10 years]

Utilize Clinically Appropriate Criteria for Medicaid Behavioral Health Services

Some states impose payment rules that prohibit same day billing for mental health and physical health visits, which is problematic for providers and Medicaid beneficiaries. This proposal would prevent states from prohibiting same day billing and allow providers to be reimbursed for Medicaid mental health and physical health visits provided to a Medicaid beneficiary that occur on the same day. Additionally, it requires that Medicaid behavioral health services, whether provided under fee-for-service or managed care, be consistent with current and clinically appropriate treatment guidelines. This proposal encourages equitable care by ensuring consistency in quality of services provided to beneficiaries through fee-for-service or managed care delivery systems. [$2.4 billion in costs over 10 years]

Establish Performance Bonus Fund to Improve Behavioral Health in Medicaid

This proposal establishes a $2.5 billion fund over five years for HHS to award payments to states contingent upon improvements on the behavioral health core set, access measures, or other measures selected by the Secretary. See the State Grants and Demonstrations chapter for additional information.
[$2.5 billion in costs over 10 years]

HIV/AIDS

Eliminate Barriers to PrEP under Medicaid

Pre-Exposure Prophylaxis (PrEP) can reduce the risk of getting HIV by at least 74 percent. To increase access to these preventive activities, this proposal requires coverage of PrEP under Medicaid, including associated laboratory services, with no cost-sharing, and prohibits such utilization management practices that would limit access to PrEP, including prior authorization and benefit limits. Removing these barriers could greatly

increase access to PrEP for Medicaid beneficiaries seeking HIV prevention tools, including those among populations most vulnerable to HIV. It also aligns with other HHS work being done in this area, such as the CDC's Ending the HIV Epidemic in the United States. [$4.2 billion in savings over 10 years]

Program Efficiencies

Modify the Medicaid Drug Rebate Program in Territories

Currently, each of the U.S. territories' readiness to implement the Medicaid Drug Rebate Program varies. The budget proposes technical changes to provide flexibility so territories ready to participate in the Medicaid Drug Rebate Program may do so and achieve drug price savings without increasing drug prices in territories not ready to participate. To accomplish this, the proposal excludes sales from the manufacturer calculation of average manufacturer price and best price in territories to ensure continued discounted drug prices for territories. Additionally, the proposal makes it optional for territories to participate in the Medicaid Drug Rebate Program. These changes will support territories in continuing to provide medication access for vulnerable populations. [Budget Neutral]

Enhance Medicaid Managed Care Enforcement

Currently, CMS has inadequate financial oversight and compliance tools in Medicaid managed care, lacking maximum flexibility to disallow and defer individual payments or partial payments associated with contracts with managed care organizations, prepaid inpatient health plans, and prepaid ambulatory health plans. CMS's only recourse when it identifies compliance failures is to withhold all federal financial participation under the contract, an untenable compliance option given potential beneficiary harm and disruption to the state's Medicaid program. This proposal would revise Section 1903(m)(2)(A) to condition federal match in Medicaid managed care plan contract capitation payment amounts on a service-by-service basis and provide CMS with additional enforcement options. The proposed revisions would enhance CMS's ability to take meaningful actions to protect beneficiaries and enforce requirements, making these managed care compliance tools more effective and consistent with similar authorities in fee-for-service. [$2.1 billion in savings over 10 years]

Centers for Medicare & Medicaid Services: Medicaid

FY 2023 Medicaid Budget Proposals

The following tables are in millions of dollars.

Mental Health	2023	2023-2027	2023-2032
Expand and Convert the Demonstration Programs to Improve Community Mental Health Services into a Permanent Program[10]	--	8,380	24,020
Establish Medicaid Provider Capacity Demonstration for Mental Health Treatment	40	6,790	7,500
Utilize Clinically Appropriate Criteria for Medicaid Behavioral Health Services	190	1,050	2,380

HIV/AIDS	2023	2023-2027	2023-2032
Eliminate Barriers to PrEP under Medicaid	-290	-1,700	-4,200

Program Efficiencies	2023	2023-2027	2023-2032
Modify the Medicaid Drug Rebate Program in Territories	--	--	--
Enhance Medicaid Managed Care Enforcement	-100	-900	-2,100

Legislative Proposals in Other Chapters Impacting Medicaid	2023	2023-2027	2023-2032
Establish Performance Bonus Fund to Improve Behavioral Health in Medicaid (non-add)[11]	*500*	*2,500*	*2,500*
Expand Vaccines for Children Program to All CHIP Children and Make Program Improvements[12]	250	1,350	3,010
Treat Certain Immigrants as Refugees for Public Benefit Purposes[13]	74	423	533
Extend Special Immigrant Visa Program[14]	10	168	333
Medicaid Interactions[15]	--	260	290
Eliminate the 190-day Lifetime Limit on Inpatient Psychiatric Facility Services[16]	-40	-410	-1,020
Provide Mandatory Funding for the Indian Health Services[17]	*	*	*

Medicaid Legislative Proposals Totals	2023	2023-2027	2023-2032
Subtotal Net Outlays, Medicaid Legislative Proposals[18]	**134**	**15,411**	**30,746**

*Budget impact unavailable as of the publication date of the FY 2023 President's Budget.

[10] Additional impacts are counted in the State Grants and Demonstrations chapter.
[11] The impacts are counted in the State Grants and Demonstrations chapter.
[12] This reflects the Medicaid spending impacts of this proposal; additional spending impacts are displayed in the Children's Health Insurance Program (CHIP) chapter. For more information, refer to the Centers for Disease Control and Prevention chapter.
[13] For more information, refer to the Administration for Children and Families Discretionary chapter.
[14] This proposal is included in the Department of State's FY 2023 Budget Request.
[15] The gross Medicaid costs from all proposals in this package would be increased when enacted in conjunction with other proposals.
[16] For more information, refer to the Medicare chapter.
[17] For more information, refer to the Indian Health Services chapter.
[18] The HHS total for legislative proposals does not include the -$18 million in third scorecard savings anticipated from the Social Security Administration allocation adjustment proposal. However, this number is accounted for in the CMS Program Integrity chapter. Non-PAYGO savings from the HHS HCFAC allocation adjustment are also displayed in the CMS Program Integrity chapter.

Centers for Medicare & Medicaid Services: Children's Health Insurance Program

The following tables are in millions of dollars.

Current Law	2021	2022	2023	2023 +/- 2022
Children's Health Insurance Program	16,093	16,613	16,168	5
Total Outlays, Current Law	**16,093**	**16,613**	**16,168**	**5**

Proposed Law	2021	2022	2023	2023 +/- 2022
Legislative Proposals	-	-	-230	-230
Total Net Outlays, Proposed Law	**16,093**	**16,613**	**-15,938**	**-225**

BACKGROUND

Established by the Balanced Budget Act of 1997, the Children's Health Insurance Program (CHIP) provides health insurance coverage for children in households with incomes too high to qualify for Medicaid but too low to afford private health insurance. States also have the option to cover targeted low-income, uninsured pregnant women under CHIP. In Fiscal Year (FY) 2021, the CMS Office of the Actuary estimated that CHIP enrollment averaged approximately 7.3 million individuals per month in 2021.[1]

Congress appropriated $25.9 billion in federal funding for CHIP for FY 2023 in the HEALTHY KIDS Act. The HEALTHY KIDS Act and the Bipartisan Budget Act of 2018 extended federal funding for CHIP and authorized the Child Enrollment Contingency Fund for a period of 10 years, from FY 2018 through FY 2027. This 10-year extension is the longest period of stable CHIP funding since CHIP's creation in 1997.

Since its initiation, CHIP has contributed greatly to the decline in uninsured rates among low-income children, and research indicates the program works as intended to provide a safety net for low-income children, particularly during times of economic hardship. Additionally, children enrolled in CHIP experience better access to care, fewer unmet needs, and families experienced much lower financial burden and stress in meeting the child's healthcare needs when compared to children who are uninsured.[2]

HOW CHIP WORKS

CHIP is a joint partnership between the federal government and states, the District of Columbia and five U.S. Territories to help provide children under age 19 from low- and middle-income households with health insurance coverage and access to healthcare. Congress appropriates funding for an annual capped amount for CHIP, which CMS then allocates to states and territories with approved CHIP plans according to a statutory formula. Since FY 2009, the amount of funding Congress appropriates for CHIP has exceeded the amount CMS can award states and territories according to the statutory formula.

Congress grants states, District of Columbia , and five territories flexibility in designing their CHIP programs. They may implement CHIP by expanding Medicaid, creating a separate program, or using a combination of Medicaid and a separate CHIP. CMS has approved a CHIP plan for every state, District of Columbia , and the five territories. These plans include 15 Medicaid expansion programs, two separate programs, and 38 combination programs.

States use a Modified Adjusted Gross Income standard to determine eligibility for CHIP. The statute permits states the option to offer children continuous eligibility for 12 months regardless of changes to family income during the year.

CHIP has several financing mechanisms to address potential state funding shortfalls. The Child Enrollment Contingency Fund supports states that predict a funding shortfall and have higher-than-expected enrollment. Since its establishment in FY 2009, only

[1] Decreases in total annual child enrollment between FY 2019 and FY 2020 is likely due to children moving from CHIP to Medicaid during the Public Health Emergency.

[2] Office of the Assistant Secretary for Planning and Evaluation, Mandated Evaluation of the Children's Health Insurance Program.

four states have qualified for Contingency Fund payments. Current law does not require states to spend Contingency Fund resources on CHIP activities.

In addition, CMS recovers unused state allotment funding to redistribute to states facing a funding shortfall. Since 2012, CMS has redistributed approximately $1.9 billion to 32 states and territories.

RECENT PROGRAM DEVELOPMENTS

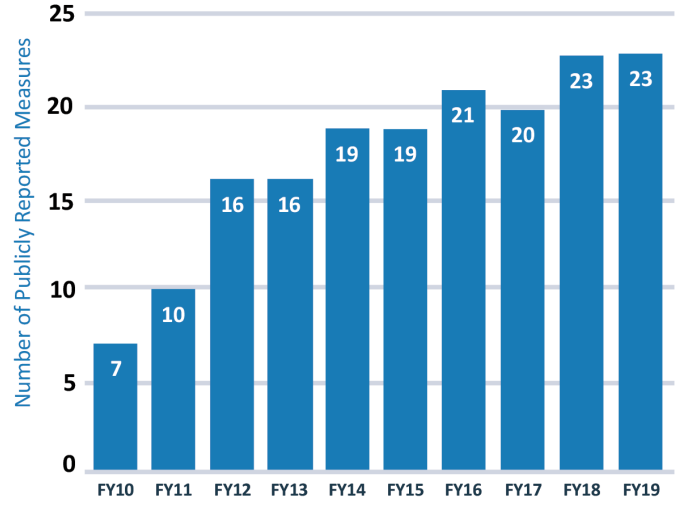
The American Rescue Plan Act (ARP), signed by the President on March 11, 2021, made COVID-19 vaccines, their administration, testing, treatment, and associated costs for these services a time-limited mandatory benefit under CHIP without cost sharing. The ARP also requires states that elect to provide 12 months postpartum coverage in their Medicaid programs to also provide 12 months postpartum care in CHIP. This option is limited to a five-year period beginning April 1, 2022.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) made mental health services, including behavioral health and substance use disorder, mandatory under CHIP. These new mandatory services include preventive services, age-appropriate behavioral health screenings, and behavioral health treatment. The SUPPORT Act also requires states to provide these services in culturally and linguistically appropriate ways and ensure beneficiary access to these services.

Throughout the COVID-19 Public Health Emergency declaration period, CMS has supported states, including approving 38 CHIP state plan amendments to provide states operational flexibility during the emergency. CMS continues to provide guidance to states as they prepare to return to routine operations after the Public Health Emergency.

CHIP also includes programs to improve child health quality in Medicaid and CHIP and strengthen the quality of access to children's healthcare for eligible children not enrolled in Medicaid and CHIP. The Bipartisan Budget Act of 2018 made state reporting on the Child Core Set mandatory starting in FY 2024. Through CMS's collaboration with states on Medicaid and CHIP Child Quality Measurement, all states, District of Columbia , and Puerto Rico voluntarily reported on at least one measure in the Child Core Set and 48 states reported on at least half of the measures in the child core set in FY 2020. CMS was also able to publicly report on live births weighing less than 2,500 grams for all 50 states, using existing data sources for the first time in FY 2020. CMS continues to work with states to prepare for mandatory reporting beginning in FY 2024.

NUMBER OF PUBLICLY REPORTED MEASURES FROM THE CHILD CORE SET BY YEAR



Note: Publicly reported measures are those that were reported by 25 or more states.

On January 27, 2022, CMS announced $49.4 million in available funding through the Connecting Kids to Coverage HEALTHY KIDS 2022 Outreach and Enrollment Cooperative Agreements program, building on the successes of the 2019 grant cycle. This funding will support efforts to increase participation of eligible children, parents, and pregnant individuals in Medicaid and CHIP, and is the largest amount of funding CMS has ever made available for these outreach and enrollment awards.

FY 2023 Budget Proposals

The following tables are in millions of dollars.

CHIP Legislative Proposals	2023	2023-2027	2023-2032
Legislative Proposals in Other Chapters Impacting CHIP			
Expand the Vaccines for Children program to all CHIP children and make program improvements (CHIP Impact)	**-230**	**-1,220**	**-2,730**
Total, Children's Health Insurance Program Proposed Policy	**-230**	**-1,220**	**-2,730**

Centers for Medicare & Medicaid Services: State Grants and Demonstrations

The following tables are in millions of dollars.

Current Law Budget Authority[1]	2021	2022	2023	2023 +/- 2022
Medicaid Integrity Program[2]	85	88	91	3
State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services	15	--	--	--
Money Follows the Person Demonstration	421	423	423	--
Money Follows the Person Demonstration Evaluation	1	1	1	0
Money Follows the Person Demonstration Quality Assurance	3	--	--	--
Total, Current Law Budget Authority[3,4]	**525**	**512**	**515**	**3**

Current Law Outlays[5]	2021	2022	2023	2023 +/- 2022
Medicaid Integrity Program[2]	85	81	81	0
Children's Health Insurance Program Outreach and Enrollment Grants[6]	20	20	13	-7
State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services	--	5	10	5
Money Follows the Person Demonstration	234	265	456	191
Money Follows the Person Demonstration Evaluation	--	1	1	--
Money Follows the Person Quality Assurance	--	1	1	--
Demonstration Project to Increase Substance Use Provider Capacity	20	23	2	-21
Total, Current Law Outlays[3]	**359**	**396**	**564**	**168**

The Centers for Medicare & Medicaid Services (CMS) State Grants and Demonstrations account funds diverse activities including:

- Strengthening Medicaid program integrity
- Funding outreach activities to enroll children into Medicaid and the Children's Health Insurance Program (CHIP)
- Providing qualifying community-based mobile crisis intervention services
- Transitioning beneficiaries from institutional settings to home and community-based settings
- Increasing the treatment capacity of providers participating under a state plan or waiver to provide substance use disorder treatment or recovery services
- Addressing the behavioral health of beneficiaries with mental illness and substance use disorders

MEDICAID INTEGRITY PROGRAM

The Deficit Reduction Act of 2005 established the Medicaid Integrity Program. In fiscal year 2023, the Medicaid Integrity Program will receive $91 million in mandatory appropriations. While states have the primary responsibility for combating Medicaid fraud, waste, and abuse, the Medicaid Integrity Program plays an important role supporting state efforts. CMS uses these funds to provide technical support to states and

[1] The following programs/laws were excluded from the Current Law Budget Authority table because budget authority was less than $1 million: Children's Health Insurance Program Outreach and Enrollment Grants, Demonstration Program to Increase Substance Use Provider Capacity, Demonstration Programs to Improve Community Mental Health Services, and Money Follows the Person Demonstration Best Practices.

[2] Budget authority is adjusted annually by Consumer Price Index for All Urban Consumers and sequester. Outlays include some spending from prior year budget authority. See the Program Integrity chapter for additional information about this program.

[3] Totals may not add due to rounding.

[4] The Fiscal Year (FY) 2021, FY 2022, and FY 2023 budget authority includes sequester reductions, where applicable.

[5] The following programs/laws were excluded from the Current Law Outlays table because outlays were less than $1 million: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens, Incentives for Prevention of Chronic Diseases in Medicaid grants, Katrina Relief, the Money Follows the Person best practices portion of the program, the Medicaid Emergency Psychiatric Demonstration, the Ticket to Work Program, and the Demonstration Programs to Improve Community Mental Health Services.

[6] See the Children's Health Insurance Program chapter for additional information about this program.

contracts with eligible entities to execute activities, such as agency reviews, audits, identification of overpayments, and education activities. The Medicaid Integrity Program works in coordination with Medicaid program integrity activities funded by the Health Care Fraud and Abuse Control Program. Refer to the Program Integrity chapter for additional information.

CHIP OUTREACH AND ENROLLMENT GRANTS

The Outreach and Enrollment Program uses grants and a national campaign to improve outreach to, and enrollment of, children eligible for Medicaid and CHIP, including American Indian or Alaska Native children. These grants support educating families about the availability of affordable health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs, and assisting families with the application and renewal process. Of the $168 million available for outreach and enrollment grants through FY 2027, the Bipartisan Budget Act of 2018 requires that CMS set aside ten percent of the funding from FY 2024 to FY 2027 for evaluations and technical assistance. Refer to the CHIP chapter for additional information.

STATE OPTION TO PROVIDE QUALIFYING COMMUNITY-BASED MOBILE CRISIS INTERVENTION SERVICES

The American Rescue Plan Act of 2021 provides a state plan option for states to provide certain Medicaid services covered under a state plan or waiver of the plan as qualifying community-based mobile crisis intervention services which are available 24/7, provided outside of a hospital or other facility setting.

These services are eligible for a federal match rate of 85 percent during the first three years of the five-year state plan option period. States must demonstrate that they can support providing qualifying community-based mobile crisis intervention services to receive the federal match rate. $15 million is appropriated to implement the provision of and administer planning grants to states to develop state plan amendments or waivers to provide these services; CMS awarded these grants in September 2021. CMS also recently released guidance on the scope of, and payments for, qualifying community-based mobile crisis intervention services.

MONEY FOLLOWS THE PERSON DEMONSTRATION

Over the lifetime of this demonstration, 34 states, including the District of Columbia, were awarded competitive grants and received an enhanced federal matching rate to help eligible individuals transition from a qualified institutional setting to a qualified home or community-based setting. States have demonstrated positive outcomes, including helping individuals in institutions return to the community, improving participant quality of life, and lowering the cost of care. Additionally, the Consolidated Appropriations Act, 2021 extended funding for the program, appropriating $450 million annually through September 2023 for grants to states with approved Money Follows the Person (MFP) demonstration projects to continue providing home and community-based long-term services and supports to individuals transitioning from institutions to community-based settings.

MONEY FOLLOWS THE PERSON DEMONSTRATION TRANSITIONS TO THE COMMUNITY

From the time MFP transitions began in 2008 to the end of 2020, states had transitioned over **107,000 people** to community living through the MFP demonstration project.

The cumulative number of transitions varies substantially across states, with a high of **14,408** cumulative transitions in the state with the most MFP funded transitions.

Most MFP transitions are concentrated in a subset of states.

Source: CMS analysis of transition data reported by states

DEMONSTRATION PROGRAMS TO IMPROVE COMMUNITY MENTAL HEALTH SERVICES

The Certified Community Behavioral Health Clinics (CCBHC) demonstration program provides participating clinics with an enhanced federal matching rate reimbursement to support states in improving the availability and quality of community-based, comprehensive treatment and recovery support services to Medicaid beneficiaries living with mental illness and substance use disorders. Participating clinics are also provided access to a prospective

payment system that is designed to cover the expected costs of providing CCBHC services. In 2015, HHS awarded $22.9 million in one-year planning grants for CCBHCs to support 24 states in their efforts to plan to participate in this demonstration program. In 2016, HHS selected eight states (of the original 24) to participate in the demonstration program. The demonstration program has been extended multiple times; most recently the Consolidated Appropriations Act, 2021 extended the demonstration until September 2023. In addition, the Coronavirus Aid, Relief, and Economic Security Act required HHS to add two additional states to the demonstration program, which had to be selected from among the original 24 planning grantee states.

CCBHCs participating in the demonstration program are certified by states to provide community-based mental and substance use disorder services, advance integration of behavioral health with physical healthcare, assimilate and utilize evidence-based practices consistently, and promote improved access to high quality care. Under the demonstration program, certified clinics may receive Medicaid payment through a daily or monthly prospective payment system rate that is clinic-specific and reimburses the expected cost of demonstration services. Results from the most recent report to Congress on this demonstration indicated that during the first two years of the demonstration program, CCBHCs implemented a range of activities to improve access to care; increased the number of clients they served; expanded services to include various evidence-based practices; hired and trained staff; and changed many of their care processes. Overall, the average total costs of CCBHC services per client varied widely by state. On average, payment rates covered the costs of CCBHC services in all but one state, and the average rates came into greater alignment with the average costs in the second year of the demonstration. Additionally, performance on the quality measures varied considerably across clinics and across states, with few discernable patterns of consistently higher or lower performance.

NUMBER OF CLIENTS SERVED BY CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCS) IN EACH DEMONSTRATION YEAR

State (Number of CCBHCs)	Total clients in first demonstration year	Total clients in second demonstration year	Increase in clients from first to second year	Percent Increase in clients from first to second year
Aggregate	304,998	332,135	27,140	9%
MN (6)	23,027	25,402	2,375	10%
MO (15)	121,787	132,562	10,778	9%
NJ (7)	17,851	19,127	1,276	7%
NY (13)	49,903	55,693	5,790	12%
OK (3)	20,610	22,741	2,131	10%
OR (12)	52,911	53,301	390	1%
PA (7)	18,909	23,309	4,400	23%

Source: Demonstration Year 1 and Demonstration Year 2 CCBHC Quality Measure Reports.
Note: Nevada did not submit the number of CCBHC clients.

Expand and Convert the Demonstration Programs to Improve Community Mental Health Services into a Permanent Program

Our country faces an unprecedented mental health crisis among people of all ages, and the lack of access to mental health treatment services exacerbates this crisis. The FY 2023 budget includes a proposal to allow all states and territories to participate in the existing CCBHC demonstration program and would convert the existing and any new demonstration programs to Medicaid state plan options. States and territories that choose to participate in this program will also receive planning grant funding. This proposal will help ensure more Medicaid beneficiaries have access to all the behavioral health services CCBHCs provide, which can improve health outcomes. See the Medicaid chapter for additional information. [$45 million in costs over 10 years, which account for the planning grants and administration funded in this account. The remaining $24 billion in costs for this proposal are funded in the Medicaid account.]

DEMONSTRATION PROJECT TO INCREASE SUBSTANCE USE DISORDER PROVIDER CAPACITY UNDER THE MEDICAID PROGRAM

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act included a $55 million Medicaid demonstration program. Through this demonstration program, CMS encourages states to increase provider capacity in their Medicaid programs through provision of enhanced federal reimbursement for increases in Medicaid spending on substance use disorder treatment and recovery services for select states. In 2019, CMS selected 15 states to receive planning grants to assess behavioral health treatment capacity and provider needs to sustainably improve Medicaid provider networks treating substance use disorders. In September 2021, CMS selected five state Medicaid agencies to participate in the 36-month post-planning period: Connecticut, Delaware, Illinois, Nevada, and West Virginia. The goals of this demonstration include:

- Supporting recruitment and training, and providing technical assistance for providers offering substance use disorder treatment or recovery services;
- Improving reimbursement for and expanding the amount of treatment capacity of participating providers authorized to dispense Food and Drug Administration-approved drugs for individuals with substance use disorders; and
- Improving reimbursement and expanding the amount of participating providers' treatment capacity to address the treatment needs of certain populations enrolled under the state plan or waiver of such plan.

BEHAVIORAL HEALTH IMPROVEMENTS

Establish Performance Bonus Fund to Improve Behavioral Health in Medicaid

Behavioral health conditions are common among Medicaid beneficiaries and have worsened during the COVID-19 pandemic. As one of the major payers of behavioral health services, Medicaid plays a key role in enabling beneficiaries' access to these important services. This proposal establishes a $2.5 billion fund over five years for HHS to award payments to states contingent upon improvements on the behavioral health core measurement set, access measures, or other measures selected by the Secretary. These award payments to states can improve access to and quality of behavioral health services for vulnerable populations under Medicaid. [$2.5 billion in costs over 10 years]

Centers for Medicare & Medicaid Services: State Grants & Demonstrations

FY 2023 Budget Proposals

The following tables are in millions of dollars.

State Grants & Demonstrations Legislative Proposals	2023	2023-2027	2023-2032
Establish Performance Bonus Fund to Improve Behavioral Health in Medicaid	500	2,500	2,500

Legislative Proposals in Other Chapters Impacting State Grants and Demonstrations	2023	2023-2027	2023-2032
Expand and Convert the Demonstration Programs to Improve Community Mental Health Services into a Permanent Program[7]	45	45	45

State Grants and Demonstrations Legislative Proposals Total	2023	2023-2027	2023-2032
Subtotal Net Outlays, State Grants & Demonstrations Legislative Proposals	**545**	**2,545**	**2,545**

[7] Additional impacts are accounted for in the Medicaid chapter.

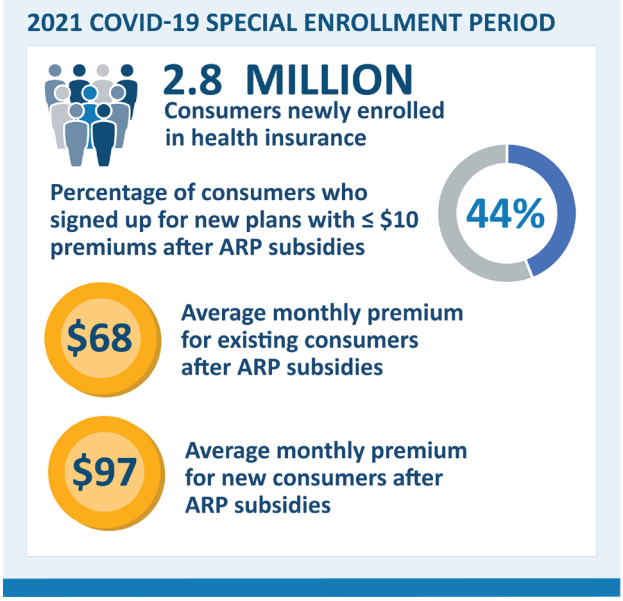
Centers for Medicare & Medicaid Services: Private Insurance

The FY 2023 President's Budget reflects the Administration's commitment to strengthening the Affordable Care Act (ACA) and making high-quality healthcare coverage accessible and affordable for all Americans. Since its passage 12 years ago, the ACA has reduced the number of uninsured Americans by more than 20 million people, extended critical consumer protections to over 100 million people, and strengthened and improved the nation's healthcare system. During the COVID-19 Public Health Emergency, additional subsidies provided by the American Rescue Plan Act have made Marketplace coverage even more affordable and accessible for millions of Americans. Nevertheless, challenges remain. Despite historic gains, millions of Americans remain uninsured, including low-income individuals in states that have not expanded Medicaid. Moreover, the COVID-19 pandemic and the ongoing opioid crisis have underscored the need for additional consumer protections, especially in the areas of mental health and substance use disorder services. Highlighted below are some of the measures that the Administration has taken to ensure that Americans have access to affordable healthcare coverage during the COVID-19 Public Health Emergency, as well as actions taken to implement surprise billing protections from the *No Surprises Act* and a robust set of new proposals in the FY 2023 budget to help consumers access high-quality healthcare.

EXPANDING COVERAGE AND ACCESS TO AFFORDABLE CARE THROUGH THE MARKETPLACES

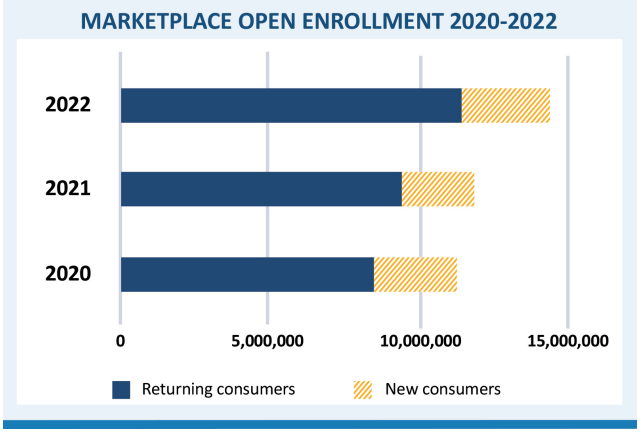
The COVID-19 pandemic has taken an immense toll on Americans' physical, mental, and economic wellbeing. In response to these unprecedented challenges, Congress passed the American Rescue Plan Act in March of 2021. The Act improves health insurance affordability and access by reducing the amount of income individuals are required to contribute to their health insurance premiums and by eliminating the income cap of 400 percent of the federal poverty level for premium assistance eligibility (also known as the "subsidy cliff"). Under these provisions, which remain in effect through the end of 2022, millions of Americans have been able to access health insurance plans with low- or zero-cost monthly premiums, while households over 400 percent of the federal poverty level became eligible for Marketplace subsidies for the first time.

The Centers for Medicare & Medicaid Services (CMS) have also taken steps to ensure that Americans have access to high-quality, affordable health insurance during the COVID-19 Public Health Emergency. From February 15, 2021, to August 15, 2021, CMS provided a COVID-19 Special Enrollment Period during which consumers could apply for and enroll in health insurance coverage through the Marketplaces. Over 2.8 million new consumers enrolled in health insurance plans during the COVID-19 Special Enrollment Period, while over 8 million existing consumers saw their premiums go down by an average of $67 per month as a result of the American Rescue Plan Act provisions.



In addition, CMS extended the 2022 annual Open Enrollment Period by one month, giving consumers from November 1, 2021, to January 15, 2022, to sign up for coverage through the Marketplaces. The 2022 Open Enrollment Period saw a record 14.5 million Americans enroll in health insurance, including 3 million who signed up for new coverage. With the more generous subsidies provided under the Act, consumers who signed up for healthcare coverage through the Federally Facilitated Marketplaces also saw their monthly premiums after subsidy decrease by 23 percent on average, from $144 in 2021 to $111 in 2022.

The success of the 2021 COVID-19 Special Enrollment Period and the 2022 Open Enrollment Period is due in part to significant investments in consumer outreach and assistance, including over $90 million in funding for the Navigator program, an increase of more than $80 million from 2020. As a result of this increase in funding, Navigator awardee organizations were able to train and certify over 1,500 Navigators to help families and underserved communities understand their options and apply for coverage.



The Administration is committed to building on the successes of the past year to strengthen the Marketplaces and ensure that all Americans have access to high-quality, affordable health insurance.

NO SURPRISES ACT

As of January 1, 2022, consumers have new patient billing protections when receiving out-of-network emergency services, out-of-network air ambulance services, and certain out-of-network services at in-network facilities. According to a report from the HHS Assistant Secretary for Planning and Evaluation, surprise medical bills are relatively common among privately insured patients and can average more than $1,200 for services provided by anesthesiologists, $2,600 for surgical assistants, and $750 for childbirth.

Accordingly, in implementing the *No Surprises Act*, the Administration issued a series of regulations to protect consumers covered by group and individual health insurance plans from surprise medical bills. HHS, along with the Departments of Labor and Treasury and the Office of Personnel Management, drafted and published rules and guidance to support implementation of the *No Surprises Act*, including three interim final rules and one notice of proposed rulemaking. Under these regulations, patients are only responsible for their in-network cost-sharing, and final payment amounts for services received are settled between providers and insurers.

Although some states have enacted laws to reduce or eliminate surprise medical billing, prior to the *No Surprises Act*, comprehensive, nationwide consumer protections were not available. The *No Surprises Act* establishes a national baseline of surprise billing protections that complement and enhance, when applicable, existing state laws.

A one-time lump-sum appropriation of $500 million was provided to HHS and the Departments of Labor and Treasury (the Departments) for implementation of the *No Surprises Act*. The Departments continue to work diligently to ensure that these limited funds are obligated judiciously and effectively, and to collaborate with the Office of Personnel Management, the Department of Transportation, and other federal partners to ensure consumers are protected from surprise medical bills.

2023 LEGISLATIVE PROPOSALS

The proposals included in the FY 2023 President's Budget build on existing consumer protections to provide Americans with access to comprehensive mental health and substance use disorder benefits. In particular, many of the proposals below expand upon the protections of the landmark Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). This law generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder benefits from imposing less favorable limitations on those benefits than on medical or surgical benefits.

The ACA subsequently built on these protections by requiring non-grandfathered health plans in the individual and small group markets to include mental health and substance use disorder services as part of the package of essential health benefits. The FY 2023 budget further strengthens consumer protections by closing various loopholes that have resulted in disparate coverage practices and providing additional funding for enforcement of mental health parity requirements. It also makes healthcare more affordable by requiring coverage of three behavioral health visits and three primary care visits without cost-sharing.

Improve Access to Behavioral Healthcare in the Private Insurance Market

The budget strengthens and improves consumer protections by requiring all plans and issuers, including group health plans, to provide mental health and substance use disorder benefits. In addition, it seeks to improve compliance with behavioral health parity standards by requiring plans and issuers to use medical necessity criteria for behavioral health services that are consistent with the criteria developed by nonprofit medical specialty associations, as well as placing limits on the consideration of profit in determinations of medical necessity. It also authorizes the Secretaries of HHS, Labor and Treasury to regulate behavioral health network adequacy, and to issue regulations on a standard for parity in reimbursement rates based on the results of comparative analyses submitted by plans and issuers. [$720 million in costs over 10 years]

Require Coverage of Three Behavioral Health Visits and Three Primary Care Visits without Cost-Sharing

Access to primary care and behavioral health services improves long-term health outcomes by promoting prevention and early detection of potentially serious conditions. However, even small out-of-pocket costs may deter consumers from seeking medical care, including behavioral health services. About half of U.S. adults say they or a family member put off care because of the cost. Members of historically underserved racial and ethnic groups are especially likely to forego necessary care, and also experience more difficulty accessing behavioral health services than white Americans. This proposal seeks to improve health outcomes by requiring all plans and issuers to cover three behavioral health visits and three primary care visits each year without charging a copayment, coinsurance or deductible-related fee. [$310 million in costs over 10 years]

Provide Mandatory Funding for State Enforcement of Mental Health Parity Requirements

Adequate enforcement is necessary to ensure that consumers actually benefit from the protections enshrined in law. This proposal provides $125 million in mandatory funding over five years for grants to states to enforce mental health and substance use disorder parity requirements. Any funds not expended by states at the end of five fiscal years would remain available to the HHS Secretary to make additional mental health parity grants. [$125 million in costs over 10 years]

Increase Access to Consumer Protections in Self-Insured Non-Federal Governmental Plans

Under current law, self-insured state and local government-sponsored health plans (also known as non-federal governmental plans) can opt out of several key provisions of the Public Health Service Act. These provisions require health plans to adhere to behavioral health parity rules, to cover hospital care after childbirth and breast reconstruction after a mastectomy, and to provide a coverage safety net if an employee's child takes a leave of absence from college for a serious illness or injury. This proposal eliminates the ability of self-insured non-federal governmental plans to opt out of these provisions, affording state and municipal employees the same consumer protections that apply to other employees with private health insurance. [No budget impact]

Centers for Medicare & Medicaid Services: Private Insurance

FY 2023 Budget Proposals

The following table is in millions of dollars.

Legislative Proposals – Mental Health	2023	2023-2027	2023-2032
Improve Access to Behavioral Healthcare in the Private Insurance Market (non-add)	*1,881*	*13,384*	*30,954*
Premium Tax Credits (non-add)	*369*	*2,395*	*4,901*
Cost-Sharing Reductions	--	240	720
Other Government-Wide Impacts (non-add)[1]	*1,512*	*10,749*	*25,333*
Require Coverage of Three Behavioral Health Visits and Three Primary Care Visits without Cost-Sharing (non-add)	*1,203*	*8,737*	*20,313*
Premium Tax Credits (non-add)	*153*	*948*	*1,929*
Cost-Sharing Reductions	10	130	310
Other Government-Wide Impacts (non-add)[1]	*1,040*	*7,659*	*18,074*
Provide Mandatory Funding for State Enforcement of Mental Health Parity Requirements	10	125	125
Increase Access to Consumer Protections in Self-Insured Non-Federal Governmental Plans	--	--	--
Total, Government-wide Impact (non-add)	***3,094***	***22,246***	***51,392***
Total Outlays, Private Insurance Proposals	**20**	**495**	**1,155**

[1] Includes costs to programs overseen by the Department of the Treasury, the Postal Service, and the Office of Personnel Management.

Centers for Medicare & Medicaid Services: Program Integrity

The following table is in millions of dollars.

Program Integrity	2021	2022	2023	2023 +/- 2022
Discretionary[1]	807	873	899	+26
Mandatory[2]	1,415	1,439	1,490	+51
Subtotal, Health Care Fraud and Abuse Control Program	**2,222**	**2,312**	**2,389**	**+77**
Medicaid Integrity Program[2,3]	85	88	91	+3
Total, Budget Authority	**2,307**	**2,400**	**2,480**	**+80**

The Fiscal Year (FY) 2023 President's Budget strengthens the integrity and sustainability of Medicare and Medicaid by investing in the prevention of fraud, waste, and abuse, protecting beneficiaries from unnecessary payments or harm, and eliminating wasteful spending. Two programs—the Health Care Fraud and Abuse Control (HCFAC) Program and the Medicaid Integrity Program—comprise the largest portion of federal government investment in healthcare program integrity. The FY 2023 budget provides $2.5 billion in total mandatory and discretionary investments for the HCFAC and Medicaid Integrity Programs.

HEALTH CARE FRAUD AND ABUSE CONTROL PROGRAM

The HCFAC Program, established in 1996, serves as the primary federal investment that addresses healthcare fraud and abuse through a coordinated effort between the Department of Health and Human Services (HHS) and the Department of Justice (DOJ). It provides both discretionary and mandatory funding to address the full spectrum of healthcare fraud and abuse interventions, including identifying and reducing improper payments, prevention and detection, and investigation and prosecution of fraud.

Discretionary Health Care Fraud and Abuse Control

The budget requests $899 million in discretionary HCFAC funding, $26 million above the FY 2022 enacted level. The budget assumes discretionary HCFAC spending will grow over the ten-year budget window and includes an allocation adjustment to be used pursuant to the Congressional Budget Act in the Congressional Budget Resolution. This additional investment is projected to total $6.6 billion over the ten-year budget window and yield $13.6 billion in Medicare and Medicaid baseline savings, returning more than double the investment. Of the $899 million, the Centers for Medicare & Medicaid Services (CMS) will receive $692.2 million, DOJ will receive $97.2 million, and the HHS Office of Inspector General (OIG) will receive $109.6 million.

Together CMS, DOJ, and HHS OIG will invest in innovative program integrity tools to fight fraud, waste, and abuse in a changing healthcare landscape. New advancements in predictive modeling and artificial intelligence will allow CMS to enhance existing efforts to reduce improper payments, prevent fraud, and target bad actors, while limiting burden. For example, CMS is exploring methods of using machine learning to conduct more rapid review of chart documentation to improve payment accuracy.

A top priority for increased investment in this account is Medicare medical review. This involves the collection and clinical review of medical records and related information to ensure that payment is made only for services that meet all Medicare coverage, coding, billing, and medical necessity requirements. CMS has a long-term goal to increase the percentage of fee-for-service claims subject to medical review, which currently stands at less than one-tenth of one percent, to one percent. Medicare program integrity activities, inclusive of medical review, yield a robust rate of return to the Trust Funds of over $8 for every $1 spent based on a three-year rolling average. CMS will also increase data analytics and improper payment measurement work for the Marketplaces.

Investment in oversight and law enforcement will allow HHS OIG and DOJ to combat complex healthcare fraud and stay ahead of criminals who are armed with

[1] The Fiscal Year (FY) 2022 column reflects enacted levels.

[2] The FY 2021, FY 2022, and FY 2023 mandatory base includes sequester reductions and the impacts of the Medicare sequestration suspension first enacted in the CARES Act, as appropriate.

[3] Additional information on the Medicaid Integrity Program is included in the States Grants and Demonstrations chapter.

increasingly sophisticated tools and technologies. In 2020, Health Care Fraud Strike Force Teams harnessed the combined resources of federal, state, and local law enforcement entities to prosecute complex health care fraud cases involving the illegal prescription, distribution, and diversion of opioids. Strike Force accomplishments included investigating 405 defendants who allegedly billed health care programs and private insurers more than $4.7 billion; obtaining 254 guilty pleas; and securing imprisonment for 254 sentenced defendants. HCFAC law enforcement partners will continue to support new methods and technologies to stay ahead of criminal actors who seek to harm taxpayers and patients.

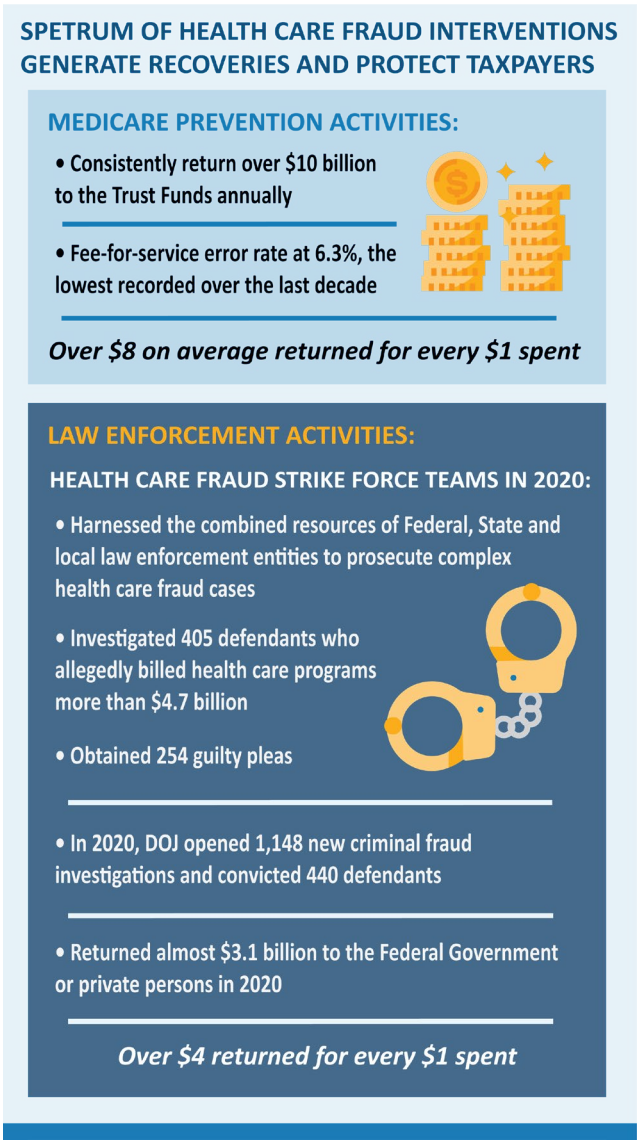
Mandatory Health Care Fraud and Abuse Control

The Medicare Part A Trust Fund provides over $1.4 billion in mandatory HCFAC resources for FY 2023 allocated to the Medicare Integrity Program and other HCFAC partners. This funding supports efforts across HHS, HHS OIG, DOJ, and the FBI to combat healthcare fraud, waste, and abuse.

Return on Investment

Program integrity spending is a proven cost-effective investment. Medicare Integrity Program improper payment efforts have consistently yielded savings of over $10 billion annually.

The three-year rolling average return on investment for HCFAC law enforcement activities is $4.3 recovered for every $1 spent. In FY 2020 alone, these activities returned nearly $3.1 billion to the federal government or private individuals, including $2.1 billion to the Medicare Trust Funds and $128.2 million in federal Medicaid recoveries and audit disallowances to the U.S. Department of the Treasury.



MEDICAID INTEGRITY PROGRAM

Using HCFAC as a model, the Deficit Reduction Act of 2005 established the Medicaid Integrity Program as the nation's first program integrity effort focused on Medicaid. The mandatory appropriation for the Medicaid Integrity Program adjusts annually for inflation and will total $91.4 million in FY 2023.

States are the first response for combating fraud, waste, and abuse in the Medicaid program, and the Medicaid Integrity Program plays an important role in supporting these efforts. Funded activities include reviews, audits, education activities, and technical support to states. The Medicaid Integrity Program works in coordination with Medicaid program integrity activities funded by the HCFAC Program.

Combined with CMS program management and other accounts, Medicaid program integrity funding improves critical Medicaid systems supporting program integrity. Continued investments in CMS program operations and in Medicaid program integrity will ensure CMS can continue to enhance transparency and will also fund critical updates to Medicaid information systems that support program integrity. These updates include investments in the Transformed Medicaid Statistical Information System, which is the nation's first accessible repository of Medicaid claims and encounter data.

2023 LEGISLATIVE PROPOSALS

The FY 2023 budget includes a package of program integrity legislative proposals, that strengthen fiscal stewardship in Medicare by protecting beneficiary safety and reducing fraud, waste, and abuse in Medicare.

Protect Beneficiary Safety in Medicare

Prohibit Unsolicited Medicare Beneficiary Contacts

Since the start of the COVID-19 pandemic, Medicare scams have proliferated that utilize unsolicited contacts with Medicare beneficiaries for the purpose of ordering or rendering high-cost items and services, such as medically unnecessary laboratory testing and COVID-19 personal protective equipment, as well as to collect beneficiaries' personal information. This proposal would disallow certain ordering or referring providers, home health agencies, laboratories, other providers and suppliers as identified by the Secretary, and other individuals or entities acting on behalf of such providers and suppliers from making certain unsolicited contacts with Medicare beneficiaries. Prohibited contacts would include phone calls, text messages, direct messaging applications, and e-mail. The proposal would also grant the Secretary authority to announce rulemaking to modify the parameters restricting unsolicited provider contacts with beneficiaries to address emerging fraud threats CMS identifies in the future. [Not Scorable]

Reduce Fraud, Waste and Abuse in Medicare

Expand Tools to Identify and Investigate Fraud in the Medicare Advantage Program

This proposal would require Medicare Advantage plans to collect referring provider identifiers for healthcare services and report this information as part of encounter data submissions to CMS. By requiring Medicare Advantage Organizations to collect key provider data to assist with investigations, this proposal would provide CMS and the HHS-OIG with improved capabilities to hold wrongdoers accountable. CMS would have improved capabilities to prevent program losses and beneficiary harm. Medicare Advantage Organizations would benefit from more actionable data in their own systems and the Federal Government's broader visibility into fraud affecting multiple plans. This proposal would not require additional funding. [Not Scorable]

OTHER FY 2023 BUDGET PROPOSALS

The FY 2023 budget includes an allocation adjustment for the Social Security Administration to conduct continuing disability reviews and Supplemental Security Income redeterminations to confirm that participants remain eligible to receive benefits. These increased workloads are projected to yield savings to Medicare and Medicaid totaling $9.3 billion over ten years.

FY 2023 Program Integrity Budget Proposals

LEGISLATIVE AND ADMINISTRATIVE PROPOSALS

The following tables are in millions of dollars.

Protect Beneficiary Safety in Medicare	2023	2023-2027	2023-2032
Prohibit Unsolicited Medicare Beneficiary Contacts	--	--	--
Subtotal Outlays, Protect Beneficiary Safety in Medicare Proposed Policy	**--**	**--**	**--**
Subtotal, Medicare Impact (non-add)	--	--	--
Subtotal, Medicaid Impact (non-add)	*N/A*	*N/A*	*N/A*

Reduce Fraud, Waste and Abuse in Medicare	2023	2023-2027	2023-2032
Expand Tools to Identify and Investigate Fraud in the Medicare Advantage Program	--	--	--
Subtotal Outlays, Reduce Fraud, Waste and Abuse in Medicare Proposed Policy	**--**	**--**	**--**
Subtotal, Medicare Impact (non-add)	--	--	--
Subtotal, Medicaid Impact (non-add)	*N/A*	*N/A*	*N/A*

Program Integrity Legislative Proposals	2023	2023-2027	2023-2032
Subtotal Outlays, Program Integrity Legislative Proposals	**--**	**--**	**--**
Subtotal, Medicare Impact (non-add)	--	--	--
Subtotal, Medicaid Impact (non-add)	*N/A*	*N/A*	*N/A*

Non-PAYGO Savings[4]	2023	2023-2027	2023-2032
Capture Savings to Medicare and Medicaid from HCFAC Allocation Adjustment	-$1,119	-$6,215	-$13,614
Capture savings to Medicare and Medicaid from Social Security Administration Allocation Adjustment	-$40	-$2,048	-$9,294
Medicare Impact (non-add)	*-$22*	*-$1,467*	*-$7,101*
Medicaid Impact (non-add)	*-$18*	*-$581*	*-$2,193*
Subtotal, Medicare and Medicaid Savings from Program Integrity Investment	**-$1,159**	**-$8,263**	**-$22,908**

[4] Includes non-PAYGO savings from proposed allocation adjustments in HCFAC and the Social Security Administration program integrity activities.

Centers for Medicare & Medicaid Services: Center for Medicare and Medicaid Innovation

The following table is in millions of dollars.

Current Law	2021	2022	2023	2023 +/- 2022
Innovation Center Obligations[1]	700	766	756	-10

Vision: A healthcare system that achieves equitable outcomes through high quality, affordable, person-centered care.

The Center for Medicare and Medicaid Innovation (Innovation Center) tests innovative payment and service delivery models with the potential to improve the quality of care and reduce federal healthcare spending. The Innovation Center is integral to bipartisan efforts to accelerate the move from a healthcare system that pays for volume to one that pays for value and encourages innovation. Congress appropriated $10 billion in 2011, $10 billion in 2020, and an additional $10 billion in appropriations in every ten-year period thereafter (beginning in FY 2030) to support Innovation Center activities.

INNOVATION CENTER OVERVIEW

Paying for health and improved outcomes instead of high volume and low value care is the central premise of the Innovation Center's work. The emphasis is on the quality rather than the quantity of care. To date, the Innovation Center has launched more than 50 models, including Accountable Care Organization (ACO) models; episode-based payment models; disease specific payment models; primary care transformation models; models focused on Medicaid, CHIP, and dually eligible populations; initiatives to accelerate development and testing of new payment and service delivery models; and initiatives to speed adoption of best practices. The Innovation Center also implements demonstrations established directly by Congress.

Model Evaluations and Results

The Innovation Center uses independent evaluators to routinely and rigorously assess the impact of each model on quality and expenditures. The evaluations include carefully selected comparison groups, wherever possible, or advanced statistical methods to determine model performance and success. Having a robust evaluation process allows the Innovation Center to determine, on an ongoing basis and at the end of the testing period, whether a model represents a high-value investment of taxpayer dollars. The Innovation Center uses ongoing assessments to improve model testing, making evaluation results public as they become available.

Expanded Models

Section 1115A of the Social Security Act provides the Secretary authority to expand through rulemaking the duration and scope of a model that is being tested, including nationwide implementation. To exercise this authority, the Secretary must determine if expansion would reduce spending without reducing quality of care or improve quality of care without increasing spending, and the Chief Actuary at CMS must certify that the expansion would reduce or would not result in any increase in net program spending.

To date, the Innovation Center has certified four models for expansion.

1. The Pioneer ACO Model supported the coordination of care for patients across care settings, improving continuity and reducing duplicative care and testing. CMS incorporated several successful elements of the model into Track 3 of the Medicare Shared Savings Program through notice and comment rulemaking.
2. The Medicare Diabetes Prevention Program helps prevent the onset of Type 2 diabetes among pre-diabetic Medicare beneficiaries. Through the expanded model, suppliers deliver clinical interventions that seek to achieve at least five percent weight loss by participants.
3. The Medicare Prior Authorization Model for Repetitive, Scheduled Non-Emergent Ambulance Transport was certified for national expansion under the authority of the Medicare Access and CHIP Reauthorization Act of 2015. The model ensures that ambulance suppliers comply with applicable Medicare coverage, coding, and payment rules before rendering services and submitting claims, thus improving the Medicare

[1] Fiscal Year (FY) 2021 numbers are actuals. FY 2022 and FY 2023 are estimates.

improper payment rate. The model saved Medicare about $1 billion over five years while preserving quality of, and access to, care.

4. The Home Health Value-Based Purchasing Model has been expanded to all Medicare participating home health agencies in all 50 states, effective January 1, 2022. The model tests higher payment incentives in nine states to improve quality of care and shift home health agencies from volume- to value-based purchasing. The first three years of the model prior to expansion resulted in an average annual improvement of 4.6 percent in home health agencies' quality scores, as well as average annual savings of $141 million to Medicare.

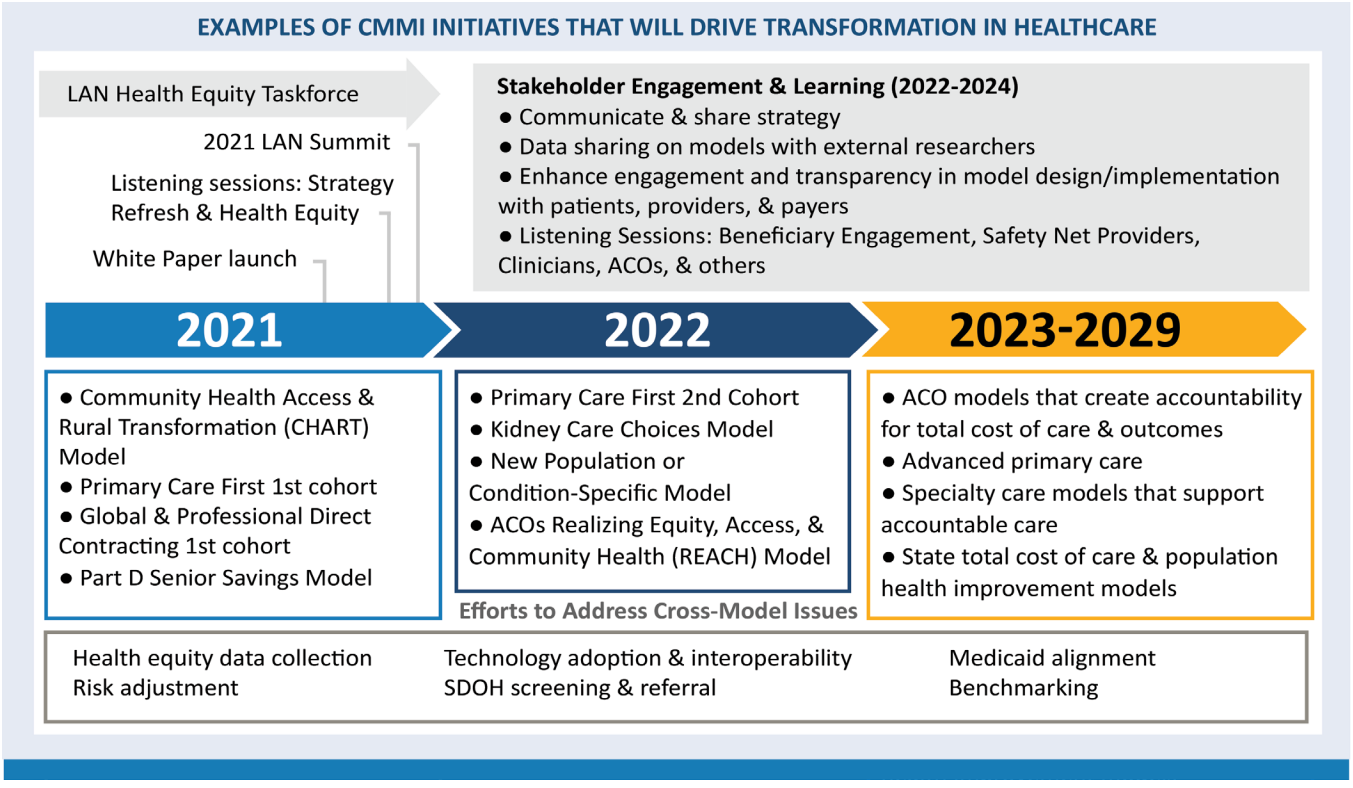
Beyond formal certification, the Innovation Center will prioritize impacts on health equity, person-centered care, and health system transformation – efforts which are aligned with CMS-wide goals. For example, accountable care models have contributed to the design of the Medicare Shared Savings Program, and CMS has proposed incorporating elements of the Financial Alignment Initiative into relationships between states and Dual Eligible Special Needs Plans.

NEW AND PRIORITY INITIATIVES

In designing and implementing models, the Innovation Center carefully consults with a diverse group of stakeholders, including patient advocates, clinicians, researchers, and innovators with direct experience in healthcare management and improvement, as well as with representatives of relevant federal and state agencies.

The CMS Innovation Center's strategy for the future is organized around five objectives. These objectives will guide models and priorities, and progress on achieving goals for each objective will be measured to assess impact.

1. **Drive Accountable Care**. Increase the number of Medicare fee-for-service and Medicaid beneficiaries in a care relationship with a provider that is accountable for quality and total cost of care.
2. **Advance Health Equity**. Embed health equity in every aspect of CMS Innovation Center models and increase the focus on underserved populations.



3. **Support Innovation**. Leverage a range of supports that enable integrated, person-centered care such as actionable, practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives, and payment flexibilities.
4. **Address Affordability**. Pursue strategies to address healthcare prices, affordability, and reduce unnecessary or duplicative care.
5. **Partner to Achieve System Transformation.** Align priorities and policies across CMS and aggressively engage payers, purchasers, providers, states and beneficiaries to improve quality, to achieve equitable outcomes, and to reduce healthcare costs.

DRIVING ACCOUNTABLE CARE

Primary Care First

Primary Care First, consisting of over 3,000 participating practices, offers physicians a set of voluntary, innovative payment options to reward value and quality, and support delivery of advanced primary care. The model is testing whether prioritizing the doctor-patient relationship, enhancing care for patients with complex chronic needs, reducing administrative burden, and focusing financial rewards on improved health outcomes will reduce Medicare spending by preventing avoidable inpatient hospital admissions. Primary Care First practitioners are incentivized to achieve better care at lower costs by integrating behavioral healthcare and assessing beneficiaries' psychosocial needs, ensuring coordinated specialty care referral management, and by creating an inventory of services and supports in the community to address patients' complex psychosocial needs. The model will be tested over a total of six performance years, with two staggered cohorts of participating practices, each participating for five performance years. One cohort will participate in the model from 2021 through 2025 and a second will participate from 2022 through 2026. In CY 2021, the Innovation Center added a telehealth benefit enhancement to this model, waiving the geographic originating site requirement for the furnishing and billing of telehealth services. This waiver enables the continuation of specific primary care telehealth services after flexibilities provided in the current Public Health Emergency expire.

ACO Realizing Equity, Access, and Community Health Model

The Accountable Care Organization (ACO) Realizing Equity, Access, and Community Health (REACH) Model (in its original design and called the Global and Professional Direct Contracting Model through 2022) aims to improve quality of care and care coordination for beneficiaries in Medicare fee-for-service. The model tests approaches for providers to join together to assume responsibility for the quality and total cost of care of their patients and coordinate services across clinicians and settings. The redesigned model focuses on promoting health equity; addressing healthcare disparities for underserved communities; continuing the momentum of provider-led organizations participating in risk-based models; and protecting beneficiaries in the model with more participant vetting and monitoring. The model builds on lessons learned from initiatives involving Medicare ACOs, such as the Medicare Shared Savings Program and the Next Generation ACO Model. The model began in April 2021 with 53 participants and will run through 2026. CMS recently announced the permanent cancellation of the related Geographic Direct Contracting Model.

ADVANCING HEALTH EQUITY

Research shows that certain underserved communities experience worse health outcomes and lower quality of care than the general population. To improve the quality of care and outcomes for all types of Medicare beneficiaries, the Innovation Center has sought to refine existing models to systematically address health equity across the Center's entire portfolio. For example, the ACO REACH Model will test ways to address these health inequities by introducing five new policies to promote health equity starting in performance year 2023: Health Equity Plan Requirement; Health Equity Benchmark Adjustment; Health Equity Data Collection Requirement; Nurse Practitioner Services Benefit Enhancement; and Health Equity Questions in Application and Scoring for Health Equity Experience. These updates are expected to reduce disparities in health such that those with the greatest needs and least resources receive the care they need.

Community Health Access and Rural Transformation Model

Announced in August 2020, this multi-payer model will test whether upfront investments, predictable capitated payments, and operational and regulatory flexibilities will enable rural healthcare providers to improve access to high quality care while reducing healthcare costs. Rural providers may offer additional services, such as those that address social

determinants of health, including food and housing. CMS is providing funding for rural communities to build systems of care through a Community Transformation Track, which will run from January 2023 through 2028.

End-Stage Renal Disease Treatment Choices Model

End-Stage Renal Disease (ESRD) Treatment Choices Model tests incentives to encourage greater use of home dialysis and increase kidney transplantation for Medicare beneficiaries with ESRD. CMS makes certain payment adjustments that encourage participating providers to ensure that ESRD beneficiaries have access to and receive education about their kidney disease treatment options. In October 2021, CMS finalized changes to the model policies through the End-Stage Renal Disease Prospective Payment System Final Rule**.** The changes aim to encourage dialysis facilities and healthcare providers to decrease disparities in rates of home dialysis and kidney transplantation among patients with lower socioeconomic status, making the model one of the agency's first CMS Innovation Center models to directly address health equity. The model runs from January 2021- June 2027.

SUPPORTING CARE INNOVATIONS

Medicare Advantage Value-Based Insurance Design

The Value-Based Insurance Design Model, which provides Medicare Advantage plans with additional flexibilities to alter their benefit packages, tests whether offering these flexibilities (including a hospice benefit component as well as rewards and incentives programs) increases the uptake of high value services, reduces costs, and improves quality outcomes. Consistent with the CMS Innovation Center Strategy Refresh, the model is continuing to evolve with an expanded focus on health equity that leverages the model's benefit flexibilities. The model launched in 2017 and will run through 2024.

ADDRESSING AFFORDABILITY

Part D Senior Savings Model

The Part D Senior Savings Model is a five-year, voluntary model for both drug manufacturers and Part D plan sponsors that is testing a change to the Medicare Coverage Gap Discount Program to allow participating Part D sponsors, through eligible enhanced alternative plans, to offer a Part D benefit design that includes predictable copays in the deductible, initial coverage, and coverage gap phases. Under the model, Part D sponsors may offer supplemental benefits that apply after manufacturers provide a discounted price in the coverage gap for a broad range of insulins included in the model at a maximum copay of $35 each for a month's supply in the deductible, initial coverage, and coverage gap phases of the Part D benefit. The model launched in January 2021 and has 106 Part D sponsors, with over 2,100 prescription drug plans participating in 2022, including both Medicare Advantage Prescription Drug plans and standalone Prescription Drug plans. Over 17 million beneficiaries are enrolled in prescription drug plans participating in the model, which represents an increase of over 3 million from 2021. The model will continue through December 31, 2025.

PARTNERING TO ACHIEVE HEALTH SYSTEM TRANSFORMATION

The CMS Innovation Center's vision for broad health system transformation is ambitious and requires collaboration with and actions by a wide range of stakeholders. In particular, states, Medicaid, private payers, and purchasers should be aligned to increase the number of providers participating in value-based payment models and to make their participation sustainable across payers. Achieving this vision requires working across CMS and beyond, taking a whole-of-government approach–and collaborating with states, employers, and health plans as well as with patients, caregivers, providers, and community organizations. Closer collaboration with beneficiaries, caregivers, and patient groups across the lifecycle of models from conceptualization to evaluation and potential model expansion will help ensure that existing and new models are meeting their needs. This will include a focus on opportunities to prospectively drive multi-payer alignment, especially with Medicaid programs, leveraging the Health Care Payment Learning and Action Network's state based strategic initiatives during development of new models.

Centers for Medicare & Medicaid Services: Program Management

The following tables are in millions of dollars.

Discretionary Administration	2021[1]	2022[2]	2023	2023 +/- 2022
Program Operations	2,773	2,835	2,957	+122
Federal Administration	773	773	895	+123
Survey and Certification	397	397	494	+97
Research[3]	20	20	--	-20
Subtotal, Discretionary Budget Authority	**3,963**	**4,025**	**4,347**	**+322**

Mandatory Administration[4]	2021[1]	2022[2]	2023	2023 +/- 2022
Medicare Improvements for Patients and Providers Act	3	3	3	--
Protecting Access to Medicare Act (2014)	10	5	5	--
Improving Medicare Post-Acute Care Transformation (2014)	5	5	5	--
Bipartisan Budget Act (2018)	5	5	5	--
Consolidated Appropriations Act (2021)	98	46	49	+3
Subtotal, Mandatory Administration	**122**	**64**	**67**	**+3**

Reimbursable Administration	2021[1]	2022[2]	2023	2023 +/- 2022
Medicare and Medicaid Reimbursable Administration	884	891	888	-3
Marketplace Reimbursable Administration[5]	1,627	1,668	1,498	-170
Subtotal, Reimbursable Administration	**2,511**	**2,559**	**2,386**	**-173**

Proposed Law	2021[1]	2022[2]	2023	2023 +/- 2022
Program Management Implementation Funds	--	--	300	+300
Subtotal, Proposed Law	**--**	**--**	**300**	**+300**

Budget Total	2021[1]	2022[2]	2023	2023 +/- 2022
Total Program Management Program Level, Current Law	**6,596**	**6,647**	**6,799**	**+152**
Total Program Management Program Level, Proposed Law	**6,596**	**6,647**	**7,099**	**+452**

The FY 2023 discretionary budget request for CMS Program Management is $4.3 billion, an increase of $322 million, or 8 percent, above the FY 2022 enacted level. Including mandatory appropriations and user fees, total Program Management spending from all sources in FY 2023 is $7.1 billion. This request will enable CMS to effectively administer its programs and provide high quality customer service for over 150 million Americans covered by Medicare, Medicaid, Children's Health Insurance Program (CHIP), and the Federally Facilitated Marketplaces. The budget invests in modernizing CMS's core operations to keep pace with growing enrollment and responsibilities across CMS programs. The budget invests in initiatives to advance health equity, improve quality, lower cost, provide flexibility to states and local communities, and expand access.

[1] The Fiscal Year (FY) 2021 column reflects final levels, including required and permissive transfers and recissions, but does not include $500 million in COVID-19 supplemental resources from American Rescue Plan Act, which will be transferred to CDC. Includes a Secretary's transfer out of $11.033 million.

[2] The FY 2022 column reflects enacted levels, including required transfers.

[3] Research funding is requested as part of the Program Operations funding in FY 2023. Within Program Operations, the funding amount is unchanged.

[4] The FY 2021, FY 2022, and FY 2023 mandatory base includes sequester reductions, where applicable.

[5] Includes collections of user fees charged to issuers in Federally facilitated Marketplaces, State-based Marketplaces on the Federal platform, and Risk Adjustment.

BUDGET ACCOUNT SUMMARIES

Program Operations

The budget requests $3.0 billion for Program Operations, $122 million, or 4 percent above the FY 2022 enacted level, to fund essential payment, information technology, and outreach activities for Medicare, Medicaid, CHIP, and private insurance programs. Priority activities for FY 2023 include:

Medicare Contractor Operations

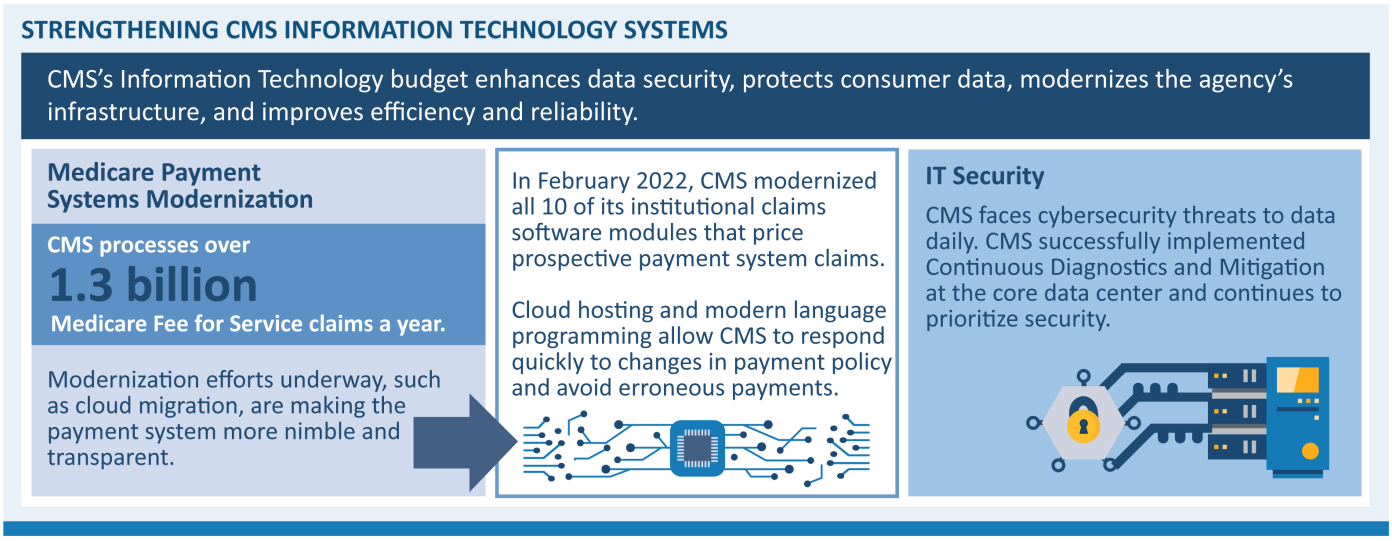
Approximately 31 percent, or $971 million, of the FY 2023 Program Operations request supports ongoing Medicare contractor operations, including claims processing systems and critical support functions. This funding includes processing nearly 1.3 billion Medicare Part A and B claims, enrolling providers and suppliers in the Medicare program, paying providers and suppliers, processing 2.5 million first level appeals, responding to 11.5 million inquiries from providers, and educating over one million providers about the program. Contractor operations support allows CMS to process claims quickly, accurately, and in compliance with the law. Medicare's claims processing systems have enabled Medicare to become one of the fastest, most reliable health insurance payers in the world.

Medicare Appeals

The budget includes $84 million to process approximately 200,000 second level appeals in a timely manner. CMS has actively supported the Department's efforts to improve the Medicare appeals process at all levels, including pilots that increase data consistency, reduce provider burden, and provide cost saving workload efficiencies for the contractors that process appeals. These efforts have helped reduce the backlog of pending third-level appeals by 93 percent in the last six years.

Information Technology Systems and Support

The budget includes $646 million for information technology systems to prioritize CMS cybersecurity investment and continue the multi-year effort to comply with system upgrade requirements across the entire information technology landscape. CMS remains committed to modernizing Medicare payment systems that allow flexible and improved data and system functionality for operations by CMS staff and Medicare Administrative Contractors. The budget supports the agency's mission to protect the consumer health data of millions of Americans from outside threats, and continued improvements in efficiency and reliability for CMS, health providers, and beneficiaries.



Medicaid and CHIP Operations

The budget requests $225 million, for administrative activities to improve the Medicaid and CHIP programs and support CMS oversight and other state support functions that enhance Medicaid operations. The budget invests funding for the Medicaid and CHIP Business Information Solution to address continued demands for data that, in part, strengthen analytical capabilities to study health equity and disparity issues, long-term care, maternal and behavioral health, COVID-19, and program integrity capabilities.

CMS's request will also fund strategic implementation support, which includes efforts to improve organizational capacity, operations, and processes to meet changing needs of states, providers, and beneficiaries. This includes increasing the effectiveness and efficiency of CMS programs while strengthening Medicaid and creating conditions needed for states to deliver high-value care and services.

Additionally, CMS's request partially funds the Adult Health Care Quality Measures for Medicaid (Adult Core Set), which is a valuable tool for tracking and trending state and national performance on a standardized set of adult-focused performance measures to drive improvement in healthcare.

Improve CMS Analytic Capabilities and Data Sharing

As the largest payer for healthcare in the United States, CMS holds an enormous amount of unique health data on a large proportion of the U.S. population. The budget invests $15 million in a new initiative to improve the accessibility, timeliness, and comprehensiveness of CMS data made available to stakeholders and the public. This increase in funding will lead to greater analytic and data sharing capabilities while also continuing to safeguard individual privacy. Better, more timely use of these datasets holds the potential to strengthen the evaluation of federal and state programs, assess the impact of policy changes, improve outcomes of people served by multiple programs, and generate knowledge to inform federal and state policymaking.

ADVANCING HEALTH EQUITY

CMS is uniquely positioned to drive equity in the healthcare system and is committed to reducing health disparities through investments in health equity. The budget requests a $35 million new investment through the CMS Office of Minority Health to: build an analytic data environment for modeling disparity trends over time; add a focus on underserved populations to CMS's Coverage to Care insurance expansion initiative; engage stakeholders and launch health literacy initiatives; expand the Minority Research Grant Program; and systematically identify and resolve barriers to equity in each CMS program by offering ongoing technical assistance. This investment would also fund a refresh of the CMS Rural Health Strategy and development of a Rural Stakeholder Insights Trend and Triage System to better identify and execute activities that address emerging needs of rural communities.

Through this investment and other ongoing initiatives, CMS is working to eliminate avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and provide the care and support that enrollees need to thrive.

Modernize CMS's Operations to Meet the Needs of Future Beneficiaries

CMS's operations strive to keep up with the changing needs of the population it serves. As a result, the budget invests $20 million for CMS to implement activities to enhance or expand upon current access to coverage and services, as well as improve CMS's ability to collect and process data. This includes a project to design and implement pathways for an expanded array of mental health clinicians to participate in Medicare to support better access to mental healthcare. These data-driven investments will move CMS towards more equitable access to care across CMS populations.

Federal Administration

The FY 2023 budget requests $895 million for CMS federal administrative costs, which is $123 million or 16 percent above FY 2022 enacted.

Of this total, $838 million will support a direct, full-time staff level of 4,518, an increase of 288 FTEs above the FY 2022 enacted level. CMS reprogrammed $50 million into the Federal Administration account to sustain existing staffing levels in FY 2020. Continued investment is needed in Federal Administration to relieve ongoing funding pressures stemming from rising payroll and benefit costs and increased beneficiary growth. Furthermore, CMS requires an

appropriately scaled workforce to support core Medicare, Medicaid, Marketplace, and CHIP operations, implement recently enacted legislation, and support coverage expansion and access initiatives.

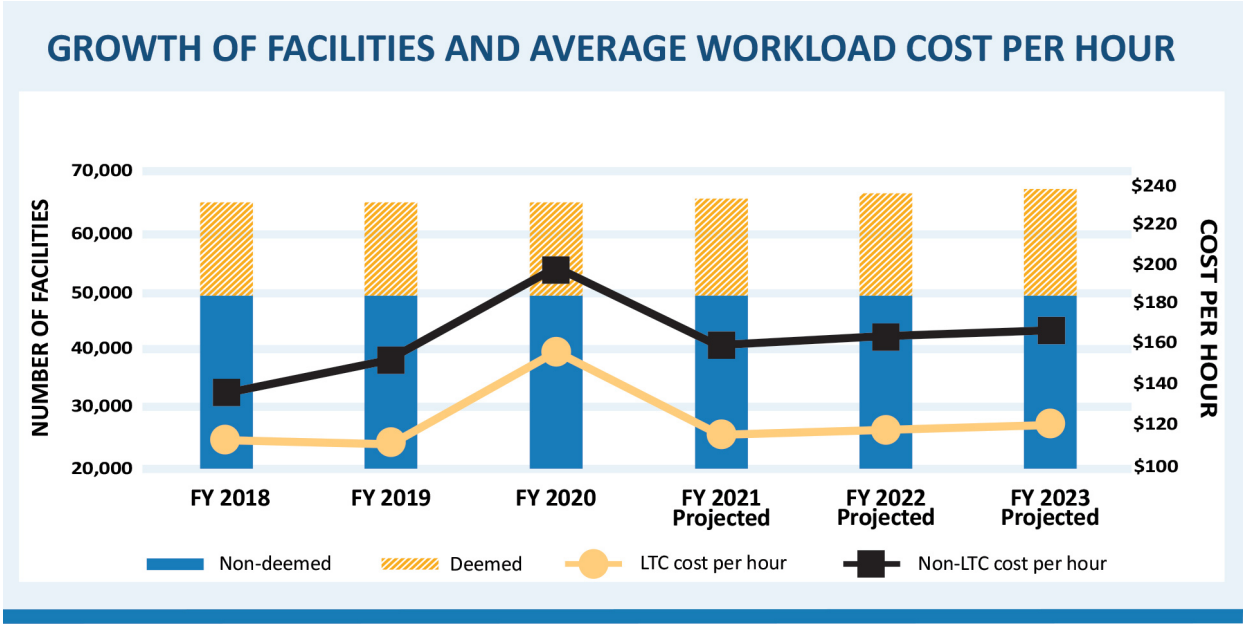
Within the total Federal Administration request, CMS requests $22 million to support the agency's innovative Real Estate Consolidation project that will further reduce commercially leased office space and move employees back to renovated portions of CMS's headquarters building, yielding long-term cost savings of about $88 million by 2033. The request also includes $5 million for the CMS U.S. Digital Service team to support CMS's IT portfolio.

Survey and Certification

The budget requests $494 million for Survey and Certification, an increase of $97 million or 24 percent above FY 2022 enacted. This investment will strengthen health, quality, and safety oversight for approximately 67,000 participating Medicare or Medicaid provider facilities. Survey workloads and costs continue to increase due to factors such as a growing number of beneficiaries and surveyor wage growth, as well as an increase in serious complaints against facilities, which can lead to costly ongoing enforcement activities once a deficiency is identified. The COVID-19 pandemic has underscored the Survey and Certification program's critical oversight role for holding nursing homes and other facilities accountable to meet minimum infection control standards and protect public health for beneficiaries in these facilities from COVID-19.

The Coronavirus Aid, Relief, and Economic Security Act provided a minimum of $100 million to Medicare Survey and Certification for infection control efforts prioritizing nursing homes. This supplemental funding helped State Survey Agencies conduct focused infection control surveys and respond to the backlog of high-level complaint survey results, recertifications, and other survey activities.

Building on lessons learned during COVID-19, the budget invests in improving care in long-term care facilities and improving oversight of accrediting organizations. At the FY 2023 request level, CMS projects that states will have the resources to fully complete surveys for all provider types, including complaint surveys, statutorily required surveys, and non-statutory surveys. This level of survey completion, which has not been projected since the submission of the FY 2017 President's Budget, would permit the program to provide oversight for the relevant facility types and is the first step in shifting from a reactive to proactive posture. Timely certification surveys help to promote quality and avoid preventable patient safety adverse event issues, avoid patient harm, and may result in less severe enforcement action over time if issues can be detected earlier and corrected with education and training, rather than reactively responding to complaints. Furthermore, CMS will improve oversight of nursing facilities, including an overhaul of the special focus facility program to improve care more quickly for low-performing nursing homes. These changes that will make the special focus



facility program requirements tougher and more impactful.

Approximately 93 percent of the requests for Medicare Survey and Certification is performed by state survey agencies. Surveys can include mandated federal inspections of long-term care facilities (i.e., nursing homes), home health agencies, and hospices, as well as federal inspections of hospitals and other key facilities that occur on a non-mandated frequency interval. All facilities participating in the Medicare and Medicaid programs must undergo certification when entering the program and on a regular basis thereafter, which generally includes an onsite survey. The budget will enable CMS to significantly improve survey frequency levels where there is not a statutorily required frequency, potentially preventing serious violations of safety standards and avoiding patient harm. In the Recertification Survey Frequency Table below, the survey frequencies are divided into timeframes for each provider type and show the amount of time to survey the entire population. In total, states will complete over 30,000 initial surveys and recertifications in FY 2023.

RECERTIFICATION SURVEY INTERVAL FREQUENCIES

Provider Type	Goal	FY 2022 Projected	FY 2023 Funding Request
Hospitals	Every 3 Years	Every 12 Years	Every 3 Years
ESRD Facilities	Every 3 Years	Every 11 Years	Every 3 Years
Ambulatory Surgical Centers	Every 3 Years	Every 12 Years	Every 3 Years

The budget requests two-year budget authority for the Medicare Survey and Certification program, which accommodates states with different fiscal years than the federal government, assists states with long-range staffing plans, and increases CMS administrative flexibility to reallocate funding between states when appropriate.

CROSSCUTTING SUMMARIES

National Medicare Education Program

The budget funds the National Medicare Education Program at $445 million, including $306 million in discretionary budget authority. CMS is committed to ensuring beneficiaries have access to the educational materials and tools needed to find accurate and up-to-date information on coverage options and available benefits. As a designated federal High Impact Service Provider, this program will continue to drive customer experience improvements for Medicare beneficiaries by engaging in iterative consumer research, customer feedback surveys, and the application of human-centered design best practices.

The budget provides $274 million, including $165 million in budget authority, to support the 1-800-MEDICARE call centers, which provide beneficiaries quick access to customer service representatives to answer questions about the Medicare program. The request will support an estimated 24 million calls with an estimated average-speed-to-answer of approximately three to five minutes. Beneficiaries can also use 1-800-MEDICARE to report instances of possible fraud or abuse.

The budget includes $68 million, including $38 million in budget authority, for beneficiary materials, the majority supporting the printing and distribution of 52 million copies of the *Medicare & You* Handbook. CMS is required to mail Medicare education materials to beneficiaries annually. The budget proposes a general provision that provides the Secretary with increased flexibility to determine how to most efficiently and effectively communicate Medicare benefits information included in the *Medicare & You* Handbook with beneficiaries, including, in some cases, through electronic means. Offering digital alternatives will improve the efficiency of CMS beneficiary education activities and give beneficiaries communication options that are standard in most industries and settings.

Marketplaces

The budget requests $2.0 billion to operate the Federally Facilitated Marketplace, of which $1.7 billion will be funded by Marketplace user fees and $300 million will be funded by other sources in CMS Program Management, including budget authority.

The Marketplaces allow individuals to compare health plan options, determine eligibility for health insurance programs, obtain financial assistance with premiums, and facilitate enrollment. The Marketplaces are a

critical source of comprehensive private health coverage for over 14 million Americans. During 2021, over 2.8 million consumers signed up for new health insurance coverage during a 6-month Special Enrollment Period that was initiated as a response to the ongoing COVID-19 pandemic, and 14.5 million signed up for health coverage during the 2022 open enrollment.

The Administration worked with Marketplace plans to implement provisions of the American Rescue Plan to quickly provide expanded Marketplace benefits to consumers. With this newly expanded financial assistance, there were record-low premiums during 2022 Open Enrollment, where four out of five people could find a plan for $10 or less per month. For plan year 2023, HHS is responsible for operating the Marketplaces in 30 states that elected not to establish one on their own. HHS is also partnering with three states to leverage certain federal platforms for activities such as enrollment.

In addition, CMS oversees the annual certification process for over 400 issuers of Qualified Health Plans and stand-alone dental plans offered on the individual and small group markets. This budget supports that process through the development of operational guidance and technical assistance pertaining to certification requirements, including the certification of agents and brokers. The budget also ensures that the Federal Marketplace has adequate funding to process enrollment applications through Healthcare.gov and calculate and make advanced payments of the premium tax credit to issuers. The budget continues support for an expanded Marketplace Open Enrollment Period that is now November 1 - January 15, fully funds Navigator programs at $80 million per year for individualized assistance to consumers to apply for and enroll in coverage, and supports year-round outreach with a focus on underserved populations. CMS quadrupled the number of Navigators available to people who need assistance getting covered, bringing the total number of Navigators to more than 1,500.

2023 LEGISLATIVE PROPOSALS

The Department proposes legislative changes to modernize and improve the efficiency of the administration of Medicare, Medicaid, and CHIP.

Provide CMS Mandatory Funding to Implement Legislative Proposals

This request includes $300 million in proposed mandatory funding to cover the costs associated with implementing the Department's proposed legislative changes to Medicare, Medicaid, and CHIP.

Administration for Children and Families: Overview

The following table is in millions of dollars.

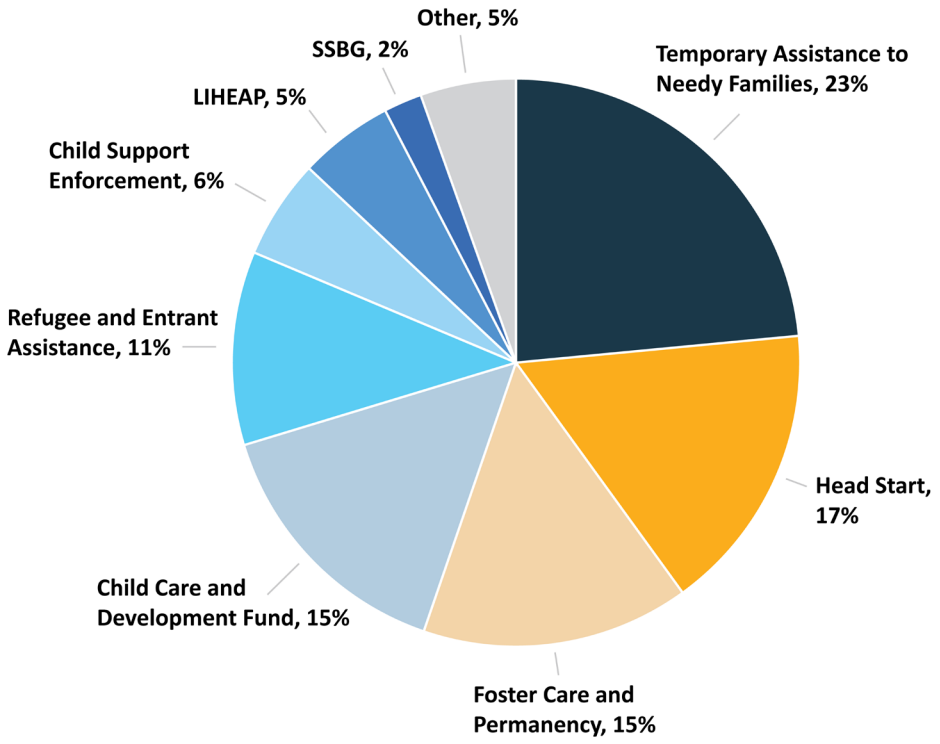
ACF Budget Authority	2021[1]	2022[2]	2023[3]	2023 +/- 2022
Discretionary	25,116	32,412	33,283	871
Mandatory	36,883	37,288	40,551	3,263
Total Administration for Children and Families Budget Authority	**61,999**	**69,700**	**73,834**	**4,134**

Note: Totals may not add due to rounding.

The mission of the Administration for Children and Families is to foster health and well-being by providing federal leadership, partnership, and resources for the compassionate and effective delivery of human services.

The Administration for Children and Families (ACF) works in partnership with states, tribes, and communities to provide critical assistance to help ensure that foster children, youth, families, and communities are resilient, safe, healthy, and economically secure. The President's Fiscal Year (FY) 2023 Budget requests $73.8 billion for ACF.

ACF FY 2023 BUDGET AUTHORITY, PROPOSED



Note: totals may not add up to 100% due to rounding

[1] Column reflects final levels, including required and permissive transfers, but does not include $58.2 billion in COVID-19 supplemental resources.

[2] The FY 2022 column reflects enacted levels, including required transfers, but does not include $609 million in COVID-19 supplemental resources, $100 million in funding from the Infrastructure Investment and Jobs Act, and $2.9 billion in funding from the Afghanistan Supplemental Appropriations Act.

[3] The FY 2023 column excludes $100 million in funding from the Infrastructure Investment and Jobs Act.

The President's Budget supports the HHS mission to promote and enhance the safety and well-being of all Americans, especially those most in need of human services.

The Budget supports low-income and working families and promotes upward economic mobility through programs such as Head Start, the Child Care and Development Fund, Child Support Enforcement, and Temporary Assistance for Needy Families. These programs promote economic independence, productivity, and well-being by helping parents enter the workforce, care for their children, and form strong social networks and family bonds. ACF's child welfare programs promote safety, well-being, and permanency through services to stabilize families and prevent child maltreatment, foster care when necessary, reunification, adoption, and support for youth transitioning to adulthood. The budget invests in children and their caregivers with a robust commitment to child welfare programs, strengthening prevention-focused outcomes, and promoting equity in the child welfare system. It also supports America's promise to refugees and reflects a commitment to caring for unaccompanied children safely and humanely in alignment with child welfare best practice. Finally, ACF's family violence prevention programs support survivors of intimate partner violence through emergency shelters and supportive services.

Administration for Children and Families: Discretionary

The following tables are in millions of dollars.

Early Childhood Programs	2021[1]	2022[2]	2023[3]	2023 +/- 2022
Head Start	10,748	11,037	12,203	+1,167
Child Care and Development Block Grant (discretionary)	5,911	6,165	7,562	+1,397
Preschool Development Grants	275	290	450	+160
Subtotal, Early Childhood Programs	**16,934**	**17,492**	**20,215**	**+2,723**

Programs for Children and Families	2021[1]	2022[2]	2023	2023 +/- 2022
Runaway and Homeless Youth	137	140	150	+10
Child Abuse Programs	186	197	257	+60
Child Welfare Programs	332	336	446	+110
Child Welfare Equity Grants (non-add)	*0*	*0*	*100*	*+100*
Adoption Incentives	75	75	75	0
Chafee Education and Training Vouchers	43	43	48	+5
Native Americans	57	59	62	+4
Family Violence Prevention and Services Programs	196	216	519	+304
Promoting Safe and Stable Families (discretionary)	83	83	106	+23
Subtotal, Programs for Children and Families	**1,108**	**1,148**	**1,664**	**+516**

Refugee Programs	2021[1]	2022[2]	2023	2023 +/- 2022
Unaccompanied Children	1,725	8,006	4,901	-3,105
Transitional and Medical Services	354	564	860	+296
Refugee Support Services	207	307	500	+193
Survivors of Torture	17	18	27	+9
Victims of Trafficking (Foreign and Domestic)	29	30	39	+10
Subtotal, Refugee Programs	**2,332**	**8,925**	**6,328**	**-2,597**

Research and Evaluation	2021[1]	2022[2]	2023	2023 +/- 2022
Disaster Human Services Case Management	2	2	8	+6
Federal Administration	208	213	234	+22
Social Services Research and Demonstration	8	45	69	+24
Subtotal, Research and Evaluation	**217**	**259**	**311**	**+52**

Other ACF Programs	2021[1]	2022[2]	2023	2023 +/- 2022
Low Income Home Energy Assistance Program	3,750	3,800	3,975	+175
Community Services Block Grant	745	755	754	-1
Other Community Services Programs	30	32	36	+3
Subtotal, Other ACF Programs	**4,526**	**4,588**	**4,765**	**+177**

[1] The FY 2021 column reflects final levels, including required and permissive transfers, but does not include $1.9 billion in COVID-19 funding transferred to ACF for the Unaccompanied Children Program. It also does not include $56.1 billion in COVID-19 supplemental resources directly appropriated to ACF.

[2] The FY 2022 Column reflects enacted levels, including required transfers, but does not include $100 million in funding from the Infrastructure Investment and Jobs Act and $2.9 billion in funding from the Afghanistan Supplemental Appropriations Act.

[3] The FY 2023 column excludes $100 million in funding from the Infrastructure Investment and Jobs Act.

ACF Discretionary Budget Totals	2021[1]	2022[2]	2023	2023 +/- 2022
Total Discretionary Budget Authority	**25,116**	**32,412**	**33,283**	**+871**
Total Program Level	**25,116**	**32,412**	**33,283**	**+871**
Full-Time Equivalents[4]	1,443	1,459	1,594	+135

The mission of the Administration for Children and Families is to foster health and well-being by providing federal leadership, partnership, and resources for the compassionate and effective delivery of human services.

The Administration for Children and Families (ACF) promotes the economic and social well-being of children and families by providing services through states, tribes, and local governments, as well as non-profit, faith-based, and community-based organizations. HHS's overarching goal is to provide necessary support to help Americans lead fulfilling, independent lives.

The Fiscal Year (FY) 2023 President's Budget requests $33.3 billion for ACF programs, an increase of $871 million over FY 2022 enacted. The budget supports high-quality early learning opportunities, provides more families with the support they need to remain safely together, and supports survivors of family violence.

INVESTING IN EARLY CHILDHOOD AND LEARNING

> ***"The beautiful thing about learning is nobody can take it away from you."***
>
> *- B.B. King*

Childhood lays the foundation for success later in life. Numerous studies have highlighted the importance of a child's development in the first five years of life. The Administration continues to emphasize investments in programs that improve the health and development of young children while supporting their families. These programs support children's health and overall development by providing access to quality early childcare and learning opportunities critical to leading happy and successful lives.

Head Start

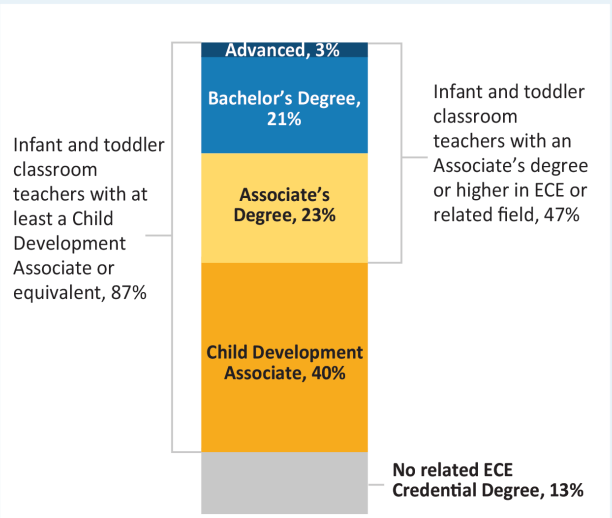
The budget requests $12.2 billion—an increase of $1.2 billion over FY 2022 enacted—to promote the school readiness of infants, toddlers, and preschool-aged children from low-income families, which includes $950 million to expand access to high-quality early learning opportunities with $650 million directed toward investments in Early Head Start-Child Care Partnerships and funding a cost-of-living adjustment ($505 million). This funding supports the Head Start; Early Head Start; American Indian and Alaska Native Head Start; and Migrant and Seasonal Head Start programs. Each program promotes the early learning and development, health, and family well-being of children from low-income families. With this investment, all of the Head Start programs will serve an estimated 839,064 children, an increase of 48,687, through nearly 1,600 local agencies in states, territories, and tribes across the United States.

Head Start services are provided in a variety of settings to meet the needs of the communities and children they serve. Each program is operated through local providers, ranging from childcare centers and family childcare to the children's own home. Head Start programs also engage parents and families to support family well-being and achieve goals such as housing stability, continued education, and financial security. As Head Start programs are local, the programs are able to provide holistic, culturally competent services to specific vulnerable populations. Nearly one-third of children enrolled in Head Start programs during the 2020-2021 program year were dual language learners. American Indian and Alaska Native Head Start programs serve nearly 22,000 children, of which many are served in or near federally recognized American Indian reservations. These programs incorporate traditional and cultural practices when serving populations living within their service area. Similarly, Migrant and Seasonal Head Start, which provides services to agricultural families and families that migrate to a number of geographic locations annually, is funded to serve nearly 27,000 children. Head Start strives to serve children in all communities.

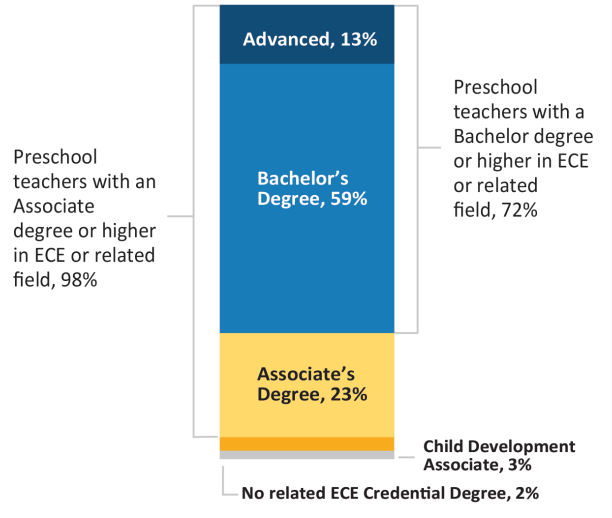
[4] The increase in FTEs does not correspond to the increase in Federal Administration as there are several proposals to increase the FTEs with program dollars.

The budget includes $42 million for supplemental administrative costs and evaluation to improve quality of services and demonstrate the Administration's commitment to early childhood outcomes. The Head Start Act raised standards for teacher qualifications in 2007. The standards required that half of the preschool teachers nationwide in center-based programs have a Bachelor of Arts or advanced degree in early childhood education. In FY 2021, 72 percent of Head Start preschool teachers have a Bachelor of Arts or advanced degree.

EDUCATION AND TRAINING OF INFANT AND TODDLER CLASSROOM TEACHERS



EDUCATION AND TRAINING OF PRESCHOOL CLASSROOM TEACHERS



Data Source: 2021 Head Start Program Information Report (PIR). This graphic is inclusive of all teachers within Head Start programs. These charts do not include teachers currently enrolled in a degree program.

Child Care and Development Block Grant

The budget provides $7.6 billion, an increase of $1.4 billion above FY 2022 enacted, in discretionary funds for the Child Care and Development Block Grant.

This program is the primary federal childcare program that supports low-income families with children under age 13 by providing access to affordable, high-quality care while parents and guardians work or participate in training or education activities. In FY 2019—the most recent year for which data is available—over 1.4 million children from about 857,000 low-income families received a monthly childcare subsidy. The FY 2023 budget will serve an estimated 2 million children.

Childcare is an essential service for working families. ACF's increased investment into the program will promote the healthy development and school success of low-income children by providing them with higher-quality early learning and afterschool experiences. The increased investment will expand the supply of affordable childcare for many families as well as provide crucial services in childcare deserts.

The block grant also promotes children's healthy development and learning by supporting childcare licensing, quality improvement systems to help programs meet higher standards, and training and education for childcare workers.

The budget also proposes a new federal administration set-aside of half of a percent. This set-aside will fund salaries and benefits for federal staff to review grantee reports, conduct site visits, coordinate with relevant stakeholders, award grants, and update reporting systems. The budget also provides tribes the authority to submit fingerprint background checks directly to the FBI. This proposal would streamline the hiring process and safety for children. In addition, the budget has a proposal to eliminate the work eligibility requirement for children entering foster care or youth experiencing homelessness.

Preschool Development Grants

The budget provides $450 million for the Preschool Development Grants Birth through Five, an increase of $160 million over FY 2022 enacted, to fund states' coordination of the early childhood education delivery models and funding streams that exist in each state's mixed delivery system serving children from birth

through age five. States must also use funds to identify activities that focus on maximizing parental choice and expanding parental knowledge and involvement. There are 25 states that received renewal grants using FY 2021 funds that are carried into FY 2022. Three more states will receive grants in April 2022 with FY 2021 funds carried into FY 2022. In total, 28 states will have received renewal Grant funding originating in FY 2021.

This investment empowers state governments to better leverage federal, state, and local early care and education investments to provide preschools for three- and four-year-old children from low- and moderate-income families. These funds are designed to benefit low-income and disadvantaged children prior to entering kindergarten, or to improve the quality of local programs through the enhancement of early childhood systems. The program provides funds to grantees to develop childcare centers and home-based childcare providers, Head Start and Early Head Start, state pre-kindergarten, and home visiting service providers across the public, private, and faith-based sector to serve more children. This program is funded through HHS and jointly administered with the Department of Education.

87% of families receiving child care subsidies cited employment or education and training as the reason for receiving care.

Source: https://www.acf.hhs.gov/occ/data/fy-2019-preliminary-data-table-10

SERVING VULNERABLE CHILDREN AND FAMILIES

ACF supports the organizations and communities that work to reduce the risk of youth homelessness and domestic violence while strengthening families and preventing child abuse and neglect. ACF strives to address the needs of vulnerable children and families so they can live healthy, productive, violence-free lives.

Runaway and Homeless Youth

There are 4.2 million youth and young adults ages 13 to 25 who experienced a form of homelessness over a 12-month period.[5] The budget includes $150 million for 688 programs across the country to provide comprehensive services to an estimated 39,876 homeless youth who are at heightened risk for exploitation, victimization, and other long-lasting, negative outcomes. ACF works with homeless, runaway, and street youth to help them find stable housing and services.

The Runaway and Homeless Youth Program serves as the national leader for the provision of street outreach, emergency shelters, longer-term transitional living, and maternity group home programs to runaway and homeless youth. These services are provided through the Basic Center Program, Transitional Living Program/Maternity Group Home Program, and the Street Outreach Program. These programs provide positive alternatives for youth and families to ensure their safety and offer them new opportunities.

This budget includes proposals to reauthorize and revise the Runaway and Homeless Youth Act through 2025. In particular, the budget proposes to include "emergency" in the Runaway and Homeless Youth Act to reinforce that shelters are time limited help for youth to leave the street or an unsafe situation. The budget also proposes to align the Street Outreach Program's age of eligibility, persons less than 22 years old, with the Transitional Living Program. This budget requests to increase the set-aside for federal administration to ensure emergency flexibilities for program grantees, site visits, coordination with relevant stakeholders, awarding grants, updating reporting systems, and salaries and benefits for federal staff.

Promoting Child Welfare and Preventing Child Abuse

HHS is committed to reducing child abuse and providing more families with the support they need to remain safely together. The budget requests $932 million for Child Welfare and Child Abuse Prevention programs in ACF, an increase of $199 million over FY 2022 enacted.

For child abuse prevention, ACF requests $257 million for grants to states, local government agencies, universities, and non-profit organizations, an increase of $60 million over the FY 2022 Enacted. This funding strengthens states' abilities to investigate child abuse and neglect cases and develop continuums of preventive services focusing on positive family development. ACF also provides competitive research and demonstration grants to improve child outcomes by expanding the evidence base to focus on providing

[5] Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago.

programs and services that are proven to be effective in serving children and families.

The budget requests $446 million for child welfare activities, an increase of $110 million over FY 2022 enacted. Within this total, ACF is investing $100 million in new competitive grants for states and localities to advance reforms that would reduce the overrepresentation of children and families of color in the child welfare system and address the disparate experiences and outcomes of these families, in addition to providing more families with the support they need to remain safely together. There were over 400,000 children in the foster care system in FY 2020. ACF supports at-risk families to enable children to remain safely with their families or to safely reunify with their families in a timely manner. For children who cannot remain safely with their families, ACF assists states in removing unnecessary barriers to adoption and provides incentive awards to states that increase the adoption of children from their foster care programs. ACF is also requesting $106 million for Promoting Safe and Stable Families, including for family preservation and support activities and assistance for kin caregivers and $48 million for education and training vouchers to help foster care youth transition to adulthood and achieve independence.

Administration for Native Americans

ACF's Administration for Native Americans supports Native American communities by promoting economic development, capacity building, entrepreneurial activities, financial education, social services support, wellness, cultural and language preservation, and advocating for improved policies within HHS and across the federal government. ACF serves all Native Americans, including federally recognized tribes, American Indian and Alaska Native organizations, Native Hawaiian organizations, and Native populations throughout the Pacific Basin (including American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands). ACF supports community-based projects designed to achieve short- and long-term community goals focused on improvement in the well-being of Native American children, youth, families, and communities. The budget includes $62 million, an increase of $4 million above FY 2022 enacted. The budget also includes a proposal to update the Native American Programs Act to promote self-sufficiency, language and cultural preservation, and social and economic development of Native American communities.

Family Violence Prevention and Services

ACF supports more than 1,600 organizations and communities that work to end domestic violence. The budget provides $519 million for Family Violence Prevention and Service Act Programs, which is the primary federal funding stream dedicated to the support of emergency shelter and related assistance for victims of domestic violence and their children. The funding represents an increase of $292 million over FY 2022 enacted for the base program's shelters and supportive services. This funding provides services to an estimated 1.3 million children and families to prevent family violence, domestic violence, and dating violence. This includes $250 million in cash assistance for domestic violence survivors and $30 million for the Safe Recovery Together demonstration grants. The demonstration grants will support families affected by domestic violence at the intersection of substance-use coercion, housing instability, and child welfare involvement. This demonstration project will help alleviate the problem that pregnant and parenting domestic violence survivors can face, especially high barriers to accessing services to address substance-use coercion. This total also includes $27 million for the National Domestic Violence Hotline, an increase of $12 million over FY 2022 enacted. The Hotline offers immediate crisis counseling, emotional support, safety planning, and resources. Highly trained advocates directly connect callers to local domestic violence shelters.

Unaccompanied Children

ACF provides care, protection, and support for unaccompanied migrant children apprehended by the Department of Homeland Security (DHS) or other law enforcement authorities. These children have different reasons for undertaking the long and dangerous journey to the United States. ACF provides care for these children and identifies suitable sponsors, usually parents or other relatives, to care for them while their immigration cases proceed. While in ACF's care, children receive physical and mental healthcare, education, and recreation services.

ACF's goal is to provide care through a network of standard facilities, which are licensed and operated by grantees or contractors, under the close supervision of ACF staff. The COVID-19 pandemic significantly reduced the number of standard beds due to greater space required to prevent infection, lost staff time due to COVID, and the difficulty of retaining staff to work in congregate settings. COVID bed limitations and large

numbers of children arriving at the Southwest border led to the use of 19,000 influx and emergency intake beds in June of 2021. With decreases in the number of children coming to the border, ACF has since reduced the number of influx and emergency intake beds by bringing standard beds back on-line and safely placing children with vetted sponsors more rapidly.

The budget requests $4.9 billion for the unaccompanied children program. The discretionary request supports ACF's efforts to scale up standard capacity to a target level of 16,000 beds by early in CY 2023. To meet this target, ACF is working with CDC ensure COVID-19 guidelines are up to date, assisting grantees with staff recruitment and retention, and releasing funding opportunities to open new standard beds. The budget request also includes funding for the Office of Refugee Resettlement's (ORR) share of facilities co-operated by the Department of Homeland Security and HHS at locations along the Southwest border; allows ORR to have in-reserve beds in Influx Care Facilities that can be made available quickly if referrals exceed available permanent capacity; and funds critical programmatic reforms, such as improving case management, implementing policies and procedures that reduce the time it takes to unify children with their sponsors, and increasing legal services and post-release services for unaccompanied children.

The budget also includes a mandatory contingency fund to address various areas of uncertainty in this program, including the need to activate influx beds in response to surges, and the potential that ACF will be unable to meet the 16,000 standard bed goal due to factors such as a new strain of COVID, new state policies, and a continuing tight labor market. The contingency fund structure and parameters are specifically designed to address these areas of uncertainty. The budget also includes a mandatory proposal to provide legal representation to all arriving unaccompanied children by FY 2027. Unaccompanied children have the right to petition immigration authorities to remain in the United States, but this right lacks meaning without access to counsel.

Services for Reunified Families

The budget requests the authority for ACF funds to be used for critical reunification services—including trauma-related and mental health services—for families separated at the southwest border by the previous Administration. The budget also requests the authority for this population to be treated as refugees for the purposes of public benefit eligibility, meaning they would be eligible for public benefits like Medicaid, Supplemental Nutrition Assistance Program benefits, and Supplemental Security Income.

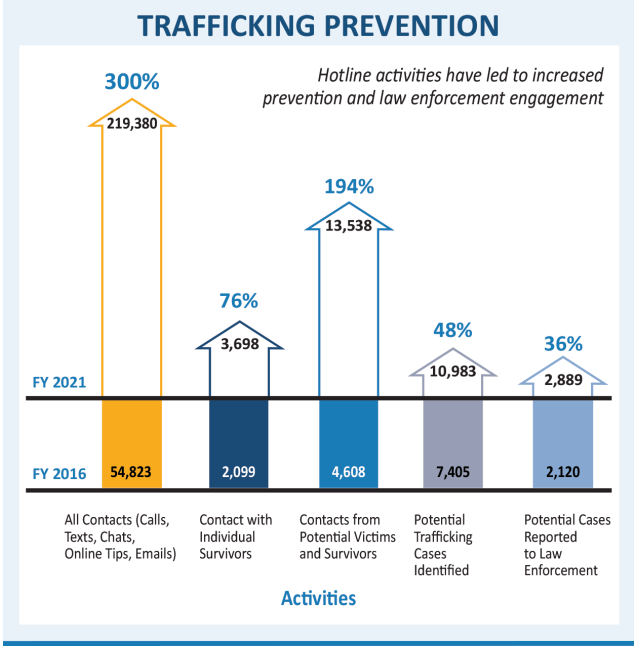
Refugees and Other New Arrivals

Through networks of nonprofits and state and local governments, ACF assists refugees and other eligible new arrivals to become self-supporting and integrate into life in the United States. Assistance includes financial support and medical services, English as a second language instruction, education, job training, case management, and counseling. In 2021, ACF played a key role in Operation Allies Welcome, a whole-of-government response to support vulnerable Afghans, including those who worked alongside the United States in Afghanistan for the past two decades, as they safely resettle in the United States. ACF assisted 68,000 Afghans in 2021 and will continue to provide support to Afghans in 2022.

The FY 2023 estimate of eligible new arrivals is 233,000, including up to 125,000 refugees and 108,000 other new arrivals eligible for refugee benefits, such as asylees, Cuban/Haitian entrants, and Special Immigrant Visa holders. The budget includes $860 million for transitional and medical services, sufficient to maintain benefits for the estimated number of new arrivals and to continue benefits for eligible FY 2022 arrivals. The budget also includes $500 million for Refugee Support Services, an increase of $193 million over FY 2022 enacted. This program provides services to address barriers to employment, such as social adjustment services, interpretation and translation, childcare, healthcare, and citizenship and naturalization services.

Victims of Trafficking and Survivors of Torture

The budget includes $39 million to screen and identify trafficking victims and provide services, including case management, emergency assistance, and medical services to an estimated 3,500 trafficking victims. ACF's National Human Trafficking Hotline provides 24-hour emergency counseling, referrals to services from a database of over 2,900 vetted social service programs, and tips to law enforcement on potential trafficking schemes. The budget also includes $27 million to provide rehabilitative, social, and legal services to survivors of torture and provide training for healthcare providers on treating the physical and psychological effects of torture.



COMMUNITY SERVICES PROGRAMS

Low Income Home Energy Assistance Program

The Low Income Home Energy Assistance Program (LIHEAP) program helps low-income households to access home energy and weatherization assistance, vital tools for protecting vulnerable families' health in response to extreme weather and climate change. States typically make payments to home energy vendors, such as public utilities, on behalf of eligible households. Preliminary data for FY 2020 shows an estimated 5.3 million households received heating assistance. For the typical household, this assistance offset 83.5 percent of their annual heating costs, compared to 63.1 percent the previous year. As part of the Justice40 pilot, HHS plans to increase efforts to prevent energy shutoffs and increase support for households with young children and older people, households including people with disabilities, and households with high energy burdens. Since the Low Income Household Water Assistance Program (LIHWAP) expires at the end of 2023, the budget proposes to expand LIHEAP to advance the goals of both LIHEAP and LIHWAP. Specifically, the budget increases LIHEAP funding and gives states the option to use a portion of their LIHEAP funds to provide water bill assistance to low-income households. The budget additionally increases the federal administrative set-aside in order to strengthen grants management, data collection, program evaluation, information systems, and outreach. The budget requests $4.0 billion, an increase of $175 million over FY 2022 enacted.

Community Services

The budget includes $790 million for the Office of Community Services, which is an increase of $2 million over FY 2022 enacted. This total includes $754 million for the Community Services Block Grant, $12 million for the Rural Community Development Program, and $24 million for Community Economic Development.

This block grant supports services for poverty reduction, including services to address employment, education, housing assistance, nutrition, energy, emergency services, health, and substance abuse. Over one thousand eligible entities receive block grant funds annually. In FY 2020, preliminary data indicates approximately 9.5 million individuals were served. The budget also includes a proposal to update the Community Services Block Grant Authorization to focus on equity, accountability, and continuous quality improvement.

The Rural Community Development program provides training and technical assistance to small, rural communities for the improvement of drinking water and wastewater treatment facilities. The Community Economic Development program awards grants to nonprofit community development corporations for the purposes of creating employment and business development opportunities for individuals with low incomes. Within this budget, there is $2 million for energy dependent communities to create good paying jobs that help to expand renewable energy efforts and address climate change. This investment will strengthen families and communities and improve living conditions.

EVALUATION AND INNOVATION

Research and Demonstration

Program evaluation and use of data and evidence are critical for ACF and its partners to improve service delivery and increase program effectiveness. The budget includes approximately $50 million to fund new demonstrations of whole-family approaches to service delivery across the lifecycle of families' interaction with benefits programs. The demonstration projects would center on coordinating and centralizing service access and delivery, with a special focus on projects that aim to reduce the impacts of and/or smooth the benefits cliffs that working families face as their incomes rise, resulting in the sudden reduction or elimination of financial benefits including Temporary Assistance for Needy Families, childcare subsidies, Supplemental

Nutrition Assistance Program, housing, Medicaid, and other services.

Disaster Human Services Case Management

In the wake of natural disasters and as directed by the Federal Emergency Management Administration, the ACF Disaster Human Services Case Management program promotes resilience of vulnerable individuals, children, families, and communities impacted by disasters and public health emergencies. The budget invests an additional $6 million above FY 2022 enacted to provide a system of care capability that can coordinate and support affected states, tribes, or territories with disaster relief response and recovery. Additionally, the investment will enhance collaboration between ACF, the HHS Assistant Secretary for Preparedness, and Response National Disaster Medical System, ensuring an effective continuum of care for disaster survivors.

Federal Administration

Federal Administration funding pays for staff and administrative expenses necessary to effectively administer ACF programs that promote the economic and social well-being of children and families. Examples of administrative expenses include program management, required oversight and monitoring, and the development and maintenance of secure information technology systems. The budget requests $234 million, an increase of $22 million above FY 2022 enacted.

Administration for Children and Families: Mandatory

The following tables are in millions of dollars.

Current Law Budget Authority	2021[1]	2022[2]	2023	2023 +/- 2022
Child Care Entitlement to States	3,550	3,550	3,550	--
Child Support Enforcement and Family Support	4,439	4,195	4,183	-12
Children's Research and Technical Assistance	37	37	37	--
Foster Care and Permanency	9,415	9,929	10,808	879
Promoting Safe and Stable Families (mandatory only)	475	467	467	--
Refugee and Entrant Assistance (mandatory UC only)[3]	--	--	--	--
Social Services Block Grant	1,621	1,606	1,603	--
Temporary Assistance for Needy Families	16,738	16,738	16,738	--
Temporary Assistance for Needy Families Contingency Fund	608	608	608	--
Total, Current Law Budget Authority	**36,883**	**37,127**	**37,994**	**867**

Proposed Law Budget Authority	2021	2022	2023	2023 +/- 2022
Child Care Entitlement to States	--	--	--	--
Foster Care and Permanency	--	161	444	283
Promoting Safe and Stable Families (mandatory only)	--	--	300	300
Refugee and Entrant Assistance (mandatory UC only)[3]	--	--	1,813	1,813
Total, Proposed Law Budget Authority	**--**	**161**	**2,557**	**2,396**

The Administration for Children and Families (ACF) promotes the economic and social well-being of families, children, individuals, and communities through mandatory programs, including:

- Child Care Entitlement to States;
- Child Support Enforcement;
- Foster Care and Permanency;
- Promoting Safe and Stable Families;
- Social Services Block Grant; and
- Temporary Assistance for Needy Families (TANF).

The President's Fiscal Year (FY) 2023 Budget requests $40.6 billion in budget authority for ACF mandatory programs, with an estimated $38.5 billion in outlays. ACF's proposals strengthen and improve the child welfare system with enhanced support for prevention services that keep children with their families, supporting children to live with kin when they are in foster care, and helping youth who experienced foster care to have a successful transition to adulthood.

CHILD CARE ENTITLEMENT TO STATES

The federal government helps families access and afford childcare through both the discretionary Child Care and Development Block Grant and the Child Care Entitlement to States. The budget includes $3.6 billion in budget authority for the Child Care Entitlement in FY 2023, which represents a $633 million permanent increase passed in the American Rescue Plan in FY 2021. The program provides funding to states and tribes for childcare and requires states to spend at least 70 percent of funding on families receiving TANF, transitioning from TANF, or at risk of becoming eligible for TANF. In FY 2023, states must spend a minimum of nine percent of all childcare funds, including the Child Care and Development Block Grant, to improve the quality and availability of safe childcare for all families.

Legislative Proposals

Funding for Effective Administration, Operations, Oversight, and Accountability

The budget includes an allocation of up to one half of one percent of the Child Care and Development Fund for resources to effectively administer the childcare

[1] The FY 2021 column reflects final levels, including required and permissive transfers, but does not include $2.1 billion in COVID-19 supplemental resources.

[2] The FY 2022 column reflects enacted levels, including required and permissive transfers, but does not include $609 million in COVID-19 supplemental resources.

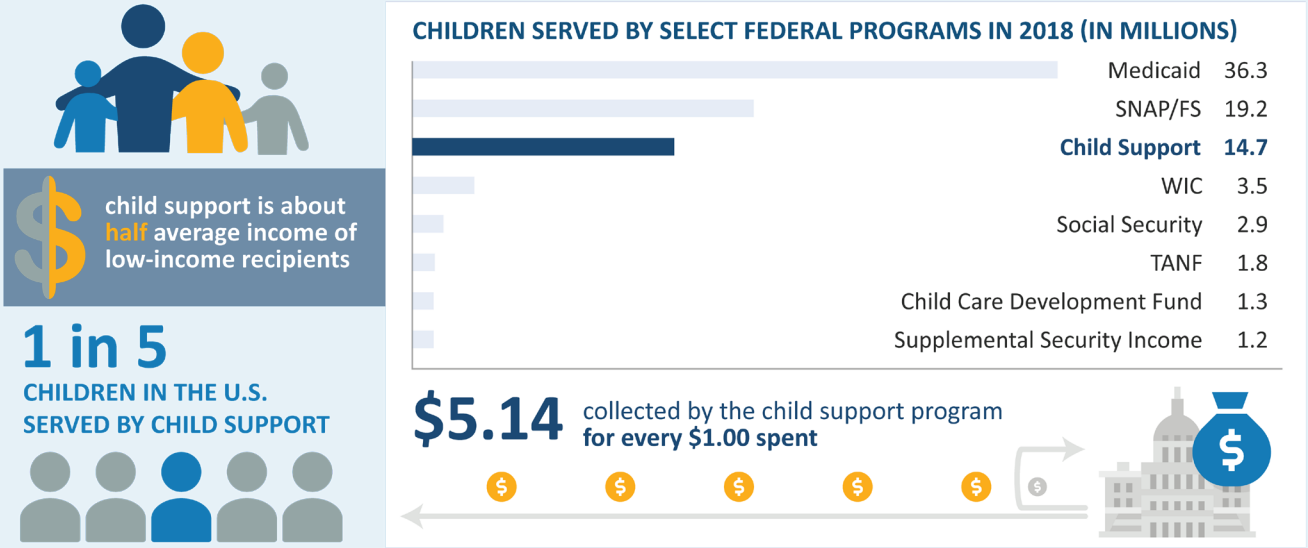
program. The funds will ensure that the Office of Child Care improves and maintains IT and data systems, effectively implements crucial childcare programs, and strengthen efforts to support recipients of Child Care and Development Fund grants. The proposal is budget neutral.

CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Child Support Enforcement Program is a joint federal, state, tribal, and local partnership, operating under Title IV-D of the Social Security Act. The budget includes $4.2 billion in budget authority for the Office of Child Support Enforcement to operate the program. The program invests in ensuring children have the financial, emotional, and medical support needed to be healthy and successful. The program functions in 54 states and territories, and 61 tribes. The Child Support Enforcement Program ensures economic and emotional support for children from both parents by locating noncustodial parents, establishing paternity, supporting access and visitation, and establishing and enforcing child support orders. The child support program collects more than $5 dollars in child support for every $1 dollar spent by the program, making it a high-value return on state and federal investment.

The budget authority for Child Support Enforcement also provides funding for the Office of Human Services Emergency Preparedness and Response to continue to operate the Repatriation Program. The Repatriation Program provides temporary assistance to United States citizens and their dependents who return to the United States from a foreign country because of destitution or illness because of war, threat of war, invasion, or similar crisis. ACF works with the US Department of State to identify and aid these individuals.

CHILD SUPPORT PROVIDES COST-EFFECTIVE SUPPORT FOR CHILDREN AND FAMILIES



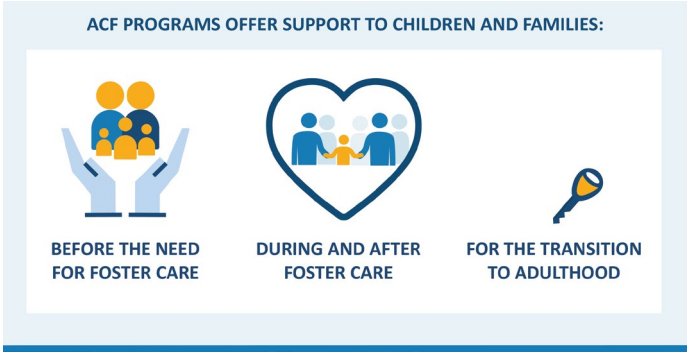
Data from FY 2018 Child Support Enforcement Report to Congress. Published March, 2021. Available online at: https://www.acf.hhs.gov/css/report/fy-2018-annual-report-congress

CHILDREN'S RESEARCH AND TECHNICAL ASSISTANCE

Children's Research and Technical Assistance supports training and technical assistance to states on child support enforcement activities and the operation of the Federal Parent Locator System, which assists state child support agencies in locating noncustodial parents. The Federal Parent Locator System includes the National Directory of New Hires, a national database of wage and employment information. The budget includes $37 million in budget authority which, together with states' user fees for use of the Federal Parent Locator System, funds operations, including program support contracts and interagency agreements, salaries and benefits of federal staff, and associated overhead costs of the Federal Parent Locator System.

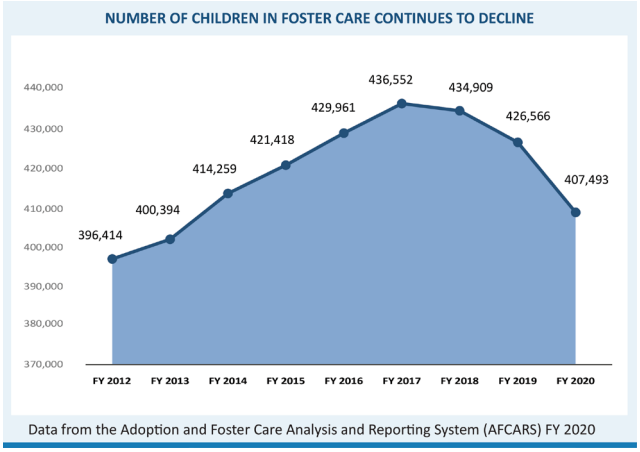
FOSTER CARE AND PERMANENCY

Authorized under title IV-E of the Social Security Act, the Foster Care, Adoption Assistance, Guardianship Assistance, Prevention Services, and John H. Chafee Program for Successful Transition to Adulthood programs provide safety and permanency for children separated from their families; support services to prevent child maltreatment and the need for foster care; and supports to prepare older youth in foster care for adulthood. Funding primarily supports partial reimbursement to states for board and care and related administrative costs for eligible children in foster care ($6.3 billion in FY 2021) and partial reimbursement to states subsidies to support adoption and guardianship ($3.9 billion in FY 2021). The program also includes the Chafee Program for Successful Transition to Adulthood, which assists youth in or formerly in foster care up to age 21 or 23, depending on the state (age 27 in FY 2020 and FY 2021) in obtaining education, employment, and life skills for independence and self-sufficiency and successful transition to adulthood (typically $143 million per year but $543 million in FY 2021); and the additional services provided under the Family First Prevention Services Act of 2018 (Family First Act) ($15 million in FY 2021).



ACF's child welfare vision focuses on equity, prevention of child maltreatment, program improvement, and improved outcomes for youth who experienced foster care. Research has shown that Black and American Indian/Alaska Native children are disproportionately involved at all stages in the child welfare system relative to their representation in the U.S. population.

Although the total number of children in foster care is still high, preliminary data show that the number decreased to 407,493 children in FY 2020, a decrease of 4.5 percent from FY 2019 and the third consecutive annual decrease. The number of children entering foster care in FY 2020 decreased to 216,838, a 14.1 percent decrease from FY 2019. The number of children adopted with U.S. public child welfare agency involvement was 57,881 in FY 2020. Increasing permanency for children through adoption, legal guardianship, kinship placement, or reunification is a high priority for ACF.



Data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2020

At the end of FY 2020, 117,450 children were waiting to be adopted, a 3.9 percent decrease from the FY 2019 figure of 122,216. Also in FY 2020, 20,010 youth exited foster care without adoption or permanent guardianship, a decrease of 2.2 percent relative to FY 2019. ACF supports national recruitment and public awareness campaigns and partnerships with states and private, public, and faith-based groups to help find permanent homes for children waiting to be adopted, especially older youth, sibling groups, and children and youth with disabilities.

TAX BENEFITS FOR ADOPTION AND GUARDIANSHIP

The budget proposes to make the adoption tax credit fully refundable so that more families can benefit and to expand the credit to include qualifying legal guardianships. For more information, please see the Fiscal Year 2023 Treasury Green Book.

Family First Prevention Services Act

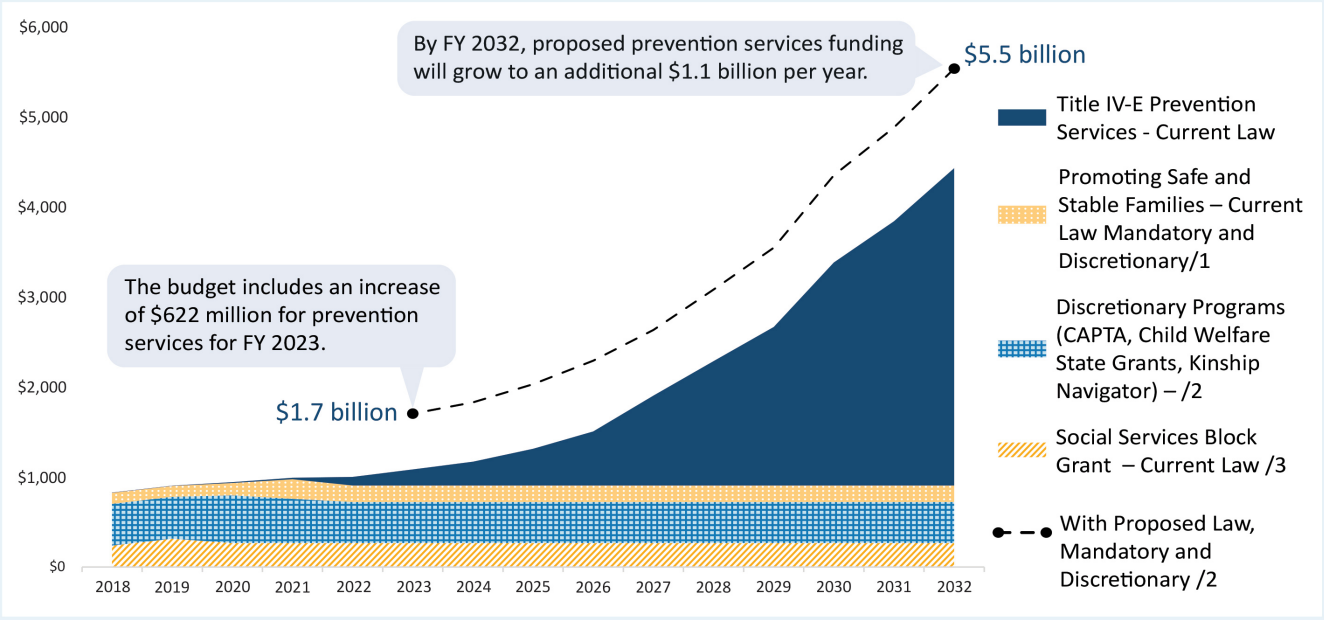
The Family First Act provides partial federal reimbursement to states that opt to provide prevention services for children who are at risk of entering foster care, pregnant or parenting foster youth, and their parents or kin caregivers. Federal funding is available to all children who are defined by states as at risk of foster care entry, without regard to title IV-E income eligibility standards. The funds can support evidence-based in-home parent skill-based

programs, mental health and substance use treatment services, including services to address opioid misuse. Preventive services can substantially improve outcomes for children and families by providing funding to keep children safely with their families, and present an opportunity to shift the mindset of the child welfare system to prioritize keeping families safely together in their communities.

The Family First Act restricted federal funding for congregate foster care—often called group homes—in favor of family foster homes. As of October 1, 2021, Title IV-E agencies may not claim federal reimbursement for new congregate care placements lasting longer than 14 days, except in limited circumstances in which the child needs therapeutic residential services, justified through ongoing documentation and judicial review.

ACF's Title IV-E Prevention Services Clearinghouse must review and evaluate the evidence base for each program consistent with statutory requirements. To date, ACF has determined that 48 of the 88 programs reviewed are eligible for federal funding and is continuing to review additional programs. ACF estimates that 7,400 children were served by Title IV-E prevention services programs in FY 2021, and 325,900 children will be served annually by FY 2032.

THE BUDGET BRINGS ACF'S FUNDING FOR SERVICES TO PREVENT CHILD MALTREATMENT TO A TOTAL OF $5.5 BILLION IN FY 2032



1/ Promoting Safe and Stable Families funding includes the categories Family Support and Family Preservation.
2/ The discretionary 10-year projections were created by extending FY 2022 enacted funding forward through FY 2033. The proposed law projection was created with mandatory funding baselines and by extending FY 2023 proposed discretionary funding forward through FY 2032.
3/ Social Services Block Grant funding includes the categories Prevention and Intervention, Protective Services – Children, and Special Services – Youth At Risk.

Legislative Proposals

Expand and Encourage Participation in Title IV-E Prevention Services and Kinship Navigator Programs

To prevent child maltreatment and the need for foster care, the budget maintains the 100 percent federal reimbursement for Family First Act Prevention Services through FY 2022, and 90 percent reimbursement for each year thereafter through FY 2026 (rather than 50 percent as under current law). Thereafter, the budget provides for the greater of 75 percent or the state's Federal Medical Assistance Percentage (FMAP) rate plus 10 percentage points, rather than the FMAP rate as under current law. The budget makes permanent the current policy requiring states to spend at least 50 percent for services with a Title IV-E Prevention Services Clearinghouse rating of "supported" or "well-supported" (rather than applying that spending requirement to programs meeting the "well-supported" practice criteria only). In addition, the proposal allows up to 15 percent of a state's

Prevention Services funding to be spent on emerging or developing services that do not currently meet the ratings criteria, but states must evaluate the services and either modify or cease using title IV-E funding if the evaluation shows the service to be ineffective. The budget also increases funding for the Prevention Services Clearinghouse and related evaluation and technical assistance to $10 million per year and allows for increased tribal and cultural adaptations of approved prevention services programs. This proposal costs $4.9 billion over 10 years.

Create New Flexibilities and Support in the Chafee Program for Youth Who Experienced Foster Care

Support for youth who experienced foster care is critical, especially due to their economic and social vulnerability and historically higher risk of mental and behavioral health issues that stem from their childhood trauma. The budget proposes increasing funding for the John H. Chafee Foster Care Program for Successful Transition to Adulthood by $100 million per year, for a total of $243 million per year. The budget includes several program improvements to provide greater flexibility, effective services, reduced agency burden, support for youth who transition out of foster care, and homelessness prevention. The budget allows states to serve youth up to age 27, and youth who exited foster care to adoption or guardianship after age 14 rather than age 16. The budget further adds youth who receive a Foster Youth Initiative or Family Unification Project housing voucher as an eligible population. It also removes the restriction on the percentage of assistance that may be used for room and board and adds driving and transportation assistance as an allowable cost with no cap. This proposal costs $1 billion over 10 years.

Increase Support for Foster Care Placements and Guardianship with Kin Caregivers

To promote placements of children in foster care with relatives and kin and to improve outcomes for children when foster care is necessary, the budget adjusts title IV-E reimbursement rates to promote kinship foster care and guardianships by reimbursing states at 10 percentage points above each state's FMAP rate. Title IV-E-eligible placements in unrelated family foster homes would continue to be reimbursed at each state's rates. This proposal costs $1.3 billion over 10 years.

Reduce Reimbursement Rates for Foster Care Congregate Care Placements

The budget reduces reimbursement rates for placements in Child Care Institutions and Qualified Residential Treatment Programs to five percentage points below each state's FMAP rate. This proposal is estimated to reduce costs to title IV-E by $180 million over 10 years, although some costs may be shifted to Medicaid. Combined with the proposal to increase reimbursement rates for children placed with kin caregivers, the budget aligns federal financing with child welfare research and best practices. Across more than 20 studies published over two decades, researchers found that youth in family foster care consistently fared better than youth in residential care on outcomes relating to both internalizing behaviors (such as depression) and externalizing behaviors (acting out). In addition, studies have found that youth in family foster care have better educational outcomes, and are much less likely to become delinquent than those who experience residential care. Studies comparing kinship care and non-kin family foster care similarly find better outcomes across a range of behavioral and developmental well-being measures among those in kinship care.

Prevent and Combat Religious, Sexual Orientation, Gender Identity, Gender Expression, or Sex Discrimination in the Child Welfare System

The budget amends title IV-E to prohibit title IV-E agencies and their contractors from discriminating against current or prospective foster or adoptive parents, or a child in foster care or being considered for adoption, on the basis of their religious beliefs, sexual orientation, gender identity, gender expression, or sex. The proposal includes financial penalties and mandatory corrective action for any state or contractor that delays, denies, or otherwise discourages individuals from being considered or serving as foster or adoptive parents based on the above categories. This proposal is budget neutral.

> ***HHS is committed to protecting young Americans who are targeted because of their sexual orientation or gender identity and supporting their parents, caretakers, and families.***
>
> *- HHS Secretary Xavier Becerra*

Appropriate care for LGBTQI+ individuals is a priority for HHS, including gender affirming care and patient privacy. In the child welfare system, children and youth who are LGBTQI+ are especially vulnerable and may be underserved, at risk of exploitation and family rejection, and as a result unable to access medically necessary care, which includes gender affirming care. Therefore, ACF has issued guidance to make placements that support the whole of each child and youth's well-being, and addressing needs that may be a result of their sexual orientation, gender identity, or gender expression. Youth aged 14 or older must be consulted on various aspects of their case plans and provided with age-appropriate services, including services that address LGBTQI+ issues as needed. ACF encourages state title IV-B and IV-E agencies to serve LGBTQI+ children and youth with services and supports tailored to their individual needs, including those related to sexual orientation, gender identity, or gender expression.

HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy, March 2, 2022; Administration for Children and Families Information Memorandum In Support of LGBTQI+ Children And Youth Involved With The Child Welfare System, ACYF-CB-IM-22-01, March 2, 2022.

PROMOTING SAFE AND STABLE FAMILIES

The mandatory Promoting Safe and Stable Families program, currently funded at $345 million in mandatory funding per year, provides formula grants to states and tribes for community-based services to support and preserve families, improve child safety at home, support reunification of children in foster care and support adoptive families. Promoting Safe and Stable Families also contains additional grant programs. The Court Improvement Program, currently funded at $30 million per year, makes formula grants to state and tribal courts to improve the quality of child welfare proceedings and to transition to compliance with the Family First Act. Regional Partnership Grants, currently funded at $20 million per year, is a competitive grant program that addresses the child welfare impact of substance misuse, including opioids. In recent years, parental substance use has grown as a circumstance associated with entry into foster care. The Regional Partnership Grants program helps to address this problem by supporting interagency collaboration and integration of programs to prevent the need for foster care and better serve children and families.

The Promoting Safe and Stable Families account also includes the Personal Responsibility Education Program and Sexual Risk Avoidance Education, which were reauthorized through FY 2023 at $75 million per program per year in P.L. 116-260.

Legislative Proposals

Reauthorize, Increase Funding for, and Amend Promoting Safe and Stable Families Program

The budget increases the Promoting Safe and Stable Families program funding by $300 million per year, nearly doubling the program funding. Of this increase, $40 million per year goes to increase Regional Partnership Grants funding and $30 million per year to expand the Court Improvement Program. Fifty million dollars per year funds a new grant program for civil legal representation for issues such as housing, domestic violence, or employment matters for families involved in the child welfare system. The remaining $180 million per year increases funding for the base formula grant from $295 million to $475 million per year. The budget also adds kinship support services as an allowable PSSF spending category and requires that states report to HHS on their use of kinship diversions an alternative to foster care ("hidden foster care"), including the number of children in those settings and the support offered to children and caregivers. This proposal costs $3 billion over 10 years.

REFUGEE AND ENTRANT ASSISTANCE

The budget proposes new mandatory funding for an Unaccompanied Children Contingency Fund for FYs 2023-2025 with probabilistic outlays of $4.6 billion. The budget also proposes mandatory funding for legal representation of unaccompanied children, towards a goal of universal representation. This is estimated to cost $8.2 billion over ten years. See the Unaccompanied Children section of the ACF Discretionary chapter for program descriptions.

SOCIAL SERVICES BLOCK GRANT

The Social Services Block Grant program provides flexible formula grants, based on each state's population relative to all other states, for the provision of social services. Services include adult protective services, special services to persons with disabilities,

adoption services, case management, health-related services, transportation support, foster care, substance abuse services, home-delivered meals, independent and transitional living, and employment-related services. The Social Services Block Grant is permanently authorized at $1.7 billion per year.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

TANF was designed to provide states with more flexibility while requiring them to engage recipients in work activities. TANF provides states, territories, and eligible tribes the opportunity to design programs funding a wide range of services that support children and families in alignment with the program's purposes, which include providing assistance so that children may be cared for in their own homes or with relatives, promoting job preparation, work, and the formation and maintenance of two-parent families. States may transfer a portion of their TANF grant to the Child Care Development Block Grant program and the Social Services Block Grant program, increasing the program's flexibility. Funds designated for welfare research, evaluation, and technical assistance build on the existing work in welfare research and employment and training program evaluation. ACF's progress on welfare research addresses both longer-term activities that build evidence over time, as well as activities to respond to immediate priorities and improve programs in the near term.

Administration for Children and Families: Mandatory

FY 2023 ACF Mandatory Outlays

The following tables are in millions of dollars.

Current Law Outlays	2021[3]	2022[4]	2023[5]	2023 +/- 2022
Child Care Entitlement to States	3,151	3,238	3,415	177
Child Support Enforcement and Family Support	4,185	4,116	4,122	6
Children's Research and Technical Assistance	38	35	34	-1
Foster Care and Permanency	7,396	10,081	10,206	125
Promoting Safe and Stable Families (mandatory only)[6]	424	640	692	52
Refugee and Entrant Assistance (mandatory UC only)	--	--	--	--
Social Services Block Grant	1,655	1,636	1,627	-9
Temporary Assistance for Needy Families	15,094	16,437	16,417	-20
Temporary Assistance for Needy Families Contingency Fund	590	606	604	-2
Total, Current Law Outlays	**32,533**	**36,789**	**37,117**	**328**

Proposed Law Outlays	2021	2022	2023	2023 +/- 2022
Child Care Entitlement to States	--	--	--	--
Foster Care and Permanency	--	161	444	238
Promoting Safe and Stable Families (mandatory only)	--	--	78	78
Refugee and Entrant Assistance (mandatory UC only)	--	--	816	816
Total, Proposed Law Outlays	**--**	**161**	**1,338**	**1,177**

Note: Totals may not add due to rounding.

[3] The FY 2021 column reflects enacted levels, including required transfers, but does not include $1.3 billion in COVID-19 supplemental resources.

[4] The FY 2022 column reflects final levels, including required and permissive transfers, but does not include $1.2 billion in Covid-19 supplemental resources.

[5] The FY 2023 column reflects enacted levels and proposals but does not include $112 million in COVID-19 supplemental resources.

[6] Promoting Safe and Stable Families includes a one-time FY 2020 appropriation of $500 million for Family First Prevention Services Act implementation, which began to outlay in FY 2022.

FY 2023 ACF Mandatory Budget Proposals, Outlays

The following tables are in millions of dollars.

Child Care Entitlement to States	2023	2023-2027	2023-2032
Funding for Effective Administration, Operations, Oversight, and Accountability	--	--	--
Subtotal, Child Care Entitlement to States (non-add)	**--**	**--**	**--**

Foster Care and Permanency	2023	2023-2027	2023-2032
Expand and Encourage Participation in Title IV-E Prevention Services and Kinship Navigator Programs[7]	280	1,808	4,900
Create New Flexibilities and Support in the Chafee Program for Youth Who Experienced Foster Care	100	500	1,000
Increase Support for Foster Care Placements and Guardianship with Kin Caregivers	91	541	1,308
Reduce Reimbursement Rates for Foster Care Congregate Care Placements	-27	-107	-180
Prevent and Combat Religious, Sexual Orientation, Gender Identity, Gender Expression, or Sex Discrimination in the Child Welfare System	--	--	--
Subtotal, Foster Care and Permanency (non-add)	**444**	**2,742**	**7,028**

Promoting Safe and Stable Families (PSSF) (mandatory only)	2023	2023-2027	2023-2032
Reauthorize, Increase Funding for, and Amend Promoting Safe and Stable Families Program	78	1,215	2,715
Subtotal, PSSF (mandatory only) (non-add)	**78**	**1,215**	**2,715**

Refugee and Entrant Assistance (mandatory UC only)	2023	2023-2027	2023-2032
Create Unaccompanied Children Contingency Fund	696	4,440	4,641
Provide Legal Representation for Unaccompanied Children	120	2,428	8,190
Subtotal, Refugee and Entrant Assistance (mandatory UC only) (non-add)	**816**	**6,868**	**12,831**

Total ACF Proposals Outlays	2023	2023-2027	2023-2032
Total Outlays, ACF Mandatory Legislative Proposals	**1,338**	**10,825**	**22,574**

[7] This proposal has a score of $161 million in FY 2022.

Administration for Community Living

The following tables are in millions of dollars.

Health and Independence of Older Adults	2021[1]	2022[2]	2023	2023 +/- 2022
Home- and Community-Based Supportive Services	393	399	500	+101
Nutrition Programs	952	967	1,272	+306
Native American Nutrition and Supportive Services	35	36	70	+34
Preventive Health Services	25	25	26	+1
Chronic Disease Self-Management Education and Falls Prevention	13	13	13	--
Aging Network Support Activities	16	18	23	+4
Subtotal, Health and Independence[3]	**1,434**	**1,458**	**1,905**	**+447**

Caregiver Support	2021[1]	2022[2]	2023	2023 +/- 2022
Family Caregiver Support Services	189	194	250	+56
Native American Caregiver Support Services	11	11	16	+5
Alzheimer's Disease Program	21	30	30	+1
Lifespan Respite Care	7	8	14	+6
Subtotal, Caregiver Services[3]	**228**	**243**	**310**	**+67**

Protection of Vulnerable Older Adults	2021[1]	2022[2]	2023	2023 +/- 2022
Long-Term Care Ombudsman Program	19	20	37	+17
Prevention of Elder Abuse and Neglect	5	5	5	--
Senior Medicare Patrol Program	20	30	20	-10
Health Care Fraud and Abuse Control Program[4]	2	2	--	-2
Elder Rights Support Activities and Elder Justice Adult Protective Services	18	19	77	+59
Subtotal, Protection of Vulnerable Older Adults[3]	**64**	**76**	**139**	**+64**

Disability Programs, Research, and Services	2021[1]	2022[2]	2023	2023 +/- 2022
Protection and Advocacy Programs[5]	59	60	85	+26
Independent Living Programs	116	118	160	+42
Improving Systems for People with Intellectual/Developmental Disabilities[6]	121	134	160	+26
National Institute on Disability, Indep. Living, and Rehab Research	113	116	119	+2
Traumatic Brain Injury Program (Excluding Traumatic Brain Injury Protection and Advocacy Programs)	7	8	8	--
Limb Loss Resource Center	4	4	4	--
Paralysis Resource Center	10	10	10	--
Subtotal, Disability Programs, Research and Services[3]	**442**	**450**	**546**	**+96**

Consumer Information, Access, and Outreach	2021[1]	2022[2]	2023	2023 +/- 2022
Assistive Technology Program (Excluding Assistive Technology Protection and Advocacy Programs)	33	34	37	+3
Aging and Disability Resource Centers	8	8	12	+4
State Health Insurance Assistance Program/MIPPA	102	103	105	+2
Subtotal, Consumer Information, Access, and Outreach[3]	**156**	**145**	**154**	**+9**

[1] The FY 2021 column reflects final levels, including required and permissive transfers and rescissions, except the NSIP transfer to U.S. Department of Agriculture of $1.3/1.4 million. It also does not include $188 million in COVID-19 supplemental resources.
[2] The FY 2022 column reflects enacted levels, including required transfers.
[3] Totals may not add due to rounding.
[4] FY 2023 Health Care Fraud and Abuse Control Program Funding has not yet been negotiated.
[5] Includes funding for the following programs: Developmental Disabilities, Traumatic Brain Injury, Voting Access, and Assistive Technology.
[6] Includes funding for the following programs: State Councils on Developmental Disabilities, University Centers for Excellence in Developmental Disabilities, Projects of National Significance.

Other Programs, Total and Less Funds From Other Sources	2021[1]	2022[2]	2023	2023 +/- 2022
ACL Program Administration	41	42	57	+15
Congressional Directed Community Projects	--	14	--	-14
Total, Program Level	**2,358**	**2,426**	**3,111**	**+685**
Less Funds from Other Sources	-100	-108	-125	-17
Total, Budget Authority	**2,258**	**2,318**	**2,986**	**+668**
Full-Time Equivalents	184	187	231	+44

The Administration for Community Living advances the independence, integration and inclusion of older adults and people with disabilities across the lifespan through services, research, education, and advocacy.

The Administration for Community Living (ACL) was created around the fundamental principle that all people, regardless of age or disability, should be able to live independently, participate fully in their communities, and control decisions about their lives. ACL helps make this principle a reality for millions of Americans by funding direct services for older adults and people with disabilities, advocating to ensure federal policy and programs consider the needs of both populations, and investing in research, education, and innovation.

ACL's array of programs works together to encourage and support health, independence, resilience, and self-sufficiency, which play a critical role in reducing costs of healthcare, especially for people with complex needs. ACL works closely with states, tribes, the aging and disability networks, and—most importantly—directly with older adults and people with disabilities, to ensure that its programs are tailored to the unique needs of the people they serve.

The Fiscal Year (FY) 2023 President's Budget provides $3.1 billion for ACL, an increase of $668 million above FY 2022 enacted. The budget recognizes the significantly increased demand for critical services caused by growing populations and the long-term effects of the COVID-19 pandemic. The FY 2023 budget also reflects ACL's commitment to expanding and improving support to caregivers and to advancing equitable access to healthcare, education, employment, transportation, recreation, and other systems, resources, and opportunities. Finally, the budget funds infrastructure investments to meet the needs of ACL's growing leadership role on aging and disability policy within the Biden-Harris Administration and Department priorities.

With the appropriate services and supports, older people and people with disabilities can live in their own homes or in other community settings. Community living is overwhelmingly preferred, more cost-effective and leads to better health outcomes than living in institutions. Communities are stronger when everyone is included, valued, and able to contribute. ACL remains committed to making community living an option for every American, and this budget aligns with that commitment.

ADVANCING EQUITY

In 2019, nearly one in 10 people ages 65 and older, and almost 26 percent of adults with disabilities, lived below the federal poverty level—and those rates are higher for people from underrepresented and underserved communities.[7] [8] ACL's programs embody the Department's commitment to advancing equity, as most programs are targeted to those in greatest social and economic need, with particular attention on people with disabilities and older adults who also are further marginalized due to race, ethnicity, sexual orientation, gender identity, poverty, language spoken, or other factors , and/or are at risk of institutionalization.

HEALTHY AGING IN ACTION

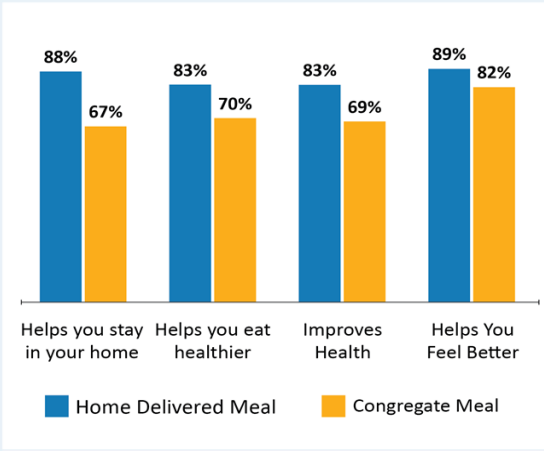
The nation is changing. America's older population is growing rapidly. By the year 2030, all baby boomers will be between ages 65 and 84,[9] and Americans aged 65 or older in the United States will represent a quarter of the population. By 2060, that population will increase to 95 million people, from 52 million in 2018.[10] This growth will increase the need for the programs ACL administers.

Providing Nutrition Assistance for Older Americans

ACL's Congregate and Home-Delivered Nutrition Services programs prioritize older adults in greatest need, including those who are most frail–which now includes a larger proportion of the older adult population because of prolonged isolation and corresponding reduced access to routine health and wellness services during the pandemic. The nutrition programs provide access to healthy meals, promote better health behaviors, delay complications of chronic disease, and slow the decline that often leads to living in nursing homes and other facilities. In addition to daily nutrition, the programs provide a range of services including nutrition screening, assessment, education, and counseling, as well as opportunities for social interaction. These services are part of a comprehensive and coordinated system designed to help older people stay active, healthy, and engaged in their communities.[11] The FY 2023 budget provides $1.3 billion for Senior Nutrition programs, an increase of $306 million above FY 2022 enacted, to sustain support for the increased need for these services.

RESULTS OF NUTRITION PROGRAM RECIPIENTS SURVEY (%YES)

Feedback from participants in ACL's Nutrition Programs.



Home and Community-Based Supports

The budget also includes $500 million for Home and Community-Based Supportive Services and $70 million for Native American Nutrition and Supportive Services, an increase of $135 million above FY 2022 enacted for both programs, to help older Americans, including American Indian, Alaska Native, and Native Hawaiian elders, live independently and with dignity. These supports include personal assistance, day services,

[7]Administration for Community Living. 2020 Profile of Older Americans (2021). 2020 Profile of Older Americans
[8]University of New Hampshire, Institute on Disability. 2020 Annual Report on People with Disabilities in America
[9] Knickman, J. R., & Snell, E. K. (2002). The 2030 problem: caring for aging baby boomers. *Health Services Research*, *37*(4), 849–884.
[10] Mather, M., Scommegna, P., Kilduff L. Fact Sheet: Aging in the United States (2019). Fact Sheet: Aging in the United States
[11] Administration on Aging and Administration for Community Living (2015). Older Americans Benefit from Older Americans Act Nutrition Program

supported employment, case management, caregiver supports, transportation, home-delivered meals, assistive technology, and home modifications.

With needs continuing to increase, continuous improvement in program efficiency and effectiveness is critical to sustainability. Following the successful model created in the Senior Nutrition programs, the budget includes authority to use up to one percent of funds appropriated for Home and Community-Based Supportive Services for demonstration grants to develop and evaluate innovative approaches to service delivery. ACL anticipates testing innovations in transportation, modernization of senior centers, inter-generational programming, and access to technology.

Preventive Health Services

The incidence of chronic diseases such as arthritis, cancer, and diabetes in older adults is increasing as Americans live longer, and every year, falls cause three million emergency department visits. ACL's Preventive Health Services grants support programs proven to be effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. The budget provides an increase of $1 million above FY 2022 enacted to help meet rising needs.

Protection of Vulnerable Older Adults

Elder abuse and neglect rob older adults of their fundamental human rights and often their health and independence. Prior to the COVID-19 pandemic, reports of elder abuse, neglect, and exploitation suggested that at least 10 percent, or approximately five million older Americans, experience abuse each year, and many experience it in multiple forms.[12] A study conducted in 2020 estimated that the prevalence of elder maltreatment during the pandemic increased by an astounding 84 percent.[13] Research also shows that only about one in 23 cases of elder abuse, and one in 44 cases of financial exploitation, are ever reported[14]. As the population of older Americans increases, addressing the problem of elder abuse, neglect, and exploitation is increasingly critical.

To address this challenge, the budget provides $139 million to protect vulnerable older adults, an increase of $64 million above FY 2022 enacted. Of this increase, $59 million is needed to continue funding, at a basic level, for Adult Protective Services formula grants that were first funded in FY 2021 and FY 2022 with supplemental funding under the American Rescue Plan Act. Without this funding, this nascent program will terminate. Additional investments include $37 million to support the Long-Term Care Ombudsman program; $20 million for the Senior Medicare Patrol program to prevent Medicare fraud across the country; $5 million to prevent elder abuse and neglect; $4 million for elder rights support activities; and another $3 million to expand efforts to combat the opioid crisis.

Together, these elder rights and elder justice programs provide a foundation and establish best practices for states, territories, and tribes to expand and improve the protection of individuals living in their communities and in long-term care settings.

SUPPORTING CAREGIVERS

Families are the nation's primary provider of long-term care–in 2020, there were 53 million Americans assisting at least one adult.[15] In addition, older adults often provide care to younger family members. For example, about 1.1 million grandparents aged 60 and older were responsible for the basic needs of one or more children under age 18 living with them in 2019.[16].

Caring for a family member can be rewarding, but it also can be physically, financially, and emotionally challenging. The demands of caregiving can cause a decline in the caregiver's health, which in turn increases the risk of institutionalization for their loved one. ACL's services are effective in helping caregivers support their loved ones at home—79 percent of the caregiver program's clients reported that its services

[12] Acierno, R., Hernandez, M. A., Amstadter, A. B., Resnick, H. S., Steve, K., Muzzy, W., & Kilpatrick, D. G. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. American Journal of Public Health, 100(2), 292–297. Prevalence and Correlates of Emotional, Physical, Sexual, and Financial Abuse and Potential Neglect in the United States: The National Elder Mistreatment Study.

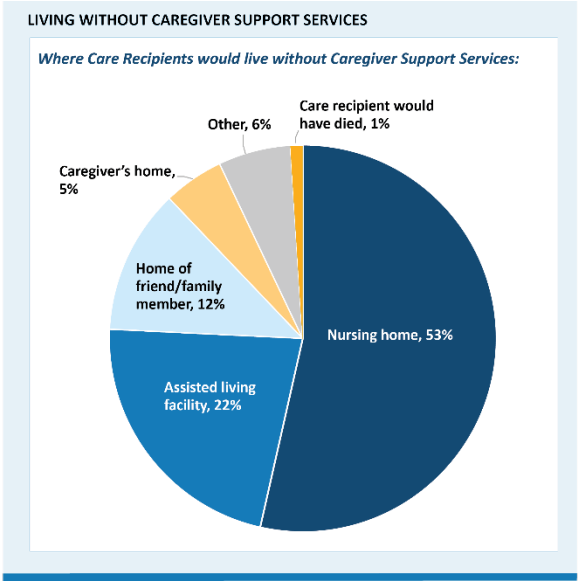
[13] Chang, E., Levy, B. (2021). High Prevalence of Elder Abuse During the COVID-19 Pandemic: Risk and Resilience Factors. American Journal of Geriatric Psychiatry. High Prevalence of Elder Abuse During theCOVID-19 Pandemic: Risk and Resilience Factors

[14] Deane, Stephen (2018). Elder Financial Exploitation: Why it is a concern, what regulators are doing about it, and looking ahead. U.S. Securities and Exchange Commission. Elder Financial Exploitation

[15] AARP. Caregiving in the United States 2020

[16] U.S. Census. 2019 American Community Survey

enabled them to provide care longer than otherwise would have been possible.



In FY 2023, the budget provides $266 million, an increase of $61 million above FY 2022 enacted, for the Family Caregivers and Native American Caregiver Support programs, and nearly doubles funding, from $8 million to $14 million, for the Lifespan Respite Care program. These programs provide more than 1.5 million caregivers counseling, training, respite care, and other coordinated services to allow them to support their loved ones while maintaining their own health and well-being.

The budget also allows ACL to continue to support the advisory councils established by the Recognize, Assist, Include, Support, and Engage Family Caregivers Act and the Supporting Grandparents Raising Grandchildren Act. These councils are playing a vital role in federal efforts to develop effective models of family caregiving by strengthening support to family caregivers and improving coordination across federal government programs.

Supporting Families Affected by Alzheimer's Disease

The effects of Alzheimer's disease are devastating for people living with the disease and their families. In 2020, 5.8 million individuals were living with Alzheimer's disease in the United States, and this number is projected to triple to 14 million people by 2060.[17] The budget includes $30 million for ACL's Alzheimer's Disease Program to fund the development of effective and coordinated service delivery and healthcare systems that are responsive to the needs of these individuals and their caregivers—and which will be crucial to the nation's ability to meet the needs of this growing population.

MAKING COMMUNITY LIVING POSSIBLE FOR PEOPLE WITH DISABILITIES

According to the Centers for Disease Control and Prevention, there are more than 61 million people with disabilities, and that number is growing. ACL programs provide direct services for people with disabilities across the lifespan and their families and support capacity-building, research, and systems change advocacy to ensure that people with disabilities and their families have access to the services and supports they need to lead self-determined lives and fully participate in all facets of community life.

Protection and Advocacy Programs

ACL's four Protection and Advocacy programs (focused on Developmental Disabilities, Voting Access, Assistive Technology and Traumatic Brain Injury) together play a critical role in upholding the rights and protecting the safety and welfare of people with disabilities through a range of services, including both individual and systems advocacy; health and safety monitoring; investigating and addressing abuse and neglect; legal assistance to address a range of issues, such as equal access to employment, education and healthcare; ensuring accessibility of public places and programs; helping people avoid–or leave–institutions to live in the community; and information and referral assistance to connect people with disabilities to other services and resources. At current resource levels, Protection and Advocacy programs are able to serve only those in most dire need, and many are being forced to focus their efforts on crisis issues, such as addressing abuse. Most can provide only very limited assistance with things like ensuring equal access to employment, transportation, and public places. To increase capacity of these programs, ACL is requesting an increase of $26 million to provide $85 million in funding for these four programs.

Independent Living

ACL's Independent Living programs also play a critical role in protecting the rights of people with disabilities. The services they provide are key to ensuring that people with disabilities have equal access and opportunity to fully participate in their communities.

[17] Centers for Disease Control and Prevention. Alzheimer's Disease and Related Dementias. 2020.

The Independent Living Services programs work to expand and improve independent living services in each state and territory. They are at the forefront of helping people move back to the community from nursing homes and other institutions. Run by people with disabilities, Centers for Independent Living provide a comprehensive range of services and supports including securing and sustaining employment, self-advocacy, access to transportation, and personal care assistance.

The lingering impacts of the COVID-19 pandemic include a continued surge in demand for independent living services—particularly assistance with transitioning back to the community. People with disabilities have disproportionately experienced loss of employment and decreased access to formal and informal services and supports used to help navigate unexpected life changes. The budget provides $160 million, an increase of $42 million above FY 2022 enacted, to support service area operations of 352 Centers for Independent Living and 56 State Councils for Independent Living.

Limb Loss, Paralysis, and Traumatic Brain Injury

There are 2.1 million people living with limb loss or limb difference in the United States and that is expected to increase to 3.6 million by 2050.[18] In addition, about 5.4 million people live with paralysis, and more than 2.5 million emergency department visits due to traumatic brain injuries.[19] [20] The budget provides funding to help support the needs of people living with these disabilities, as follows: $4 million for the Limb Loss Resource Center, $10 million for the Paralysis Resource Center, and $8 million for the Traumatic Brain Injury program (for non-Protection and Advocacy activities).

Improving Systems to Meet the Needs of People with Intellectual and Developmental Disabilities

The budget invests $160 million in three programs authorized by the Developmental Disabilities Assistance and Bill of Rights Act to build the capacity of systems–within states and across the country–to support community living for people with intellectual and developmental disabilities, an increase of $26 million above FY 2022 enacted. This includes $88 million for State Councils on Developmental Disabilities, $47 million for University Centers for Excellence in Developmental Disabilities, and $25 million for Projects of National Significance. Together, these programs help states develop and maintain coordinated systems of services and supports for people with intellectual and developmental disabilities. The programs also provide training, education, and advocacy to ensure accessibility of healthcare, education, transportation, recreation and

[18] Ziegler-Graham K, MacKenzie EJ, Ephraim PL, Travison TG, Brookmeyer R. Estimating the Prevalence of Limb Loss in the United States: 2005 to 2050. Archives of Physical Medicine and Rehabilitation 2008;89(3):422-9. https://pubmed.ncbi.nlm.nih.gov/18295618/. Accessed 18 February 2022.

[19] Armour, Brian S., Elizabeth A. Courtney-Long, Michael H. Fox, Heidi Fredine, and Anthony Cahill. *Prevalence and Causes of Paralysis—United States, 2013*. Issue brief. Christopher and Dana Reeve Foundation, 23 Aug. 2016. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5024361/. Accessed 18 February 2022.

[20] Centers for Disease Control and Prevention. TBI Surveillance Report (2014)

other infrastructure systems and support innovation, research, and dissemination of best practices.

Advancing Disability Research

The National Institute on Disability, Independent Living, and Rehabilitation Research programs are aimed at improving outcomes of people with disabilities in the three interrelated domains—community living and participation, health and function, and employment. The program's support for the development and dissemination of new knowledge, technological devices, and other informational products to enhance community living have resulted in more than 1,200 products that may be used to enhance the community living opportunities for people with disabilities.[21] The budget provides $119 million for the National Institute on Disability, Independent Living, and Rehabilitation Research to continue investments in the generation of new knowledge and to promote effective use of information to improve the functionality and quality of life for individuals living with a disability.

CONSUMER INFORMATION, ACCESS, AND OUTREACH

ACL's consumer information, access, and outreach programs help older adults and people with disabilities make informed decisions and access appropriate supportive services.

Aging and Disability Resource Centers

Aging and Disability Resource Centers support state efforts to develop more efficient, cost-effective, and consumer-responsive systems of information and integrated access by creating no wrong door "one-stop shop" entry points into long-term care at the community-level. They deliver a range of services including advice, counseling, and assistance to empower people to make informed decisions about their long-term services and supports, which help to prevent people from opting to receive more costly institutional care. The budget provides $12 million to support these efforts.

State Health Insurance Assistance

The budget provides $55 million for the State Health Insurance Assistance program, an increase of $2 million above FY 2022 enacted, to allow for the continuation of individual grantee capacity and the revision of program business processes to maintain/incorporate innovative technologies adopted during the COVID-19 pandemic. Together with $50 million previously appropriated for Medicare Improvements for Patients and Providers Act programs, these funds will support access to unbiased help for older adults and people with disabilities who are Medicare eligible or dually eligible for Medicare and Medicaid, their families, and caregivers. Most clients use these counselors every year because of the complexity of their situations, and the counseling can help to save them thousands of dollars per year. In 2020, an estimated 6 million Medicare beneficiaries used these services. Counselors spent over 2.2 million hours of direct one-on-one services for nearly 2.4 million beneficiaries. Additionally, State Health Insurance Assistance Programs reached over 3.6 million people in educational events explaining Medicare and its benefits.

Assistive Technology

In addition to the increases for Assistive Technology Protection and Advocacy activities above, the FY 2023 budget for Assistive Technology includes $37 million to expand program capacity to support people with disabilities and their families to obtain assistive technology devices and services. In FY 2020, 37,512 people received a total of 53,258 refurbished devices from 53 assistive technology programs, at a much lower cost to the consumer–in total, program participants saved a total of $212 million.[22]

IMPROVING EMERGENCY PLANNING AND DISASTER RESPONSE

The pandemic illustrated the dire need to expand the capacity of the aging and disability networks to address the needs of older Americans and people with disabilities when a major disaster or public health emergency occurs. The budget includes $2 million each for one aging program, Aging Services Support Activities, and one disability program, Projects of National Significance, which will be merged to establish a single technical assistance center to support the aging and disability networks in: building partnerships with state and local public health and emergency management agencies; continuity of operations planning; ensuring the needs of people with disabilities and older adults are included in disaster planning and

[21] Administration for Community Living. National Institute on Disability, Independent Living and Rehabilitation Research. 2018-2023 Long-range Plan.

[22] Center for Assistive Technology Act Data Assistance. 2020.

response; identifying other funding; ensuring equitable response; and more.

BUILDING ADEQUATE INFRASTRUCTURE

Program Administration

The budget includes $57 million for program management and support activities, an increase of $15 million above FY 2022 enacted. This funding reflects the Department's continued focus on maintaining the infrastructure needed to properly administer programs and fulfill the agency's responsibilities. With the significant increases in responsibilities ACL has seen in recent years, requirements now exceed its current staff capacity and necessitate additional hiring. This investment will also allow ACL to take critical steps toward addressing other long-standing infrastructure gaps, including continued updates to IT systems to improve security, accessibility, and usability, and to improve ACL's ability to effectively engage stakeholders.

The Office of the Secretary: General Departmental Management

The following table is in millions of dollars.

General Departmental Management	2021	2022	2023	2023 +/- 2022
Discretionary Budget Authority	484	506	580	+74
Public Health Service Evaluation Funds	65	65	85	+20
Total, Discretionary Program Level	**549**	**571**	**665**	**+94**
Full-Time Equivalents[1]	911	982	1,175	+193

General Departmental Management supports the Secretary's role as chief policy officer and general manager of the Department.

LEADING THE NATION'S PUBLIC HEALTH ENTERPRISE

The U.S. Department of Health and Human Services (HHS) Secretary administers and oversees the largest cabinet department in terms of budget. The HHS annual budget is over $1.77 trillion, accounts for almost one out of every four federal dollars, and provides more grant funding than all other federal agencies combined. The Secretary oversees HHS programs, policies, and operations to ensure effective stewardship of the Department's resources to enhance and protect the health and well-being of every American. The HHS Office of the Secretary's administrative budget is less than 0.04 percent of the total $1.77 trillion HHS budget. It funds leadership, policy, legal, and administrative functions that help support 11 staff divisions and provide management oversight for the Department as a whole.

The Fiscal Year (FY) 2023 President's Budget requests a program level of $665 million for General Departmental Management, a $94 million increase above FY 2022 enacted. The budget ensures health policy coordination and program integrity oversight across the Department; invests in administrative and operational resources to bolster operations; and supports Administration priorities such as implementation of the President's Executive Orders on Health and Racial Equity, Climate Change, and others.

PUBLIC HEALTH POLICY COORDINATION

The Office of the Assistant Secretary for Health (OASH) makes up almost half of the General Departmental Management budget. OASH serves as the senior advisor to the Secretary for public health, science, and medicine and coordinates public health policy and programs across the HHS Operating and Staff Divisions. Additionally, the Assistant Secretary for Health oversees the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps ("Corps") and its newly established Ready Reserve.

OASH oversees 11 core program offices, including the Office of Minority Health (OMH) and the Office on Women's Health (OWH). These program offices lead policy coordination across the Department, the government, and with nongovernmental partners. This coordination enables the Department to address a diverse range of public health challenges, including key elements of the ongoing COVID-19 response, combatting the nation's opioid epidemic, and ending the HIV epidemic in America. OASH focuses on supplying information and tools that empower individuals, communities, and health systems to emphasize health promotion and disease prevention.

TEEN PREGNANCY PREVENTION

The budget includes $111 million to support community efforts to reduce teen pregnancy. The program, implemented by the Office of Population Affairs within OASH, supports grants to replicate programs that have been proven effective through rigorous evaluation. These investments help reduce teenage pregnancy and the behavioral risk factors underlying teenage pregnancy or other associated risk factors. Funds also support demonstration projects to develop, refine, and test additional models and innovative strategies to prevent teenage pregnancy. In

[1] This table does not include funding of Full-Time Equivalents for the Pregnancy Assistance Fund, allocation for Health Care Fraud and Abuse Control Program, or funding for the Physician-Focused Payment Model Technical Advisory Committee created by the Medicare Access and CHIP Reauthorization Act of 2015.

addition, the budget includes $1 million for Embryo Adoption Awareness.

MINORITY HIV/AIDS FUND

The budget includes $58 million for the Minority HIV/AIDS Fund to reduce new HIV infections, improve HIV-related health outcomes, and reduce HIV-related health disparities for racial and ethnic minority communities by supporting innovation, collaboration, and integration of best practices, effective strategies, and promising emerging models. The budget continues to support the management, oversight, and coordination of the *Ending the HIV Epidemic in the U.S.* initiative with a focus on capacity building, technical assistance, and training support to give communities the essential tools and resources necessary to be successful.

OFFICE OF MINORITY HEALTH

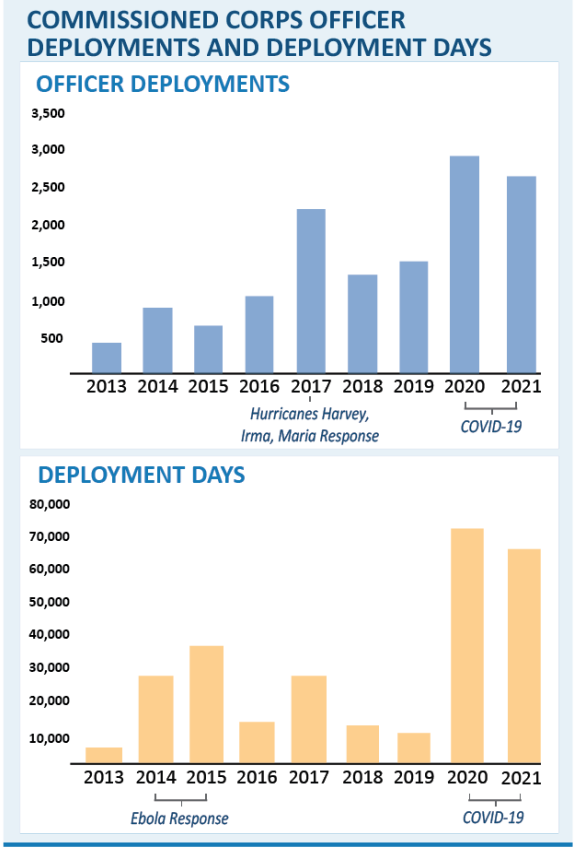
The budget includes $86 million for OMH. OMH leads, coordinates, and collaborates on minority health activities across the Department, including leadership in coordinating policies, programs, and resources to reduce healthcare disparities and advance health equity in America. Specific activities include support of the Center for Linguistic and Cultural Competency in Health Care to implement the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards). OMH supports information dissemination and education efforts, including the OMH Resource Center, to provide information resources with the goal of increasing awareness of strategies to address health disparities. In FY 2023, OMH will increase focus on areas with high rates of adverse maternal health outcomes or with significant racial or ethnic disparities in maternal health outcomes.

OFFICE ON WOMEN'S HEALTH

The budget includes $42 million for OWH. OWH leads prevention initiatives, such as maternal health initiatives to include addressing health disparities for women and health communication activities. OWH continues to support the advancement of women's health programs with other government organizations and consumer and health professional groups with a special emphasis on maternal health. In FY 2023, OWH will increase focus on prevention and treatment of eating disorders, violence, and substance use disorders.

OFFICE OF SURGEON GENERAL AND U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

As the nation's doctor, the Surgeon General provides Americans with the best scientific information available on how to improve their health and reduce the risk of illness and injury. The Surgeon General manages the daily operations of the U.S. Public Health Service Commissioned Corps ("Corps"), which consists of approximately 6,000 uniformed public health professionals who underpin the nation's response network for public health emergencies. Corps officers, including physicians, nurses, dentists, pharmacists, social workers, and engineers have supported the U.S. government's response to natural disasters and other public health disasters.



Between FYs 2013 and 2021, Corps officers deployed 11,470 times contributing to 258,404 deployment days supporting 409 different missions. Deployments included critical support from 2014 to 2015 for the West Africa Ebola outbreak; 2017 Hurricanes Harvey, Irma, and Maria where the Corps provided public health support to displaced families; and medical screenings and behavioral and primary care for unaccompanied children and families along the

southwestern border in 2018 and 2021. As of February 10, 2022, the COVID-19 pandemic has seen the highest historical deployment of officers to-date, with over 4,400 officer deployments, in many instances with officers deploying multiple times, in support of COVID-19.

As part of reforming and improving the Corps, the Assistant Secretary for Health and the Surgeon General implemented the Ready Reserve Corps to provide surge capacity for deployments in public health emergencies and backfill critical positions left vacant during regular Corps deployments. The Reserve Corps fulfills the urgent need to have additional Corps personnel available on short notice to respond to routine public health and emergency response missions. Additionally, the Public Health Emergency Response Strike Team was established to complement the Ready Reserve as an additional Corps asset available for immediate deployment at the request of the President or the Secretary. Entirely dedicated to public health emergency response, the strike team includes full-time active-duty officers who are the first HHS representatives on the ground.

The budget includes $20 million in the Public Health and Social Services Emergency Fund to maintain and continue to operationalize COVID-19-related investments in the U.S. Public Health Service Commissioned Corps Ready Reserve, Public Health Emergency Response Strike Team, and Commissioned Corps readiness and training activities. Funding will ensure sufficient resources to maintain these programs that were stood up and initialized with the CARES Act. See the Public Health and Social Services Emergency Fund chapter for more details.

PROGRAM INTEGRITY OVERSIGHT AND OTHER GENERAL DEPARTMENTAL MANAGEMENT

The budget includes $18 million to allow the Office of the Secretary to ensure implementation of over 30 Executive Orders, including those on Health and Racial Equity.

The budget includes $5 million for Department-wide Electric Vehicle Fleet program; $6 million for Grants Quality Service Management Office, a government-wide storefront offering multiple solutions for technology and services in the Grants functional area; and a total of $6 million in PHS evaluation funding for the Office of Climate Change and Health Equity, and President Biden's Executive Order on Health Equity.

The budget also includes $253 million to support each of the 10 Staff Divisions supported by General Departmental Management in the Office of the Secretary; investments in administrative and operational resources to ensure program integrity oversight; and increasing capacity of understaffed offices unable to meet the basic functions and legislative requirements due to years of reduced or level funding. The budget includes $79 million in additional evaluation funding to evaluate the implementation and effectiveness of public health programs, including the Teen Pregnancy Prevention program, and fund the Office of the Assistant Secretary for Planning and Evaluation.

Since FY 2012, HHS's leadership structure has managed with fewer resources and staff but with growing responsibilities and vulnerabilities. The budget ensures that program integrity and leadership oversight are at the forefront of HHS's mission delivery.

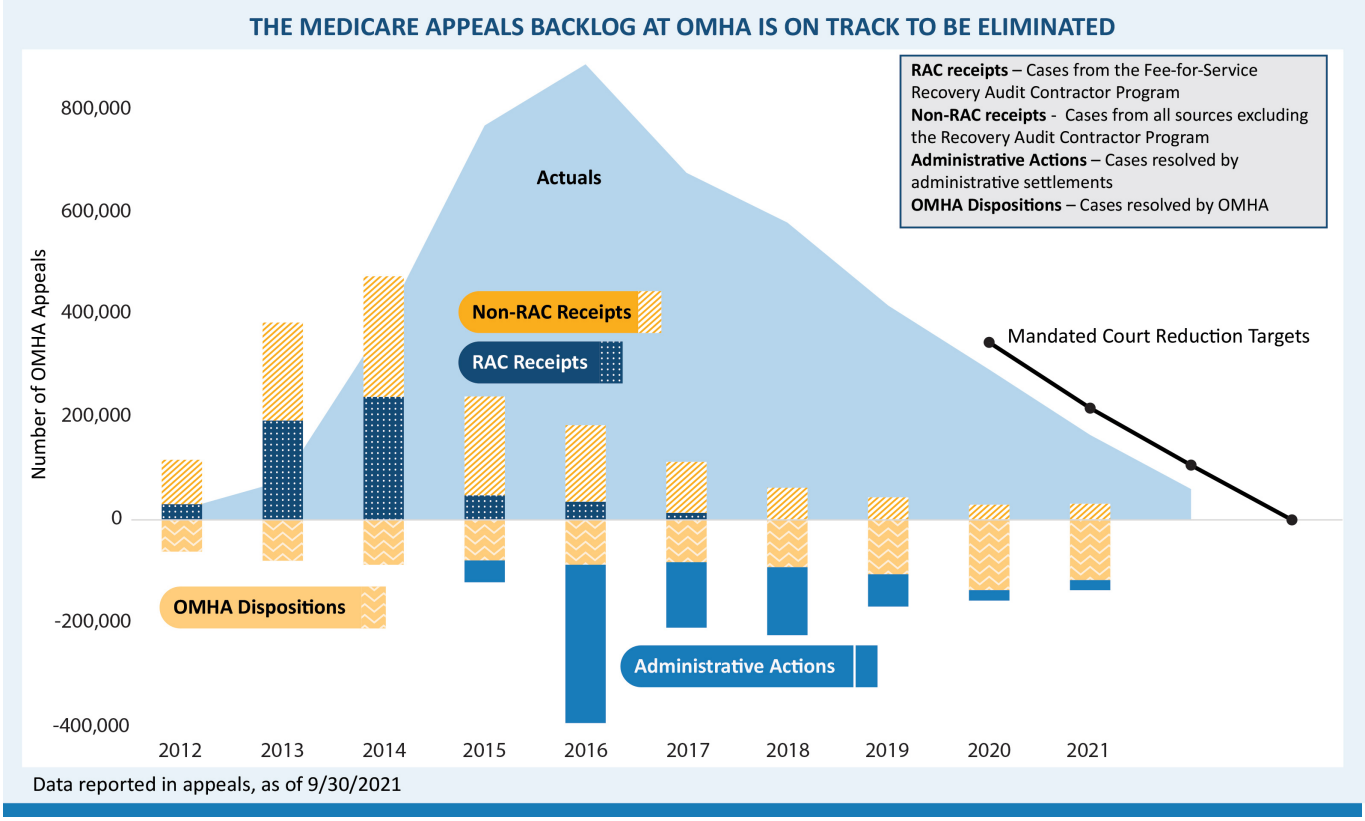
Office of the Secretary: Medicare Hearings and Appeals

Office of Medicare Hearings and Appeals[1,2]	2021	2022	2023	2023 +/- 2022
Medicare Appeals Adjudication	172	172	162	-10
Full-Time Equivalents	1,117	958	832	-126

Departmental Appeals Board – Medicare[1,2]	2021	2022	2023	2023 +/- 2022
Medicare Appeals Adjudication	20	24	34	+10
Full-Time Equivalents	111	132	193	+61

Budget Total	2021	2022	2023	2023 +/- 2022
Total, Medicare Hearings and Appeal Program Level	**192**	**196**	**196**	**-**
Total, Medicare Hearings and Appeal Full-time Equivalent Program Level	**1,228**	**1,090**	**1,025**	**+65**

The Office of Medicare Hearings and Appeals (OMHA) provides beneficiaries, providers, and suppliers an opportunity for a hearing on disputed Medicare claims. The Departmental Appeals Board for Medicare provides final administrative review of claims for Medicare entitlement, payment, and coverage at HHS.



Medicare Hearings and Appeals is an account created by Congress in FY 2020 to consolidate the costs of the adjudicative expenses associated with appeals of Medicare claims brought by beneficiaries and health care providers. The appeals process is overseen by administrative law and appeals judges at the Office of

[1] FY 2020, 2021, 2022, and 2023 funding levels for OMHA and DAB represent allocations from the overall appropriation and are subject to change based on actual incoming appeal receipt levels and statuses of appeal backlogs at each level.
[2] Reflects appropriated funding levels and does not include any transfers or carryforward balances.

Medicare Hearings and Appeals and the Departmental Appeals Board (DAB), respectively.

Beginning in FY 2011, an aging population and unintended results from HHS's Medicare program integrity efforts led to a significant increase in Medicare claims denials. This increase resulted in more appeals than OMHA and DAB could process within the 90-day case adjudication time frame required by law. Despite best efforts, this resulted in a backlog of appeals pending adjudication at both OMHA and DAB.

THE APPEALS BACKLOG

While the Medicare appeals backlog remains significant, the Department has taken a number of administrative actions to reduce the pending appeals workload, including alternative dispute resolution and multiple settlement actions. OMHA reduced the backlog of cases by 93 percent to approximately 60,062 appeals (from a high of nearly 900,000 in FY 2015). DAB continues to build capacity as their caseload has remained over 18,000 since the end of FY 2020. DAB's caseload still represents a reduction in the backlog from a high of nearly 31,000 in FY 2017.

OFFICE OF MEDICARE HEARINGS AND APPEALS

OMHA administers the nationwide hearing process for appeals arising from Medicare coverage and payment claims for items and services furnished to beneficiaries.

The FY 2023 President's Budget requests $162 million for OMHA, $10 million below the projected FY 2022 Enacted level, which is subject to change. FY 2023 will be a year of transition for OMHA as they return to pre-backlog annual appeals receipt levels. The budget will allow OMHA to support the number of full-time equivalent (FTE) staff necessary to manage the anticipated workload that allows them to return to the 90-day statutorily adjudication timeframe.

DEPARTMENTAL APPEALS BOARD

WITH +$10 MILLION AND +61 FTES, DAB WILL:

Expand adjudicator capacity, including FTEs

Reduce backlog of pending appeals

Increase program enforcement and integrity

The DAB Medicare Appeals Council provides a final administrative review of claims for entitlement to Medicare, individual claims for Medicare coverage, and claims for payment filed by beneficiaries or health care providers and suppliers at HHS.

The FY 2023 President's Budget requests $34 million for DAB, $10 million above the FY 2022 enacted level. DAB's Medicare appeals adjudication costs have been funded out of the same appropriation as OMHA since FY 2020. The budget will allow DAB to continue to increase FTE to a level that supports reducing the balance of its pending appeals backlog.

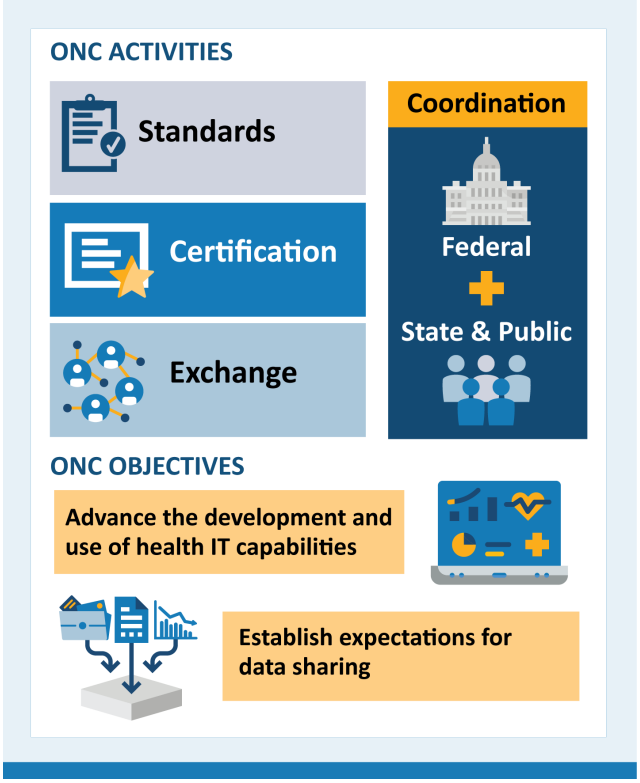
Office of the Secretary: Office of the National Coordinator for Health Information Technology

Office of the National Coordinator for Health Information Technology	2021[1]	2022[2]	2023	2023 +/- 2022
Total Discretionary Budget Authority	**62**	**--**	**--**	**-62**
Total PHS Evaluation Funds	--	64	104	+40
Total Program Level	**62**	**64**	**104**	**+40**
Full-Time Equivalents	180	180	180	-

The mission of the Office of the National Coordinator for Health Information Technology is to improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most

The Office of the National Coordinator for Health Information Technology (ONC) leads HHS's efforts to ensure that electronic health information is available and can be shared safely and securely to improve the health and care of all Americans and their communities. ONC's work is pivotal to achieving interoperability, advancing patient access to their electronic records, combating information blocking, and bringing innovative easy-to-use products into the hands of users.

The budget supports ONC's responsibilities in the areas of policy development and coordination, and standards, certification, and interoperability. ONC advances the development and use of health IT capabilities and moving toward an interoperable nationwide health IT infrastructure. The Fiscal Year (FY) 2023 budget requests $104 million at the program level for ONC, an increase of $40 million above FY 2022 enacted. These resources will be provided through the Public Health Services Act Evaluation set-aside.



POLICY DEVELOPMENT AND COORDINATION

ONC develops and implements health IT policies through open, transparent, and accountable processes and has a critical role in coordinating with federal, state, and local partners, along with the private sector, to support and protect innovation and competition in health IT. This coordination results in new solutions and business models for better care and improved outcomes.

[1]The FY 2021 column reflects final level, including required and permissive transfers and recissions, but does not include $80 million in COVID-19 supplement resources.

[2]The FY 2022 column reflects enacted levels.

HHS continues to pursue an agenda that promotes innovation in healthcare built on widespread, interoperable health information. ONC plays a transformative role in moving towards transparency in healthcare through the agency's health IT coordination activities. The importance of coordination of health IT activities has dramatically increased in recent years as a growing number of partners seek to leverage electronic health records and other health IT capabilities. This coordination informs policy, ensures that policy is responsive to stakeholder needs, and promotes health IT capabilities that enable the secure, seamless transfer of health information when and where it is needed. The Health IT Advisory Committee (HITAC), ONC's Federal Advisory Committee, serves as a priority method for obtaining routine input from a group of 27 health IT experts and six federal representatives. The HITAC recommendations are informing HHS's response to the President's Executive Order on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats.

From building on regulations that incentivized the digitization of medical data within electronic health record systems to supporting greater consumer engagement and transparency through technologies, ONC is essential to making health information available when and where it matters most.

Promoting Trusted Exchange of Health Information

The Trusted Exchange Framework and Common Agreement (TEFCA) is a set of foundational principles that established an advanced health IT infrastructure. This governing approach allows for different health information exchanges and networks to be able to share patients' clinical information through a secure flow of data exchange.

The FY 2023 budget further provides $39 million for ONC, an increase of $18 million above the FY 2022 enacted, to advance the implementation of the Common Agreement through the three-year Fast Healthcare Interoperability Resources Roadmap published at the beginning of 2022. As the capabilities of the health IT market mature, this roadmap lays out how the use of the Fast Healthcare Interoperability Resource standard will become an established part of the TEFCA-based exchange over time. Additional funding will contribute to the speed readiness, onboarding, and infrastructure activities related to the growth of stakeholder participation in the existing network-to-network exchange ecosystem. Funds will also support ONC in leveraging the entirety of the TEFCA network.

21 Federal programs use ONC's Health IT Certification Program

This includes major CMS payment programs, as well as programs administered by DoD, SAMHSA, HRSA, and CDC

21st Century Cures Act Final Rule

The patient is at the center of the 21st Century Cures Act. Putting patients in charge of their health records is a key piece of patient control in healthcare. Supporting access to information is key to empowering patients and a critical part of the patient-centeredness that is at the heart of value-based care. ONC's Cures Act Final Rule increases innovation and competition by fostering a standardized ecosystem of new and existing application programming interfaces to provide patients with more choices in their healthcare by making their healthcare information easily and readily available. The budget provides ONC with the resources to address technical barriers and business practices that may impede the secure and appropriate sharing of data and allows ONC to continue promoting transparency, working with stakeholders, and using modern computers, smartphones, and software to provide opportunities for the American public to regain visibility in the services and quality of healthcare.

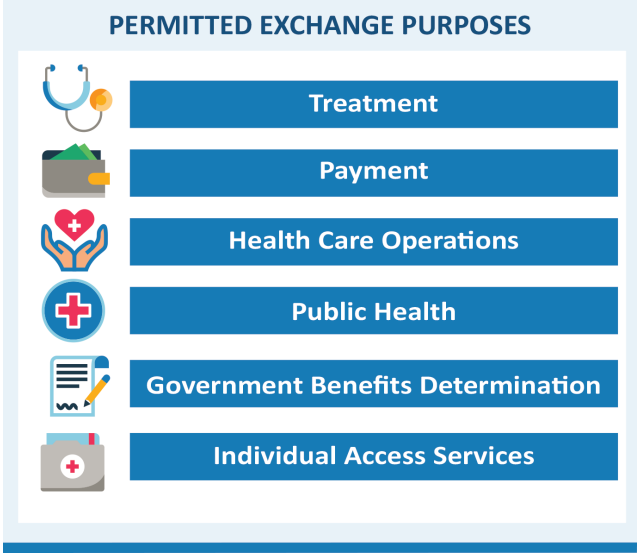
STANDARDS, CERTIFICATION, AND INTEROPERABILITY

ONC's standards and interoperability work advances the technical infrastructure necessary to support the appropriate and secure exchange of electronic health information and records to individuals, caregivers, and their clinicians leading to greater interoperability in healthcare. ONC will continue to play a critical role in transforming healthcare to be interoperable and more equitable.

There is a wide range of activities that ONC implements to support standards and certification, including administering the ONC Health IT Certification Program. This program is an important part of the health IT ecosystem and facilitates improved health data interoperability for patient care and patient access. The budget includes $52 million for ONC's Standards, Certification, and Interoperability work, an increase of $20 million above the FY 2022 enacted. ONC's certification work will focus on implementing rulemaking and investing in standards updates to

increase interoperability and improve equity through health IT activities.

The budget includes a legislative proposal to provide ONC with the authority to create an advisory process to issue opinions on information blocking practices. This will allow individuals or entities to request advisory opinions from ONC concerning whether the requestor's practice or proposed practice is considered "information blocking". All issued advisory opinions issued would be made publicly available and legally binding. These advisory opinions could help reduce the challenges actors face in determining whether a particular practice constitutes information blocking. Additionally, underserved populations that disproportionately experience gaps in care due to inequities in care delivery and access, may particularly benefit from increased integration and coordination across the healthcare system. Information blocking practices by actors can exacerbate the challenges these populations face by preventing crucial information sharing.



Advancing Standards and Interoperability

ONC will continue to make investments in standards updates to further interoperability efforts. The budget provides $20 million to continue the agency's work in implementing strategies to make health information more readily available to patients and to further its equity-by-design approach. Standards development and coordination activities improve health equity as health IT systems are now starting to capture social determinant of health and sexual orientation/gender identity information. This approach sets a path forward for health IT to build in support for capturing and exchanging these types of granular data as they become applicable to an individual's care. The investments will allow HHS to breakthrough inequity barriers and mitigate health disparities among the health IT community.

These resources will enhance ONC's role as a leader and convener of the health IT community to identify and curate the standards, implementation specifications, and common approaches to enable secure, equitable, and interoperable health IT systems. As the need to strengthen the American healthcare system grows, ONC will provide technical leadership and coordination within the health IT community to identify, evaluate, and influence the development of standards, implementation guidance, and best practices for standardizing and exchanging electronic health information.

AGENCY WIDE SUPPORT

The budget includes $13 million for ONC to provide executive, clinical, and scientific leadership to coordinate outreach between ONC and key federal stakeholders, allowing ONC to maximize its impact. ONC continues to implement workplace improvement initiatives to maintain the agency's recent increases in employee engagement. Funding also maintains https://HealthIT.gov, which promotes federal health IT policy and ensures the agency is providing effective operations and management.

Office of the Secretary: Office for Civil Rights

Office for Civil Rights	2021	2022	2023	2023 +/- 2022
Discretionary Budget Authority	39	40	60	+21
Civil Monetary Settlement Funds	15	19	21	+2
Total, Program Level	**54**	**59**	**81**	**+23**
Full-Time Equivalents[1]	181	190	281	+91

The Office for Civil Rights is the U.S. Department of Health and Human Services' primary enforcement and regulatory agency of civil rights and health information privacy and security.

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) ensures:

- Individuals receiving services from HHS-conducted or HHS-funded programs are not subject to discrimination; and
- People can trust the privacy, security, and availability of their health information.

The Fiscal Year (FY) 2023 President's Budget requests $60 million for OCR. OCR will use $21 million in civil monetary settlement funds to support Health Insurance Portability and Accountability Act (HIPAA) enforcement activities. The budget supports OCR's role to protect access to and delivery of HHS services free from discrimination and secure patient privacy.

Advancing equity is an Administration priority and at the core of the Department's mission to promote the health and well-being of all Americans. Vigorous enforcement of civil rights laws is central to the goal of achieving equity. The laws guarantee non-discrimination, equal access, and equal treatment to all who seek HHS services and programs.

To carry out its functions, OCR investigates complaints, enforces the law, develops policy, promulgates regulations, and provides technical assistance and public education to ensure understanding of, and compliance with, non-discrimination and privacy laws. OCR works to help promote positive change throughout the nation's social service and healthcare systems to advance equity and accountability.

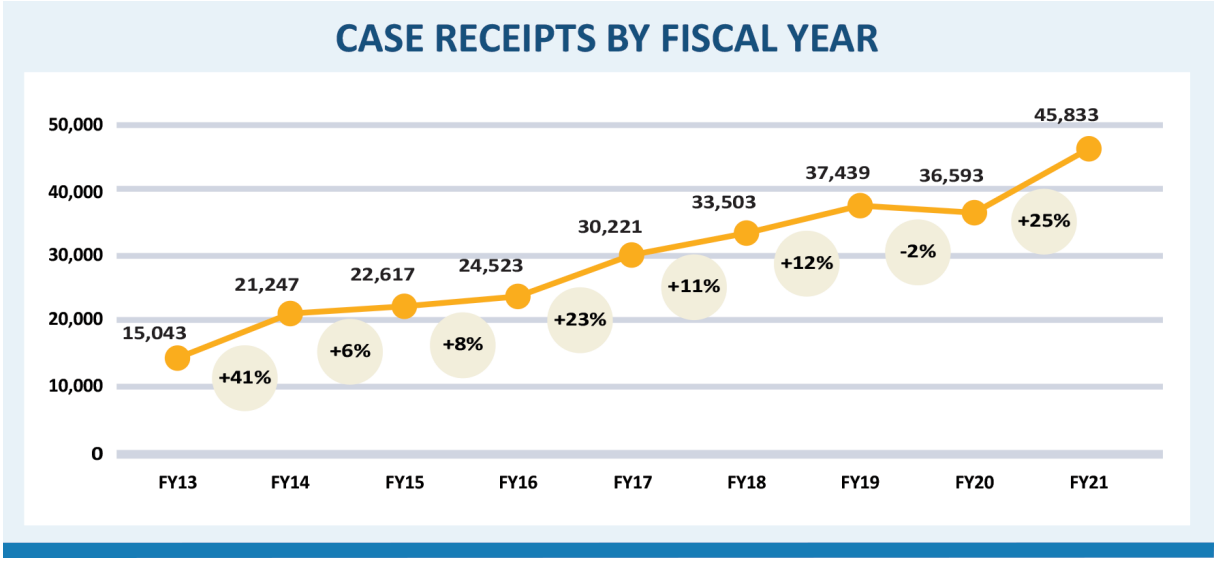
CIVIL RIGHTS

The FY 2023 funding request will empower OCR to bolster its enforcement; policy; and education and outreach, in all non-discrimination areas that include race, color, national origin, disability, sex, age, and religion. The investment will advance equity and non-discriminatory protections across America. Further, OCR will continue to enforce conscience protections for health care providers as part of its civil rights activities. In continuing this work, OCR will work to ensure that all individuals have access to programs and services.

To advance the Administration's priorities, OCR's budget includes an $8 million increase to invest in additional staff and resources to allow OCR to address the backlog of complaint inventory. Since FY 2016, civil rights case receipts have increased by 252 percent and health information privacy and security receipts have increased by 51 percent. The additional staff will allow the opportunity for a full investigative process; the resources to initiate compliance reviews in the Administration's priority areas; and the ability to properly staff the regional offices to respond to the complaints in a timely and impactful way.

Additional funding allows OCR to evaluate and further assess the impact of HHS's policies and its regulatory role in health equity barriers for underserved populations.

[1] Includes Full-Time Equivalents supported at the Program Level.



Advancing Health Equity

The FY 2023 increases will allow OCR to advance the Executive Orders aimed at increasing equity in governmental programs and services by:

- Adding appropriate subject matter expertise to provide technical assistance review of regulations;
- Training for grantees; and
- Providing resources to the Department in support of a whole-of-government approach to civil rights compliance which leads to greater protections for all seeking services across the country.

White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders

The budget includes $2 million to support the initiative, housed within the Department of Health and Human Services and charged from Executive Order 14031 to develop, monitor, and coordinate executive branch efforts to advance equity, justice, and opportunity for Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities throughout the federal government.

- The Commission, comprised of 25 leaders appointed by the President, is tasked with advising him on ways the public, private, and non-profit sectors can work together to advance equity, justice, and opportunity for AA and NHPI communities.
- The Initiative includes an Interagency Working Group tasked with creating and implementing agency plans to coordinate policy efforts and increase participation in, and access to, federal grants, programs, and initiatives in which AA and NHPI communities may be underserved; and a regional network that aims to build relationships between the federal government and AA and NHPI communities across the 10 federal regions.

HEALTH INFORMATION PRIVACY AND SECURITY

OCR administers and enforces the HIPAA Privacy, Security, and Breach Notification Rules (HIPAA Rules). In this role, OCR ensures that covered entities understand and comply with the HIPAA Rules; increases patients' awareness and exercise of their HIPAA rights and protections; and facilitates coordination of care through appropriate information sharing. OCR accomplishes these objectives by issuing regulations and guidance, conducting stakeholder outreach, and providing technical assistance to the regulated community, in addition to pursuing investigations, settlement agreements, and civil monetary penalties.

OCR supported the federal government's and the health care industry's response to the COVID-19 public health emergency with timely publications and guidance on telehealth, community-based COVID-19 testing sites, disclosure of health information to law enforcement, paramedics, and other first responders, using web-based apps to schedule COVID-19 vaccination appointments, and COVID-19 vaccinations in the workplace.

LEGISLATIVE PROPOSAL

Enhancing HIPAA Protections by Increasing Civil Monetary Penalty Caps and Authorizing Injunctive Relief

The proposal seeks to increase the amount of civil money penalties that can be imposed in a calendar year for HIPAA non-compliance and authorizes OCR to work with the U.S. Department of Justice to seek injunctive relief in federal court for HIPAA violations. Authorizing higher annual caps will strengthen OCR's enforcement of the HIPAA Rules. Authorizing OCR to seek injunctive relief will improve OCR's ability to prevent additional or future harm to individuals resulting from entities' non-compliance with the HIPAA Rules in the most egregious and urgent cases.

Office of the Secretary: Office of Inspector General

The following tables are in millions of dollars.

Public Health and Human Services (PHHS) Oversight	2021	2022	2023	2023 +/- 2022
PHHS Oversight Discretionary	80	82	106	+24
FDA & NIH Transfers[1]	7	7	7	--

Health Care Fraud and Abuse Control (HCFAC) Oversight	2021	2022	2023	2023 +/- 2022
HCFAC Program Discretionary	99	102	110	+8
HCFAC Mandatory	214	215	220	+5
HCFAC Collections	11	12	12	--

Budget Total	2021	2022	2023	2023 +/- 2022
Total, Program Level[2],[3]	**411**	**417**	**454**	**+37**
Full-Time Equivalents	1,634	1,599	1,638	+39

The mission of the Office of Inspector General is to provide objective oversight to promote the economy, efficiency, effectiveness, and integrity of HHS programs, as well as the health and welfare of the people they serve.

The U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG) is the largest inspector general office in the federal government, with approximately 1,600 employees dedicated to combating fraud, waste, and abuse and improving the efficiency and effectiveness of HHS programs.

The Fiscal Year (FY) 2023 President's Budget requests $454 million for OIG, a $37 million increase above FY 2022 enacted. Funding enables OIG to target oversight efforts and ensure efficient and effective resource use within the Department's programs through the development of new models and tools to support data-driven audits, evaluations, and inspections.

PUBLIC HEALTH AND HUMAN SERVICES OVERSIGHT

The FY 2023 budget includes $113 million—a $24 million increase above FY 2022 enacted—for cybersecurity activities, information blocking, and pay increases in Public Health and Human Services Oversight.

OIG will continue its focus on the effective administration of grant programs for prevention and treatment of opioid addiction, substance use, and serious mental illness. Resources will support audits, evaluations, data analysis, and investigations into fraud schemes and vulnerabilities associated with effectively preventing, detecting, and treating substance use disorders.

CYBERSECURITY AND DIGITAL TECHNOLOGY

The budget includes $15 million to hire specialized personnel from a competitive cybersecurity job market, increase OIG's cybersecurity efforts, support needed expansions in digital technology, modernize OIG's IT infrastructure, and further promote an artificial intelligence-ready workforce. HHS and the healthcare industry face significant cybersecurity risks that OIG oversight and enforcement will help mitigate.

[1] FY 2021 and FY 2022 Levels include $1.5 million for the Food and Drug Administration transfer and $5 million for the NIH transfer in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill. The table reflects same historical assumptions for FY 2023 transfers.

[2] Totals may not add due to rounding.

[3] Does not include COVID-19 Supplemental resources.

INFORMATION BLOCKING

The budget includes $5 million to execute investigative and enforcement authorities related to information blocking. The 21st Century Cures Act (Cures Act), 2016, P.L. 114-255, Section 4004, authorizes OIG to execute investigative and enforcement authorities related to a detrimental practice known as information blocking. Information blocking is a practice that inappropriately impedes the flow or use of electronic health information. The availability and liquidity of electronic health information is a critical element of a high-functioning healthcare system. OIG will invest in hiring personnel, training them, and funding investigative and enforcement litigation.

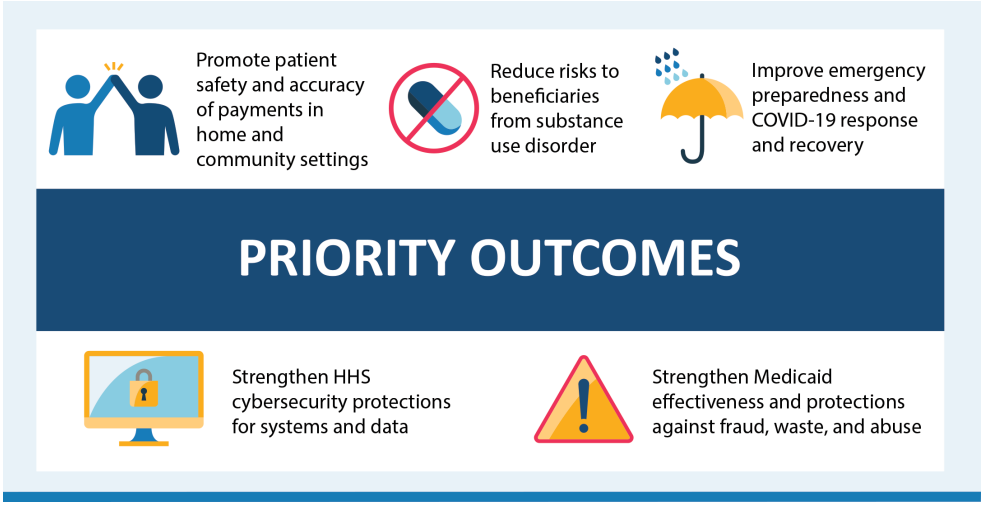
MEDICARE AND MEDICAID OVERSIGHT

OIG relies on prevention, detection, and enforcement to address fraud, waste, and abuse in Medicare and Medicaid programs.

The budget for OIG includes $342 million for Medicare and Medicaid oversight, approximately a $13 million increase above FY 2022 enacted. OIG will continue to support data-driven audits, evaluations, and inspections to target illegal prescriptions and distribution of opioids to Medicare and Medicaid beneficiaries, and to enhance oversight of critical programs furnishing treatment for substance use disorders and serious mental illness.

PRIORITY OUTCOMES

With a $2.4 trillion portfolio to oversee, OIG sets priority outcomes to achieve the greatest impact across HHS's diverse programs. OIG's priority outcome areas demonstrate our focus on strategically targeting oversight, driving measurable results, and achieving overarching performance goals. OIG develops strategies, actions, and measures to provide solutions and improve outcomes for HHS programs and beneficiaries.



Public Health and Social Services Emergency Fund

The following tables are in millions of dollars.[1]

Assistant Secretary for Preparedness and Response	2021[2]	2022[3]	2023	2023 +/- 2022
Preparedness and Emergency Operations	25	25	28	+4
National Disaster Medical System	63	75	130	+55
Hospital Preparedness Program	281	296	292	-4
Medical Reserve Corps	6	6	6	--
Preparedness and Response Innovation	2	2	2	--
Biomedical Advanced Research and Development Authority	597	745	828	+83
Project BioShield	770	780	770	-10
Strategic National Stockpile	705	845	975	+130
Policy and Planning	15	15	21	+7
Operations	31	31	34	+3
HHS Coordination Operations and Response Element (H-CORE)	--	--	133	+133
Budget Authority, Assistant Secretary for Preparedness and Response	**2,494**	**2,820**	**3,220**	**+401**
Mandatory Pandemic Preparedness	--	--	40,019	+40,019
Subtotal, Assistant Secretary for Preparedness and Response	**2,494**	**2,820**	**43,239**	**+40,420**

Other Office of the Secretary	2021[2]	2022	2023	2023 +/- 2022
Office of National Security	9	9	9	--
OS - Cybersecurity	58	71	161	+90
Other PHHSSEF – Cybersecurity	--	--	22	+22
Office of the Assistant Secretary for Health	--	--	20	+20
Subtotal, Other Office of the Secretary	**66**	**80**	**212**	**+132**

Pandemic Influenza	2021[2]	2022	2023	2023 +/- 2022
No-Year Funding	252	265	347	+82
Annual Funding	35	35	35	--
Subtotal, Pandemic Influenza	**287**	**300**	**382**	**+82**

PHSSEF Budget Totals	2021[2]	2022	2023	2023 +/- 2022
Total, Discretionary Budget Authority	**2,847**	**3,200**	**3,815**	**+615**
Total, Mandatory Funding	**--**	**--**	**40,019**	**+40,019**
Total, Program Level	**2,847**	**3,200**	**43,834**	**+40,633**
Full-Time Equivalents	1,079	1,318	1,684	+366

The Public Health and Social Services Emergency Fund's mission is to directly support the nation's ability to prepare for, respond to, and recover from, the health consequences of naturally occurring and man-made threats.

The Public Health and Social Services Emergency Fund (PHSSEF), within the Office of the Secretary, supports activities to protect the public and improve the nation's ability to prepare for, and respond to, public health threats and natural and man-made disasters.

The Fiscal Year (FY) 2023 President's Budget includes $3.8 billion in discretionary funds for the PHSSEF, an increase of $615 million above FY 2022 enacted, to prepare for future public health emergencies and build upon investments made in response to the COVID-19 pandemic. The budget also includes a pandemic preparedness proposal supported by $40 billion in mandatory funding.

[1] Totals may not add due to rounding.
[2] The FY 2021 column reflects final levels, including required and permissive transfers, but does not include $118 billion in COVID-19 supplemental resources.
[3] The FY 2022 column reflects enacted levels, including required transfers.

ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE (ASPR)

ASPR supports the nation's medical and public health preparedness for, response to, and recovery from disasters and public health emergencies. ASPR accomplishes its mission by stewarding the development of advanced medical countermeasures; partnering with cutting-edge biotechnology industry partners; stockpiling vaccines, life-saving therapeutics and medical equipment; collaborating with states, local governments, tribes, and territories; and by providing operational leadership and policy development. ASPR has been a leader in the government's response to the COVID-19 pandemic and will sustain this leadership into FY 2023, as the historic partnership between HHS and the Department of Defense, formerly known as Operation Warp Speed, has been transitioned fully into HHS as the HHS Coordination Operations and Response Element or H-CORE.

The FY 2023 budget provides ASPR $3.6 billion in discretionary funding, an increase of $483 million above FY 2022 enacted. This total includes $293 million in annual and no-year pandemic influenza funding. Funds will enable ASPR to build the capabilities necessary for the nation and organization to emerge from the COVID-19 pandemic restored and stronger. These investments will also enable ASPR to better prepare for the next public health emergency. The FY 2023 budget supports the rapid development and manufacture of innovative vaccines, drugs, and diagnostics, the stockpiling of critical medical countermeasures, the modernization of influenza vaccines, and the preparation and training of disaster response teams. The budget also includes a pandemic preparedness proposal supported by mandatory funding totaling $40 billion for ASPR.

Pandemic Preparedness

The FY 2023 budget makes transformative investments in pandemic preparedness and biodefense across HHS public health agencies to enable an agile, coordinated, and comprehensive public health response to future threats and protect American lives, families, and the economy.

The mandatory funding will support preparedness activities across HHS and is in addition to ASPR's discretionary investments. Within an HHS-wide total of $81.7 billion, the Administration's vision for pandemic preparedness is to ensure national readiness for a future pandemic by enabling an agile, swift, and comprehensive public health response. This transformative investment would support HHS meeting key objectives and priorities for national pandemic preparedness, resulting in the significantly reduced risk of harm to the public. With this proposal, the department would make significant progress toward the following five pandemic preparedness priorities:

- Transform medical defenses
- Ensure situational awareness
- Strengthen public health Systems
- Build core capabilities
- Manage the mission

As part of the plan, ASPR will invest $40 billion to conduct advanced research and development of vaccines, therapeutics, and diagnostics for high priority viral families; scale up domestic manufacturing capacity for medical countermeasures; and expand the public health workforce. Expected outcomes of these investments include:

- Expand the nation's manufacturing capacity through capital investments focused on manufacturing infrastructure and technology, especially for warm surge capacity for vaccines, therapeutics, tests, personal protective equipment, and medical equipment;
- Support "end-to-end" advanced development and manufacturing scale-up of prototype vaccines and therapeutics against the highest priority viral families;
- Support the advanced development and procurement of diagnostics, advanced disease surveillance technologies, next-generation personal protective equipment, and other medical countermeasure technologies;
- Refill and modernize depleted pandemic stockpiles;
- Expand the public health workforce; and
- Manage the mission within ASPR, which will include recruiting staff and centralizing coordination efforts to ensure alignment of activities across HHS.

Biomedical Advanced Research and Development Authority

The Biomedical Advanced Research and Development Authority (BARDA) provides an integrated, systematic approach to the development of the necessary vaccines, drugs, therapies, and diagnostic tools for public health medical emergencies. BARDA partners with industry leaders to rapidly develop these

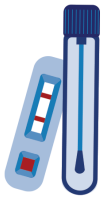
important countermeasures to keep Americans safe from emerging infectious diseases, pandemic influenza, and chemical, biological, radiological, and nuclear threats. Supporting the transition of these products from stages of research through advanced development, BARDA also assists medical product developers with technical and regulatory assistance, aiding them in completing clinical studies, obtaining safety and efficacy data, and manufacturing optimization. To date, BARDA has supported 61 products through FDA approval, licensure, or clearance.

COVID-19 MEDICAL COUNTERMEASURES

BARDA has supported the development, manufacturing, procurement, and/or distribution of:

7 COVID-19 vaccines with over 690 million doses distributed.

17 COVID-19 therapeutics, including development of the Regeneron monoclonal antibody therapeutic.



56 diagnostic tests ranging from high-throughput tests for laboratories early in the pandemic to rapid point-of-care and at-home tests

BARDA supports many medical products and technologies to prepare for public health threats. In response to the ongoing COVID-19 pandemic, BARDA has supported the development and distribution of a total of 100 diagnostics, therapeutics, vaccines, and other medical countermeasures. This robust portfolio of COVID-19 medical countermeasures was made possible because of BARDA's rapid execution of new partnerships with public and private entities and by leveraging existing partnerships.

The budget provides $828 million for BARDA, an increase of $83 million above FY 2022 enacted, to promote the advanced development of medical countermeasures to protect Americans and respond to twenty-first century health security threats. The budget will sustain the efforts of BARDA's Division of Research, Innovation, and Ventures to spur the innovation of diagnostics, prevention tools, and public health technologies, such as non-needle-based vaccine delivery methods. The increase will also support the Broad-Spectrum Antimicrobials Program to expand its portfolio of next generation antibacterial candidates. The budget also increases BARDA's ongoing work through the Combating Antibiotic Resistant Bacteria Biopharmaceutical Accelerator to support the advanced development of novel antibiotics by offering technical assistance and offsetting the high research and development costs of new drugs. Further, the FY 2023 budget will expand funding for vaccines and therapeutics for Marburg and Sudan viruses, as well as next generation smallpox drugs.

Project BioShield

Project BioShield is a program within BARDA that builds a pipeline of medical products, which prevent and treat illnesses and injuries caused by chemical, biological, radiological, and nuclear threats. Project BioShield funds the late-stage development and procurement of medical countermeasures, such as vaccines and treatments for anthrax, smallpox, antibiotic-resistant microbes, botulism, and radiological and nuclear injury. Since it began, Project BioShield has invested in 29 unique medical countermeasures and delivered 20 of these to the Strategic National Stockpile.

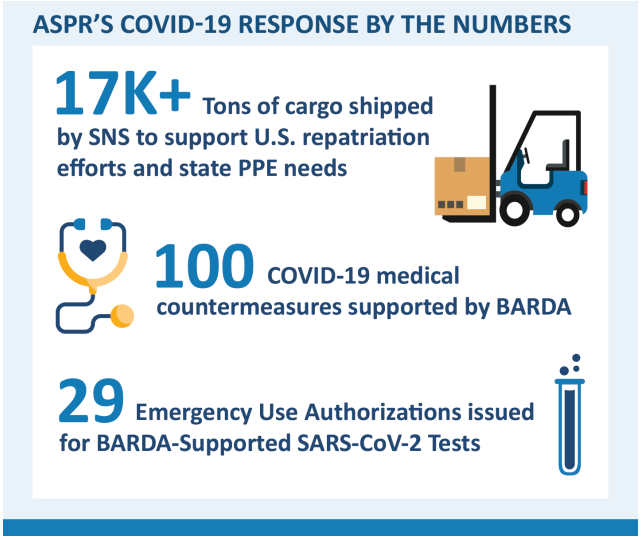
The budget provides $770 million to Project BioShield for FY 2023. Project BioShield's ongoing work will support the advanced development or procurement of up to six new medical countermeasures by the end of 2023. Under the FY 2023 budget, Project BioShield will continue to develop or procure therapeutics for Sudan and Marburg Viruses, a second smallpox antiviral drug, a smallpox vaccine, and treatments for chemical injuries, while procuring new antibacterial drugs, a new treatment for radiation exposure, and new formulations of the currently stockpiled smallpox antiviral drugs.

Strategic National Stockpile

The Strategic National Stockpile is a reserve of pharmaceuticals, critical medical supplies, Federal Medical Stations, and medical equipment that stands ready for rapid deployment in the case of chemical, biological, radiological, or nuclear threats. Strategic National Stockpile products go into action during public health emergencies to supplement the critical medical supplies of states, territories, and localities.

In the spring of 2020, recognizing the challenges the Strategic National Stockpile faced at the beginning of the COVID-19 response, ASPR initiated modernization efforts to ensure it is prepared for any future public health emergency, bolster the U.S. industrial base, and reduce America's reliance on foreign suppliers and manufacturers. Since the beginning of the pandemic, the Stockpile has deployed over 404 Trucks and 100 flights moving more than 1300 tons of materiel in response to the COVID-19 pandemic, including almost 8,000 ventilators to 56 states, territories, tribal nations, and cities.

The budget provides $975 million to the Strategic National Stockpile, an increase of $130 million over FY 2022 enacted. Resources would support the procurement products transitioning from BARDA that lack a significant commercial market including a bandage which could be used to treat an additional 14,000 people in response to a radiological or nuclear attack, and a smallpox antiviral to treat an estimated 350,000 people during a smallpox incident. The FY 2023 budget also expands the Stockpile's capacity and infrastructure, support COVID-19 sustainment needs, maintenance warehouses, and address pandemic stockpiling gaps for influenza antivirals, antibiotics, and medical supplies. Additionally, the budget will support the Stockpile in its continued modernization and operational realignment efforts. These funds are critical to ensure SNS assets are available and ready for use to protect America from twenty-first century health security threats.



Hospital Preparedness Program

The Hospital Preparedness Program provides leadership and funding to hospitals and healthcare facilities to prepare them for responses to large-scale emergencies and disasters. As the primary source of federal funding for healthcare system preparedness and response, the Hospital Preparedness Program partners with state and local health departments to develop coalitions of heath care facilities that collaborate to prepare for large scale emergencies. By incentivizing preparedness, the program ensures healthcare facilities have the equipment, supplies, real-time information, communication systems, and education and training they need to respond to wide-scale emergencies. Using infusions of COVID-19 supplemental funding, the program conducted a host of activities to support pandemic preparedness and response. These activities included expanding the National Special Pathogen System, developing platforms for knowledge sharing among clinical practitioners, supporting sustainment of America's blood supply, and standing up the National Emergency Tele-Critical Care Network.

The budget provides $292 million to the Hospital Preparedness Program. The FY 2023 budget will continue to support funding for the program's cooperative agreement recipients. This funding amount meets and sustains the program's cooperative agreements and capabilities developed during the COVID-19 response; supports increased coordination activities; and effectively maintains response and recovery efforts. The program supported a broad spectrum of stakeholders throughout the COVID-19 response and various concurrent events, including west coast wildfires, cyberattacks, and annual hurricane and tornado seasons. In FY 2023 and beyond, ASPR will use funds to effectively maintain and strategically serve an expanded recipient pool of healthcare partners who continue to respond to and recover from surges created by COVID-19 and other incidents.

National Disaster Medical System

The National Disaster Medical System provides personnel, equipment, supplies, and a system of partner hospitals that work with state and local personnel to provide healthcare after natural or man-made disasters. As part of the National Disaster Medical System, trained healthcare professionals take action and provide care during disasters such as hurricanes, wildfires, or pandemics. During a disaster, National Disaster Medical System team members staff medical shelters, augment local hospital staff, conduct mortuary operations, and provide, trauma, critical, and emergency care. Teams are made up of doctors,

nurses, paramedics, pharmacists, logistics specialists, and information technology specialists.

The National Disaster Medical System has been involved in the response to COVID-19 since the earliest days of the pandemic, setting up emergency care sites and administering life-saving monoclonal antibody treatments and vaccinations. From January 20, 2020 to August 15, 2021, the National Disaster Medical System deployed to 9,538 COVID-19 mission sets.

The FY 2023 budget provides an increase of $55 million over FY 2022 enacted, for a total of $130 million. This increase in funding will support the recruitment and hiring of intermittent employees, provide team and individual training to ensure mission readiness, and maintain equipment. Within the total for the National Disaster Medical System, the budget includes $13 million to maintain stores of medical supplies and equipment and $6 million for the Pediatric Disaster Care program.

The FY 2023 budget also proposes a legislative proposal to extend the National Disaster Medical System's direct hiring authority. The hiring authority will aid the National Disaster Medical System in expanding its workforce that has been an integral part of the COVID-19 response, ensuring the National Disaster Medical System has the workforce it needs to respond to emergencies that often disproportionately affect racial and ethnic minorities

Medical Reserve Corps

The Medical Reserve Corps network comprises more than 200,000 civilian volunteers in roughly 800 community-based units, all committed to improving local emergency response capabilities, reducing vulnerabilities, and building community preparedness and resilience. These volunteers are everyday medical and public health professionals, as well as community members without healthcare experience, who donate their time to bolster community preparedness and emergency response infrastructure. ASPR supports the Medical Reserve Corps network by providing technical assistance, coordination, communications, policy development, contract oversight, training, and other services. Since the beginning of 2020, the number of volunteers has grown from roughly 175,000 to approximately 300,000 Medical Reserve Corp units. During the 12-month period ending June 30, 2021, Medical Reserve Corps units contributed over 2.5 million volunteer hours. The budget includes $6 million for the Medical Reserve Corps, which is flat compared with FY 2022 enacted. This funding builds on the American Rescue Plan supplemental funding to support overarching national and regional coordination and technical assistance to Medical Reserve Corps unit leaders during this time of major growth in volunteering hours for the program.

Preparedness and Response Innovation

ASPR's Preparedness will enter its third fiscal year in FY 2023 and continues its work to develop innovative products that go beyond responding to chemical, biological, radiological, and nuclear countermeasures. This program places emphasis on advancements in health security products, technologies, and solutions that invigorate operations and response activities, including artificial intelligence, biofeedback sensors, monitoring devices, and data analysis tools. The Preparedness and Response Innovation program is funded at $2 million in FY 2023, flat compared with FY 2022 enacted.

Policy and Planning

ASPR develops, evaluates, and implements the policies and plans that save lives and protects the U.S. from twenty-first century threats. The FY 2023 budget includes $21 million for Policy and Planning, an increase of $7 million over FY 2022 enacted. This increase in funds will help support efforts to coordinate preparedness activities, develop COVID policies, and establish quantitative and economics analytics and modeling capabilities, which will enable even more effective and efficient use of resources in the future. This new capability to systematically prioritize across programs will help ASPR effectively harmonize its many preparedness and response activities. As in the past, ASPR will continue to contribute to important strategic and planning activities, such as the National Health Security Strategy.

HHS Coordination Operations and Response Element

The historic partnership between HHS and the Department of Defense that resulted in the lifesaving COVID-19 therapeutics and vaccines formally ended at the end of 2021. The operations of this partnership, known previously as Operation Warp Speed and then as the Countermeasures Acceleration Group, will now be institutionalized within ASPR and be known as the HHS Coordination Operations and Response Element or H-CORE. H-CORE will continue to lead the whole-of-government response to the COVID-19 pandemic.

An important lesson learned from the COVID-19 pandemic response is the need for a permanent,

nimble, organizing entity to ensure the synchronization of the Government's medical countermeasure efforts. In the future, H-CORE's capabilities can be refocused on non-COVID-19 priorities as needed. The FY 2023 budget includes $133 million in new funding for H-CORE to address this need. In FY 2023, funding will be used to coordinate and implement the development, production, and distribution of COVID-19 vaccines, antivirals, and other therapeutics. Further, this funding will support staffing, acquisition support, and data analytics for COIVD-19 countermeasures, ensuring that emergency operations may continue in the face of the ongoing pandemic. This investment is a recognition of the applicability of H-CORE's role and responsibilities to future emergency response efforts beyond the pandemic and helps build an enduring response infrastructure at ASPR that does not rely on supplemental funding.

PANDEMIC INFLUENZA

The budget provides a total of $300 million for pandemic influenza preparedness and response, an increase of $82 million over FY 2022 enacted to support development of next-generation antivirals, rapid diagnostic assays, and accelerated development and production of influenza vaccine both domestically and worldwide. The Pandemic Influenza program is carried out by ASPR and the Office of Global Affairs in HHS. Pandemic influenza is a constant global threat, as influenza viruses continue to mutate, evolve and spread. Funding will also support manufacturing capacity for non-egg-based flu vaccine technology and the development of a needleless flu vaccine delivery method. These new technologies allow for more flexible and rapid development of vaccines, as well as a more rapid rollout of large-scale vaccinations, both of which will save lives.

As HHS works to respond to the ongoing COVID-19 pandemic, it must continue to prepare for potentially highly severe strains of influenza. The COVID-19 pandemic has shown the importance of using therapeutics and diagnostics in addition to vaccines and other preventative methods during a pandemic response. The budget will continue to support the development and scaling of these products, all of which lead to faster and better treatment of influenza infections.

OFFICE OF NATIONAL SECURITY

The budget provides $9 million for the Office of National Security, an increase of $473,000 over FY 2022 enacted. The Office of National Security provides strategic all-source information, intelligence, counterintelligence, insider threat, cyber threat intelligence, supply chain risk management, security for classified information, and communications security support across the Department using funding from the Public Health and Social Services Emergency Fund. The Office of National Security increases the Department's security and threat awareness and its ability to respond swiftly and effectively to national and homeland security threats. The Office of National Security engages with Federal partners and others to analyze all-source intelligence/information and identify potential threats and vulnerabilities, and it identifies and assesses trends and patterns across the Department while developing and implementing mitigation strategies. The Office of National Security is responsible for the safeguarding of all classified information, equipment, and facilities across the Department and is HHS's Federal Intelligence Coordination Office and the Secretary's Senior Intelligence Official.

CYBERSECURITY

The FY 2023 budget provides $161 million for the HHS cybersecurity program in the Office of the Chief Information Officer, an increase of $90 million, of which $50 million will support the implementation of Executive Order 14028, specifically focusing on zero trust implementation and security logging requirements. Funding will be prioritized for investments in specific capabilities that protect and defend its most sensitive systems and information, including those designated as high-value assets and national security systems. A total of $0.5 million will go towards standing up a Supply Chain Risk Management program. The remaining increase includes resources for heightening the security of the Department's internet infrastructure, and for enterprise-wide security technologies that provide encryption services, malware protection, and data loss prevention.

The budget also supports the continued operations of the Cybersecurity program, which secures the Department by ensuring access to innovative technologies and subject matter expertise that enable program objectives and allow HHS to provide better, more secure services to the public. As part of this

mission, the Cybersecurity program assures that all automated information systems throughout HHS are designed, operated, and maintained with the appropriate information technology security and privacy data protections.

The Cybersecurity program has continued to keep the department safe from cyber threats even during the pandemic, when up to 95 percent of HHS's workforce teleworked. The work of the cybersecurity program protects the HHS workforce during this period of increased mobility, even while the scope and nature of the Department's information assets rapidly changed due to the pandemic response.

The budget also includes $21.9 million for the HHS Protect program to enable the U.S. government to harness the full power of healthcare data for public health, including for the COVID-19 response. HHS Protect will be implemented by CDC.

ASSISTANT SECRETARY FOR HEALTH

U.S. Public Health Service Commissioned Corps

The U.S. Public Health Service Commissioned Corps is the branch of uniformed services that is committed to public health service. The Commissioned Corps includes approximately 6,000 officers who work as physicians, nurses, dentists, veterinarians, scientists, engineers, and other public health professionals Established in 1889, the Commissioned Corps provides leadership and critical work in program areas such as disease control and prevention, biomedical research, regulation of food, drugs, and medical devices, mental health and substance abuse, sanitation, and healthcare delivery. The Commissioned Corps stands ready to deploy during public health emergencies at the direction of the Secretary. During COVID-19, the Corps achieved its highest deployment of officers to date and continues to play an important role in ending the pandemic. There have been more than 4,400 deployments where officers responded to assist community-based testing sites with testing, helped lead the charge to make vaccinations, and provided infection control and clinical care to long-term care facilities, hospitals, and field hospitals in hard-hit communities, with many of the officers deploying multiple times.

The budget provides $20 million for the U.S. Public Health Service Commissioned Corps through the Emergency Fund. Of this funding, $2 million is for Corps' readiness training, $14 million is for the Ready Reserve Component, and $4 million is for the Public Health Emergency Response Strike Team. These investments ensure that the Corps is equipped to effectively respond to future public health emergency response operations, as rapidly as possible, while being equipped with surge capacity.

Abbreviations and Acronyms

A

AA and NHPI	Asian American, Native Hawaiian, and Pacific Islander
ACA	Patient Protection and Affordable Care Act
ACF	Administration for Children and Families
ACL	Administration for Community Living
ACO	Accountable Care Organization
AHRQ	Agency for Healthcare Research and Quality
AI/ANs	American Indians and Alaska Natives
AIDS	Acquired Immune Deficiency Syndrome
APM	Alternative Payment Model
ARP	American Rescue Plan Act
ARPA-H	Advanced Research Projects Agency for Health
ASPR	Assistant Secretary for Preparedness and Response
ATSDR	Agency for Toxic Substances and Disease Registry
AWARE	Advancing Wellness and Resiliency in Education

B

BARDA	Biomedical Advanced Research and Development Authority
BsUFA	Biosimilars User Fee Act

C

CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CCBHC	Certified Community Behavioral Health Clinic
CDC	Centers for Disease Control and Prevention
CFA	Center for Forecasting and Outbreak Analytics
CHIP	Children's Health Insurance Program
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CY	Calendar Year

D

DAB	Departmental Appeals Board
DARPA	Defense Advanced Research and Development Agency
DELTA	Domestic Violence Prevention Enhancement and Leadership Through Alliances
DHS	Department of Homeland Security
DOJ	Department of Justice

E

EHR	Electronic Health Record
EO	Executive Order
ESRD	End-Stage Renal Disease

F

FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FMAP	Federal Medical Assistance Percentage
FTE	Full-time Equivalent
FY	Fiscal Year

G

GDM	General Departmental Management
GSA	General Services Administration

H

H-CORE	HHS Coordination Operations and Response Element
HCFAC	Health Care Fraud and Abuse Control
HEAL	Helping to End Addiction Long-term
HEPA	High Efficiency Particulate Air
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HITAC	Health IT Advisory Committee
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HRSA	Health Resources and Services Administration

I

IHS	Indian Health Service
IMPROVE	Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone
IT	Information Technology

L

LIHEAP	Low Income Home Energy Assistance Program
LIHWAP	Low Income Household Water Assistance Program
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer

M

MFP	Money Follows the Person
MHPAEA	Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008
MIPPA	Medicare Improvements for Patients and Providers

N

NASEM	National Academies of Sciences, Engineering, and Medicine
NCBDDD	National Center on Birth Defects and Developmental Disabilities
NCI	National Cancer Institute
NICHD	Eunice K. Shriver National Institute of Child Health and Human Development
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIGMS	National Institute of General Medical Sciences
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NINDS	National Institute of Neurological Disorders and Stroke
NIOSH	National Institute for Occupational Safety and Health

O

OASH	Office of the Assistant Secretary for Health
OCR	Office for Civil Rights
OIG	Office of Inspector General
OMH	Office of Minority Health
OMHA	Office of Medicare Hearings and Appeals
ONC	Office of the National Coordinator for Health Information Technology
OWH	Office on Women's Health

P

PAYGO	Pay As You GO
PCORTF	Patient Centered Outcomes Research Trust Fund
PHHS	Public Health and Human Services
PHS	Public Health Service
PHSSEF	Public Health and Social Services Emergency Fund
PrEP	Pre-Exposure Prophylaxis
PSSF	Promoting Safe and Stable Families

Q

QP	Qualifying Participant

R

REACH	Realizing Equity, Access, and Community Health
RFI	Request For Information
RPMS	Resource Patient Management System

S

SAMHSA	Substance use And Mental Health Services Administration
SET-NET	Surveillance for Emerging Threats to Mothers and Babies
SOGI	Sexual Orientation and Gender Identity
SPNS	Special Projects of National Significance
SPRANS	Special Projects of Regional and National Significance
SSA	Social Security Administration
SUPPORT Act	Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018

T

TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
TEFCA	Trusted Exchange Framework and Common Agreement

U

UC	Unaccompanied Children
U.S.	United States
USDA	U.S. Department of Agriculture

V

VFC	Vaccines for Children

U.S. Department of Health & Human Services

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