DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2025

General Departmental Management
Customer Experience (Life Experience) Pilot Projects
Medicare Hearings and Appeals
Office for Civil Rights
National Coordinator for Health Information Technology
Public Health and Social Services Emergency Fund
Health Insurance Reform Implementation Fund
No Surprise Act Implementation Fund
Nonrecurring Expenses Fund
Service and Supply Fund
Debt Collection Fund
Retirement Pay & Medical Benefits for Commissioned Officers
HHS General Provisions

Justification of Estimates for Appropriations Committees

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENTAL MANAGEMENT

	FY 2025	
	FTE	**Program Level**
General Departmental Management	941	$532,940,000
PHS Evaluation Set-Aside – Public Health Service Act	149	$74,494,000
GDM Program Level[1]	***1,090***	**$607,434,000**
Medicare Hearings and Appeals (MHA)[2]		
Office of Medicare Hearings and Appeals (OMHA)	683	$159,000,000
Departmental Appeals Board (DAB)	196	$37,000,000
MHA Program Level	***879***	**$196,000,000**
Office for Civil Rights (OCR)	186	$56,798,000
Office of the National Coordinator for Health IT (ONC)	-	-
PHS Evaluation Set-Aside	180	$86,000,000
Public Health and Social Services Emergency Fund	241	$172,492,000
Service and Supply Fund	1,530	-
Debt Collection	25	-
Customer Experience (Life Experience) Pilot Projects	-	$14,000,000
TOTAL, Departmental Management[3]	**4,131**	**$1,132,724,000**

[1] The FY 2025 GDM Program level does not include estimated reimbursable budget authority and associated FTE, HCFAC and associated FTE, and MACRA PTAC associated FTE, unless otherwise indicated.
[2] 2025 and 2026 funding levels for OMHA and DAB represent HHS allocations from the overall MHA appropriation, which are subject to change based on actual incoming appeal receipt levels and statuses of appeal backlogs at each organization.
[3] The total Department Management level does not include proposed; National PrEP Program and associated FTE, Encourage Development of Innovative Antimicrobial Drugs and associated FTE, Establish the National Hepatitis C Elimination Program in the United States and associated FTE; or Public Health and Social Services Emergency Fund's Mandatory Legislative Proposals and associated FTE unless otherwise indicated.

INTRODUCTION

The FY 2025 Congressional Justification is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 (GPRA) and Office of Management and Budget (OMB) Circulars A-11 and A-136 through the HHS agencies' FY 2025 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at http://www.hhs.gov/budget.

The FY 2025 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2025 Annual Performance Report and FY 2025 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The Summary of Performance and Financial Information summarizes key past and planned performance and financial information.

Message from the Acting Assistant Secretary for Financial Resources

This volume presents the Congressional Justification for Departmental Management activities within the Office of the Secretary. This Budget request represents the Administration's priorities for guiding the Department of Health and Human Services (HHS) to enhance the health and well-being of all Americans.

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. This starts with the Secretary having the appropriate resources to lead the nation's public health enterprise, ensure human services and healthcare access, and provide oversight of the largest cabinet department in terms of budget. The FY 2025 Budget prioritizes investment in administrative and operational resources to bolster program integrity oversight across the Department, and support more widely impactful and shared priorities of making healthcare more affordable, strengthening our nation's preparedness, extending behavioral health and other life-saving human services and fortifying the security of the protected health information of the American people.

In addition to these important oversight functions, Departmental Management activities also ensure protection of underserved populations, including leadership and coordinating policies, programs, and resources to reduce healthcare disparities and advance health equity in America.

The Budget request supports the Secretary in his role as chief policy officer and general manager of HHS. The FY 2025 request totals $1.1 billion to support:

- Teen Pregnancy Prevention and Embryo Adoption Awareness Campaign: $102 million to support community efforts to reduce teen pregnancy through grants to replicate programs that have been proven effective, and an embryo adoption campaign.
- Minority HIV/AIDS: $60 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.
- Minority Health: $75 million for the Office of Minority Health to lead, coordinate, and collaborate on minority health activities across the Department, including leadership in coordinating policies, programs, and resources to reduce health care disparities and advance health equity in America.
- Women's Health: $54 million for the Office on Women's Health to expand on its maternal mortality prevention efforts with a focus on hypertensive disorders of pregnancy and to coordinate public-private efforts that spread and scale these effective interventions across the country during pregnancy and postpartum.
- Administrative Funds: $229 million to provide the Secretary the resources needed for

oversight of the largest cabinet department in terms of budget. Funding supports program integrity oversight and operations and management in the Office of the Secretary, areas historically underfunded.

- Children's Interagency Coordinating Council: $3 million to foster greater coordination and transparency on child policy across agencies.
- Artificial Intelligence (AI): $8 million for the Office of the Chief AI Officer, overseeing the department's use of artificial intelligence and mitigating risks, and resources to provide HHS' agency contribution to the United States Digital Services.
- Office of Climate Change and Health Equity and Office of Environmental Justice: $5 million to support HHS as it works within, regionally, and government-wide to sustain efforts to reduce the health consequences of harmful exposures related to climate change and environmental pollutants and provide technical assistance to public and private stakeholders.
- Planning, Research, and Evaluation: $75 million in PHS Evaluation Funds to ensure research is at the forefront of leadership decision making.
- Office of Medicare Hearings and Appeals and Departmental Appeals Board: $196 million to fund the Departmental Appeals Board as it continues to maximize progress to reduce the Medicare appeals backlog, and the Office of Medicare Hearings and Appeals to focus on compliance with the statutorily mandated 90-day adjudicatory timeframe.
- Office for Civil Rights: $57 million to defend the public's right to nondiscriminatory access to HHS-funded health and human services and the privacy and security of individually identifiable health information. Increases will provide necessary resources to address the case backlog and reduce OCR's dependence on civil monetary settlement funding to carry out mission critical enforcement activities.
- Office of the National Coordinator for Health IT: $86 million in PHS Evaluation Funds to advance secure, interoperable exchange through the Trusted Exchange Framework and Common Agreement (TEFCA), and to administer strategic pilots for Behavioral Health providers in care settings that need increased health IT adoption or improvements. The investments will target Federal coordination and investments to spur the development and promotion of an interoperable nationwide health IT infrastructure.
- Public Health and Social Services Emergency Fund: $173 million to support departmental cybersecurity, national security, supply chain coordination, and respond to pandemic influenza.

The Secretary looks forward to working with the Congress toward the enactment and implementation of the FY 2025 Budget.

Lisa Molyneux

Acting Assistant Secretary for Financial Resources

Departmental Management Overview

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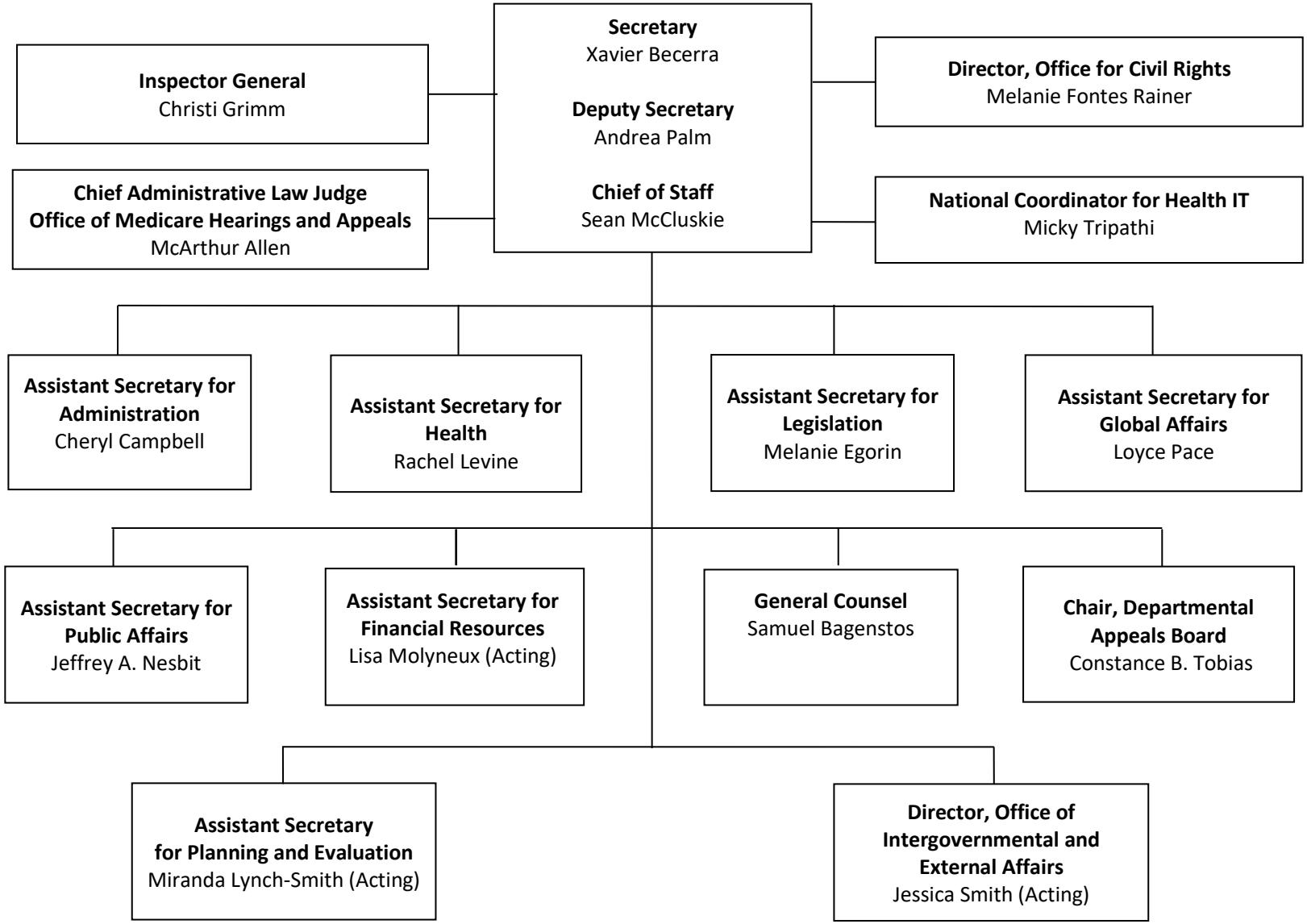
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY



ORGANIZATIONAL CHART: TEXT VERSION

Department of Health and Human Services

- Secretary Xavier Becerra
  - Deputy Secretary Andrea Palm
  - Chief of Staff Sean McCluskie

The following offices report directly to the Secretary:

- Inspector General
  - Christi Grimm
- Chief Administrative Law Judge of the Office of Medicare Hearings and Appeals
  - McArthur Allen
- Director of the Office for Civil Rights
  - Melanie Fontes Rainer
- National Coordinator for Health Information Technology
  - Micky Tripathi
- Assistant Secretary for Administration
  - Cheryl Campbell
- Assistant Secretary for Health
  - Rachel Levine
- Assistant Secretary for Legislation
  - Melanie Egorin
- Assistant Secretary for Planning and Evaluation
  - Miranda Lynch-Smith (Acting)
- Assistant Secretary for Public Affairs
  - Jeffrey A. Nesbit
- Assistant Secretary for Financial Resources
  - Lisa Molyneux (Acting)
- General Counsel
  - Samuel Bagenstos
- Assistant Secretary for Global Affairs
  - Loyce Pace
- Chief of the Departmental Appeals Board
  - Constance B. Tobias
- Director of the Office of Intergovernmental and External Affairs
  - Jessica Smith (Acting)

DEPARTMENTAL MANAGEMENT OVERVIEW

Departmental Management (DM) is a consolidated display that includes the Office of the Secretary (OS) activities funded under the following accounts:

- General Departmental Management (appropriation);
- Medicare Hearings and Appeals (appropriation);
- Office for Civil Rights (appropriation);
  Office of the National Coordinator for Health Information Technology (PHS Evaluation Fund);
- Service and Supply Fund (revolving fund);
- Public Health and Social Services Emergency Fund;
- Debt Collection Fund

The mission of the OS is to provide support and assistance to the Secretary in administering and overseeing the organization, programs, and activities of the Department of Health and Human Services.

The overall FY 2025 President's Budget for DM totals is $1,132,724,000 in discretionary program level funding, and 4,131 full-time equivalent (FTE) positions. In addition, the budget includes several mandatory legislative proposals in both the General Departmental Management and Public Health and Social Services Emergency Fund Justifications.

The **General Departmental Management (GDM)** appropriation supports the activities associated with the Secretary's responsibilities as chief policy officer and general manager of the Department in administering and overseeing the organization, programs, and activities of HHS. These activities are carried out through eleven Staff Divisions (STAFFDIVs), including the Immediate Office of the Secretary, the Departmental Appeals Board, and the offices of public affairs, legislation, planning and evaluation, financial resources, administration, intergovernmental and external affairs, general counsel, global affairs, and the Assistant Secretary for Health. The FY 2025 President's Budget program level request for GDM includes a total of $607,434,000 and 1,090 FTE and supports pay and non-pay inflationary cost increases in FY 2025; and programmatic requirements and emerging Departmental oversight needs.

Medicare Hearings and Appeals (MHA) supports the Office of Medicare Hearings and Appeals (OMHA) and Departmental Appeals Board (DAB). The FY 2025 President's Budget for MHA is $196,000,000 in discretionary budget authority and 879 FTE for the "Medicare Hearings and Appeals" appropriation from which the Office of Medicare Hearings and Appeals (OMHA) is allocated $159,000,000 and 683 FTE; and Departmental Appeals Board (DAB) is allocated $37,000,000 and 196 FTE. These allocations are subject to change based on actual incoming appeal receipt levels and statuses of appeal backlogs at each level. Overall, this funding enables OMHA to focus on compliance with the statutorily mandated 90-day adjudicatory timeframe, and DAB to increase adjudication capacity and reduce the backlog of appeals.

The **Office for Civil Rights (OCR)** defends the public's right to nondiscriminatory access to HHS-funded health and human services, and access to the privacy and security of individually identifiable health information. The FY 2025 President's Budget for OCR is $56,798,000 in budget authority and 186 FTE. The Budget provides resources to address the existing complaint inventory, ensure Department-wide civil rights compliance and policy development; and resolve OCR's reliance on civil monetary penalty collections used for the Health Insurance Portability and Accountability Act of 1996 enforcement activities.

The **Office of the National Coordinator for Health Information Technology (ONC)** was established by Executive Order 13335 on April 27, 2004, and subsequently authorized by the Health Information Technology for Economic and Clinical Health Act on February 17, 2009. The FY 2025 President's Budget for ONC is $86,000,000 in PHS Evaluation Funds and 180 FTE, to coordinate national efforts related to the implementation and use of interoperable electronic health information exchange. ONC leads the government's efforts to ensure that electronic health information is available and can be shared safely to improve the health and care of all Americans and their communities. ONC's FY 2025 President's Budget includes first time funding for Behavioral Health IT Adoption Pilots and increased funding to support the Trusted Exchange Framework and Common Agreement (TEFCA).

The **Service and Supply Fund** (SSF), the HHS revolving fund, is composed of two components: the Program Support Center (PSC) and the Non-PSC activities. For the FY 2025 President's Budget, the SSF, is projecting total revenue of $1,439,506,000 and usage of 1,530 FTE.

The **Debt Collection Fund** is a Treasury designated debt collection center providing a full range of debt management and collection services. For the FY 2025 President's Budget the Fund estimates a budget of $14,012,064, and the usage of 25 FTE.

The **Public Health and Social Services Emergency Fund** (PHSSEF) supports HHS' cross-cutting efforts to improve the nation's preparedness and response against naturally occurring and man-made health threats and HHS' ability to carry out such missions. The following agencies and programs are supported by the PHSSEF: the Cybersecurity program, within the Assistant Secretary for Administration (ASA), the Office of the Chief Information Officer (OCIO), coordinates the Department's cyber security efforts and provides program management and oversight; the Office of National Security provides strategic all-source information, intelligence, counterintelligence, insider threat, cyber threat intelligence, supply chain risk management, and special security and communications security support across the Department; HHS will establish a supply chain coordination office to coordinate Department-wide activities, strategy, and guidance, including the development and implementation of a 5-year Action Plan to strengthen supply chains and prevent critical shortages; and the Office of Global Affairs' Pandemic Influenza activities to support HHS' efforts to prepare for, and respond to, a pandemic influenza outbreak. The President's Budget request for the PHSSEF is $172,492,000, and usage of 241 FTE. The Budget requests increases for cybersecurity and supply chain risk management and coordination. Please see the PHSSEF Justification for more information.

The **Customer Experience (Life Experience) Projects (CX)** includes $14,000,000 to support continuous improvement in the delivery of excellent, equitable, and secure federal services and customer experience to the American public. The Office of the Secretary invests resources to continue the *Approaching Retirement Life Experience's Streamlining Medicare Enrollment-Only* project; and to support HHS and other agencies in service to the *Facing a Financial Shock Life Experience* portfolio's *Data Services for Federal Benefit*s project.

DEPARTMENTAL MANAGEMENT
BUDGET BY APPROPRIATION

(*Dollars in thousands*)

Details	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
General Departmental Management	537,144	537,144	532,940
PHS Evaluation Funds	64,828	64,828	74,494
Subtotal, GDM Program Level	**601,972**	**601,972**	**607,434**
Medicare Hearings and Appeals			
Office of Medicare Hearings and Appeals	162,000	162,000	159,000
Departmental Appeals Board	34,000	34,000	37,000
Subtotal, Medicare Hearings and Appeals Program Level	**196,000**	**196,000**	**196,000**
Office for Civil Rights	39,798	39,798	56,798
Office of the National Coordinator for Health Information Technology PHS Evaluation Funds	66,238	66,238	86,000
Public Health Social Services Emergency Fund	115,992	115,992	172,492
Customer Experience (Life Experience) Pilot Projects	-	-	14,000
Total, Departmental Management	**1,019,990**	**1,019,990**	**1,132,724**

General Departmental Management

GENERAL DEPARTMENTAL MANAGEMENT
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APPROPRIATIONS LANGUAGE

For necessary expenses, not otherwise provided, for general departmental management, for carrying out titles III, XVII, XXI, and section 229 of the PHS Act, the United States-Mexico Border Health Commission Act, and health or human services research and evaluation activities, including such activities that are similar to activities carried out by other components of the Department, $532,940,000~~$611,320,000~~, together with $74,494,000~~$93,246,000~~ from the amounts available under section 241 of the PHS Act : Provided, That of this amount, $60,000,000 shall be for minority AIDS prevention and treatment activities: Provided further, That of the funds made available under this heading, $101,000,000 ~~$111,000,000~~ shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not more than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy: Provided further, That of the amounts provided under this heading from amounts available under section 241 of the PHS Act, $7,400,000 ~~$7,892,000~~ shall be available to carry out evaluations (including longitudinal evaluations) of teenage pregnancy prevention approaches: Provided further, That funds provided in this Act for embryo adoption activities may be used to provide to individuals adopting embryos, through grants and other mechanisms, medical and administrative services deemed necessary for such adoptions: Provided further, That such services shall be provided consistent with 42 CFR 59.5(a)(4): ~~Provided further, That of the funds made available under this heading, $5,000,000 shall be for carrying out prize competitions sponsored by the Office of the Secretary to accelerate innovation in the prevention, diagnosis, and treatment of kidney diseases (as authorized by section 24 of the Stevenson-Wydler Technology Innovation Act of 1980 (15 U.S.C. 3719)): Provided further, That of the funds made available under this heading, $22,000,000 shall remain available until expended for the hire and purchase of zero emission passenger motor vehicles and supporting charging or fueling infrastructure for any component or office of the Department of Health and Human Services, and to cover other costs related to electrifying the motor vehicle fleet of the Department, in addition to amounts otherwise available for such purposes.~~

Note.--A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118-15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.

LANGUAGE ANALYSIS

Language Provisions	Explanation
$532,940,000~~$611,320,000~~	Update appropriated amounts for GDM appropriated amounts
$74,494,000~~$93,246,000~~	Update appropriated amounts for PHS Evaluation
$101,000,000 ~~$111,000,000~~	Update appropriated amounts for Teen Pregnancy Prevention
$7,400,000 ~~$7,892,000~~	Update appropriated amount for Teen Pregnancy Prevention Evaluation Funds
~~Provided further, That of the funds made available under this heading, $5,000,000 shall be for carrying out prize competitions sponsored by the Office of the Secretary to accelerate innovation in the prevention, diagnosis, and treatment of kidney diseases (as authorized by section 24 of the Stevenson-Wydler Technology Innovation Act of 1980 (15 U.S.C. 3719))~~	Removal of all language related to Kidney X Innovation Accelerator
~~Provided further, That of the funds made available under this heading, $22,000,000 shall remain available until expended for the hire and purchase of zero-emission passenger motor vehicles and supporting charging or fueling infrastructure for any component or office of the Department of Health and Human Services, and to cover other costs related to electrifying the motor vehicle fleet of the Department, in addition to amounts otherwise available for such purposes.~~	Removal of all language related to Electric Vehicle Program
Note.--A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118-15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.	Addition of Continuing Appropriations Act language

AMOUNTS AVAILABLE FOR OBLIGATION

Detail	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Annual appropriation	$537,144,000	$537,144,000	$532,940,000
-	-	-	-
Subtotal, adjusted budget authority	***$537,144,000***	***$537,144,000***	***$532,940,000***
Total Obligations	**$537,144,000**	**$537,144,000**	**$532,940,000**

SUMMARY OF CHANGES

(*Dollars in Thousands*)

	Dollars	FTEs
FY 2023 Final	537,144	899
Total estimated budget authority	537,144	899
FY 2025 President's Budget	**532,940**	**941**
Total estimated budget authority	532,940	941
	-	
Net Change	**-4,204**	**+42***

-	FY 2023 Final		FY 2025 President's Budget		2025 +/- 2023	
Increases:	**BA**	**FTE**	**BA**	**FTE**	**BA**	**FTE**
A. Built-in:						
1. Pay raise estimate for civilian pay	-	-	9,434	-	+9,434	-
2. Pay raise estimate for commissioned corps	-	-	-	-	-	-
Subtotal, Built-in Increases	**-**	**-**	**-**	**-**	**-**	**-**
B. Program:						
1. Assistant Secretary for Public Affairs FOIA Backlog	-	-	1,200	5	+1,200	+5
2. Assistant Secretary for Financial Resources - Great Act and Suspension and Debarment	-	-	1,750	4	+1,750	+4
3. Office of Global Affairs – Multilateral Staff and IA Staff	-		450	7	+450	+7
4. Office of Disease Prevention and Health Promotion - Dietary			2,500	4	+2,500	+4
5. Office of Climate/Environmental Justice	-	-	4,650	8	+4,650	+8
6. Artificial Intelligence Activities	-	-	5,812	-	+5,812	-
7. Office on Women's Health – Maternal Health Blood Pressure			10,000	3	+10,000	+3
Subtotal, Program Increases	**-**	**-**	***35,796***	***31***	***+35,796***	***+31***
Total Increases						
Decreases:						
A. Built-in:	**-**	**-**	**-**	**-**	**-**	**-**
Subtotal, Built-in Decreases	**-**	**-**	**-**	**-**	**-**	**-**
B. Program:						
1. Kidney Innovator Accelerator	5,000	-	--	-	-5,000	-
2. Sexual Risk Avoidance	35,000	-	-	-	-35,000	-
Subtotal, Program Decreases	***40,000***	**-**	**-**	**-**	***-40,000***	**-**
Total Decreases	**40,000**	**-**	**-**	**-**	**-40,000**	**-**
Net Change					**-4,204**	**+31***

**FTE Net change reflects FTE increases within GDM Discretionary Budget Authority that are not tied to new programmatic increases.*

BUDGET AUTHORITY BY ACTIVITY - DIRECT

(*Dollars in Thousands*)

Details	FY 2023 FTE	FY 2023 Final	FY 2024 FTE	FY 2024 CR	FY 2025 FTE	FY 2025 President's Budget
Immediate Office of the Secretary	69	14,659	74	14,659	76	15,218
Assistant Secretary for Legislation	25	4,783	25	4,783	27	5,130
Assistant Secretary for Public Affairs	42	9,876	40	9,876	47	11,790
Departmental Appeals Board	9	4,674	24	4,674	24	5,012
Office of the General Counsel	160	32,732	145	32,732	149	34,346
Assistant Secretary for Financial Resources	162	37,600	147	7,600	151	41,244
Grants Quality Service Management Office	-	850	-	850	-	912
Office of Intergovernmental and External Affairs	58	11,999	57	11,999	60	12,616
Partnership Center for Faith-Based & Neighborhood Partnerships	3	1,356	5	1,356	5	1,454
Assistant Secretary for Administration	57	19,270	66	19,270	66	19,912
Office of Global Affairs	20	7,643	24	7,643	27	8,645
Shared Operating Expenses	-	10,828	-	10,828	-	11,110
Secretarial Initiatives and Innovations	-	2,000	-	2,000	-	2,000
Rent, Operations, Maintenance and Related Services	-	14,659	-	14,659	-	14,539
Kidney X Innovation Accelerator	-	5,000	1	5,000	-	-
Office of the Assistant Secretary for Health	127	38,307	127	38,307	131	44,575
Food as Medicine	-	2,000	-	2,000	-	-
Children's Interagency Coordinating Council	-	3,000	-	3,000	-	3,000
Office of Climate Change and Health Equity, Office of Environmental Justice	-	-	-	-	8	4,650
Artificial Intelligence Activities	-	-	-	-	-	5,812
Total, GDM Federal Funds	***732***	***221,169***	***735***	***216,169***	***771***	***241,965***
OASH PPAs	-	-	-	-	-	-
Teen Pregnancy Prevention Program	29	101,000	24	101,000	24	101,000
Office of Minority Health	57	74,835	57	74,835	62	74,835
Office on Women's Health	55	44,140	54	44,140	58	54,140
Subtotal, OASH PPAs	***141***	***219,975***	***135***	***219,975***	***144***	***229,975***
OS PPAs						
Embryo Adoption Awareness Campaign	-	1,000	-	1,000	-	1,000
Sexual Risk Avoidance	-	35,000	-	35,000	-	-
Minority HIV/AIDS Fund	26	60,000	26	60,000	26	60,000
Subtotal OS PPAs	***26***	***96,000***	***26***	***96,000***	***26***	***61,000***
Total, All PPAs	***167***	***315,975***	***161***	***315,975***	***170***	***290,975***
Total, GDM Discretionary Budget Authority	**899**	**537,144**	**896**	**537,144**	**941**	**532,940**

AUTHORIZING LEGISLATION

(*Dollars in Thousands*

Details	FY 2024 Authorized	FY 2024 Appropriated	FY 2025 Authorized	FY 2025 President's Budget
General Departmental Management (GDM)	-	-	-	-
Reorganization Plan No. 1 of 1953 (Federal Funds)	Permanent	$177,862	Permanent	$182,390
P.L. 117-328 - Consolidated Appropriations Act, 2023 (Embryo, MHAF, TPP, Kidney, SRA)	Indefinite	$202,000	Indefinite	$177,000
Subtotal, GDM Appropriation	**-**	**$379,862**	**-**	**$359,390**
Office of the Assistant Secretary for Health (OASH)	-	-	-	-
Public Health Service Act, Title III, Section 301 (OASH) (Above Federal Funds –DHPA-AOH)	Permanent	$29,970	Permanent	$31,354
Public Health Service Act, Title, II, Section 229 (OWH)	Expired 2014	$44,140	Expired 2014	$54,140
Public Health Service Act, Title XVII, Section 1701 (DPHP)	Expired 2002	$7,894	Expired 2002	$12,758
Public Health Service Act, Title XVII, Section 1707 (OMH)	Expired 2016	$74,835	Expired 2016	$74,835
Public Health Service Act, Title XVII, Section 1708 (OAH)	Expired 2000	$443	Expired 2000	$463
Subtotal, OASH	**-**	**$157,282**	**-**	**$173,550**
-	-	-	-	-
Total GDM Appropriation	**-**	**$537,144**	**-**	**$532,940**

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1) Authorizing legislation under Section 229 of the PHS Act expires September 30, 2014
2) Authorizing legislation under Section 1701 of the PHS Act expired September 30, 2002.
3) Authorizing legislation under Section 1707 of the PHS Act expires September 30, 2016.
4) Authorizing legislation under Section 1708 of the PHS Act expired September 30, 2000.
5) Authorizing legislation under Section 2101 of the PHS Act expired September 30, 2005.

APPROPRIATIONS HISTORY TABLE

Fiscal Year	Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2016	Appropriation	$286,204,000	$361,394,000	$301,500,000	$456,009,000
	Transfers	-	-	-	-$516,000
	Subtotal	***$286,204,000***	***$361,394,000***	***$301,500,000***	***$455,493,000***
2017	Appropriation	$478,812,000	$365,009,000	$444,919,000	$460,629,000
	Rescission	-	-	-	-$1,050,000
	Transfers	-	-	-	-$1,050,000
	Subtotal	***$478,812,000***	***$365,009,000***	***$444,919,000***	***$458,529,000***
2018	Appropriation	$304,501,000	$292,881,000	$470,629,000	$470,629,000
	Rescission	-	-	-	-3,128,000
	Transfers	-	-	-	-1,141,000
	Subtotal	***$304,501,000***	***$292,881,000***	***$470,629,000***	***$466,360,000***
2019	Appropriation	$289,545,000	$379,845,000	$480,629,000	$480,629,000
	Transfers	-	-	-	$3,597,121
	Subtotal	***$289,545,000***	***$379,845,000***	***$480,629,000***	***$484,226,121***
2020	Appropriation	$339,909,000	$485,169,000	$490,879,000	$479,629,000
	Subtotal	***$339,909,000***	***$485,169,000***	***$490,879,000***	***$479,629,000***
2021	Appropriation	$347,105,000	$459,959,000	$489,879,000	$485,794,000
	Transfers	-	-	-	-$1,443,490
	Subtotal	***$347,105,000***	***$459,959,000***	***$489,879,000***	***$484,350,510***
2022	Appropriation	$576,981,000	$582,981,000	$544,090,000	$506,294,000
	Transfers	-	-	-	-$1,443,490
	Subtotal	***$576,981,000***	***$582,981,000***	***$544,090,000***	***$504,850,510***
2023	Appropriation	$665,067,000	$563,894,000	$915,394,000	$537,144,000
	Subtotal	***$665,067,000***	***$563,894,000***	***$915,394,000***	***$537,144,000***
2024	Appropriation	$611,320,000	$402,341,000	$537,144,400	$537,144,400
	Subtotal	***$611,320,000***	***$402,341,000***	***$537,144,400***	***$537,144,400***
2025	Appropriation	$532,940,000	-	-	-
	Subtotal	***$532,940,000***	**-**	**-**	**-**

APPROPRIATIONS NOT AUTHORIZED BY LAW

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY2024
General Departmental Management	-	-	-	-
Acquisition Reform	2019	-	$1,750,000	-
Related Funding	-	-	-	-
Pregnancy Assistance Fund	2019	-	$25,000,000	-

GENERAL DEPARTMENTAL MANAGEMENT
ALL PURPOSE TABLE

(*Dollars in Thousands*)

General Departmental Management	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	537,144	537,144	532,940	-4,204
Related Funding	-	-	-	-
PHS Evaluation Set-Aside – Public Health Service Act	64,828	64,828	74,494	+9,666
Program Level	**601,972**	**601,972**	**607,434**	**+5,462**
FTE[1]	**1,039**	**1,042**	**1,090**	**+51**

[1] The FY GDM Program level does not include estimated reimbursable budget authority and associated FTE.

GENERAL DEPARTMENTAL MANAGEMENT
OVERVIEW OF PERFORMANCE

General Departmental Management (GDM) supports the Secretary in his role as Chief Policy Officer and General Manager of HHS in administering and overseeing the organizations, programs, and activities of the Department.

The Office of the Assistant Secretary for Health (OASH) is the largest single staff division (STAFFDIV) within GDM, managing thirteen cross-cutting program offices, coordinating public health policy and programs across HHS operating (OPDIVs) and STAFFDIVs, and ensuring the health and well-being of Americans.

The FY 2025 President's Budget request reflects decisions to streamline performance reporting by eliminating previous measurements that are no longer relevant or have been retired. In accordance with this process, GDM STAFFDIVs have focused on revising measures that depict the main impact or benefit of the program and support the rationale articulated in the budget request. This approach is reflected in the Department's Online Performance Appendix (OPA). The OPA focuses on key HHS activities and includes performance measures that link to the HHS Strategic Plan for the Office of the Assistant Secretary for Health (OASH).

The FY 2025 President's Budget request includes individual program narratives that describe accomplishments for most of the GDM components. The request also includes performance tables that provide performance data for specific GDM components: OASH, and the Departmental Appeals Board (DAB).

OVERVIEW OF BUDGET REQUEST

The FY 2025 President's Budget request for General Departmental Management (GDM) includes $607,434,000 in appropriated funds and 1,090 full-time equivalent (FTE) positions. This level is an increase of +$5,462,000 or +1% above FY 2023.

Background

A component of Departmental Management, the General Departmental Management appropriation ensures that the Secretary can effectively provide health policy coordination and program integrity oversight across the Department.

The General Departmental Management appropriation is separated into several funding streams:

- Program, Project, Activities (PPAs) which are funding levels written in appropriations language and must be devoted to the areas reserved by Congress such as Minority Health, Women's Health, Minority HIV/AIDS Fund, Teen Pregnancy Prevention, and Embryo Adoption Awareness.
- Federal Funds: With Congress reserving a portion of the GDM appropriation to fund PPAs, the remaining funds are commonly referred to as "federal funds" and support administrative and programmatic needs of the Secretary.

HHS's General Departmental Management resources make up only 0.05% of HHS's budget, which ranks as one of the lowest among cabinet level agencies. More than 50% of the GDM appropriation funds programmatic activities supporting minority health, women's health, minority HIV/AIDS, and teen pregnancy prevention programs.

What remains is used for operations (federal funds) and supports the Secretary's oversight of the Department as a whole. It funds the Secretary's counselors and advisors, legislative liaisons, the Department's public outreach capabilities, general counsel, financial resources oversight, intergovernmental affairs, administrative and policy oversight of information technology, human resources, and real estate, global affairs to lead global health diplomacy and policy for the government, health policy, and other centralized costs.

Federal funds support staffing and administrative costs of the 10 of the 15 Office of the Secretary Staff Divisions which serve as the Secretary's ability to provide oversight across the Department, but also support many programmatic policy areas, such as infectious disease and HIV/AIDS policy, disease prevention and health promotion, adolescent health, and human research protections policy.

Since FY 2012, the General Departmental Management appropriation's operational funding has decreased by a total of -2% (-0.2% per year) affecting the ability to retain operational, policy, and management staff which decreased by total of -23% (-2% per year). Moreover, as the PPAs have grown, the Federal Funds line has experienced an erosion in funding. Addressing this erosion in federal funds is the focus of increases requested in the FY 2025 President's Budget.

Figure 1: Historical behavior of PPA funding vs. Federal Funds funding

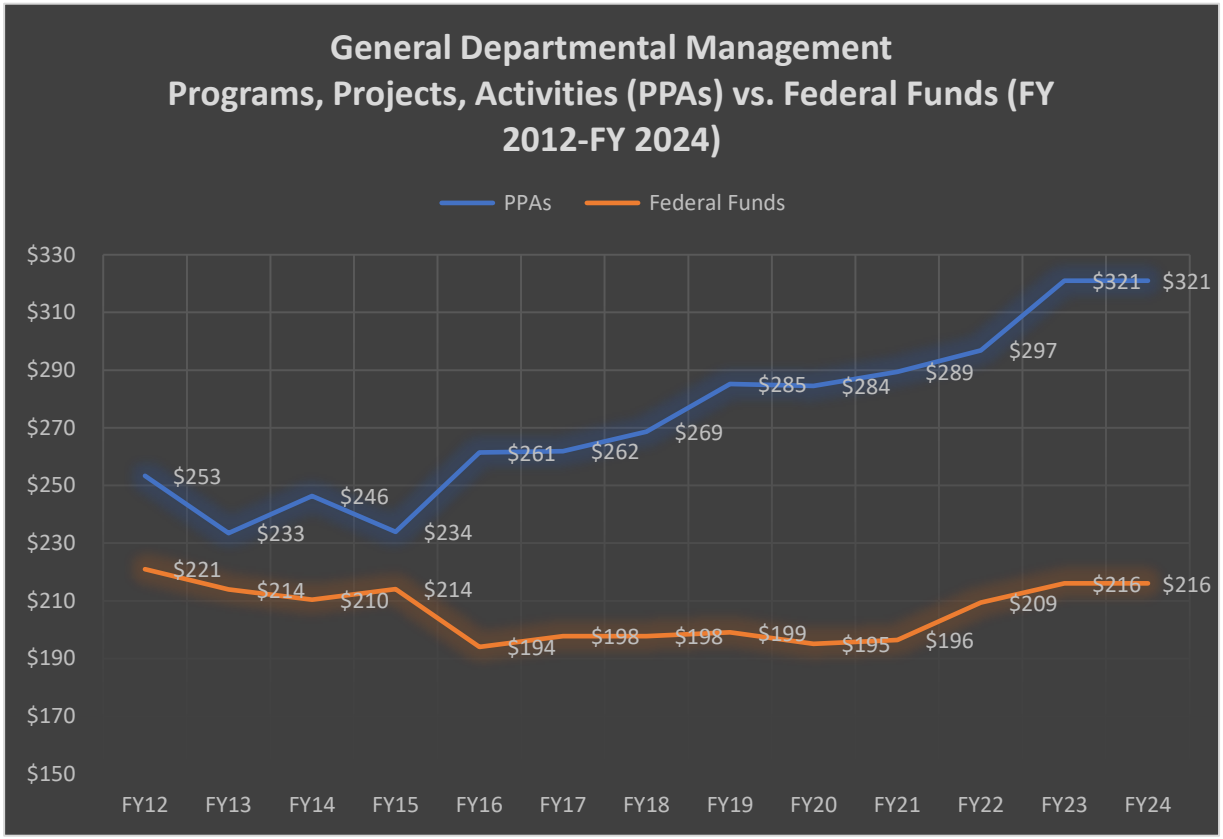

Figure 1 shows the historic levels of PPAs and Federal funds. Between FY 2012 and FY 2024 PPAs increased by +27%, and the federal funds line decreased by -2%. With each year's mandatory inflationary pay and non-pay costs, retirement contributions, and rent and building maintenance costs increasing, the effective purchasing power of federal funds has eroded.

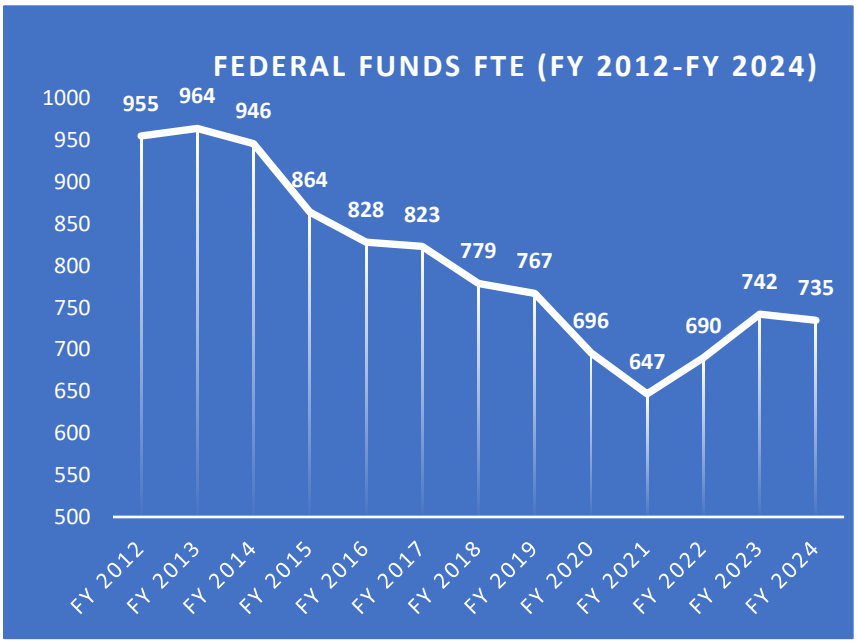

Figure 2: FTEs funded by Federal Funds (FY 2012-FY 2024)

Figure 2 shows the impact of the erosion of federal funds on FTEs that directly support the Secretary in his ability to provide policy coordination and oversight of the Department. Since FY 2011, due to the erosion of federal funds, associated FTEs have decreased by -23%.

Overview of the FY 2025 President's Budget Request
The FY 2025 President's Budget request for GDM focuses on addressing two main goals:

1. Address rising inflationary pay and non-pay cost increases.
2. Invest in targeted priority programmatic and oversight needs.

The FY 2025 President's Budget request for General Departmental Management (GDM) includes $607,434,000 in appropriated funds, which is an increase of +$5,462,000 or +1% above FY 2023.

GDM Funding Increases
Inflationary Cost Pressures: To maintain the number of staff currently on board and provide policy oversight of the Department at the current level, the FY 2025 President's Budget includes a +$9.4 million increase representing the pay and non-pay inflationary cost increases in FY 2024 and FY 2025.

This increase is necessary to prevent further erosion of the GDM FTE base and is built into each OS Staff Division's request.

Programmatic Requirements and Departmental Oversight – The FY 2025 President's Budget invests in several programmatic requirements and emerging Departmental oversight needs:

- Assistant Secretary for Public Affairs
  - +$1.2 million to invest in better oversight and management of the Freedom of Information Act (FOIA) process. The Department has seen an unprecedented increase in FOIA inquiries, a process which is managed by ASPA for the Department. To ensure responsiveness to the public's desire for oversight and reduce the risk of litigation, ASPA needs resources to properly staff the FOIA function.
- Assistant Secretary for Financial Resources
  - +$1.5 million to ensure implementation of the Grant Reporting Efficiency and Agreements Transparency (GREAT) Act. Modernization and improvement of grantee reporting is critical for HHS, which is the largest grant making agency in the federal government.
  - +$0.3 million to support increased workload in the acquisitions space, where suspension and debarment activities have seen more demand for resources.
- Office of Global Affairs
  - +$0.5 million to support increased essential workload in multilateral and international arrangements. HHS is the first point of contact between US and bilateral and regional partners on matters of health, serving as a critical resource for the whole country and its citizens.
- Office of the Assistant Secretary for Health
  - +$2.5 million to ensure mandated updates to the Dietary Guidelines for Americans, Physical Activity Guidelines, and other disease prevention and health promotion activities. This work supports states, tribes, and territories with valuable health information, provides access to science-based health objectives, and dissemination and implementation tools.
- Office on Women's Health
  - +$10 million to implement a new maternal health initiative focused on maternal blood pressure monitoring.

- Office of Climate Change and Health Equity
    - +$4.7 million to fund the Office of Climate Change and Health Equity and the Office of Environmental Justice.
- Artificial Intelligence
    - +$5.8 million to fund HHS agency contributions to the United States Digital Service and provide oversight of AI projects and mitigating risks.

GDM Funding Decreases

Operational Decreases

- Rent, Operations, Maintenance, and Related Services
    - -$0.1 million in projected Rent cost savings for HHS Southwest Complex facilities.

Programmatic Decreases

- Sexual Risk Avoidance
    - -$35 million due to the elimination of the Sexual Risk Avoidance program.
- KidneyX Innovation Accelerator
    - -$5 million to eliminate the KidneyX Innovation Accelerator program.

PHS Evaluation Funding Increases

Inflationary Cost Pressures: +$3.7 million to maintain the number of staff currently on board for the PHS Evaluation funded programs in the Office of the Assistant Secretary for Planning and Evaluation, Office of the Assistant Secretary for Financial Resources, and the Office of the Assistant Secretary for Health, by addressing the pay and non-pay inflationary cost increases.

Programmatic Increases

- Assistant Secretary for Planning and Evaluation
    - +$4 million for data, research, and analysis, fundamental to the Department's ability to make health policy decisions.
- Office of the Chief Artificial Information Officer
    - +$2 million to fund staff for the Office of the Chief Artificial Intelligence Officer for the Department.

Legislative Proposals

The FY 2025 President's Budget also includes several discretionary and mandatory legislative proposals.

The budget re-proposes a $2 billion over 10 years mandatory Mental Health System Transformation Fund to expand access to mental health services through mental health 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 dissemination of evidence-based practices.

The budget re-proposes a mandatory national program that invests $9.8 billion over 10 years to provide a financing and delivery system to ensure everyone has access to pre-exposure prophylaxis, also known as PrEP, via community providers. The program would include PrEP drugs, associated lab services, and ancillary services to support PrEP uptake and consistent use by clients.

The budget re-proposes a $9.4 billion mandatory cross-cutting national Hepatitis C program to increase access to curative medications, and expand implementation of complementary efforts such as screening, testing, and provider capacity with a specific focus on high-risk populations.

In addition, the budget proposes several legislative proposals focused on improvements to the Commissioned Corps.

IMMEDIATE OFFICE OF THE SECRETARY

Budget Summary

(*Dollars in Thousands*)

Immediate Office of the Secretary	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	14,659	14,659	15,218	+559
FTE	69	74	76	+7

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

The Immediate Office of the Secretary (IOS) is a Staff Division in the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). IOS organization components include the Executive Secretariat, the Office of National Security (ONS), counselors to the Secretary and Deputy Secretary, and other offices supporting the leadership of the Department. IOS provides leadership, direction, policy, and management guidance to HHS and supports the Secretary and Deputy Secretary in their roles as representatives of both the Administration and HHS. IOS serves as the central point of coordination and oversight for all HHS activities and the Department's mission of enhancing the health and well-being of Americans. IOS also serves as the central point of coordination with the White House and other Cabinet agencies regarding HHS issues.

IOS sets the HHS regulatory agenda and reviews all new regulations and regulatory changes issued by the Secretary or the Department's various components. The Executive Secretariat supports Department leadership and the Department mission by managing the review and approval of all HHS documents requiring Secretarial action or other Departmental approval, mediating issues among Departmental components, communicating Secretarial decisions, and ensuring the implementation of those decisions. Additionally, the Executive Secretariat works with other Departments to coordinate analysis of and input on healthcare policy decisions affecting all HHS activities.

ONS is the HHS point of contact with the Intelligence Community. It is responsible for coordination with the Intelligence Community and for intelligence and national security support to the Secretary, senior policymakers, and consumers of intelligence across the Department. Additionally, ONS is responsible for several Department-wide programs, including intelligence analysis, insider threat, counterintelligence, supply chain risk management, operations security, national security clearance adjudications, classified information and facilities security, and the drug-free workplace program.

Budget Request

The FY 2025 President's Budget request for IOS is $15,218,000, which is an increase of +$559,000 above the FY 2023 Final level. Of this amount, $1,200,000 supports 7 FTEs for the ONS' Supply Chain Risk Management effort. The additional funds will allow IOS to maintain current IOS functionality and staffing levels after absorbing inflation in staffing and other costs. This level will also allow IOS to ensure continued leadership, direction, policy, and management guidance delivery to HHS.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$12,699,000
FY 2022	$13,000,000
FY 2023 Final	$14,659,000
FY 2024 CR	$14,659,000
FY 2025 President's Budget	$15,218,000

Program Accomplishments

In 2023, IOS led the U.S. Department of Health and Human Services (HHS) toward notable achievements, showcasing a steadfast commitment to realizing the Administration's vision of a healthier America. IOS played a crucial role in leading the Department's responses to various national healthcare challenges, including responses in high-priority areas such as reproductive healthcare, behavioral and mental health services, and the mitigation of health disparities.

IOS was a driving force behind the Department's numerous achievements, which are too numerous to include here. One example where IOS played a unique role in 2023 is the Task Force on Reproductive Healthcare Access, which is co-chaired by the Secretary and coordinated efforts across the Federal government to safeguard access to reproductive healthcare services, champion reproductive rights, and address the healthcare challenges stemming from the Supreme Court's overturning of Roe v. Wade in Dobbs v. Jackson Women's Health Organization. These efforts have included productive engagements with over 150 legislators from 18 states, as well as consultations with healthcare providers, constitutional law experts, faith leaders, state attorneys general, disability rights leaders, higher education leaders, advocates, civil rights, and reproductive rights leaders. Another example of a Departmental achievement where IOS has played a unique role is in advancing the Administration's work on mental health in 2023 with the Secretary personally addressing the stigma surrounding mental health within the Latino community through various events, continuing to reflect the Department's commitment to uplifting mental health initiatives and fostering a supportive environment for mental well-being among the Latino population.

In 2023, the Executive Secretariat successfully managed the development and review of significant policy documents including 285 regulations to advance the Department's mission and goals. The Executive Secretariat led efforts across the Department in implementing requirements for submitting reports to Congress directed in the Access to Congressionally Mandated Reports Act (the Act) and subsequent guidance from the Office of Management and Budget and Government Publishing Office. The Act calls on federal agencies that are submitting Reports to Congress, to also upload reports and detailed information into a newly created centralized repository for public accessibility. Additionally, the Executive Secretariate also led new efforts across the Department to establish a process for the timely review and determination of HHS "477" Plans. These are plans submitted to the Department of the Interior (DOI) by Tribes requesting the combination of multiple grant streams across federal programs and agencies into a single block grant to be administered by DOI under the Indian Employment, Training, and Related Services Demonstration Act (Pub. L. No. 102-477).

In 2023, ONS continued to advance efforts to address the activities of adversaries aimed at compromising the supply chain for HHS programs, which may include the introduction of counterfeit or malicious items into the supply chain. ONS is working with various HHS component offices, coordinating

and conducting interviews with leadership and key program offices to identify mission-critical products, materials, information, and services essential for the organization to accomplish the mission for each office. As of November 2023, over 540 Supply Chain Risk Assessments (SCRAs) have been completed and numerous potential national security concerns identified, including foreign ownership, control and influence in key supply chains. Mitigation strategies were implemented to protect HHS' mission and operations to minimize the security, integrity, and uninterrupted flow of materials, products, information, and services. ONS also successfully acquired licenses to three tools/platforms to assist in future supply chain risk analyses.

SECRETARIAL INITIATIVES AND INNOVATIONS

Budget Summary

(*Dollars in Thousands*)

Secretarial Initiatives and Innovations	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	2,000	2,000	2,000	-
FTE	-	-	-	-

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

The Secretarial Initiatives and Innovations request will aid the Secretary in most effectively responding to emerging Administration priorities while supporting the missions of HHS Operating Divisions and Staff Divisions. The funding allows the Secretary the necessary flexibility to respond to evolving business needs and legislative requirements. Additionally, the request enables the Secretary to promote and foster innovative, high-impact, collaborative, and sustainable initiatives that target HHS priorities and address intradepartmental gaps.

This funding allows the Secretary to proactively respond to the needs of the Department as we continue to implement programs intended to improve and ensure the health and welfare of Americans. These funds will be directed to the Secretary's highest priorities, and the impact of these resources will be monitored based on the Secretary's stated goals and objectives for their use.

Budget Request

The FY 2025 President's Budget request for Secretarial Initiatives and Innovations is $2,000,000, which is flat with the FY 2023 Final level. This level will allow the Secretary to support HHS component offices as they respond to new and ongoing legislative requirements and seek to implement the Secretary's priorities to address new and existing critical health issues.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$2,000,000
FY 2022	$2,000,000
FY 2023 Final	$2,000,000
FY 2024 CR	$2,000,000
FY 2025 President's Budget	$2,000,000

Program Accomplishments

In FY 2023, Secretarial Initiatives and Innovations funds provided the Secretary with flexibility to divert funding where it was needed most to deliver on the Administration's commitment to build a healthier America.

ASSISTANT SECRETARY FOR ADMINISTRATION

Budget Summary

(*Dollars in Thousands*)

Assistant Secretary for Administration	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	19,270	19,270	19,912	+642
FTE	57	66	66	+9

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

The Office of the Assistant Secretary for Administration (ASA) advises the Secretary on all aspects of administration and provides oversight and leadership across the Department in the areas of human resources, equal employment opportunity, diversity, facilities management, information technology, and departmental operations.

The **ASA Immediate Office (ASAIO)** provides critical direction and governance to the following functionally organized ASA components: Office of Equal Employment Opportunity, Diversity, and Inclusion (EEODI), Office of Human Resources (OHR), Office of Organizational Management (OOM), Office of the Chief Information Officer (OCIO), National Labor and Employee Relations Office (NLERO), Program Support Center (PSC) and the Office of Acquisition Management Services (OAMS).

Office of Human Resources (OHR)

OHR is responsible for creating a dynamic workplace that assists with all aspects of employee development from recruitment and training to mentoring and leadership development. OHR strives to make HHS a dynamic place to work for current and prospective employees and managers. OHR recruits talented individuals from diverse backgrounds who care about achieving the mission of protecting the health of Americans.

Success is achieved when the right people with the required skills, experience, and competencies are placed in the appropriate positions. OHR helps new employees make the transition into their positions, supports hiring managers who are building collaborative teams, and works to preserve the knowledge of retiring employees. Programs are offered for professional development while also ensuring that HHS staff members maintain a healthy work/life balance.

Equal Employment Opportunity, Diversity & Inclusion (EEODI)

EEODI is responsible for the overall leadership and management of the Equal Employment Opportunity (EEO), Reasonable Accommodation, and Diversity and Inclusion (D&I) programs at the Department by providing policy, oversight, and technical guidance to all organizational elements. HHS seeks to advance DEIA for all 80,000+ employees and for the future of the Department with a commitment to ensuring that all employees have access to employment and advancement opportunities. EEODI manages the EEO complaint-processing program, which provides for the consideration and disposition of complaints from employees and applicants for employment involving issues of discrimination based on race, color, religion, sex, sexual orientation, status as a parent, national origin, age, disability, genetic information, and retaliation. EEODI develops policies and strategies to provide for the timely resolution and equitable

remedies to discrimination complaints.

Office of the Chief Information Officer (OCIO)
OCIO advises the Department on matters pertaining to the use of information and related technologies to accomplish Departmental goals and program objectives. OCIO establishes guidance and provides assistance on the use of technology-supported business process reengineering, investment analysis, and performance measurements while managing strategic development and application of information systems and infrastructure in compliance with the Clinger-Cohen Act.

OCIO coordinates the implementation of IT policy from the Office of Management and Budget and guidance from the Government Accountability Office throughout HHS OPDIVs and ensures the IT investments remain aligned with HHS' strategic goals and objectives and the Enterprise Architecture. OCIO coordinates the HHS response to federal IT priorities including data center optimization; cloud computing; information management, sharing, and dissemination; and shared services. OCIO works to develop a coordinated view to ensure optimal value from IT investments by addressing key agency-wide policy and architecture standards, maximizing smart sharing of knowledge, sharing best practices and capabilities to reduce duplication, and working with OPDIVs and STAFFDIVs on the implementation and execution of an expedited investment management process.

Office of Organizational Management (OOM)
The Office of Organizational Management (OOM), formally the Office of Business Management and Transformation, provides results-oriented strategic and analytical support for key management and various HHS components' improvement initiatives and coordinates the business functions necessary to enable the supported initiatives and organizations to achieve desired objectives. OOM also oversees Department- wide multi-sector workforce management activities. OOM provides business process reengineering support, including the coordination process for reorganization and delegation of authority proposals that require the Secretary's or designee's signature. OOM leads Departmental and cross-government initiatives that promote innovation and implement effective management practices within the Department.

Budget Request
The FY 2025 President's Budget request for ASA is $19,912,000, which is an increase of +$642,000 above the FY2023 Final level. At the requested level, ASA will focus on addressing mandatory pay and non-pay inflationary cost increases. The increased funding will allow ASA to cover federal personnel inflationary increases and would not require a reduction to current approved FTE. The requested resources are required to uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies; to promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices; and to improve and adequately support the ASA's administrative and oversight responsibilities to support the HHS mission.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$17,858,000
FY 2022	$18,748,000
FY 2023 Final	$19,270,000
FY 2024 CR	$19,270,000
FY 2025 President's Budget	$19,912,000

Program Accomplishments

- OCIO conducted numerous Information Technology Acquisition Reviews (ITAR) with an estimated value of $20B with an average completion time of 17 days.
- OCIO continues to chart towards MFA compliance of about 93%, approximately 97% encryption of data at rest compliance, and about 95% compliance of encryption of data in transit.
- EEODI developed and administered HHS' first workforce demographics survey which included questions on sexual orientation and gender identity. The survey was in support of HHS' DEIA Strategic Plan Principle 5: Strengthened DEIA Insights Through Improved Data. Over 27 percent of HHS' workforce completed the survey, and the results were used to improve the accuracy of HHS' workforce demographics data.
- EEODI continues to lead HHS on LGBTQIA+ DEIA Workstream and HHS's LGBTQI+ Coordinating Committee. The policy advances HHS' DEIA Strategic Plan-Principle 3: Enhanced Climate for Equity, Inclusion and Accessibility in the HHS workplace. The policy highlights HHS' commitment to fostering and maintaining a diverse equitable, inclusive, and accessible workplace.
- OHR facilitated the adoption and development of Workforce Engagement Action Plans for all HHS Operating Divisions. As a results of these plans and efforts to promote the annual Federal Employee Viewpoint Survey, HHS achieved an all-time high level of survey participation and achieved the top very large agency scores on all key FEVS summary measures. Altogether 72.5% of HHS employees participated in the annual survey as compared to 38.9% government-wide.
- OHR developed and implemented two Department-wide pulse surveys. Together with the results from the Federal Employee Viewpoint Survey, the survey results were used to: increase lower-level planning related to employee engagement, job satisfaction, and Diversity, Equity, Inclusion, and Accessibility; increase and enhance communication to the workforce; revise and develop new trainings for supervisors; revise new employee orientation, develop new wellness program requirements, and asses and revise employee recognition programs.
- OHR Policy and Accountability Division (PAD) independently completed twelve reviews including two full human capital reviews, six delegated examining audits, three performance culture reviews, a special review of Title 42, and additionally assisted OPM in a DE review. Reviews are conducted to assess program effectiveness, efficiency, and legal compliance. The findings are used to identify best practices and lessons learned, and to inform policy development and human capital strategic planning.

ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary

(*Dollars in Thousands*)

Assistant Secretary for Financial Resources	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	37,533	37,533	41,244	+3,711
FTE	162	147	151	-11

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization..... Permanent
Allocation Method..... Direct Federal

Program Description

The mission of the Assistant Secretary for Financial Resources (ASFR) is to advise the Secretary on budget, grants, financial management, and acquisition, and to provide for the direction of these activities throughout HHS. ASFR accomplishes its mission through the five Deputy Assistant Secretary offices listed below.

The Immediate Office (IO) supports administrative operations across ASFR and leads the Department's Enterprise Risk Management capability. The IO coordinates and manages ASFR human capital, crosscutting budget coordination, IT, asset and supply management, continuity of operations and emergency response, and all controlled correspondence (over 90% of all HHS correspondence). The IO also provides executive secretariat support to the HHS Enterprise Risk Management Council (ERM Council), which is charged with overseeing and integrating Department-wide risk management efforts across HHS Operating Divisions and Staff Divisions.

The Office of Acquisitions (OA) provides department-wide leadership and management direction of the HHS procurement system. The OA maintains the HHS acquisition career management program, provides oversight of contract operations, provides leadership on acquisition/sourcing strategies, and fosters collaboration, innovation, and accountability of the HHS acquisition system. The OA also implements the HHS Suspension and Debarment program, and the HHS Senior Procurement Executive serves as the Department's Suspension and Debarment Official.

The Office of Budget (OB) provides advice and support to the Secretary and the Assistant Secretary for Financial Resources on matters pertaining to formulation of the HHS and President's Budgets, management of program assessment and performance reporting, presentation of budgets and budget-related legislation to the Office of Management and Budget (OMB) and the Congress, and resolution of issues arising from the execution of final appropriations. The OB manages the performance budget and prepares the Secretary to present the budget to the OMB, the public, the media, and Congressional committees; and manages HHS apportionment activities, which provide funding to the HHS Operating Divisions and Staff Divisions.

The Office of Finance (OF) provides financial management leadership to the Secretary through the ASFR/Chief Financial Officer (CFO) and CFO Community. The OF issues the HHS Agency Financial Report in coordination with HHS OpDivs and StaffDivs. The OF manages and directs the development and implementation of financial policies, standards, and internal control practices; prepares the HHS annual

consolidated financial statements; and coordinates related audits.

The Office of Grants (OG) provides department-wide leadership on grants strategy, policy, and regulations and serves several key roles in the administration and management of federal grants. The OG leads the preparation of positions on proposed legislation or policies affecting all aspects of financial assistance and represents the Department's interest regarding internal and external grants management activities. OG is the managing partner of Grants.gov and GrantSolutions. OMB designated HHS as the lead Standards Setting Agency for the financial management (grants) line of business under the Grant Reporting Efficiency and Agreements Transparency (GREAT) Act.

Financial Systems Integration (FSI): The OF manages HHS's overall financial management systems environment to keep the financial systems current, secure, reliable, and available. OF has undertaken transformative initiatives to address security, control weaknesses, and improve and enhance capabilities. The OF continues to drive innovation and generate efficiencies across the Department, standardizing financial accounting, and implementing financial management requirements. The reliability, availability, and security of HHS's financial systems are paramount. The maturing of the systems environment continues by strengthening the security, accessibility, and reliability of the financial systems, as evidenced by no material weaknesses reported by the Department's independent auditors in FY 2023 for the sixth consecutive year.

Budget Request

The FY 2025 President's Budget request for ASFR is $41,244,000, which is an increase of +$3,711,000 above the FY2023 Final level. These additional funds will address mandatory inflationary pay and non-pay cost increases, support Suspension and Debarment activities, and the GREAT Act implementation. ASFR is funded by GDM funds which have effectively decreased since FY 2012. This has had a direct impact on ASFR's ability to provide oversight of the Department. To offset this, ASFR will invest in four (4) additional FTE vs. FY 2024 to fill critical roles for Suspension and Debarment and the GREAT Act for fiscal oversight, guidance, and coordination to ensure Departmental compliance with numerous laws, regulations, and policy directives.

ASFR has a multitude of customers, such as Departmental leadership, Operating and Staff Divisions, OMB, and the Committee on Appropriations that rely on expertise, technical assistance, and work products to make key policy decisions. Given HHS's central role in the ongoing health responses (e.g., influenza, opioids, COVID-19), and other key areas, ASFR is relied on for increasingly more activities and support functions through which all key Departmental funding decisions are made, coordinated, and overseen.

These investments will support:

- Office of Acquisitions: The Office of Recipient Integrity and Coordination (ORIC) will add two (2) FTEs to support Suspension and Debarment activities that promotes the Secretary's core priorities of program integrity, oversight, and prevention of fraud. This will provide this office the bandwidth for early identification of potential waste and fraud in contracts and grants across the HHS portfolios and safeguard the business interests of the federal government. These FTEs will improve the opportunities to clear the backlog of cases and serve in the proactive prevention of fraud, waste, and abuse.

- Office of Grants: The OG will add two (2) FTE for work related on GREAT Act implementation. This supports work that ASFR is increasingly called upon to perform, including government-wide working groups and working group leadership roles, task forces, stakeholder briefings, and advisor and technical assistance provider for grants policy, grant systems and solutions, and grant workforce training to other Federal agencies.

In line with the Federal Buy Clean Initiative, HHS is updating its Affirmative Procurement Program (APP) to apply to all acquisitions that meet criteria to use recovered materials and biobased products to support the prioritization of using American-made, lower-carbon construction materials in Federal procurement and Federally-funded projects. The APP provides guidance, policy, and procedures, for a sustainable acquisition program. The APP guide was completed in late FY 2023 and issued to the HHS Acquisition Workforce in early FY 2024.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$31,632,000
FY 2022	$35,335,000
FY 2023 Final	$37,533,000
FY 2024 CR	$37,533,000
FY 2025 President's Budget	$41,244,000

Program Accomplishments

Immediate Office (IO)

- ASFR Enterprise Risk Management supported the HHS ERM Council's update of the FY 2023 HHS Risk Profile, including an assessment of HHS's "organizational health" through a "risks and opportunities lens", and incorporating "Great Power Competition" considerations. ASFR ERM is assisting the ERM Council with actively managing strategic risks and opportunities related to changes in the human capital and acquisitions environment.

Office of Acquisitions (OA)

- OA coordinated a major enterprise effort with Heads of the Contracting Activity and developed an enterprise acquisition strategic plan that lays out priorities for unity of effort on leveraging HHS buying power, improving workforce development, and improving vendor management and engagement.
- OA stood up a sustainable acquisition/biobased procurement program and developed a guide to advance sustainable acquisition in HHS contracts. OA improved climate literacy by hosting a training for over 600 acquisition workforce members on Climate Change through Biobased Procurement Training.
- OA finalized customization and implemented a new tool used for processing cases identified for possible suspension or debarment because of alleged fraud, waste, and/or abuse of HHS funds.

Office of Budget (OB)

- OB successfully advanced the FY 2024 and FY 2025 President's budget processes, by creating exhibits, briefing leadership, and working with OMB to communicate the administration's agenda. The formulation process involves the entire OB leading the Department in its effort to

communicate needs and priorities for the coming fiscal years. The OB prepares the Secretary for Congressional budget hearings and successfully submitted post hearing questions for the record on time, or earlier in the FY 2022 and FY 2023 budget cycles. The OB also briefs Congressional staffers on the budget request and provides technical assistance throughout the year on budget, appropriations language, and other program related topics.

- OB also successfully executed newly appropriated funding in FY 2023. OB is deeply involved in execution of the appropriated FY 2023 budget, ensuring adherence to federal appropriations law. In FY 2022 and FY 2023, the OB also saw increased execution workload due to appropriation of additional funds through the disaster supplemental.
- In FY 2023 and FY 2024, the Nonrecurring Expenses Fund notified for $1.275 million in new projects and fulfilled $1.65 billion in enacted rescissions.
- Several supplementals have been appropriated in the last fiscal years, requiring enhanced oversight. With limited resources, the OB successfully invested in additional oversight efforts to ensure appropriate execution of emergency supplementals and ensured the proper execution of other standard financial processes, such as travel policy oversight.

Office of Finance (OF)

- OF modernized HHS' critical financial systems infrastructure to an advanced cloud environment. This migration was achieved at no cost to the government, resulting in a cost avoidance of $10-12 million. It also strengthened the security and reliability of HHS's financial management environment.
- Developed the HHS Intra-Departmental Delegations of Authority (IDDA) portal with 233 users tracking 317 agreements worth over $17.5B.
- Collaborated with HHS's 14 Division CFOs to produce promotional videos about the implementation strategies of the FY 2023-2027 HHS CFO Community Strategic Plan and built diverse, crosscutting teams to put the plan into action. Delivered nearly 1,000 hours of high-quality, virtual training to the HHS CFO Community.
- Obtained HHS's 25th consecutive unmodified (clean) financial statement audit opinion with no material weaknesses.

Financial Systems Integration (FSI)

- OF matured the E-Invoicing commercial invoice process, achieving a 93% adoption rate. This achievement is expected to result in a $200 million cost avoidance over the next ten years, with an expected return on investment (ROI) of 295%.
- OF automated the intra-governmental buy/sell transaction process using G-Invoicing across the Department, fulfilling a mandate, and effectively addresses a long-standing government-wide material weakness.

Office of Grants (OG)

- OG has issued almost 500 pages of updated, department-wide grants guidance to enhance the department's ability to effectively manage grants.
- In partnership with the HHS OCIO, OG successfully migrated Grants.gov to a cloud environment for better scalability and stability. Using FY 2023 and FY 2024 NEF resources, OG has begun the effort to completely transform Grants.gov Grants.gov platform to make finding, applying for, and learning about financial assistance awards an easier process for all users.

- OG worked to improve the readability of Notices of Funding Opportunities (NOFOs) by providing NOFO readability scores to HHS leadership. Using SSF resources, OG continues to work on simplifying and improving NOFOs to improve customer experience and equity in grants management.
- In support of GREAT Act Implementation, OG executed organizational changes to create a Data Standards team and onboarded a Data Standards lead.

GRANTS QUALITY SERVICE MANAGEMENT OFFICE

Budget Summary

(*Dollars in Thousands*)

Grants Quality Service Management Office	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	850	850	912	+62
FTE	-	-	-	-

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

The Grants Quality Service Management Office (QSMO) was established under the Office of Management and Budget (OMB) Memorandum M-19-16, Centralized Mission Support Capabilities for the Federal Government, which created QSMOs for select mission-support functions. HHS received full designation from OMB to be the Grants QSMO in January 2021, providing HHS and the federal government with the mechanism to operationalize a vision for federal grants management that enables improved mission outcomes by enhancing service quality for federal awarding agencies, applicants, and recipients; streamlines and modernizes the grants system landscape; and better leverages the buying power of the government through shared solutions.

Grants QSMO empowers and enables federal awarding agencies, service providers, and grant applicants and recipients to deliver on the federal grants mission efficiently and effectively. This support is essential, particularly given the federal response to COVID-19, which increased annual government-wide grant funding from $750 billion to over $2 trillion through supplemental funding. In OMB Memoranda M-21-20 and M-22-12, the Grants QSMO plays a central role in supporting execution of the American Rescue Plan Act (ARP) and Infrastructure Investment and Jobs Act (IIJA), respectively, by assisting agencies with review and advice on their grants management IT investments. Also, in OMB Memo M-23-19, the Grants QSMO continues to deliver on its mission within the governance structure provided by the recently established Council on Federal Financial Assistance. The Grants QSMO's work aligns with Administration priorities that leverage grant funding as a primary tool to improve both the lives of Americans and all sectors of the economy and helps support the President's Management Agenda (PMA) priorities.

The Grants QSMO serves as a catalyst to drive further adoption and modernization of grants management shared solutions and services, enabling more strategic and common investments through shared solutions and system footprint reduction. To that end, the Grants QSMO developed the first public-facing grants management Marketplace in collaboration with the General Services Administration's Office of Shared Solutions and Performance Improvement (GSA/OSSPI). The Grants QSMO Marketplace is supported by a robust Marketplace Validation Process (MVP) coordinated by the Grants QSMO in tandem with service providers. Accompanying government-wide Investment Planning Guidance directs awarding agencies towards the use of shared Marketplace solutions and enables the Grants QSMO to advise both agencies and OMB on significant grants IT investments from across government, in alignment with updated OMB Circular A-11 and GSA guidance.

Budget Request
The FY 2025 President's Budget request for ASFR QSMO is $912,000, which is an increase of +$62,000 above the FY 2023 Final level. At this level, this funding will address inflationary cost increases, provide mission and operations support, and salaries for Federal leadership required to operate baseline program functions. The Grants QSMO will strategically identify and prioritize a subset of ongoing priorities and initiatives to sustain based on available resource levels in FY 2025.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	-
FY 2022	-
FY 2023 Final	$850,000
FY 2024 CR	$850,000
FY 2025 President's Budget	$912,000

Program Accomplishments
In FY 2023, the Grants QSMO continued to support awarding agencies and their recipients to improve grants mission delivery capabilities by driving agency adoption of validated shared services on the Grants QSMO's Marketplace and by leading efforts to mature and expand the Marketplace. Following the launch in FY 2022, the Grants QSMO focused on expansion of grants management solutions and services options to include a catalogue of commercial solution offerings to bring more modern capabilities to awarding agency customers and to help address capacity issues with current Marketplace providers and their potential customers. The Grants QSMO matured Marketplace resources in FY23 by developing Marketplace "Buying Insights", which provides enhanced transparency into Marketplace services for prospective customers, detailing Federal shared service providers' pricing methodologies and customer satisfaction scores available in one comprehensive resource hub.

Grants QSMO partnered with multiple awarding agencies to pilot the Grants QSMO's initial market research on commercial grants management solution offerings and conducted an annual update of the Grants QSMO's commercial grants management solutions market research to identify priority vendors for Grants Awards Management Systems with support from 13 federal awarding agencies. Following research and lessons learned, the Grants QSMO created an updated Catalogue of Market Research published on GSA's Acquisition Gateway. This site serves as a repository of resources to assist federal awarding agencies with grants award management IT modernizations, including the investment planning guidance, "Buying Insights", sample documents and additional resources to help streamline grants management IT acquisitions and support purchasing decisions.

Grants QSMO continued to review and advised multiple federal awarding agencies on significant IT investments outside of the Grants QSMO Marketplace via its Grants IT Investment Review process, helping further drive consolidation of agency grants systems to reduce duplicative and wasteful IT spending. The Grants QSMO team continued to provide end-to-end grants IT investment support for numerous Federal Awarding Agencies in FY 2023, helping agencies strategically scope needs for future potential investments, and helping improve requirements for project work statements for planned acquisitions, helping to ensure those investments incorporate grants data standards and other government-wide requirements. Furthermore, the Grants QSMO's successes were highlighted in the

U.S. Government Accountability Office's report, titled "Grants Management: HHS Has Taken Steps to Modernize Government-wide Grants Management" (GAO-24-106008).

The Grants QSMO continues to champion their multi-year strategy for creating and implementing customer experience (CX) improvements across the grants IT ecosystem. This year the team led efforts to establish an Overview of Customer Experience (CX) Insights and Analysis IDIQ contract, enabling Marketplace Providers (both within and external to HHS) to easily procure and launch their own CX analytics and management capabilities to help drive customer focused improvements, and create the ability for Grants QSMO to have a more real-time and Marketplace-wide understanding of customer experiences to better manage the Marketplace.

Grants QSMO assisted in the establishing a cross-agency partnership to develop a pilot project addressing technology and knowledge gaps associated with post-award performance reporting for Tribal recipients. The Tribal Customer Experience (CX) Pilot for Post-Award Reporting aims to reduce reporting burden for Tribal entities receiving federal financial assistance (e.g., grants) in remote, under-resourced (low-broadband) areas. The pilot is scheduled to culminate in the Summer of 2024 with a final customer experience report documenting findings, best practices, solution, and implementation recommendations. This report will guide solution and implementation recommendations for Federal agency pilot programs. Partners include the HHS' Indian Health Services, Department of Treasury's Office of Recovery Program, the OMB's Customer Experience team and Office of Federal Financial Management (OFFM), as well as the White House's Office of Science and Technology Policy.

Additionally, the Grants QSMO team was nominated and selected as a 2023 Service to the Citizen Award winner. The award highlighted the Grants QSMO's work to drive government-wide Grants IT modernization, improve customer experience and transparency, reduce administrative burden for grant recipients, and pilot successful innovative Customer Experience (CX) tools and practices.

ASSISTANT SECRETARY FOR LEGISLATION

Budget Summary

(*Dollars in Thousands*)

Assistant Secretary for Legislations	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2024
Budget Authority	4,783	4,783	5,130	+347
FTE	25	25	27	+2

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization..... Permanent
Allocation Method..... Direct federal

Program Description

The Office of the Assistant Secretary for Legislation (ASL) serves as the Department's principal advocate before Congress, communicating the Administration's health and human services initiatives; HHS legislative liaison and advisor to the Secretary and Department on congressional activities; and maintains communications with the White House, Congress and other Executive Branch Departments.

Immediate Office of the Assistant Secretary for Legislation

The Assistant Secretary for Legislation is the principal advisor for all aspects of the Department's legislative agenda and Congressional liaison activities. Administrative activities include advancing presidential initiatives for health and human services; Senate confirmation process for Presidential appointees; and managing the Administration's legislative proposals to Congress.

Office of Health Legislation

The Office of Health Legislation serves as liaison for mandatory and discretionary health programs. Administrative activities support COVID-19 response, strengthening the Affordable Care Act, and implementation of the Inflation Reduction Act, the Bipartisan Safer Communities Act, the No Surprises Act, and the American Rescue Plan.

Office of Human Services Legislation

The Office of Human Services Legislation (HSL) assists to enact, develop, and provide guidance on the Department's legislative and administrative agenda; and serves as the liaison for human services. Administrative activities support at-risk population programs of Special Diabetes Program for American Indian and Alaska Natives, child support enforcement, Head Start and childcare, adoption and foster care, runaway and homeless youth, Family First Services Prevention Act, and Unaccompanied Children's program.

Congressional Liaison Office

The Congressional Liaison Office (CLO) activities support the Department's special projects; serves as the primary liaison to Congress; maintains the Department's grant and contract awards advance notification systems; processes Congressional correspondence; and coordinates HHS regional offices responsibilities.

Office of Oversight and Investigations

The Office of Oversight and Investigations (O&I) activities support all matters related to audits and investigations of Departmental programs. O&I coordinates the Department's responses to oversight interviews, investigations, briefings, and documents to requesting congressional committees with

oversight jurisdiction.

Budget Request

The FY 2025 President's Budget request for ASL is $5,130,000, which is an increase of +$347,000 above the FY 2023 Final level. An increased funding level will allow ASL to address mandatory pay and non-pay inflationary cost increases. ASL will increase FTE by 2 by lowering contract costs. Additional FTE will support workload increases, provide better mission critical support to the legislative healthcare and human services agenda, and improve meeting Congressional inquiries related to the broad range of HHS programs.

Additional funding will help support increased engagement from Congress in the form of oversight, hearings, and subject matter briefings on timely issues ranging from the COVID-19 pandemic and other emerging infectious diseases, mental health resources, Unaccompanied Children, and legislation implementation; and will support workload increases for GAO engagements and increased congressional engagement around grants and community-funded projects.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$4,175,000
FY 2022	$4,526,000
FY 2023 Final	$4,783,000
FY 2024 CR	$4,783,000
FY 2025 President's Budget	$5,130,000

Program Accomplishments

In FY 2023, ASL coordinated and prepared Departmental witnesses to testify at 37 hearings and responded to questions for the record. ASL coordinated over 1,000 briefings with Departmental experts for Members of Congress and their staff. ASL provided support and technical assistance on major legislative proposals like the SUPPORT Act and PAHPA reauthorization.

Since the start of the Administration, ASL has worked to successfully confirm seventeen Presidential appointees. In FY 2023, ASL supported Secretary meetings with 105 Members of Congress and Secretarial visits with 57 Members of Congress in their home states/districts.

In FY 2023, CLO sent over 30,000 grant notifications for local communities totaling $51 billion and over 1,300 grant notifications for new Community Funded Projects totaling over $1.9 billion to Members of Congress. ASL has also continued to improve upon the letter response process across the Department helping to facilitate responses to over 400 letters from Members of Congress in FY 2023.

ASSISTANT SECRETARY FOR PUBLIC AFFAIRS

Budget Summary

(*Dollars in Thousands*)

Assistant Secretary for Public Affairs	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	9,876	9,876	11,790	+1,914
FTE	42	40	47	+5

Authorizing Legislation…….. Reorganization Plan No. 1 of 1953
FY 2025 Authorization……Expired
Allocation Method……Direct Federal

Program Description

The Office of the Assistant Secretary for Public Affairs (ASPA) is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). APSA serves as HHS's principal public affairs office, leading communications efforts in support of the HHS mission, Secretarial initiatives, and other priorities. ASPA builds and maintains relationships with the public through multiple communication channels, including the news media, websites, broadcast, social media, speeches, public events, and Freedom of Information Act. The information ASPA communicates provides a comprehensive view of the Department's leadership and strategic goals, while critically informing the public about public health resources and services available – in real time. The information communicated supports leadership and program priorities; and represents a comprehensive view of the Department.

ASPA's communications functions include:

- Foster intra-departmental visibility and coordination of messaging for all major announcements and encourage their amplification by the Office of the Secretary and other HHS components.
- Create a forum for strategic, long-term planning for communication on public health, healthcare, and human services initiatives.
- Coordinate digital and specialty media staff across the Department to boost impact for high priority announcements and deliver the right message to the right audience through the right channel(s).
- Advise the Secretary and senior staff on communication tactics and timing in accordance with the Department's strategic priorities.
- Work across the Department to develop a long-term outreach strategy, coordinate in-house communications efforts, and ensure consistency in messaging.
- Support television, web, and radio appearances for the Secretary and senior HHS officials; managing the HHS studio and providing photographic services; producing and distributing internet, radio, and television outreach materials.
- Write speeches, statements, articles, and related material for the Secretary, Deputy Secretary, and Chief of Staff and other senior HHS officials.
- Oversee HHS-wide FOIA and Privacy Act program policy, implementation, compliance, and operations.

Budget Request
The FY 2025 President's Budget request for ASPA is $11,790,000, which is an increase of +$1,914,000 above the FY 2023 Final level. The additional funds will allow ASPA to cover the cost of inflation for pay and non-pay increases and provides additional support for Freedom of Information Act (FOIA) workload.

FOIA: +$1,200,000 (7 FTE)
The additional funding provides ASPA the resources to hire +7 FTE which will allow the necessary capacity to process initial requests, appeals, and meet FOIA litigation deadlines. ASPA will continue to work to reduce the currently existing FOIA backlog. Investments in additional staff will help minimize the risk of costly litigation.

Operational inflationary increases (+$714,000)
The increase funds inflationary contract and pay cost increases which will allow ASPA to maintain staffing levels necessary to prevent further reductions in key communications positions already understaffed and challenged to keep pace with the communications demands of the Department.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$8,408,000
FY 2022	$9,552.000
FY 2023 Final	$9,876,000
FY 2024 CR	$9,876,000
FY 2025 President's Budget	$11,790,000

Program Accomplishments
In 2023, ASPA successfully coordinated and amplified key Departmental priorities and initiatives by managing thousands of media interview requests from across HHS; issuing hundreds of press releases and statements; and overseeing hundreds of social media posts and videos to communicate HHS's work. ASPA prepared hundreds of speeches for the Secretary and other HHS principals, communicated Departmental policies and guidance through multiple digital channels and hundreds of media outlets; and held dozens of media calls or press events.

- ASPA educated the public about:
  - Lower costs for needed drugs like insulin, saving older Americans thousands of dollars per year;
  - Recommended vaccines for shingles and other preventable diseases available for people with Medicare at no out-of-pocket cost;
  - Medicare's ability to negotiate the prices of certain drugs directly with drug companies. The ten drugs selected for negotiation are vital, treating life-threatening conditions like blood clots, diabetes, cardiovascular disease, and heart failure.

- ASPA played a key role in advancing the Departments agenda to bolster the mental well-being of Americans. Through filming and sharing videos, ASPA showcased the Secretary and other leaders discussing the importance of behavioral health programs such as 988 and Support.gov. Leveraging the influential power of digital platforms, ASPA rolled out social media campaigns that encouraged Americans to seek assistance through the 988 hotline, aiming to remove stigma and encourage proactive mental health care. ASPA educated the public about improved access

to Naloxone to help prevent overdose deaths. Finally, ASPA's efforts were paramount in the success of the mental health summit.

OFFICE OF THE GENERAL COUNSEL

Budget Summary

(*Dollars in Thousands*)

OGC	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	32,732	32,732	34,346	+1,614
FTE	160	145	149	-11

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

The Office of the General Counsel (OGC) is a significant department within the U.S. Department of Health and Human Services (HHS) that manages legal matters across the organization. It was established during the Truman Administration in the mid-1940s and is structured in ten regions and eight divisions. These divisions cover primary practice areas of Children, Families, and Aging; Centers for Medicare and Medicaid Services; Civil Rights; Ethics; General Law; Legislation; National Complex Litigation and Investigations; and Public Health. Today, OGC has approximately 700 attorneys and support staff who provide legal counsel and advocacy to client agencies across the department.

Budget Request

The FY 2025 President's Budget request for OGC is $34,346,000, which is an increase of +$1,614,000 above the FY 2023 Final level. The additional funds will allow OGC to focus on addressing mandatory pay and non-pay inflationary cost increases. The increase funding will allow OGC to cover federal personnel inflationary increases and add 4 FTEs vs. FY 2024. This budget will support OGC's continued efforts to provide legal advice and litigation support on a range of important issues such as Departmental policies, Executive Orders, COVID-19 response, healthcare, refugee resettlement, healthcare equity, and healthcare privacy. This funding is crucial for OGC to support the Department and Administration's efforts in addressing critical social, economic, and healthcare issues effectively.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$31,602,000
FY 2022	$31,602,000
FY 2023 Final	$32,732,000
FY 2024 CR	$32,732,000
FY 2025 President's Budget	$34,346,000

Program Accomplishments

Centers for Medicare and Medicaid Services Division (CMSD):

CMSD supports CMS's work on its strategic pillars and provides legal advice to assist in implementing legislation, including the Inflation Reduction Act (IRA) of 2022 and the Consolidated Appropriations Act of 2023. CMSD will continue to advise CMS concerning "unwinding measures" to ensure Medicaid and Children's Health Insurance Program beneficiaries maintain coverage. CMSD also advises CMS on implementing the No Surprises Act, the regulation of insurance markets, issues related to Affordable

Care Act (ACA) waivers, and the federal risk adjustment program. CMSD remains dedicated to providing legal support to CMS in implementing the Independent Dispute Resolution (IDR) program and any ongoing litigation. CMSD's large portfolio includes significant Medicare and Medicaid litigation. CMSD also collaborates with law enforcement to prevent fraud, waste, and abuse within Medicare and Medicaid programs, and provides legal advice to drive policy development and implementation, ultimately reducing program vulnerabilities.

Children Families and Aging Division (CFAD):
CFAD provides litigation support and advice to the ACF Office of Refugee Resettlement (ORR) on numerous federal court cases, and several class actions. It is also working with ORR to finalize the Unaccompanied Children Program Foundational Rule. CFAD works on litigation involving the AFCARS and advises the Children's Bureau on rulemaking to modernize the child welfare system. CFAD supports the Administration for Community Living in updating its regulations in response to the reauthorizations of its programs. CFAD collaborates with federal partners to prevent TANF funds misuse in states by revising TANF regulations. CFAD also supports the Offices of Child Support Enforcement, Head Start, Trafficking in Persons, Childcare, and for Human Services Emergency Preparedness and Response.

Civil Rights Division (CRD):
CRD supports the Office for Civil Rights (OCR) and the Department to enhance non-discrimination and health information privacy protections in healthcare. After recent U.S. Supreme Court rulings, CRD is working alongside OCR and other HHS offices to determine the best course of action to achieve its policy objectives in a challenging litigation and regulatory landscape. CRD continues to partner with the DOJ to defend and represent OCR's interests in national litigation surrounding Section 1557, Section 504, the Bostock-related notice, the Pharmacy Guidance, the Tracking Technology Bulletin, as well as in drafting amendments to 45 CFR Parts 160 and 164, and 42 CFR Part 2 required by the CARES Act. CRD has provided support to OCR in developing the new Section 1557 final rule, its new Section 504 Rule, its HIPAA Privacy Rule revisions to Support Reproductive Health Care, and other rulemaking efforts on its published agenda.

General Law Division (GLD):
GLD advises the Department's policymakers regarding the administration of their core programs, including relevant fiscal, procurement, claims, and employment law matters. Working with ASPR, GLD plays a central role in the Department's emergency preparedness, navigating contract litigation and regulatory compliance to ensure the successful procurement of critical therapeutics, diagnostics, personal protective equipment, and vaccines. GLD represents the Department in administrative litigation before the Equal Employment Opportunity Commission (EEOC), Merit Systems Protection Board (MSPB), labor arbitrations, and federal court litigation support as appropriate.

Public Health Division (PHD):
PHD is responsible for advising multiple departments on various public health matters. PHD extends its counsel to preparedness and response for emerging health threats such as monkeypox, pandemic influenza, natural disasters, and chemical exposures. Additionally, PHD supports the Disparities Council, collaborates with other OGC divisions on health equity initiatives, provides legal advice for key Administration initiatives (including ARPA-H, RSV and influenza, drug pricing, marijuana rescheduling, reproductive health matters, and the 988 national suicide hotline), and contributes to rulemaking efforts encompassing family planning, Title X, and the 340B Discount Drug Program. Moreover, PHD leads

negotiations on substantial Indian Self-Determination and Education Assistance Act agreements and delivers extensive legal support to the Indian Health Service's healthcare programs.

OFFICE OF GLOBAL AFFAIRS

Budget Summary

(*Dollars in Thousands*)

Office of Global Affairs	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	7,643	7,643	8,645	+1,002
FTE	20	24	27	+7

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

The Office of Global Affairs (OGA) promotes and protects the health of U.S. citizens and works to improve global health and safety, by advancing HHS's global strategies and partnerships in the coordination of global health policy and international engagement. Guided by Administration priorities, such as those laid out in National Security Memorandum, OGA develops policy recommendations and provides support to the Secretary and other HHS senior leaders on global health and social services issues. OGA coordinates these matters within HHS, across the government, with foreign governments, and at multilateral institutions working on major crosscutting global health initiatives. OGA's role in global health diplomacy is paramount to the US Government's (USG) ability to protect the United States while supporting and partnering with other countries. Another critical component of this diplomacy is the HHS Health Attachés' work in strategic embassies around the world.

HHS has relationships with more than 200 Ministries of Health and Science and Technology and leads the USG on engagement with the World Health Organization (WHO), the Pan American Health Organization (PAHO), and other WHO regional offices. In South Africa, Brazil, China, India, Kenya, Switzerland, and Mexico, HHS Health Attachés continually represent the USG by working with other government agencies, NGOs, and industry on health and human services, most recently, prioritizing COVID-19 response and recovery. Frequently, they are the first point of contact between the U.S. and strategic bilateral and regional partners on matters of health, serving as a critical resource for the whole country. OGA also engages with other regional and multilateral institutions including the Africa CDC, Association of Southeast Asian Nations, and The Global Fund to Fight AIDS, Tuberculosis and Malaria, to name a few.

Budget Request

The FY 2025 President's Budget request for OGA is $8,645,000, which is an increase of +$1,002,000 above the FY 2023 Final level. The additional funds will allow OGA to continue its critical role of representing health and human services overseas, coordinating related policies and programs, protecting HHS equities, and facilitating the involvement of HHS Divisions. This includes mandatory inflationary pay and non-pay cost increases. OGA also continues to lead the USG on engagement with the WHO, PAHO, and other WHO regional offices, while ensuring the health and well-being of Americans and improving health and safety across the globe. OGA provides optimal, comprehensive coverage and support at the health policy level for the American people, which is vital in establishing key global partners in critical areas, such as infectious disease surveillance and response, cutting edge research, and regulatory oversight of food and medical products bound for the United States.

Increased funding will also allow OGA to strengthen HHS relationships and demonstrate US leadership in global health through increased staffing in multilateral spaces like the Group of Seven and Twenty (G7 and G20) It is imperative that OGA leads this relationship to ensure that the Secretary is supported and represented, and for HHS and USG health priorities and domestic equities to be promoted and protected. This additional funding will enable OGA to fully staff its collaboration with PAHO, where OGA plays a pivotal role in the governance process and serves as the focal point for the United States' PAHO country office. This support entails facilitating USG participation in technical meetings, safeguarding domestic health policy, and meeting global reporting obligations.

Additionally, this funding will allow OGA to staff International Arrangements review and clearance processes for the Department. This process is extensive and involves negotiating with foreign governments, international entities, and other USG entities. It also involves working with multiple entities within HHS, Department of State, NSC, and the USG. This work is critical to the Department and USG as it protects the Department, supports and promotes HHS priorities, and ensures that we are following the proper procedures, policies, and laws regarding international arrangements. This initiative would allow for OGA to continue to represent HHS and USG equities with the adequate staff needed to meet requirements while aligning with labor policies and laws.

OGA also continues to support the U.S. Mexico Border Health Commission and provide Secretarial and senior HHS officials with support for global engagements. OGA continually leads the Department's negotiations on global health and human service issues, including where trade and health intersect, ensuring that the Secretary's directives are carried out and to represent HHS equities. OGA maintains a leadership role on the Global Health Security Agenda (GHSA) and focuses efforts on political, diplomatic, and coordination issues to advance USG policy positions on global health security. OGA also champions efforts to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant bacteria. The office leads the policy development of the international coordination pillar of the National Action Plan for Combating Antibiotic-Resistant Bacteria from 2021-2025.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$6,081,000
FY 2022	$6,981,000
FY 2023 Final	$7,643,000
FY 2024 CR	$7,643,000
FY 2025 President's Budget	$8,645,000

Program Accomplishments

Significant recent accomplishments include:

- Led successful delegations to the health tracks of the G7 and G20 and World Health Assembly, ensuring that key HHS and USG priorities were advanced in multilateral fora, including reform efforts at WHO, pandemic preparedness and response, health equity, and recovery post-acute phase of COVID-19.
- Successfully led and hosted the health track of the Asia Pacific Economic Cooperation (APEC) during the 2023 USG-host year. Health leaders from the 21 APEC economies attended. Key deliverables include advancing USG priorities on pandemic preparedness and response, primary health care, women and the economy, and digital health.

- Continued to lead interagency process for new pandemic instrument negotiations and amendments to the International Health Regulations at WHO in such a way as to facilitate U.S. priorities and participation, including greater health equity, more transparency and inclusion of civil society and the private sector in decision making, and more coordinated responses to future outbreaks before they become pandemics.
- Provided support under White House COVID Task Force leadership on the unprecedented U.S. commitment to COVID-19 vaccine sharing, including organizing technical inputs from across HHS, working with key partners, and providing important diplomatic communications with counterpart governments on progress or challenges of dose sharing.
- Hosted a successful high-level meeting at the U.S.-Africa Leaders Summit with regional heads of state and ministers of health, which including key health deliverables, including the continued to support the growth of the Africa Centres for Disease Control and Prevention by working closely with key actors within the African Union to ensure this important institution can operate effectively and improve its capacity to detect and respond to infectious disease in the region.
- Worked with the CDC along the U.S.-Mexico Border through the U.S.-Mexico Border Health Commission to advance Administration objectives, including projects on the border. OGA also utilized the insights and expertise of the U.S. members of the Commission to better understand local needs and strategies for collaborative efforts in the border region.

OFFICE OF INTERGOVERNMENTAL AND EXTERNAL AFFAIRS

Budget Summary

(*Dollars in Thousands*)

Office of Intergovernmental and External Affairs	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	11,999	11,999	12,616	+617
FTE	58	57	60	+2

Authorizing Legislation…… Reorganization Plan No. 1 of 1953
FY 2025 Authorization……Permanent
Allocation Method…….. Direct Federal

Program Description

The Office of Intergovernmental and External Affairs (IEA) serves the Secretary as the primary link between HHS, state, local, territorial, and tribal governments, and non-governmental organizations to facilitate communication related to HHS initiatives with stakeholders. IEA serves as a conduit reporting stakeholder interests and positions to the Secretary for use in the HHS policymaking process.

IEA is composed of a headquarters team that works on policy matters within HHS Operating and Staff Divisions. Ten regional offices responsible for public affairs, business outreach and media activities, and the Office of Tribal Affairs responsible for tribal and native policy issues, assists tribes in navigating through HHS programs and services, and coordinates the Secretary's policy development.

IEA is actively involved in leading the educational outreach and stakeholder engagement on the Secretary's priorities related to COVID-19, Unaccompanied Children (partnering with ACF/ORR and FEMA), Maternal and Behavioral Health, Access to Healthcare, Health Insurance, and Health Services, Equity, Cancer Moonshot, 988, and Monkey Pox. IEA's efforts significantly increase the awareness and understanding of states, local, Tribal, and territorial governments, organizations, groups, private institutions, academia, private sector, and labor unions of the various healthcare related programs. IEA's efforts have proven to be hugely successful in improving the communication, timeliness, and relationships with stakeholders across the country.

IEA is actively involved in partnering with the Office of Civil Rights with the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANHPI) and the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders (PACAANHPI). Both entities are key Administration and Departmental priorities created through Executive Order (EO) 14031 and co-chaired by HHS Secretary Xavier Becerra and U.S. Trade Representative Ambassador Katherine Tai. IEA will assist with developing, monitoring, and coordinating executive branch efforts to advance equity, justice, and opportunity for Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities throughout the entirety of the Federal government by working in close collaboration with the White House.

Budget Request

IEA's FY 2025 President's Budget request is $12,616,000 which is an increase of $617,000 above the FY 2023 Final level. The requested resources are required to allow IEA to continue mission critical activities that include soliciting and coordinating input regarding Presidential Executive Orders, intergovernmental responsibilities to state, local and Tribal nations involving all Departmental initiatives and priorities. At

this level, IEA will hire additional 2 FTEs and absorb mandatory pay and non-pay inflationary cost increases by lowering contract costs.

In the recent years, IEA's stakeholder portfolio has increased significantly to include other organizations, institutions, and the private sector to build relationships and increase awareness to the President's agenda and departmental initiatives and priorities. Hiring 2 additional FTEs will assist with this increased workload. Two new Management Analysts- Policy Analyst and Program Specialist will support the Operations and Administrative Team, Intergovernmental Affairs Team, and the External Affairs Team. One new Administrative Assistant will support Secretarial and Administration priorities and any other administrative needs to ensure we are following the department's internal controls.

Five- Year Funding Table

Fiscal Year	Amount
FY 2021	$12,269,000
FY 2022	$11,572,000
FY 2023 Final	$11,999,000
FY 2024 CR	$11,999,000
FY 2025 President's Budget	$12,616,000

Program Accomplishments

The Intergovernmental Affairs (IEA) team coordinates and maintains relationships with all state and local elected officials, their associations, and the Secretary. Major points of coordination, information dissemination and meetings over the past year included priority topics of: COVID Vaccination and Public Health Guidance; COVID Medical Countermeasures; Commercialization; Mental Health and Launch of 988 Lifeline; Medicaid Renewals and End of the Public Health Emergency for COVID-19; COVID/RSV/Influenza Best Practices; Infant Formula Shortage Guidance and Coordination; Mpox; HHS Homelessness Initiative; Ending the Public Health Emergency; Afghanistan Refugees and Resettlement; and Unaccompanied Children Program.

IEA External Affairs

The External Affairs team maintains relationships with the Department's external stakeholders such as consumer advocates, immigration advocates, physician associations, hospital associations, health insurers, LQBTQI+ groups, women's groups, labor unions, business groups, disability groups, and rural health advocates, among many others. Major points of coordination, information dissemination and meetings over the past year included priority topics of: Unity Agenda; Advancing Health Equity; MPox; Medicaid Renewals; Mental health including 988; Maternal health; Reproductive Rights; Inflation Reduction Act; Cancer Moonshot; and ARPA-H.

IEA Office of Strategic Partnerships

The Office of Strategic Partnerships goal is to modernize and expand public-private partnership engagement; and achieve policy, programmatic and operational objectives by combining HHS capabilities and resources with those of our partners from the non-Federal government sector including but not limited to business, non-profit, philanthropic, and academic communities. Major points of coordination, information dissemination and meetings over the past year included priority topics of: Food Is Medicine; Maternal Health Collaborations to Advance Racial Equity partnership with March of Dimes; Baby2Baby (Newborn Supply Kits); Behavioral Children and Youth Resiliency Challenge.

The team has also worked across HHS divisions to collaborate and expand our reach to new topical areas and audiences. The Office has organized and presented on numerous briefings with philanthropic and other non-governmental organizations to educate outside entities about partnerships at HHS and how to leverage each other's relative strengths to achieve a greater impact on Secretarial priorities. This work continues to help achieve HHS Secretarial priorities and has been recognized by the Vice President during the launch of the Newborn Supply Kit.

IEA Tribal Affairs

In 2022 within the Tribal Communities, the Department saw the continuation of the COVID-19 Pandemic, the rise of other public health threats, including Mpox and the flu, and worked to address continued supply chain shortage challenges. The IEA Tribal Affairs Team continued to play a critical role in coordinating and working with federal agencies and Tribal Nations in working to address these challenges and ensuring that Tribal communities were prioritized in the Department's responses.

THE PARTNERSHIP CENTER FOR FAITH-BASED AND NEIGHBORHOOD PARTNERSHIPS

Budget Summary

(*Dollars in Thousands*)

Partnership Center for Faith-Based & Neighborhood Partnerships	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	1,356	1,356	1,454	+98
FTE	3	5	5	+2

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Expired
Allocation Method..... Direct Federal

Program Description

Established in 2001, the Center for Faith-Based and Neighborhood Partnerships (Partnership Center) partners with faith and community organizations to address national public health and human service issues (e.g. YMCA of the USA, Lion's Club, Seventh-day Adventist Church, Boys & Girls Clubs of America, Islamic Relief, and the Southern Baptist Convention). The Partnership Center is committed to the public health and human services priorities of the Secretary and the Administration, as well as the priority of finding, exposing, and removing every barrier to full and active engagement of the faith community in the work of HHS.

The Partnership Center is strategically positioned to advance the Secretary's priorities across the vast array of faith-based and community organizations around the nation. This is being achieved through internal coordination with the various agencies of the Department and with regional offices across the nation, and externally through targeted outreach, education, capacity building, and community health asset alignment.

The Partnership Center supports the priorities of the Secretary, HHS, and the Administration by:

- Serving as an "open door" for faith and community-based partners, including service providers such as Lutheran Services of America, Key Ministry, National Alliance on Mental Illness, the Salvation Army, Jewish Family Services, Seventh-day Adventist Church, Adult & Teen Challenge USA, American Muslim Health Professionals, and others to support the priorities of the Secretary and HHS.
- Building and strengthening relationships between The Partnership Center, IEA, HHS, and diverse faith and community partners and providers.
- Developing educational opportunities (e.g. webinars, videos, toolkits, and collaborative gatherings) that leverage the Department's subject-matter expertise, and the expertise of community leaders around the country. As a result, the Partnership Center continues to grow and strengthen a constituency base of national and local leaders, who are effectively implementing informed strategies to positively affect their communities.
- Communicating key messages, resources, grant opportunities, and awards relevant to faith and community partners.

Budget Request

The FY 2025 President's Budget request for the Partnership Center is $1,454,000, which is an increase of +$98,000 above the FY 2023 Final level. The increase in funding for the Partnership Center will support continued efforts to advance the President's priority to expand collaborations between the Partnership Center and leaders of different faiths, faith-based and community organizations in addressing national public health and human service concerns identified as priorities for the Department. The funding will also be used address mandatory pay and non-pay inflationary cost increases; maintain current staffing levels; and leverage new, innovative technology to accommodate additional faith-based and community partners.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$1,316,000
FY 2022	$1,317,000
FY 2023 Final	$1,356,000
FY 2024 CR	$1,356,000
FY 2025 President's Budget	$1,454,000

Program Accomplishments

Maternal Health

- In the past year, the HHS Partnership Center launched the M.O.M.S. Tour, engaging in a department-wide, multi-agency maternal health strategy with the overarching goal of making the U.S. one of the safest nations in the world for women to give birth, regardless of race, ethnicity, geography, or other factors. Through this public-private partnership, M.O.M.S Tour events have served approximately 4,000 mothers and families, connecting them with vital services and resources in their local community to improve maternal health outcomes in our nation. To date, M.O.M.S. Tour has visited nine cities, culminating in Maryland. Alongside these events in the community, the HHS Partnership Center hosted multiple events increasing awareness around critical issues related to maternal health such as the role of doulas and midwives, provision for culturally competent maternal mental health services as well as addressing the challenges for areas that have been deemed maternal care deserts.

Mental Health

- In September, the HHS Partnership Center hosted a capstone event highlighting the ways that faith and community partners can address mental health. This included discussions of mental health and wellbeing of men as well as clergy as well as models for faith communities addressing mental health. In this and other events, the Center has emphasized the voice of lived experience by making sure youth are heard as we talk with them about their mental health. This work builds on the release of the Youth Mental Health Toolkit which the Center used to train communities on how they can part of the solution addressing youth mental health in their local communities.

Suicide Prevention/988

- Toward increasing awareness about the suicide prevention in minority communities, the HHS Partnership Center worked with diverse communities to produce videos sharing the lived experience of people from those communities. In the past year, the Center has added videos from the leaders in the Hindu and Islamic traditions. To date, these videos have received more than 5,000 views with more than 3,500 for the video from African American Christian Clergy. Building on this engagement, the Center also coordinated with the Action Alliance for Suicide Prevention to publish Hope: A Guide for Faith Leaders on Youth Suicide Prevention. The guide helps faith leaders know how to prevent and address youth suicide.

Continued Public Health Engagement

- More than 17,000 leaders and community members connected to key HHS priorities on health like the critical need for local communities to know about the need to renew Medicaid enrollments. The Center engaged leaders around these issues and developed a FAQ to help answer questions about individuals' Medicaid status as well as a PSA that should be shared with communities to increase awareness about how to help people determine their families' eligibility. Beyond these leaders, the HHS Partnership Center connected more than 150 faith-based or community organizations to HHS and/or external groups with shared mission.

DEPARTMENTAL APPEALS BOARD

Budget Summary

(*Dollars in Thousands*)

Departmental Appeals Board	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	4,674	4,674	5,012	+338
FTE	9	24	24	+15

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Permanent
Allocation Method..... Direct Federal

Program Description

The Departmental Appeals Board (DAB), a Staff Division within the Office of the Secretary, provides impartial, independent hearings and appellate reviews, and issues federal agency decisions pursuant to more than 60 statutory provisions governing HHS programs. The DAB provides high-quality adjudication and other conflict resolution services in administrative disputes involving HHS. Cases are initiated by outside parties who disagree with a determination made by an HHS agency or its contractor. Disputes appealed to the DAB can involve over $1 billion in controversy in a single year. DAB decisions on certain cost allocation issues in grant programs have government-wide impact because HHS decisions in this area legally bind other Federal agencies. The DAB's Medicare claims adjudication costs have been funded out of the Medicare Hearings and Appeals (MHA) appropriation since FY 2020. Details regarding that appropriation are included in the MHA section. The General Departmental Management (GDM) portion of the DAB is organized into four adjudicatory Divisions, as well as an Immediate Office of the Chair and an Administration Division:

Board Members – Appellate Division

Seven Board Members, including the DAB Chair who serves as the executive for the DAB, issue decisions in panels of three, with the support of Appellate Division staff. Board Members provide appellate review of decisions by DAB ALJs and Department of Interior ALJs in certain Indian Health Service cases. In addition, Board Members provide de novo review of certain types of final decisions by HHS Operating Divisions, involving discretionary and mandatory grants and cooperative agreements. Recently, the Board's jurisdiction has expanded to include de novo review of certain appeals arising under the Older Americans Act. The DAB will also take up the review of new CMS appeals involving Medicaid state-directed payments once the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality rule is finalized. The Board is also designated to provide appellate review of ALJ decisions in various new and emerging programs.

Alternative Dispute Resolution (ADR) - Alternative Dispute Resolution Division

Under the Administrative Dispute Resolution Act, each federal agency must appoint a dispute resolution specialist and must engage in certain activities to resolve disputes by informal methods that are alternatives to adjudication or litigation, such as mediation. The DAB Chair is the Dispute Resolution Specialist for HHS and oversees ADR activities pursuant to the HHS policy issued under the Act. Using ADR techniques decreases costs and improves program management by reducing conflict and preserving relationships that serve program goals. The ADR Division provides mediation in DAB cases, arranges for mediation services in other HHS cases and provides policy guidance, training, and information on ADR techniques, including negotiated rulemaking, a collaborative process for developing

regulations with interested stakeholders.

Administrative Law Judges – Civil Remedies Division (CRD)

DAB Administrative Law Judges, supported by CRD staff, conduct adversarial hearings and issue decisions on the record in a wide variety of proceedings that are critical to HHS programs. Hearings may last a week or more and may raise complex medical or clinical issues. Some cases require presentation of evidence to prove allegations of complicated fraudulent schemes. Approximately 90% of CRD's workload is made up of Medicare related cases, which are funded out of the Medicare Hearings and Appeals appropriation.

CRD ALJs also hear appeals of tobacco enforcement actions brought by the Food and Drug Administration pursuant to a reimbursable interagency agreement. The tobacco cases include civil monetary penalties (CMP) determinations and No Tobacco Sale Orders. Additionally, CRD ALJs hear various cases involving other HHS and federal programs. For example, CRD ALJs hear appeals of CMPs for privacy, security or breach notification violations brought by the Office for Civil Rights and transaction violations under HIPAA and/or the Health Information Technology for Economic and Clinical Health Act.

Lastly, the DAB is working with the Department of Defense on an agreement to provide hearings in connection with a new CMP scheme involving the Tricare program. To address this growing caseload, the DAB recently established a General Law component of the Civil Remedies Division. ALJs in the General Law component conduct hearings for new and existing appeals involving non-Medicare programs. General Law is jointly funded by GDM and interagency agreements.

Medicare Appeals Council - Medicare Operations Division (MOD)

MOD provides staff support to the Administrative Appeals Judges on the Medicare Appeals Council. The Council provides the final administrative review within HHS of claims for entitlement to Medicare and individual claims for Medicare coverage and payments filed by beneficiaries or health care providers and suppliers.

Budget Request

The FY 2025 President's Budget request for DAB is $5,012,000, which is an increase of +$338,000 above the FY 2023 Final level. The additional funds will go towards increased pay costs, as the majority of the DAB's GDM appropriation is allocated towards staff. At the end of FY 2023, the Board managed a grant docket with an estimated value of $1.3 billion. The DAB's caseload throughout the Department is growing, making it necessary to expand the adjudicatory capacity of the Civil Remedies General Law Division by adding an Administrative Law Judge and attorney support staff.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$4,539,000
FY 2022	$4,550,000
FY 2023 Final	$4,674,000
FY 2024 CR	$4,674,000
FY 2025 President's Budget	$5,012,000

Program Accomplishments

Board Members – Appellate Division

The total value of grant disallowance appeals by the end of FY 2023 is approximately $343 million. The Board is projected to close more than 58 appeals, the amount closed in FY 2022. This includes approximately $90 million in disallowance cases. The Division is on pace to close more total cases in FY 2023 than in FY 2022, and close more cases by Decision in FY 2023 than in either FY 2021 or FY 2022.

Chart A shows total historical and projected caseload data for the Appellate Division. All data are based on (1) year-to-date case receipt and closure data for FY 2023, (2) the retirement of the longest serving Board Member in early FY 2022, (2) the addition of 3 new Board Members in the fourth quarter of FY 2022, (3) the addition of 2 new Staff Attorneys in FY 2022, (4) the departure of a Senior Advisor and a Staff Attorney in FY 2023, and (5) the addition of a Staff Attorney in June 2023.

APPELLATE DIVISION CASES – Chart A

Cases	FY 2022	FY 2023	FY 2024	FY 2025
Open/start of FY	151	184	185	195
Received	91	61	80	80
Cases Closed by Decisions	27	35	36	36
Total Closed	58	60	70	70
Open/end of FY	184	185	195	205

The number of Board cases closed by decision increased by 18.5 percent compared to FY 2022. The Appellate Division also met 100 percent of statutory or regulatory deadlines and issued at least 50 percent of Decisions within six months or less, thereby exceeding Performance Measures 1.1.1 and 1.2.1. To meet these goals, the Appellate Division implemented various staffing and structural changes within existing funding limits, including expanding the Board's size and establishing a new Senior Advisor to the Board. Internal processes and manuals were updated to provide increased training opportunities for Board Members and staff, and productivity was maximized by transitioning to a fully electronic docket.

By focusing its funding and resources on deadline cases and setting internal timeliness goals for all cases, the Appellate Division reduced the proportion of cases with a net cases age of six months or less significantly. Of the 189 total pending appeals, 40 are within the six-month range. Of those 40, nine are stayed, leaving 31 cases ready for decision within the six-month range.

The Appellate Division utilizes the funding and resources received in FY 2023 to modernize the Board's practices, improve customer experience, and promote the Secretary's equity initiatives. These efforts include adopting DAB's new inclusive language guide, which promotes the use of neutral, gender-inclusive pronouns and nouns in all Board decisions and documents.

To better reflect the overall makeup of the Division's pending docket and lead to increased overall production, starting in FY 2025 Measure 1.1.1 will require the Appellate Division to close 30 percent of the number of cases open at the beginning of the fiscal year. This will allow the Division to address older, more complex cases, including high dollar value grant disallowance cases.

Administrative Law Judges – Civil Remedies Division, FDA Tobacco Program

In FY 2023, CRD received a total of 3,293 new cases and closed 2,953 (90%), of which 640 were by decision. The FDA cases are expected to increase in FY 2024.

Chart B shows caseload data for the CRD, FDA Tobacco Program. All FDA Tobacco Program data are projected based on historical trends and assumptions, including the extension of the interagency agreement in FY 2024 to hear FDA cases, and no major regulatory changes. After suspending tobacco inspections in 2020 due to COVID-19, enforcement actions have returned to close to pre-COVID numbers in FY 2023. In FY 2023, the FDA began inspections of tobacco manufacturers, filing 26 manufacturer CMP complaints. In FY 2024, the FDA expects to file more manufacturer CMP cases.

CIVIL REMEDIES DIVISION, TOBACCO CASES – Chart B

Cases	FY 2022	FY 2023	FY 2024	FY 2025
Open/start of FY	3	261	603	**953**
Received	1,313	3,293	3,500	**4,500**
Decisions	195	640	700	**900**
Total Closed	1,055	2,953	3,150	**4,275**
Open/end of FY	**261**	**603**	**953**	**1,178**

Outputs and Outcomes Tables

Measure	Year and Most Recent Result Target for Recent Result Summary of Result	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
1.1.1 Percentage of Board Decisions with net case age of six months or less	FY 2023: 59% Target: 50% (Target Exceeded)	50%	Discontinued-	N/A
1.1.2 Cases closed in a fiscal year as a percentage of cases open in the same fiscal year	FY 2025: Result Expected - Sep 30, 2025 Target: 30.0 % (Not Collected)	Not Defined	30.0 %	N/A
1.2.1 Percentage of Board decisions meeting applicable statutory and regulatory deadlines for issuance of decisions.	FY 2023: 100% Target 80% (Target Exceeded)	80%	80%	Maintain
1.5.1 Number of conflict resolution seminars conducted for HHS employees.	FY 2023:18 Target: 15 Sessions (Target Exceeded)	15 sessions	15 sessions	Maintain
1.5.2 Cases closed in a fiscal year as a percentage of cases open in the same fiscal year.	FY 2023: 93% Target: 90% (Target Exceeded)	90%	90%	Maintain

Performance Analysis

Board Members – Appellate Division

The total value of grant disallowance appeals by the end of FY 2023 was approximately $1.3 billion. The Board closed 66 appeals, 8 more than the amount closed in FY 2022. This includes approximately $110 million in disallowance cases. The number of Board cases closed by decision increased by 44 percent compared to FY 2022. The Appellate Division also met 100 percent of statutory or regulatory deadlines

and issued 59 percent of Decisions within six months or less, thereby exceeding Performance Measures 1.1.1 and 1.2.1.

To better reflect the overall makeup of the Division's pending docket and lead to increased overall production, beginning in FY 2025, the existing Measure 1.1.1 will be replaced with a target to close 30 percent of the number of cases open at the beginning of the fiscal year. Currently, only 19 percent of the Board's pending active cases have a net case age of six months or less. This will allow the Division to address older, more complex cases, including complex Nursing Home and high dollar grant disallowance cases.

Alternative Dispute Resolution (ADR) Division

In FY 2023, the ADR Division closed 93 percent of cases open during the fiscal year and conducted 18 conflict resolution seminars, thereby exceeding both Measures 1.5.1 and 1.5.2. ADR expects to meet or exceed both targets in FY 2024 again through cross-training and utilizing expertise across the DAB and seeking further advances in Information Technology. These advances will be focused on implementing e-filing, developing a new Intranet page, and revising the current Internet page, which will allow customers to file requests for cases, register for courses online, review and fill out standard forms used in cases and trainings, and to provide feedback about our services online.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(*Dollars in Thousands*)

Office of the Assistant Secretary for Health	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	359,282	359,282	340,200	-19,082
FTE	294	289	309	+15

Agency Overview

The Office of the Assistant Secretary for Health (OASH), headed by the Assistant Secretary for Health (ASH), is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). The ASH serves as the senior advisor to the Secretary for public health and science and coordinates public health policy and programs across the Operating and Staff Divisions of HHS. The mission of OASH is to improve the health and well-being of all Americans by leading on policy, practices, and programs through the application of science, innovation, education, and a commitment to social justice and equity. OASH accomplishes its mission by leading, convening, and consulting across the Department on numerous priority initiatives, such as preventing, detecting, and treating Long COVID, protecting and securing access to reproductive health care following the Dobbs decision, promoting healthy eating, nutrition, and physical activity, including advancing the Biden Administration's National Nutrition Action Plan, transforming behavioral health and substance use disorder services; advancing health equity, including for LGBTQI+ individuals; and addressing the health impacts of climate change and environmental hazards.

In support of this mission and with a vision of healthy people, healthy communities, and a healthy nation for all, OASH will focus on the following strategies:

- **Engaging Partners** to foster collaboration and drive progress to advance equity and improve health and well-being.
- **Centering Communities** or people with lived experiences when taking action to drive transformation and change to improve public health for all.
- **Addressing Environment, Climate, and Emerging Threats to Human Health** by mobilizing resources to foster resilience to address national priorities impacting health and health equity, including climate, environment, and other emerging public health threats.
- **Strengthening Public Trust** and building trust in the value of science, medicine, research, data and evidence, federal programs, and health communications to drive policy, fuel innovation, and advance equity in health, safety, and well-being.
- **Advancing Health Equity** by centering equity and sustainability in building OASH's infrastructure, developing policies, administering programs, partnering with stakeholders, and decision-making to achieve optimal health and well-being.

OASH represents a wide, cross-cutting spectrum of public health leadership including:

- Core public health offices – including the Office of the Surgeon General and U.S. Public Health Service (USPHS) Commissioned Corps – and 10 regional health offices around the nation.
- 11 Presidential and Secretarial advisory committees.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

(*Dollars in Thousands*)

Office of the Assistant Secretary for Health	FY 2023 FTE	FY 2023 Final	FY 2024 FTE	FY 2024 CR	FY 2025 President's Budget FTE	FY 2025 President's Budget
Immediate Office of the Assistant Secretary for Health	64	15,675	64	15,675	64	16,399
Office of Infectious Disease and HIV AIDS Policy	15	7,582	15	7,582	15	7,932
Office of Disease Prevention and Health Promotion	25	7,894	25	7,894	29	12,758
Office for Human Research Protections	21	6,243	21	6,243	21	6,531
Office of Adolescent Health	1	443	1	443	1	463
Public Health Reports	1	470	1	470	1	492
Teen Pregnancy Prevention	29	101,000	24	101,000	24	101,000
Office of Research Integrity (Non-Add)	*30*	*11,986*	*37*	*14,986*	*42*	*14,986*
Office of Minority Health	57	74,835	57	74,835	62	74,835
Office on Women's Health	55	44,140	54	44,140	58	54,140
Minority HIV/AIDS Fund	26	60,000	26	60,000	26	60,000
Embryo Adoption Awareness Campaign	-	1,000	-	1,000	-	1,000
Sexual Risk Avoidance	-	35,000	-	35,000	-	-
Kidney X	-	5,000	1	5,000	-	-
Office of Climate Change and Health Equity, and Office of Environmental Justice	-	-	-	-	8	4,650
Subtotal, GDM	***294***	***359,282***	***289***	***359,282***	***309***	***340,200***
PHS Evaluation Set-Aside						
Office for the Assistant Secretary for Health	3	4,885	3	4,885	3	5,000
Teen Pregnancy Prevention Initiative	1	6,800	1	6,800	1	7,400
Subtotal, PHS Evaluations	***4***	***11,685***	***4***	***11,685***	***4***	***12,400***
Total Program Level	**298**	**370,967**	**293**	**370,967**	**313**	**352,600**

IMMEDIATE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(*Dollars in Thousands*)

Immediate Office of the Assistant Secretary for Health	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	15,675	15,675	16,399	+724
FTE	64	64	64	-

Authorizing Legislation……PHS Act, Title II, Section 301
FY 2025 Authorization ……Permanent
Allocation Method…… Direct Federal

Program Description

The Assistant Secretary for Health (ASH) and the Immediate Office of the Assistant Secretary for Health (OASH-IO) serve in an advisory role to the Secretary on issues of public health and science. The OASH-IO drives the OASH mission to improve the health and well-being of all Americans by leading on policy, practices, and programs through the application of science, innovation, education, and a commitment to social justice and equity. The OASH-IO provides leadership and coordination across both OASH and the Department as well as provide advice and counsel to the Secretary and Administration on cross-cutting priorities to combat public health issues. OASH's policy and legislation unit supports OASH on all policy and intergovernmental matters and is essential to providing leadership with guidance on complex policy areas and timely assessments of emerging needs and requirements to determine programmatic direction. In addition to the OASH Executive Office and communications team, the OASH-IO includes the following specialized offices:

- The Office of the Surgeon General (OSG) is responsible for the management of the U.S. Public Health Service (USPHS) Commissioned Corps and supports the Surgeon General's role as America's Doctor to communicate, engage, and provide tools to better prevent public health challenges and respond to public health emergencies.
- The Office of Science and Medicine (OSM) brings together a diverse collection of experts across medicine, science, and public health to tackle critical issues impacting health, public safety, and national security.
- Established in 2021, the Office of Climate Change and Health Equity (OCCHE) addresses the impact of climate change on the health of the American people. In 2022, the Office of Environmental Justice (OEJ) was created within the Office of Climate Change and Health Equity with its mission to protect the health of disadvantaged communities and vulnerable populations on the frontlines of pollution and other environmental hazards that affect health.
- The Office of Long COVID Research and Practice was established in 2023 and is charged with on-going coordination of the whole-of-government response to the longer-term effects of COVID-19, including Long COVID and associated conditions and the implementation of the National Research Action Plan on Long COVID.
- The Office of Regional Health Operations (ORHO) provides support for public health projects and events in the ten HHS regional offices and serves as liaison for the Secretary and Assistant Secretary for Health with Federal, State, and local officials.
- OASH established an OASH-Office of the Chief Information Officer (OASH-OCIO) to address inconsistent and variable information technology (IT) investments, including ensuring OASH IT systems are in compliance with Federal Information Security Modernization Act (FISMA) and Federal Information Technology Acquisition Reform Act (FITARA).

Budget Request

The FY 2025 President's Budget request for OASH Immediate Office is $16,399,000, which is an increase of +$724,000 above FY 2023 Final Level. This includes funding to address inflationary cost increases for the program. This funding level will provide the OASH IO with additional resources to continue supporting staff within the IO who bolster the IO's ability to continue three vital functions for the Department: (1) supporting comprehensive coordination across the regions, state, and local-level implementation of department- and Interagency-wide initiatives; (2) amplifying OASH, and other OPDIV or STAFFDIV programs and directives; and (3) providing technical assistance and advice to regional, state, and local-level leadership to respond to and increase the capacity to address public health issues.

Investing in the OASH IO has a ripple effect and maximizes the disparate investments across HHS to achieve greatest impact. For instance, this funding would ensure that the OASH IO has the resources to continue to coordinate the response to addressing the longer-term impacts of COVID-19, the initiative to strengthen primary health care, and efforts to improve health equity, including LGBTQI+, health.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$13,793,000
FY 2022	$17,291,000
FY 2023 Final	$15,675,000
FY 2024 CR	$15,675,000
FY 2025 President's Budget	$16,399,000

Program Accomplishments:

- Coordinate the USG wide effort and response to the April 2022 Presidential Memorandum on **Addressing the Longer-Term Effects of COVID-19.** The memorandum outlines the government's policy and actions to address the substantial longer-term impacts of the COVID-19 pandemic, including Long COVID. OASH facilitated publication of three reports in 2022, including the National Research Action Plan on Long COVID, the Services and Support for the Longer-Term Impacts of COVID-19, and The commissioned Health+ Long COVID Report.

- **Mpox Response:** OASH helped coordinate the Mpox national response. The response highlighted the incredible need to engage communities most impacted by the disease, like the LBGTQ+ communities and focus on health disparities to combat and contain the outbreak quickly.

- **White House Hunger, Nutrition, and Health Conference:** OASH's Office of Disease Prevention and Health Promotion and IO supported HHS efforts to coordinate the September 2022 Conference. The Conference led the way for catalyzing the public and private sectors around a coordinated strategy to drive transformative change in the U.S. to end hunger, improve nutrition and physical activity, and close the disparities surrounding them.

- **Behavioral Health Coordinating Council (BHCC)**: OASH continues to lead HHS efforts, in partnership with SAMHSA, to break down silos between our agencies and facilitate innovation and collaboration across the Department on behavioral health, including combating the drug overdose epidemic.

- **Mental Health and Substance Use Disorders**: Developed and implemented an evidence-based strategy to address a historical care gap for maternal-infant dyads with **opioid exposure**; published recommendations on standardizing the clinical definition of opioid withdrawal in the neonate; worked with federal partners to expand access to naloxone in public housing and federal facilities; through the OSG, launched a **Surgeon General's Advisory on Social Media And Youth Mental Health**, which outlines current evidence on the impacts of social media on the mental health.

  Review of Marijuana Scheduling: The ASH is the Secretary's designee on scheduling substances, and OASH worked in collaboration with FDA, NIH, and others across HHS to assess the current state of science about the medical uses of marijuana and make a scheduling recommendation to the DEA.

- **Office of Climate Change and Health Equity, including the Office of Environmental Justice:** Coordinated and published the HHS Climate Change and Health Equity Strategy Supplement, which highlights over 90 past and future actions taken by all Operating Divisions and many Staff Divisions to address climate change. Led OASH's launch of a $1M Environmental Justice Community Innovator Challenge prize competition in partnership with OMH.

- The **Office of the Surgeon General** continued to provide leadership for the public awareness campaign on vaccine confidence, health misinformation, mental health, in particular the crisis among youth and workplace mental health and well-being, health and sustainability of our healthcare workforce, and re-building the fabric of social connection and community. OSG also ensured that the USPHS continued to meet and exceed its goals with 95-97% officer basic readiness maintained throughout FY 2023. Finally, from CY2020 through CY2023, the United States Public Health Service deployed officers 6,351 times across 1,049 unique missions, for a cumulative total of 186,947 deployment days.

OFFICE OF ADOLESCENT HEALTH

Budget Summary

(*Dollars in Thousands*)

Office of Adolescent Health	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	443	443	463	+20
FTE	1	1	1	-

Authorizing Legislation.....PHS Act, Title XVII, Section 1708
FY 2025 Authorization..... Expired
Allocation Method..... Direct Federal

Program Description

The Office of Adolescent Health (OAH) was established in 2010 with the Teen Pregnancy Prevention (TPP) program as its central focus. Beginning in 2019, OAH was moved within the Office of Population Affairs (OPA). OAH engages national partners from healthcare, public health, education, community and out-of-school time programs, faith-based groups, and social services to improve adolescent health outcomes. In addition, OAH serves as a leader in promoting the importance of meaningfully engaging young people in the development, implementation, and evaluation of initiatives intended for young people. In late 2023, OAH launched *Take Action for Adolescents: A Call to Action for Adolescent Health and Wellbeing* to ensure that all adolescents in the U.S. have the safety, support, and resources to thrive, be healthy, and have equitable opportunity to realize their full potential.

Budget Request

The FY 2025 President's Budget request for OAH is $463,000, which is an increase of +$20,000 above the FY 2023 Final level. At this funding level, OAH will continue to support promotion, dissemination, and implementation of *Take Action for Adolescents: A Call to Action for Adolescent Health and Wellbeing*. This includes funding to address inflationary cost increases for the program. The FY 2025 budget request will also continue to support administration of the TPP program and coordination of adolescent health funding initiatives across HHS.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$443,000
FY 2022	$443,000
FY 2023 Final	$443,000
FY 2024 CR	$443,000
FY 2025 President's Budget	$463,000

Program Accomplishments

In FY 2022 and FY 2023, OAH worked with more than 100 federal and external partners, youth-serving professionals, researchers, clinicians, parents and caregivers, and young people from across the U.S. to develop the *Take Action for Adolescents: A Call to Action for Adolescent Health*. *Take Action for Adolescents* emphasizes building on young people's strengths and potential while maximizing youth engagement. The plan reflects the concept of "triple dividend" first identified in the 2016 Lancet Commission report: investments in adolescent health and well-being lead to health for adolescents now, a healthy adult life, and better health for the next generation.

Take Action for Adolescents identifies eight goals and outlines opportunities, challenges, and specific action steps that are aligned with each goal: 1) eliminate disparities to advance health equity; 2) increase youth agency and youth engagement; 3) ensure access to safe and supportive environments; 4) increase coordination and collaboration within and across systems; 5) expand access to health care and social services; 6) strengthen training and support for caring adults; 7) improve health information and health literacy; and 8) support, translate, and disseminate research. It is designed to be a catalyst that spurs action by caring adults, working in concert with young people, to refine and customize action steps for their settings and communities. *Take Action for Adolescents* is not intended to serve as a roadmap for every substantive issue impacting adolescents. Instead, the plan is designed to inspire individuals and organizations to take action to improve the health and well-being of adolescents by tailoring the action steps to address specific needs and goals of diverse young people in their communities and settings.

Additionally, OAH annually hosts a national health observance called National Adolescent Health Month (NAHM) that takes place during the month of May. Annual NAHM activities included shareable social media content for OAH partners and Youth Create!, a youth engagement initiative that collects and features youth-generated original artwork, music, photography, and poetry on the OAH website and social media channels.

In FY 2024 and FY2025, OAH will work with partners to promote, disseminate, and support implementation of *Take Action for Adolescents* and will engage stakeholders to develop a corresponding Adolescent Health Research Agenda. OAH will also continue to support organizations and caring adults in implementing *Take Action for Adolescents* and corresponding Adolescent Health Research Agenda to ensure young people are healthy and thriving.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

Budget Summary

(*Dollars in Thousands*)

Office of Disease Prevention and Health Promotion	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority[1]	7,894	7,894	12,758	+4,864
FTE	25	25	29	+4

[1]Non-Add of $2 million for Food as Medicine in FY 2023 and FY 2024 CR.

Authorizing Legislation…… PHS Act, Title XVII, Section 1701
FY 2025 Authorization Status……Expired
Allocation Method……Direct Federal

Program Description

The Office of the Assistant Secretary for Health (OASH) Office of Disease Prevention and Health Promotion (ODPHP), which includes the President's Council on Sports, Fitness and Nutrition (PCFSN), provides leadership for a healthier America by initiating, coordinating, defining, and supporting disease prevention and health promotion activities, programs, policies, and information through collaborations within Health and Human Services (HHS) and across Federal agencies, as well as with external partners. ODPHP continues to focus efforts on setting national health goals, supporting programs and initiatives that expand healthy activities, and increasing the availability of health promotion and prevention information across the health system and the general public to promote better health outcomes and well-being for all. Many of the ODPHP priorities underpin national priorities and supports a diverse array of federal and non-federal programs.

Dietary Guidelines for Americans – ODPHP coordinates the development, review, and promotion of the *Dietary Guidelines for Americans* as required by Congress (P.L. 101-445) and programmatically funded through a joint funding agreement within HHS. Published jointly every five years by HHS and the Department of Agriculture (USDA), the Dietary Guidelines is the basis of federal nutrition policy, programs, standards, and education for the general public.

Healthy People – ODPHP establishes health goals for the Nation by leading the development and implementation of Healthy People, which provides science-based national objectives with 10-year targets for improving the health of all Americans at all stages of life. Healthy People also provides a framework for prevention and wellness programs for a diverse array of federal and non-federal users across sectors. *Healthy People 2030*, released in 2020, provides the framework for health in all policies and programs across all sectors of society; its overarching goal is to eliminate health disparities, achieve health equity, and attain health literacy to improve health and well-being for all.

Physical Activity Guidelines for Americans – These Guidelines serve as the primary, authoritative voice of the federal government for evidence-based guidance on physical activity, fitness, and health for Americans. The most recent edition (second) of the Guidelines was released in 2018, followed by the Physical Activity Guidelines for Americans Midcourse Report: Implementation Strategies for Older Adults in 2023.

National Youth Sports Strategy Program Description – The National Youth Sports Strategy (NYSS), provides a framework for uniting U.S. sports culture around the shared vision that all youth will have the

opportunity, motivation, and access to play sports. Implementation of the NYSS focuses on four key areas: communication and promotion of youth sports, partnership and stakeholder coordination, federal government coordination, and measurement of youth sports.

Move Your Way® – The campaign promotes the recommendations from the second edition of the Physical Activity Guidelines for Americans and supports HHS's strategic goal to protect the health of Americans and now includes over 80 resources in English and Spanish on health.gov.

Health.gov – ODPHP fulfills its Congressional mandate to provide reliable prevention and wellness information to the public and recently updated health.gov's infrastructure and improved the user interface for MyHealthfinder. Health.gov also support Healthy People 2030 with an Application Programming Interface that automatically updates the data for each of the 359 objectives.

Health Literacy – ODPHP plays a key role in developing health literacy resources to assist organizations in developing materials that foster clear communication between health professionals and patients, including Health Literacy Online and the National Health Literacy Action Plan

President's Council on Sports, Fitness, and Nutrition (PCSFN) – The President's Council on Sports, Fitness & Nutrition (PCSFN) is a federal advisory committee of up to 30 members appointed by the President and housed within ODPHP. PCSFN's mission is to engage, educate, and empower all individuals living in the United States to adopt a healthy lifestyle that includes regular physical activity and good nutrition. Per the governing Executive Order, PCSFN advises the President, through the Secretary of Health and Human Services, on ways to promote regular physical activity, fitness, sports participation, and good nutrition. Food Is Medicine – This initiative will support continued development and refinement of an implementation guide to assist federal, state, and local governments, communities, and health care organizations in creating and implementing Food Is Medicine pilots and establish an effective enabling policy environment for Food Is Medicine practices.

Budget Request:
The FY 2025 President's Budget request for OHPHP is $12,758,000, which is an increase of +$4,864,000 above the FY 2023 Final Level. This includes funding to address inflationary cost increases for the program. At this funding level, ODPHP will continue to implement its programs to meet the office's statutory mandate to help the nation establish greater resilience through improved health, while ensuring less reliance on alternative funding sources (including public health evaluation, contingency, partner moneys or HHS joint funding agreements) to achieve mission.

This budget will also provide for more up-to-date enhancements and quality improvements of the tools and resources that optimize implementation of ODPHP's key programs – *Healthy People*, Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, MyHealthfinder.com, health literacy, and the health.gov platform – as well as resources to support optimization of Food Is Medicine policy and program development. The request will allow ODPHP to further support implementation of the National Strategy on Hunger, Nutrition, and Health by sustaining efforts across all ODPHP's programmatic areas, and through the limited development and promulgation of nutrition and physical activity policies, communications campaigns, and partnership initiatives. ODPHP will continue leveraging its key role in the coordination of activities among Federal partners that enable HHS to effectively apply scientific, evaluative, and programmatic findings of agencies government wide. Also, critical to ODPHP addressing extant and expanded requirements across the office's portfolio, the budget request will

allow ODPHP to address some critical staffing shortfalls in the areas of nutrition science, physical activity, data analytics, and communications by increasing the total number of FTEs to 29 to help ensure sufficient staffing for HHS' essential interagency role as administrative lead for the next iteration of the Dietary Guidelines and Physical Activity Guidelines.

Healthy People

The FY 2025 request will support continued strategic implementation of the national, 10-year health objectives, Healthy People 2030, and ensure the initiative is situated to support HHS' and the Administration's priorities of improving health and achieving health equity, including by eliminating health disparities, and addressing the social determinants of health. ODPHP will continue to promote the use of the initiative's key elements: overarching goals, overall Health and Well-being Measures, Social Determinants of Health Framework, comprehensive set of health objectives, and Leading Health Indicators. ODPHP will continue to update the online disparities data visualization tools for the Healthy People website. The FY 2025 request will also allow ODPHP to make updated data available to users at least annually, including researchers and policy makers at state, local, Tribal, and territorial levels for integration into their own websites and data dashboards through content syndication and to inform their health improvement planning efforts. The request will also allow ODPHP to provide limited technical assistance to states, localities, and Tribes to facilitate their use and uptake of Healthy People 2030. ODPHP will further the Healthy People 2030 Champions program to promote the use of the initiative among a diverse array of stakeholders committed to achieving the vision of a society in which all people can achieve their full potential for health and well-being across the lifespan. ODPHP will conduct ongoing reviews of the Healthy People 2030 objectives to ensure they remain relevant and address the nation's evolving critical public health issues.

Dietary Guidelines for Americans (DGA)

HHS is the current administrative lead for the development of the 2025-2030 edition of the DGA. The FY 2025 budget request will support continued development of the 2025-2030 DGA, including activities including overseeing and supporting the work of the 2025 Dietary Guidelines Advisory Committee (DGAC) as they review the science and summarize their findings in a comprehensive scientific report. Funding in FY 2025 will support ongoing content development for the website, DietaryGuidelines.gov, to enable public transparency of the entire Dietary Guidelines process.

Physical Activity Guidelines for Americans/Move Your Way/National Youth Sports Strategy (NYSS)

The FY 2025 budget request will support staff to work on the implementation of the Physical Activity Guidelines Midcourse Report: Implementation Strategies for Older Adults which was released in June 2023. Work will begin in FY 2024 to initiate the next edition of the Physical Activity Guidelines for Americans, 3rd edition to be released in 2028. Funds in FY 2025 budget will help support initial work to appoint the Physical Activity Guidelines for Americans Advisory Committee members, to initiate contracts for communications and website support, and for a contractor for the literature review team.

The request will also support work on the Move Your Way® communications campaign, which ODPHP developed to promote the 2nd edition of the Physical Activity Guidelines for Americans, to encourage Americans to get the physical activity they need to improve their health. We will further our efforts to reach adolescents and identify new focus areas for Move Your Way® materials, such as resources to engage harder to reach audiences like American Indian and Alaskan Native populations and seek opportunities to amplify the findings from the Physical Activity Guidelines Midcourse Report on older adults. ODPHP will further develop and leverage partnerships to raise awareness of and encourage

behavior change that will benefit the health of all Americans. ODPHP will continue implementation of the NYSS through its NYSS Champions partnership initiative and support strategies to create safe, fun, inclusive, developmentally appropriate, and accessible youth sports opportunities.

President's Council on Sports, Fitness & Nutrition (PCSFN)

The FY 2025 Budget request will support the work of the PCSFN appointed to promote regular physical activity, fitness, sports participation, and good nutrition and to develop initiatives and partnerships that recognize the benefits of youth sports participation, physical activity, and a nutritious diet in helping create habits that support a healthy lifestyle. This includes the PCSFN's work to continue supporting implementation of the NYSS and promoting the awareness of mental health as it relates to physical activity and nutrition. Per the establishing Executive Order, the PCSFN will advise the President, through the Secretary of HHS, on ways to increase access to opportunities for all Americans to lead active, healthy lives. TPCSFN members will also serve to inspire and lead the nation as we work toward implementation of the National Strategy on Hunger, Nutrition and Health. PCSFN members can expand the reach of healthy eating and physical activity messages through targeted engagement across HHS regions to spur local action utilizing the nutrition campaign and Move Your Way messages®.

Health Communication and Health Literacy

The FY 2025 request will support research and further improvement of the MyHealthfinder tool. ODPHP will also develop additional plain language content to educate Americans of their preventive behavior and screening needs. Funds will support limited promotion of the newly updated Health Literacy Online Tool, and the creation of health literacy educational tools to assist organizations and individuals in engaging in effective health communication. The request will allow ODPHP to work with the HHS Health Literacy Workgroup to update the National Action Plan to Improve Health Literacy which seeks to engage organizations, professionals, policymakers, communities, individuals, and families in a linked, multi-sector effort to improve health literacy.

Food Is Medicine

The FY 2025 budget request will further support this initiative, allowing for continued development and refinement of an implementation guide designed to assist federal, state, and local governments, communities, and health care organizations in creating and implementing effective Food Is Medicine pilots and policy-sustaining programs as well as to navigate and establish an effective enabling policy environment for Food Is Medicine practices. Funding will also allow for continued expansion and maintenance of a FIM Measures Registry that will evolve as insights from pilots and practices are collected. More specifically, the budgetary impact of this initiative would support one new FTE (FIM project manager), a living implementation guide and expansion of FIM models such as within the school system (e.g., culinary nutrition education in schools), data infrastructure and further refinement of the FIM measures registry, technical assistance, web site updates and communication, and a platform for public/private partnership collaboration and learning across communities advancing FIM programs.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$7,956,000
FY 2022	$7,956,000
FY 2023 Final	$7,894,000
FY 2024 CR	$7,894,000
FY 2025 President's Budget	$12,758,000

Program Accomplishments

Select Healthy People Accomplishments

In FY 2023, ODPHP collaborated with CDC's National Center for Health Statistics to release nationally representative data on life satisfaction collected via the National Health Interview Survey which, together with the Healthy People 2030's key elements, will provide a complete framework for assessing progress in achieving the nation's health and well-being goals. ODPHP released more than 1,000 disparities data charts and produced public webinars highlighting the latest data to gauge progress toward the Healthy People 2030 objectives' 10-year targets. ODPHP published in the Journal of Public Health Management and Practice of the results of an environmental scan ODPHP conducted on how health equity and health disparities are defined and communicated within the field of public health. Through the Healthy People 2030 Champions and the State and Territorial Coordinators, ODPHP increased use of Healthy People 2030 among across multiple sectors.

Dietary Guidelines Program Accomplishments

In FY 2023, HHS and USDA continued their efforts to implement the Dietary Guidelines 2020-2025 through promotional and consumer-facing educational materials, including a Toolkit for Professionals with 10 consumer-friendly handouts, public webinars and presentations, peer-reviewed journal publications, a blog series that highlighted nutrition recommendations and actions for health professionals and consumers and outreach to key stakeholders.

Health.gov Program Accomplishments

In FY 2023, ODPHP began a refresh of the Health.gov website to improve the architecture of the site so consumers can find information easier and also improve the search functionality of the site.

Physical Activity Guidelines/Move Your Way® Program Accomplishments

In FY 2023, the Physical Activity Guidelines Midcourse Report: Strategies to Increase Physical Activity in Older Adults was launched by ADM Levine at the President's Council annual meeting in June. A suite of new Move Your Way materials tailored to consumers and health care professionals was created to support the promotion of the Midcourse Report and to encourage more older adults to get the physical activity they need. A Move Your Way LinkedIn community was established, and new resources and guidance created to help increase uptake of the campaign. The NYSS Champions partnership network has grown to over 250 organizations; 2 partner webinars and a virtual workshop were held to engage and connect organization around the vision of the NYSS.

Healthy Literacy Program Accomplishments

In FY 2023 ODPHP continued to partner with AHRQ to lead the HHS Health Literacy Workgroup which supported health literacy quality improvement projects for HHS agencies.

PCSFN Program Accomplishments

In March 2023, the President appointed 27 new Council members to join the previously appointed co-chairs. To further support the PCSFN, Secretary Becerra appointed eight new members to the Board of Directors of the National Fitness Foundation (NFF) in July 2022. One of the key actions of the NFF during FY23 has been exploring ways to support a revitalization of the Presidential Youth Fitness Program, a comprehensive school-based program, long championed by the PCSFN, that promotes health and regular physical activity for America's youth.

ODPHP– Key Outputs and Outcomes Table

Measure	Year and Most Recent Result Target for Recent Result Summary of Result	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
ODPHP[4]	-	-	-	-
I.b Visits to ODPHP-supported websites (Output)	FY 2023: 11,407,947 Target: 10.5 million (Target Not Met)	10.5 million	9 million	1.5 million Decrease
II.a Percentage of States that use the national disease prevention and health promotion objectives in their health planning process (Outcome)	FY 2022: 84% Target: 60% (Target Exceeded)	65%	84%	+19%

[1]FY 2023 results available in Q4 2024

ODPHP (including PCSFN)– Key Outputs and Outcomes Table

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
8.6 Number of social media impressions related to ODPHP's sports, physical activity, nutrition, and other health promotion programs	FY 2023: 382 Million Target: 320 Million (Target Exceeded)	320 Million	320 million	Maintain

Performance Analysis

ODPHP has a congressional mandate to provide health information to professionals and the public and accomplishes this through health.gov and social media. ODPHP continues to consolidate and move a substantial amount of program activities online to health.gov and is increasing its use of social media vehicles, enhancing value to the public and professionals. *Healthy People* provides an online resource with multiple interactive tools for tracking and implementing national health objectives. The second edition of the Physical Activity Guidelines forAmericans is promoted through the Move Your Way® campaign, which provides resources online to increase the uptake of the guidelines. Additionally, the National Youth Sports Strategy (NYSS) and the NYSS Champions program provide actionable strategies to increase participation in youth sports, through blogs, regular newsletters, and social media.

[4] Final FY 2023 results will be reported upon availability

Outreach for the Dietary Guidelines for Americans is also primarily web-based. ODPHP will continue to update web content and resources in FY 2025 to support implementation of the 2020-2025 DGA as well provide support and promote public participation with the development of the next edition (2025-2030) of the Dietary Guidelines, including topics and questions, public meetings of the Committee, subcommittee progress, and detailed documentation of the evidence review process.

The online MyHealthfinder tool provides easy-to-understand, customized prevention recommendations to consumers which increases personal health literacy, engagement and participation in decision making with healthcare providers. ODPHP is also updating Health Literacy Online, which is a web-based tool that helps organizations learn how to design health websites and other digital health information resources that meet the needs of those without strong literacy or health literacy skills. While the data suggest that ODPHP did not meet its web performance targets, this is an artifact of changes in the data collection methods and different data modeling approaches between Universal Analytics which was replaced by Google Analytics 4 in 2023. ODPHP strongly believes that the general public and health professionals will continue to have access to evidence-based tools, resources, and support for their prevention and wellness activities at rates similar to previous years. Due to these changes in analytic calculations, ODPHP has reduced its FY 2025 target to 9 million sessions.

ODPHP expects to continue to grow its online presence across all its programmatic areas and in FY 2024, launched a LinkedIn Channel to reach healthcare providers and public health professionals. Such growth will provide resources that help Americans to be more effective in their prevention and wellness activities by offering social media content, data visualization tools, and use of new media that have proven to increase public andprofessional engagement. It also will allow ODPHP to continue developing user-centered information and web-based tools based on health literacy and plain language principles, extending the reach and impact to those who are not savvy users of health information or the internet. In FY 2023 and also in FY 2024, ODPHP changed its social media management tool because we observed significant differences in how each service calculated its metrics, as well as how much analytic data can be accessed. Accordingly, the estimates of social media impressions presented above only reflect 3 of 4 quarters in FY 2023. However, with the new service in place, ODPHP anticipates that it can access metrics with greater accuracy. In FY 2025, ODPHP anticipates that its web and social media traffic will remain flat due to changes in the communications environment (e.g., changes on X/Twitter) and ongoingdenial of service (DdoS) attacks which began in FY 2022.

In FY 2022 ODPHP saw an increase in states' and territories' use of *Healthy People's* objectives. With the launch in FY 2020 of the new decade's objectives—*Healthy People 2030*—use in FYs 2021 dropped, as expected, as states recalibrated their efforts to align with the new national objectives. While use is expected to hold steady in FY 2025, ODPHP will increase the FY 2025 target from the FY 2024 to reflect the anticipate continuation of uptake of the new objectives as states and territories integrate the new objectives into their health improvement planning processes. The significant reduction in the number of objectives in Healthy People 2030, which was driven in large part by stakeholder input, is expected to improve the ease of use of the national objectives by states and others as they identify critical health priorities and develop programs to address those needs.

OFFICE FOR HUMAN RESEARCH PROTECTIONS

Budget Summary

(*Dollars in Thousands*)

Office for Human Research Protections	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	6,243	6,243	6,531	+288
FTE	21	21	21	-

Authorizing Legislation……PHS Act, Title II, Section 301
FY 2025 Authorization……Permanent
Allocation Method……Direct Federal

Program Description

The Office for Human Research Protections (OHRP) was created in June 2000 to lead HHS's efforts to protect human subjects in biomedical and behavioral research, and to provide leadership for all federal agencies that conduct or support human subjects research under the Federal Policy for the Protection of Human Subjects, also known as the Common Rule. OHRP replaced the Office for Protection from Research Risks (OPRR), which was created in 1972 and was part of the National Institutes of Health (NIH).

OHRP provides clarification and guidance, develops policy, creates educational programs and materials, maintains regulatory oversight through compliance activities, provides advice on ethical and regulatory issues in biomedical and behavioral research, and administers the programs for assurance of compliance and Institutional Review Board (IRB) registrations. OHRP has oversight over an estimated 13,500 institutions in the United States and worldwide that hold a Federal wide assurance (FWA) of compliance with OHRP for the conduct of nonexempt human subjects' research (Authorizing Legislation Sections 491 and 492A of the Public Health Service Act). The office also provides support for the Secretary's Advisory Committee on Human Research Protections (SACHRP), which advises the HHS Secretary on issues related to protecting human subjects in research.

On January 19, 2017, HHS and 15 other departments and agencies issued a revised Common Rule (also referred to as the 2018 Requirements) that was amended on January 22, 2018, and June 19, 2018, with a general compliance date of January 21, 2019, and a compliance date for the cooperative research requirement for approval by a single IRB of cooperative research projects conducted in the United States of January 20, 2020. The revised Common Rule represents the first major set of changes to the federal human subjects' protection system in over 20 years. These changes accomplish two important goals: (1) Eliminating inappropriate regulatory burdens that have slowed certain types of research and added little in the way of protections for subjects; and (2) where needed, improving protections for subjects (particularly in terms of improved informed consent for higher-risk research).

OHRP has three divisions, which are the Division of Policy and Assurances (DPA), the Division of Education and Development (DED), and the Division of Compliance Oversight (DCO):

OHRP's Division of Policy and Assurances (DPA) develops policy and guidance documents related to HHS regulations for the protection of human subjects (45 CFR Part 46) and maintains a database of FWAs and IRB registrations.

OHRP's Division of Education and Development (DED) develops educational and informational resources, conducts outreach activities with research institutions and professional organizations, and co-sponsors research community forums and workshops to educate the broad research community on human protections in research and promote public trust in the research enterprise.

OHRP's Division of Compliance Oversight (DCO) conducts compliance evaluations and investigations of human research protections programs and IRBs, reviews complaints about research sent to OHRP, and assesses incident reports from the regulated community about unanticipated problems involving risks to subjects or others, any serious or continuing noncompliance with HHS's human subjects protection regulations or IRB determinations, or any suspension or termination of IRB approval.

Budget Request

The FY 2025 President's Budget request for OHRP is $6,531,000, which is an increase of +$288,000 above the FY 2023 Final level. At this funding level OHRP will maintain its staff level of 21. This includes funding to address inflationary cost increases for the program. At this funding level, OHRP will maintain its current activities supporting the conduct of sound and ethical scientific research, as follows:

- Develop guidance on the revised Common Rule. Priorities for this budget request include incorporating advisory committee recommendations on the ethical principle of justice into guidance and education efforts, continuing active harmonization efforts with FDA counterparts, and identifying gaps in policy and guidance to support trends in the field toward decentralization of clinical research.
- Pursue rulemaking to address technical issues with the regulations that have resulted in unintended burden on the regulated community.
- Support OHRP's ongoing role in managing and improving the processes and tools by which institutions register IRBs and obtain assurances to conduct HHS-supported human subjects research.
- Support three SACHRP meetings, with the contribution of expert speakers as needed.
- Support OHRP's education team to ensure a steady output of online educational tools and resources that support the work of HHS offices and the general research community for a program of ethical and regulatory oversight of human research protections, maintain current outreach efforts through our Research Community Forums, Exploratory Workshops, and thematic educational workshops, and keep an engaging web presence to promote public trust on research and research participation.
- Review and process approximately 800-1,000 incident reports, and approximately 400-600 complaints about research.
- Conduct compliance assessments of human research protections programs and IRBs.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$6,225,000
FY 2022	$6,225,000
FY 2023 Final	$6,243,000
FY 2024 CR	$6,243,000
FY 2025 President's Budget	$6,531,000

Program Accomplishments

In the prior 18 months, OHRP hosted two Exploratory Workshops, one on paying participants for their participation in research and the other on the challenges of research on psychedelics, both topics of significant public interest. Further, OHRP co-sponsored five Research Community Forums (RCF) partnering with institutional partners across the United States and conducted seven virtual webinars on the Common Rule and on promoting research representation and engagement. In addition, OHRP created the Voices of Participants series with three initial recordings on the various experiences of research participants for its *About Research Participation* initiative directed at the general public.

In FY 2023, OHRP issued several guidance documents and other resources for the regulated community. These documents focus on helping the regulated community apply the HHS requirements for the protection of human research subjects. Additionally, to support broader considerations for justice in guidance and policy, DPA submitted a successful proposal to the Equity TA Center (ETAC) for assistance. This collaboration, which kicked off in May 2022, is intended to have an enduring impact on OHRP's guidance development processes. DPA completed the engagement in September 2022 and throughout FY23 has pursued follow-on actions for equity capacity-building. OHRP also coordinated advisory committee activities; this committee, SACHRP, approved eight sets of recommendations for the Secretary on a range of topics, including the use of artificial intelligence in human subjects research, FDA's draft guidance on decentralized clinical trials, and ways forward to address GAO's recommendations on examining IRB effectiveness (related to GAO-23-104721).

OHRP also opened two cases and closed two cases, processed over 1700 incident reports from institutions engaged in or overseeing HHS-funded human subjects research, and processed over 1000 complaints about research. OHRP also published a new OHRP compliance video to aid institutions in preparation for OHRP compliance assessments.

OFFICE OF INFECTIOUS DISEASE AND HIV/AIDS POLICY

Budget Summary

(*Dollars in Thousands*)

Office for Infectious Disease and HIV/AIDS Policy	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	7,582	7,582	7,932	+350
FTE	15	15	15	-

Authorizing Legislation……PHS Act, Title II, Section 301; PHS Act, Title XXI, Section 2101
FY 2025 Authorization……Permanent; Expired
Allocation Method……Direct Federal

Program Description

The Office of Infectious Disease and HIV/AIDS Policy (OIDP) within the Office of the Assistant Secretary for Health (OASH) provides strategic leadership and management, while encouraging collaboration, coordination, and innovation among federal agencies and stakeholders, to reduce the burden of infectious diseases.

OIDP plays a vital role in directing and implementing HHS and federal government-wide policies, programs, and activities related to vaccines and immunization, HIV/AIDS, viral hepatitis, sexually transmitted infections (STIs), vector-borne diseases, and other emerging infectious diseases of public health significance, as well as blood and tissue safety and the availability of blood, tissue, and plasma-based therapies in the United States. OIDP fulfills this role by undertaking Department-wide planning, internal assessments, and policy evaluations to maximize collaboration, eliminate redundancy, and enhance resource alignment to address strategic priorities.

OIDP also leverages expert advice to prevent infectious diseases through the management of its federal advisory committees (FACs) and workgroups. These FACs span the Office's portfolio and include the Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA), Presidential Advisory Council on HIV/AIDS (PACHA), Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB), and the National Vaccine Advisory Committee (NVAC). Through the development of formal reports and recommendations, these committees and workgroups improve the health of the nation. OIDP managed a fifth FAC, the Tick-Borne Disease Working Group, from 2017 until the final report to Congress was submitted in FY 2023. Additionally, OIDP manages multiple cross government meetings to inform and coordinate programs, including the Global/Domestic Bidirectional HIV Learning forum, the Federal HIV Web Council, and the Vaccine Communicators Collaboration.

Health equity is a critical component of OIDP's portfolio. Populations disproportionately impacted by infectious diseases are the same populations that experience other health disparities, including long COVID, mpox, viral hepatitis, and syphilis. OIDP has trusted relationships with disproportionately impacted communities and has worked with them to advance awareness of infectious diseases and their prevention and treatment to reduce disparities. In FY 2022, OIDP coordinated the development of four Federal Implementation Plans: the HIV Federal Implementation Plan, Viral Hepatitis Federal Implementation Plan, STI Federal Implementation Plan, and Vaccines Federal Implementation Plan. These plans reflect the syndemic approach to HIV, viral hepatitis and STIs being incorporated throughout OIDP's portfolio and the importance of vaccination in preventing infectious diseases.

Budget Request

The FY 2025 President's Budget request for OIDP is $7,932,000, which is an increase of +350,000 above the FY 2023 Final level. This includes funding to address inflationary cost increases for the program. At this level, OIDP will strengthen its syndemic focus and initiatives incorporating the intersectionality of STIs, HIV, and viral hepatitis. In addition, OIDP will strengthen its community engagement and communication efforts, including a focus on vaccine equity and vaccine confidence, increasing childhood immunization rates, uptake of other important vaccines, and leading the federal response to the syphilis epidemic.

The FY 2025 Budget request will enable OIDP to continue its critical role in directing HHS and federal government-wide policies, programs, and activities related to infectious diseases. OIDP's primary areas of emphasis include vaccines and immunizations, HIV/AIDS, viral hepatitis, tick-borne diseases, blood and tissue safety and availability, STIs, antibiotic-resistant bacteria, long COVID, and other emerging infectious diseases of public health significance.

The FY 2025 Budget request will also allow OIDP to provide leadership and support on vaccine hesitancy and confidence. OIDP will lead efforts on implementation strategies and monitor progress on the National Strategies on HIV, viral hepatitis, vaccines, and STIs and will continue to lead the four federal advisory committees and other workgroups to ensure all committee meetings, recommendations, reports, and other deliverables are executed throughout the year.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$7,582,000
FY 2022	$7,582,000
FY 2023 Final	$7,582,000
FY 2024 CR	$7,582,000
FY 2025 President's Budget	$7,932,000

Program Accomplishments:

Ending the HIV Epidemic in the U.S (EHE) - EHE's comprehensive approach focuses resources in the 57 jurisdictions where they are needed most.

National HIV/AIDS Strategy for the United States 2022-2025 (NHAS) - *2022-2025* NHAS Interim Report focuses on the syndemics—a set of linked health problems involving two or more health problems that excessively affect a population.

Presidential Advisory Council on HIV/AIDS (PACHA) - PACHA passed a resolution on Molecular HIV Surveillance and Cluster Detection and Response Resolution in response to concerns expressed by people living with HIV, advocates, privacy experts, and public health officials.

National Vaccine Advisory Committee - NVAC approved a report with 34 recommendations to maintain the highest levels of vaccine safety in country.

Immunizations-related Community Grants, Strategic Partnerships and Project Initiatives - OIDP monitors six grantees to improve uptake of vaccines and boost vaccine confidence within racial and ethnic minority groups and other underserved populations.

Addressing Payment Barriers to Integrated Viral Hepatitis Services - OIDP released findings identifying barriers to hepatitis C service delivery and preliminary payment models. and funded two projects to identify and develop viral hepatitis quality measures for Medicare and state Medicaid quality improvement programs.

Addressing the syndemic of HIV, viral hepatitis, STIs, and social determinants of health - OIDP funded the Cherokee Nation to expand hepatitis C, HIV, and STI linkage to care within community-based organizations for American Indian/Alaskan Native (AI/AN) people receiving services for SUD and housing insecurities.

Sexually Transmitted Infections National Federal Implementation Plan (FIP) - OIDP released the STI FIP consisting of more than 200 federal action steps to help achieve the goals and targets established in the 2021-2025 STI National Strategic Plan.

National Syphilis and Congenital Syphilis Syndemic Federal Task Force (NSCSS) - Under the leadership of the ASH, OIDP established the NSCSS Federal Task Force to reduce increasing syphilis and congenital syphilis rates, promote health equity, and share resources with impacted communities.

Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB) - The PACCARB issued a report on preparing for the next pandemic in the era of AMR with a focus on US policy.

Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) – The committee voted on recommendations related to surge capacity in the U.S. blood supply, supply chain challenges, tissue biovigilance and a red blood cell alloantibody exchange as well as working on the HOPE Act National Public Law submission.

Tick-Borne Disease Working Group - The final report to the HHS Secretary and Congress regarding findings and recommendations for the federal response to tick-borne diseases was released in FY 2023.

OFFICE OF RESEARCH INTEGRITY

Budget Summary

(*Dollars in Thousands*)

Office of Research Integrity	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	11,986	14,986	14,986	+3,000
FTE	30	37	42	+12

Authorizing Legislation……PHS Act Title II, Section 301
FY 2025 Authorization……Permanent
Allocation Method……Direct Federal

Program Description

Since its establishment in 1992, the Office of Research Integrity (ORI) has worked to promote integrity in biomedical and behavioral research, reduce research misconduct, and maintain the public's confidence in research supported by funds of the U.S. Public Health Service (PHS) agencies – supporting HHS's goal to lead in health and biomedical science and innovation.

ORI's mission directly supports the Office of the Assistant Secretary for Health's national leadership on the quality of public health systems. It also aligns directly with the Administration's emphasis on scientific integrity, by way of the 2021 Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking. Under ORI's 2005 regulation, recipients of PHS funds must foster an environment that promotes the responsible conduct of research (RCR), implement policies and procedures to address allegations of research misconduct, protect the health and safety of the public, and conserve public funds (42 C.F.R. Part 93).

ORI functions through two divisions. The Division of Education and Integrity (DEI) manages programs to ensure that PHS-funded institutions have policies and procedures in place to address allegations of research misconduct; support institutions as they work to implement and comply with the requirements of the PHS Policies on Research Misconduct (42 C.F.R. Part 93); conduct outreach to provide support and resources to help institutions promote and foster research integrity; fund extramural projects focused on ensuring research integrity; and evaluate trends in research integrity lapses and activities. The Division of Investigative Oversight (DIO) handles allegations of research misconduct and monitors institutional research misconduct proceedings to develop and support HHS findings of research misconduct and proposed administrative actions. The administrative actions may include imposition of supervision requirements for the respondent, correction/retraction of published papers, and/or federal-wide debarment for a period ranging from one year up to a lifetime.

An Interagency Agreement with the National Institutes of Health (NIH) provides all of ORI's funding. ORI leads and collaborates across federal research agencies on matters of training and oversight related to research integrity.

Budget Request

The FY 2025 President's Budget request for ORI is $14,986,000 which is +$3,000,000 above the FY 2023 Final level. With completion of ORI's revised regulation anticipated by the summer of 2024, ORI anticipates using FY 2025 funds to provide additional support to implement the regulation. The proposed FY 2025 funding level will expand ORI positions and contracts related to case handling and

new supportive educational and guidance materials. High-quality institutional investigations, supported by their clear and compliant policies, allow ORI staff to make findings of research misconduct. Investments in ORI's end-to-end assurance and compliance efforts as ORI's revised regulation takes effect will help protect the public's investment in biomedical research.

ORI invested in IT infrastructure in FY 2023 to support the transfer of its AI-based image analysis tool to the HHS IT environment. ORI will use the balance of its NEF funding in FY 2024 to sustain the AI project. Sustained FY 2025 funding will ensure maintenance of a fully functional, robust, cloud-based database and other IT infrastructure that should improve efficiency of all of ORI's functions.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$8,986,000
FY 2022	$8,986,000
FY 2023 Final	$11,986,000
FY 2024 CR	$14,986,000
FY 2025 President's Budget	$14,986,000

Program Accomplishments

ORI's FY 2023 accomplishments include:

- Responded to 336 allegations through coordination with their respective institutions as needed.
- Provided technical assistance and guidance to institutions responding to allegations of research misconduct in over 885 instances, an 8-fold increase since 2018.
- Closed 79 cases, including 11 with findings of research misconduct involving PHS-funded research, 6 of which resulted in debarments.
- Assured that over 6,000 institutions worldwide attested to having research misconduct policies in place, a requirement for receiving PHS funds for research. Monitored their annual reports of research misconduct and their compliance with their own policies for handling allegations of research misconduct. Reviewed 308 policies from academic institutions for compliance with the PHS Policies on Research Misconduct. In FY 2023, ORI also issued 10 compliance letters to institutions that failed to adhere to the federal regulations related to maintaining active assurances with ORI.
- Received over 1.2 million visitors to the ORI website, with over 2.8 million page views from users in domestic and international locations.
- Promoted ORI's learning and teaching resources. Videos on research integrity in basic and clinical research drew over 64,000 page views, and ORI's 18 infographics drew over 4,000 page views.
- Launched its own YouTube channel on September 27, which it will use to deliver video resources to stakeholder groups via customized playlists.
- Sponsored in-person Boot Camps for Research Integrity Officers with the University of California San Diego and Penn State University.
- Began an overhaul of the end-to-end boot camp co-sponsorship process, to clarify ORI and institutional roles, allow institutions more discretion in structuring the curriculum and selection of expert faculty, and explore ways to offer the didactic components through short online modules or other means. The overall goal is to reach more institutional research integrity

officers whose needs range from just-in-time refreshers to in-depth training.

- Presented at and hosted an exhibit table at the annual meeting of the Association of Research Integrity Officers (ARIO), a key ORI stakeholder group. ORI provides guidance and best practices for institutions conducting research misconduct investigations and implementing responsible conduct of research programs. ORI also provides "office hours" in which institutional officials can interact with ORI in a private setting to inquire about the federal regulations, assessment of allegations, activities, and programs to promote research integrity and prevent misconduct, and technical assistance in investigations.
- Offered social media and blog posts throughout the year, as well as email updates announcing notable opportunities and activities.
- Began migration of ORI's AI-based tool for image analysis into an HHS test environment late in CY 2023. This will enable more ORI investigators to evaluate and assess its performance. If successful, ORI anticipates full implementation by FY 2025, supported in part by an award of HHS non-recurring expense fund (NEF) monies in FY 2022.
- Fulfilled 18 Freedom of Information Act (FOIA) requests.

With the support of OASH's OCIO and NIH, in FY 2022 ORI funded critical enhancements to its aging database systems that will begin to roll out in FY 2024 with OASH's Unified Web efforts. Planned improvements under a new contract include more efficient file access and records management, as well as enhancements to ORI's assurance database. ORI envisions a cloud-based system with new capabilities that support and facilitate case handling from intake through disposition, as well as systematic review of institutional policies for handling allegations of research misconduct. Many of these tasks must be conducted manually in the current databases.

ORI anticipates completion of revisions to its 2005 regulation at 42 C.F.R. Part 93 with implementation in FY 2025. Potential changes in the regulation would clarify compliance guidance for research institutions, as well as streamline some of the investigative and oversight processes. Delaying these changes would continue to burden institutions (and ORI) with an overly complex regulation that had not envisioned the digital revolution (in data, imagery, and analysis, let alone records retrieval and management) of the past 20 years. ORI released a request for information (RFI) to the public late in FY 2022 soliciting viewpoints on needed changes in 42 C.F.R. Part 93, and it used that information to draft a Notice of Proposed Rulemaking that displayed October 6, 2023.

ORI --Grants Award Table:

Grants (whole dollars)	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	3 continuation, 2 new	4 new (anticipated)	4 new (anticipated)
Average Award	$99,331	$50,000	$50,000
Range of Awards	$49,715 - $150,000	$25,000 - $50,000	$25,000 - $50,000

PUBLIC HEALTH REPORTS

Budget Summary

(*Dollars in Thousands*)

Public Health Reports	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	470	470	492	+22
FTE	1	1	1	-

Authorizing Legislation..... PHS Act, Title III, Section 301
FY 2025 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description

Public Health Reports (PHR) is the official journal of the Office of the U.S. Surgeon General (OSG) and the Public Health Service (USPHS). It is a is a scholarly, MedLine-indexed peer-reviewed scientific journal. It is published on a continuous basis electronically and bimonthly in print. Published since 1878, Public Health Reports is one of the oldest journals of public health in the U.S., and the only health journal in the federal government for the general public. The journal supports HHS priorities by facilitating the movement of science into public health policy and practice to positively influence the health and wellness of the American public.

The journal publishes scholarly manuscripts that inform and advance public health policy and practice by demonstrating actionable results and evaluations of public health programs that describe models of practice that can be replicated by others. Articles in the journal cover three main areas: public health practice, public health research, and viewpoints and commentaries. The journal also publishes one to four supplemental issues per year. Many issues include a perspective or commentary by the Surgeon General or other senior leaders of the Office of the Assistant Secretary for Health and HHS. The journal is a trusted source for state, local, and tribal governments that depend on HHS for up-to-date guidance about public health policy topics that can be implemented to protect Americans.

Budget Request

The FY 2025 President's Budget request for Public Health Reports is $492,000, which is an increase of +$22,000 above the FY 2023 Final level. At this funding level, *Public Health Reports* will maintain its current staffing levels with one Managing Editor and capacity for publishing at the rate of six editions per year. This funding will allow the journal to continue to focus on emerging public health concerns and topics, such as disease surveillance, infectious and chronic diseases, occupational disease and injury, immunization, health disparities, substance use disorders, and tobacco use in support of enhancing the health and well-being of all Americans.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$470,000
FY 2022	$470,000
FY 2023 Final	$470,000
FY 2024 CR	$470,000
FY 2025 President's Budget	$492,000

Program Accomplishments

Some of *Public Health Reports* recent accomplishments include reducing the time from receiving a manuscript to publication, increasing the diversity of its content and editorial board, expanding readership, and continuing to increase the journal's impact factor (latest data available: impact factor up from 1.764 in CY2019 to 2.792 in CY2020 to 3.117 in CY2021 to 3.3 in CY2022 (highest impact factor in journal's history for a 2nd year in a row). In 2023, the journal is on track to put out six regular issues, 2 sponsored supplements, and launched a new department on public health ethics. The 2023 impact factor will be available in June 2024. *Public Health Reports* is now ranked 101st of 207 in the "Public, Environmental & Occupational Health (SCIE)" and 76th of 180 in "Public, Environmental & Occupational Health (SSCI)" categories.

TEEN PREGNANCY PREVENTION

Budget Summary

(*Dollars in Thousands*)

Teen Pregnancy Prevention	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	101,000	101,000	101,000	-
FTE	29	24	24	-5

Authorizing Legislation.....Current Year Appropriation
FY 2025 Authorization .....Annually
Allocation Method..... Direct Federal

Program Description

The Teen Pregnancy Prevention (TPP) program is a national, evidence-based program that funds diverse organizations working to prevent unintended teen pregnancy across the United States. It supports both the implementation of effective programs and the development and evaluation of new and innovative approaches to prevent unintended teen pregnancy. It is administered by the Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health.

Through the TPP program, competitive grants are awarded to public and private entities to provide medically accurate and age-appropriate programming to adolescents in communities with the greatest need to reduce disparities in unintended teen pregnancy and birth rates. Funding also supports grant administration, program evaluation, technical assistance, and training. The TPP program aims to reduce disparities in unintended teen pregnancy and associated sexual and reproductive health outcomes and support greater equity in TPP programming.

TPP replication grants support the implementation of effective programs – those proven through rigorous evaluation to reduce unintended teen pregnancy, behavioral risk factors underlying teen pregnancy, or other associated risk behaviors – that are culturally appropriate, age appropriate, medically accurate, and trauma-informed to scale in communities with the greatest need. Replication grants also build the capacity of youth-serving organizations to implement, evaluate, and sustain effective teen pregnancy prevention programs.

TPP demonstration grants support the development of new and innovative strategies and approaches to prevent unintended teen pregnancy as well as rigorous evaluation of promising approaches. TPP demonstration grants specifically aim to develop new interventions that address existing disparities and fill gaps in the current evidence-based approaches.

Budget Request

The FY 2025 President's Budget request for TPP is $101,000,000, which is flat with the FY 2023 Final level. OPA competitively awarded all TPP funding in FY 2023 to 71 new grantees to implement effective programs to scale across the country in communities and among populations most in need and to develop and test new and innovative approaches to preventing unintended teen pregnancy and advancing positive youth development. The FY 2025 request will support the third year of funding for these grantees. Funding will also support continued training and technical assistance for TPP grantees.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$100,697,000
FY 2022	$101,000,000
FY 2023 Final	$101,000,000
FY 2024 CR	$101,000,000
FY 2025 President's Budget	$101,000,000

Program Accomplishments

For more than a decade, TPP recipients have significantly improved U.S. adolescent health outcomes by partnering with over 21,000 community partners to provide evidence-based, medically accurate, trauma-informed, and age-appropriate sexual and reproductive health programs to close to 1.5 million young people and to develop and evaluate over 100 different innovative and new approaches to disrupting health inequities and improving adolescent sexual and reproductive health. TPP recipients center positive youth development and meaningful youth engagement throughout all aspects of their work and their projects.

In the most recent 2023 update to the TPP Evidence Review (TPPER), seven of the nine new evidence-based programs added were funded by OPA's TPP program. These new TPP programs address gaps in the existing evidence, including adding two of the first programs specifically developed for LGBTQI+ youth, clinic-based interventions, and technology-based interventions, and help to expand the menu of evidence-based programs available for communities to select.

The awards made in FY2023 are working to address disparities through implementation of effective programs in 29 states and Puerto Rico and through research and evaluation in known gaps identified in the current TPP evidence review. For example, of the promising interventions funded for evaluation, four are for system-involved youth, one for caregivers, one for males, two for youth-serving providers, one for expectant and parenting teens, and five that are virtual or tech-based (e.g., videos, games, etc.).

Teen Pregnancy Prevention – Key Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result Target for Recent Result Summary of Result	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
9.1 Number of youths served by theTPP Program	FY 2023: 140,935 Target: 210,000 (Target Not Met)	50,000	150,000	+100,000
9.2 Number of TPP Program formalor informal partners	FY 2023: 1,412 Target: 2500 (Target Not Met)	2,500	2,500	Maintain
9.3 Number of Intervention Facilitators provided new or follow-up training	FY 2023: 20,638 Target: 3,700 (Target Exceeded)	3,700	3,700	Maintain

9.4 Percent of youth receiving atleast 75% of available TPP programming	FY 2023: 8 0 % Target: 80% (Target Met)	80%	80%	Maintain
9.5 Mean percentage of the effective program being implemented asintended	FY 2023: 97% Target: 90% (Target Exceeded)	90%	90%	Maintain

Performance Analysis

OPA funded a new cohort of 71 TPP grantees in FY 2023. As a result, the FY 2024 target is lower than the FY 2023 target reflecting data from grantees in their first year of new grant funding. Historically, we expect a lower number of youths served as the first six months of new funding is focused on administrative activities in preparation for executing the implementation of the program for youth. The FY 2025 target is expected to increase as grantees will be past their planning period and starting full implementation of their project. Historically, we see a gradual increase in the number of youths served after the first year of the grant project.

Teen Pregnancy Prevention – Grants Award Table

Grants (whole dollars)	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	71	71	71
Average Award	$1,000,000	$1,000,000	$1,000,000
Range of Awards	$487,000 - $2,000,000	$487,000 - $2,000,000	$487,000 - $2,000,000

OFFICE OF MINORITY HEALTH

Budget Summary
(*Dollars in Thousands*)

Office of Minority Health	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	74,835	74,835	74,835	-
FTE	57	57	62	+5

Authorizing Legislation.....PHS Act, Title XVII, Section 1707
FY 2025 Authorization Status.....Expired
Allocation Method.....Direct federal

Program Description
The mission of the Office of Minority Health (OMH) is to improve the health of racial and ethnic minority and American Indian/Alaska Native (AI/AN) populations through the development of policies and programs that help eliminate health disparities. OMH carries out this work by supporting policy and program demonstration projects and evaluations; disseminating information to individuals from disadvantaged backgrounds; supporting health care providers' ability to provide culturally and linguistically appropriate services; and supporting a national minority health resource center.

Racial and ethnic minority and AI/AN populations are less likely to receive quality health care or preventive care, have higher rates of many chronic conditions, have fewer treatment options, and have the highest rates of uninsured persons. Consequently, OMH initiatives and programs include topic areas promoting: (1) Primary prevention activities that promote health (e.g., physical activity and nutrition); (2) Secondary and tertiary prevention activities to identify conditions in the earliest stages before the onset of signs and symptoms and to prevent disease progression (e.g., screenings and/or treatments for behavioral health, maternal health, sickle cell, diabetes, and lupus); and (3) Addressing individual social needs and social determinants of health (e.g., language access services). OMH addresses these topic areas through its grants, cooperative agreements, contracts, interagency agreements, and educational outreach and collaboration with strategic organizational and community partners.

Budget Request
The FY 2025 President's Budget request for OMH is $74,835,000, which is flat with the FY 2023 Final level. At this level, OMH will continue supporting the Department's priorities to advance equity, including bolstering the Department's work to address maternal health disparities and identifying best practices for implementing interventions that address other racial, ethnic, and tribal health disparities (e.g., in alignment with leading health indicators). OMH also will continue to provide leadership for policies, programs, and other resources that improve health outcomes, reduce disparities, and promote health equity for racial and ethnic minority and AI/AN populations. This work includes coordinating the Department's programs and activities that address racial, ethnic and/or tribal health disparities; analyzing data; assessing policy and programmatic activities for health disparity implications; building awareness of issues that impact health disparities and health equity by developing related guidance and policy documents; funding demonstration grants to identify interventions that reduce health disparities; collaborating and partnering with agencies within the Department and across the federal government, and with other public and non-profit entities; and supporting projects of national significance.

The FY 2025 budget request supports existing, enhanced, and new efforts, including the following:

- Contracts: $9,951,046 supports existing OMH contracts, including 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, the OMH Resource Center, evaluation efforts, language translation services, and logistical support across OMH programs.
- Grants/Cooperative Agreements: $43,615,000 supports new and existing demonstration grants or cooperative agreements, which include supporting community-based perinatal health services, the Center for Indigenous Innovation and Health Equity, Health Equity Leadership Development Initiative, the National Lupus Outreach and Clinical Trial Education program, and initiatives that address disparities in leading health indicators, Alzheimer's Disease, and other dementia risks.
- Inter-Agency Agreements: $6,633,664 supports new and existing programmatic and operational activities, including support for promoting improved maternal health outcomes for AI/AN women; implementing selected activities from the 2020 National Academies Sickle Cell Disease Strategic Plan; supporting cross-agency collaborative research, policies, programs and partnerships to advance well-being and health equity; implementing an OMH data enterprise; and disseminating evidence informed practices identified through OMH initiatives.
- Operating Costs: $14,635,290 supports staffing and other necessary operating costs for the administration and management of OMH programs, policies, and initiatives in FY 2025.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$61,649,000
FY 2022	$64,835,000
FY 2023 Final	$74,835,000
FY 2024 CR	$74,835,000
FY 2025 President's Budget	$74,835,000

Program Accomplishments

In FY 2023, OMH funded over 70 public and non-profit private entities to support policy demonstration initiatives and other public health activities, including COVID-19 data analysis and evaluation of mitigation activities. OMH also coordinated efforts across the government to help eliminate racial, ethnic, and tribal health disparities, including co-development of a public HHS Equity Action Plan and internal HHS equity trainings. Below are selected OMH FY 2023 accomplishments.

Culturally and Linguistically Competent Care

- OMH staff supported local governments' demonstration of evidence-based, culturally appropriate health literacy strategies for enhancing COVID-19 testing, contract tracing and other mitigation measures in racial and ethnic minority and other socially vulnerable populations.
- OMH expanded health providers' access to cultural competency resources by sponsoring nine e-learning programs on culturally and linguistically appropriate services in health and healthcare. The programs focus on topic areas such as behavioral health, maternal health, oral health, and disaster response. In FY 2023, there were 72,937 e-learning program completions, and health professionals and students earned 311,061 continuing education credits toward their licensure requirements.

Maternal Health

- Through the AI/AN Hear Her® campaign, OMH and the Centers for Disease Control and Prevention (CDC) are increasing awareness of urgent maternal health warning signs and culturally appropriate maternal health care. Digital media promoting campaign resources garnered more than 100,000 views and 16.5 million impressions from November 2022 to September 2023.

Evidence-Informed Approaches

- OMH identified and disseminated 10 evidence informed practices (EIPs) in topic areas including: earned income tax credit receipt; diabetic outcomes; and COVID-19 health literacy, including testing and vaccines. EIPs expand upon evidence-based approaches from academic research to include knowledge and expertise of practitioners and those with lived experiences.
- Through an HIV Challenge, OMH and OASH identified three effective approaches to increase HIV prevention/treatment through enhanced community engagement and addressing HIV/AIDS stigma. OMH plans to disseminate these approaches in FY 2024.
- By funding 20 new demonstration projects in FY 2023, OMH will identify effective approaches for reducing health disparities for the following topic areas: perinatal health (11 awards); indigenous health (2 awards); lupus clinical trials (4 awards); and equity leadership development (3 awards).

Health Equity Policies

- OMH worked with twenty-nine U.S. states and territories that incorporated health equity objectives in their health plans. OMH-sponsored training sessions to support these efforts.
- Through resource guides supporting Asian American, Native Hawaiian (NH), and Pacific Islander (PI) health, OMH disseminated best practices for language access, community engagement, and data disaggregation to federal, state and local agencies in response to the COVID-19 pandemic.
- OMH sponsored a National Academies of Sciences, Engineering, and Medicine report on Federal Policy to Advance Racial, Ethnic and Tribal Health Equity. Created in response to FY 2021 Congressional Appropriations language, the report identifies short-term and long-term federal executive and legislative actions to impact health inequities.

Office of Minority Health – Key Outputs and Outcomes Table

Measure	Year and Most Recent Result Target for Recent Result Summary of Result	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
OMH[5]	-	-	-	-
4.2.1 Increased percentage of continuing education credits earned or awarded to enrollees who complete at least one or more of OMH's accredited Think Cultural Health e-learning programs (Output)	FY 2023: Discontinued Target: N/A	N/A	N/A	N/A
4.2.1a Number of completions of OMH's Think Cultural Health e-learning programs (Output)	FY 2023: 72,937 Target: 44,700 (Target Exceeded)	45,500	46,400	+2%

[5] Final FY 2023 results will be reported upon availability

4.4.1 Unique visitors to OMH-supported websites (Output)	FY 2023: 892,542 Target: 515,000 (Target Exceeded)	520,000	525,000	+1%
4.5.1 Increased percentage of State and Territorial Offices of Minority Health/Health Equity that have incorporated national disease prevention and health promotion (e.g., Healthy People 2020) and health equity (e.g., National Partnership for Action to End Health Disparities) goals in their health disparities/ health equity planning processes. (Output)	FY 2023: 49% Target: 55% (Target Not Met)	53%	54%	+1%
4.6.1 Increase the percentage of promising approaches, models, and evidence-based practices produced by OMH-funded grantees and cooperative agreement partners (Output)	FY 2022: 62% Target: 52% (Target Exceeded)	54%	55%	+1%

Performance Analysis

4.2.1a: Think Cultural Health houses a suite of continuing education e-learning programs designed to build knowledge, skills, and awareness of cultural and linguistic competency among health care professionals. OMH did not release any new e-learning programs or promotional resources in FY 2023; thus FY 2024 performance is projected to be below that for FY 2023. In FY 2024, OMH expects to develop new e-learning programs and resources for health care and public health professionals and to increase the promotion of the *National CLAS Standards*. Thus, in FY 2025, OMH expects an increase of 2% over the FY 2024 target for the number of completions of OMH's accredited e-learning programs.

4.4.1: OMH's main website, www.minorityhealth.hhs.gov, is administered by the OMH Resource Center. The website is a tool for disseminating racial, ethnic, and tribal health information, including minority health and health disparities data and literature, information on national and other funding opportunities and programmatic activities, and general information about OMH. The Resource Center also administers the OMH Knowledge Center Library, which is a database composed of more than 75,000 records, 86% of which are in digital format. The database serves as a resource for students, researchers, community and faith-based organizations, and institutions of higher education (including minority-serving institutions) for accessing accurate and comprehensive information for use in policy and program development and information dissemination.

As of June 30, 2023, OMH saw 892,542 unique visitors to its website, which reflected a 2% increase over the previous fiscal year during the same period. The increased number of website visitors compared to the FY 2023 target is attributed to continued high interest in health outcomes for racial and ethnic minority and AI/AN populations which experienced exacerbated health disparities during the COVID-19 pandemic. With anticipated decreased conversation about COVID-19 disparities, OMH projects FY 2024 unique visitors to increase above the FY 2023 pre-pandemic target. In FY 2025, OMH anticipates a 1%

increase over the FY 2024 target for unique visitors to the OMH website. Projected FY 2024 and 2025 targets reflect that OMH's website highlights key health observances that drive visitors to the website.

4.5.1: OMH builds strategic partnerships with and facilitates coordination for State and Territorial Offices of Minority Health/Health Equity. In FY 2023, 49% of these entities incorporated national disease prevention and health promotion (e.g., *Healthy People 2030*) and health equity goals into their health disparities/health equity planning processes (i.e., Strategic Health Improvement Plans [SHIPs]), representing a slight decrease compared to FY 2022 (51%). The small decrease may be due to changes in 11 state/territory SHIPs that were updated in FY 2023. In FY 2024, OMH will continue to provide training and resources for State and Territorial Offices of Minority Health/Health Equity in this area. In FY 2024, OMH expects an increase of 2% over the FY 2023 data. In FY 2025, OMH expects an increase of 1% over the FY 2024 target.

4.6.1: OMH is charged with advising the Secretary and the Department on the effectiveness of programs and policies in reducing racial, ethnic and tribal health disparities. To achieve this goal, OMH funds demonstration grants that develop, test, and evaluate approaches for reducing health disparities. Project evaluation includes the identification of evidence-informed practices.

FY 2023 data is currently not available for this measure but is expected in the Spring of 2024. Data calculation for this measure is dependent upon analyses of awardees' final reports, which are typically submitted in January. OMH will explore options for a revised measure in the future that will allow for data reporting aligned with the budget justification timeline. In FY 2025, OMH expects the rate of evidence-informed practices to increase over the FY 2024 target by 1%.

Grants Award Table

Grants (whole dollars)	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	65	67 to 70	67 to 70
Average Award	$569,767 - $628,205	$663,462 - $750,000	$663,462 - $750,000
Range of Awards	$250,000 - $2,000,000	$300,000 - $3,000,000	$300,000 – $3,000,000

OFFICE ON WOMEN'S HEALTH

Budget Summary
(*Dollars in Thousands*)

Office on Women's Health	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	44,140	44,140	54,140	+10,000
FTE	55	54	58	+3

Authorizing Legislation.....PHS Act, Title II, Section 229
FY 2025 Authorization .....Expired
Allocation Method.....Direct Federal

Program Description
The Office on Women's Health (OWH) was established in 1991 and was given statutory authority by the Patient Protection and Affordable Care Act of 2010. OWH provides expert advice and consultation to the Secretary on women's health and establishes short and long-range goals and objectives for women's health within the Department.

OWH monitors activities regarding women's health and coordinates across the Department on disease prevention, health promotion, service delivery, research, and public and health care professional education, and other women's health concerns throughout their lifespan. OWH leads the coordination of activities to promote women's health programs and policies with the private sector and to share information with the general public. OWH also leads the Coordinating Committee on Women's Health and the National Women's Health Information Center.

Budget Request
The FY 2025 President's Budget request for OWH is $54,140,000, which is an increase of +$10,000,000 above the FY 2023 Final level. At this level, OWH will expand its portfolio on maternal health and hypertensive disorders of pregnancy. Over the past three decades, the prevalence of hypertensive disorders of pregnancy and chronic hypertension (HTN) in women of reproductive age (WRA) has increased, leading to increases in both severe maternal morbidity and mortality. There are racial and ethnic disparities in both hypertension and the complications it causes, including an increased lifetime risk of cardiovascular disease in those who experience HTN during pregnancy. Given the high prevalence of HTN in WRA; the devastating impact on women, families, and communities; and the effective interventions that are being implemented by high-performers in pockets across the country, it is critical that we launch a coordinated, public-private effort to spread and scale these approaches during pregnancy and postpartum. Detecting and controlling HTN among women during pregnancy and postpartum will contribute to healthy futures for women, families, and the nation.

OWH will continue current initiatives focused on addressing disparities on the leading causes of death for women and addressing evidence to practice gaps. Further, OWH will continue its work on Administration and Secretarial priorities with a focus on maternal health and modernization of maternal health data, violence against women and human trafficking, prevention and treatment of eating disorders, substance use disorders, mental health, health equity and cancers that disproportionately impact women, especially in underserved communities. OWH is committed to addressing the most common causes of morbidity and mortality in women, conditions that disproportionately impact women, and gaps that remain to fully meet women's health needs. OWH work in these areas includes:

- Developing and implementing initiatives to address the prevalence of hypertensive disorders of pregnancy and chronic HTN in women of reproductive age.
- Expanding initiatives to decrease maternal morbidity and mortality and make the U.S. a safer place to give birth.
- Enhancing initiatives to prevent, recognize, and respond to violence against women and human trafficking.
- Enhancing the eating disorders portfolio by implementing evidence-based strategies and community-based interventions for adolescents and women experiencing eating disorders.
- Leading public health initiatives with an emphasis on maternal health, mental health, violence against women, vaccines, hypertension, and health equity.
- Leading the Improving Maternal Health through Addressing Endometriosis, Fibroids, and/or Polycystic Ovary Syndrome Initiative. This initiative implements and evaluates evidence-based interventions and strategies to comprehensively identify and treat endometriosis, fibroids, and/or polycystic ovary syndrome with a special emphasis on addressing and reducing disparities in underserved communities.
- Improving initiatives for screening and treatment of patients during pregnancy and postpartum who experience substance use disorder and intimate partner violence across healthcare settings by cross-training providers to recognize and treat the signs and symptoms.
- Working on initiatives to reduce maternal deaths due to substance use disorder. This project is designed to strengthen perinatal and postnatal support structures to optimize maternal health outcomes for individuals with substance use disorder and to reduce deaths during the perinatal and postpartum period due to overdose.

OWH's health communications activities help OWH to achieve its mission of providing national leadership and coordination to improve the health of women and girls through policy, education, and model programs. OWH administers the National Women's Health Information Center to provide health information to women across the nation. These resources allow women and girls to find scientifically accurate and reliable health information written at the 6th to 8th grade reading level in English and Spanish.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$35,035,000
FY 2022	$38,140,000
FY 2023 Final	$44,140,000
FY 2024 CR	$44,140,000
FY 2025 President's Budget	$54,140,000

Program Accomplishments

Impact National Health Policy as it Relates to Women and Girls

OWH coordinates women's health policy, leads and administers committees, and participates in government-wide policy efforts.

- OWH launched and co-leads the **Task Force on Maternal Mental Health** with SAMHSA to identify, evaluate, and make recommendations to coordinate and improve activities to address maternal mental health conditions and co-occurring substance use disorders. OWH co-chairs the **HHS**

Violence Against Women Steering Committee with ACF. In FY 2023, highlighted specific initiatives, fostered collaborations, and strengthened engagements. Also, OASH/OWH co-chairs the **HHS Task Force to Prevent Human Trafficking**. In FY 2023, the Task Force convened the **National Human Trafficking Prevention Summit** where OWH launched the **HHS Innovation Challenge to Prevent Human Trafficking Among Women and Girls**

- As part of the **Maternal Morbidity and Mortality Data and Analysis Initiative**, OWH published the manuscript, "Trends in Maternal Mortality and Severe Maternal Morbidity During Delivery-related Hospitalizations in United States Hospitals, 2008-2021" in JAMA, specifically looking at inpatient delivery-related outcomes and found a 57% decrease in inpatient mortality from 2008-2021.
- OWH published the manuscript, "Explaining the positive relationship between state-level paid family leave and mental health" in Community, Work & Family to inform national or additional state-level paid family leave programs that may benefit working women, their families, and their employers.

Innovative and Model Programs on Women's and Girls' Health

OWH supports activities and programs that focus on advancing effective women's health interventions through research and grant opportunities, such as:

- **Reducing Maternal Deaths Due to Substance Use Disorder** grantees developed training programs to strengthen perinatal and postnatal support structures for patients with SUD and to reduce deaths during the perinatal and postpartum periods. **Violence Against Women and Substance Use Prevention Initiative** grantees developed and implemented platforms for providers to improve screening for both substance use disorder and IPV during pregnancy and postpartum.
- **Improving Maternal Health through Addressing Endometriosis, Fibroids, and Polycystic Ovary Syndrome (PCOS)** grantees developed projects to implement and evaluate evidence-based interventions to comprehensively identify and treat endometriosis, fibroids, and/or PCOS.
- **State, Local, Territorial, and Tribal Partnership Programs to Reduce Maternal Deaths due to Violence** grantees enhanced the identification and review of maternal deaths due to violence and the implementation of evidence-based interventions that improve outcomes and reduce maternal deaths due to violence.
- The **Addressing Eating Disorders in Adolescent Girls and the COVID-19 Pandemic** grantees implemented evidence-based interventions aimed at detecting and preventing eating disorders in adolescent girls.

Education and Collaboration on Women's and Girls' Health

OWH provides health information to women and health care professionals across the nation.

- OWH launched **Talking PPD** to decrease the stigma of PPD and increase self-efficacy of women to seek help. OWH launched **Stronger than Sarcopenia Campaign** to raise awareness of sarcopenia in women, and collaborated with Medscape Education to develop continuing medical education (CME) credits for health care professionals.
- OWH led **National Eating Disorders Awareness Week** (NEDAW) on 2/27 – 3/5/2023; **National Women and Girls HIV/AIDS Awareness Day** (NWGHAAD) on 3/10/2023; **National Women's Health Week** (NWHW) on 5/14-5/20/2023; and **National Women's Blood Pressure Awareness Week** (NWBPAW) on 10/11-10/17/2023.

Key Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result Target for Recent Result Summary of Result	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
5.5.1 Number of users of OWH's communication channels (Reach)	FY 2023: 26,865,809 Target: 21,656,250 (Target Exceeded)	21,981,094	21,981,094	Maintain
5.6.1 Number of occasions that users interact with OWH content (Engagement)	FY 2023: 116,240,793 Target: 10,000,000 (Target Exceeded)	10,000,000	100,000,000	+90,000,000
5.7.1 Number of OWH interactions for the purpose of health education and training (Outreach)	FY 2023: 5,514 Target: 415 (Target Exceeded)	515	5,000	+4,485
5.8.1 Number of individuals served by OWH activities, programs, and partnerships (Outreach)	FY 2023: 509,258 Target: 441,000 (Target Exceeded)	441,000	441,000	Maintain

Performance Analysis

As part of its statutory requirements, OWH leads the National Women's Health Information Center to facilitate the exchange, access, and analysis of information regarding matters relating to health information, health promotion, preventive health services, research advances, and education in the appropriate use of health care. OWH's websites and social media platforms are essential to communicating programs and policies to the public and health care professionals. OWH's reach and engagement expands through innovative programs, national observances, strategic partnerships, and the power of technology and social media to promote the health and well-being of women and girls.

OWH is transitioning to an approach that translates women's health research into actionable next steps for women and that quantitatively demonstrates the impact of messaging on behavior change and improved health outcomes. This behavior change communications approach will be deployed across our campaigns and key observances utilized as we develop unique strategies to reach and engage new audiences. OWH has consistently exceeded performance metrics because of these efforts. With the deployment of the new behavior change communications approach, there will be continued growth in online presence through interactive learning technologies; data visualization tools; webinars, forums, other training events; and content syndication of women's health resources and information.

Additionally, OWH developed and implemented initiatives to collect, analyze, and access up-to-date data to identify trends in public health needs by region and develop specialized programs to address health equity. These initiatives allow OWH to continually develop timely, evidence-based tools, resources, and support for the public, community organizations, and health care professionals.

Through OWH's leadership, coordination, and strategic partnerships, access to health programs and resources to achieve health equity for women and girls is advancing. OWH is developing specialized programs to: decrease violence against women, increase blood pressure control in women of all ages, lead quality improvement interventions to improve maternal health outcomes, educate women on environmental health hazards in commonly used household and personal care products, and address

mental health concerns in women and girls.

Grant Table

Grants (Whole dollars)	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	34	34	54
Average Award	364,229	364,229	385,000
Range of Awards	$230,661 - $693,712	$230,661 - $693,712	$230,661 - $693,712

EMBRYO ADOPTION AWARENESS CAMPAIGN

Budget Summary

(*Dollars in Thousands*)

Embryo Awareness Campaign	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	1,000	1,000	1,000	-
FTE	-	-	-	-

Authorizing Legislation.....PHS Act, Title II, Section 301
FY 2025 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description

The purpose of the Embryo Adoption Awareness (EAA) Campaign is to increase public awareness of embryo donation as a method of family building and provide individuals donating embryos and receiving donated embryos with supportive medical and administrative services. The program provides funding annually to grantees, who provide medical and administrative services to facilitate the use of embryo donation; increase knowledge, awareness, and understanding of embryo donation as a method of family formation; monitor and evaluate the outcomes of their activities; and communicate and disseminate about their activities, successes, and lessons learned.

Budget Request

The FY 2025 President's Budget request for the Embryo Adoption Awareness Campaign is $1,000,000, which is flat with the FY 2023 Final Level. At this funding level, the program will continue to support public awareness and medical and administrative services to facilitate the use of embryo donation as a method of family formation.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$1,000,000
FY 2022	$1,000,000
FY 2023 Final	$1,000,000
FY 2024 CR	$1,000,000
FY 2025 President's Budget	$1,000,000

Program Accomplishments

In FY 2023, EAA grantees provided information and education through a broad range of public awareness strategies, including hundreds of video calls with potential donors and adopters. This work resulted in close to 3,000 potential donors and potential embryo adopters contacting their organizations to ask questions or inquire about available services. In addition, EAA grantees provided medical services (i.e., general counseling services, genetic counseling services) to close to 2,000 individuals and provided administrative services (e.g., financial, and legal counseling and education, matching services) to close to 2,000 individuals.

MINORITY HIV/AIDS FUND

Budget Summary

(*Dollars in Thousands*)

Minority HIV/AIDS Fund	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	60,000	60,000	60,000	-
FTE	26	26	26	-

Authorizing Legislation..... Current Year Appropriation
FY 2025 Authorization.....Expired
Allocation Method..... Direct Federal

Program Description

The Office of Infectious Disease and HIV/AIDS Policy (OIDP) administers the Minority HIV/AIDS Fund (MHAF) on behalf of the Office of the Assistant Secretary of Health (OASH). The purpose of the MHAF is to reduce new HIV infections, improve HIV-related health outcomes, and reduce HIV-related health disparities for racial and ethnic minority communities. The MHAF supports innovation, collaboration, and integration of best practices, effective strategies, and promising emerging models for related HHS policies and programs. In addition, the MHAF focuses on transforming HIV prevention, care, and treatment for communities of color by bringing federal, state, and community organizations together to design and pilot innovative solutions. These solutions address critical emerging needs and work to improve the efficiency, effectiveness, and impact of federal investments in HIV programs, activities, and services for racial and ethnic minorities in the context of the syndemic of HIV, viral hepatitis, STIs, substance use and mental health.

Budget Request

The FY 2025 President's Budget request for the MHAF is $60,000,000, which is flat with the FY 2023 Final level. At this funding level, MHAF will be able to continue its efforts to integrate additional Administration priorities as detailed in the National HIV/AIDS Strategy for the United States 2022-2025 (NHAS), including extensive piloting of strategies and interventions that address social and structural barriers to prevention, treatment and care; piloting of innovative syndemic approaches involving HIV, viral hepatitis, STIs, and substance use disorders; and programming to better meet persons at risk for or living with HIV where they are. The funding will further MHAF efforts to reduce persistent HIV-related health disparities and meet the challenge of promoting health equity. Additional consideration will be given to expand MHAF support in non-Ending the HIV Epidemic (EHE) jurisdictions that have seen spikes in HIV rates since the release of the EHE initiative and for which the data reveal the same racial and ethnic disparities as seen in the EHE-designated jurisdictions.

Five-Year Funding History

Fiscal Year	Amount
FY 2021	$55,400,000
FY 2022	$56,900,000
FY 2023 Final	$60,000,000
FY 2024 CR	$60,000,000
FY 2025 President's Budget	$60,000,000

Program Accomplishments

In FY 2023, OIDP worked with the White House to publish the National HIV/AIDS Strategy (NHAS) Interim Action Report (https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/NHAS-2022-2025.pdf). The NHAS sets bold targets for ending the HIV epidemic in the United States by 2030. To guide the nation toward realizing the vision, NHAS focuses on four goals and details 21 objectives and 78 action strategies for federal and nonfederal stakeholders. Additionally, NHAS designates five priority populations disproportionately impacted by HIV so that federal agencies and other stakeholders can focus efforts and resources to achieve the greatest impact. The NHAS Federal Implementation Plan details more than 380 actions for federal and nonfederal stakeholders to implement individually and collaboratively and introduces five new NHAS indicators of progress focused on quality of life among people with HIV (self-rated health status, mental health, food insecurity, employment status, and unstable housing or homelessness). The NHAS Federal Implementation Plan and the interim action report, reflect actions that re-energize and strengthen a whole-of-society response to the epidemic while supporting people with HIV and reducing HIV-associated morbidity and mortality.

In FY 2023, OIDP continued to support critical infrastructure and operational activities that provide significant contributions to the EHE initiative. OIDP also continued to pursue innovative strategies to address those barriers, including social and structural determinants of health that are at the center of the persistent racial and ethnic disparities in HIV and a challenge to achieving health equity. Specifically, MHAF funding continues to support America's HIV Epidemic Analysis Dashboard (AHEAD) and the *Ready, Set, PrEP* program.

America's HIV Epidemic Analysis Dashboard (AHEAD) on HIV.gov

America's HIV Epidemic Analysis Dashboard (AHEAD) is a data visualization resource on HIV.gov and was redesigned to enhance user experience. AHEAD is a leading tool for monitoring or tracking progress towards meeting EHE initiative goals. HIV.gov continues to expand the number of HIV public health officials and those with lived experience who inform over 7 million unique annual visitors and is the leading source for HHS clinical guidelines.

Ready, Set, PrEP

FY 2023 MHAF resources continued to support EHE efforts to increase the uptake of PrEP. PrEP is a medication used to prevent HIV infection. It is prescribed to people who do not have HIV, but who are at very high risk of getting it. More than one million people in the U.S. could benefit from PrEP; however, only a small fraction have received a prescription for it. The Ready, Set, PrEP program provides free PrEP HIV-prevention medications to thousands of people living in the United States.

Additionally, in FY 2023, MHAF funded projects by federal partners included four new projects:

- **Development and implementation of a culturally sensitive, comprehensive, sexual health approach to reducing STIs and HIV for rural providers and Black/African American men (CDC)-** Develop and implement a comprehensive and culturally sensitive, sexual health approach to reducing the incidence of both bacterial sexually transmitted infections, and comorbid HIV in predominantly rural, and Black/African American communities where HIV incidence is high
- **A Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities (HRSA)-** Develop, implement, and evaluate status neutral strategies for racial and ethnic minority subpopulations in RWHAP Part A who need HIV prevention services. This project will focus

on the prevention pathway, utilizing the existing RWHAP non-medical case management model and applying it to non-RWHAP eligible clients who are disproportionately affected by HIV to assist in improving access to needed services.

- **Paths ReMembered – A Holistic Approach to Affirming Healthcare, PrEP, HIV diagnosis, treatment and Care and Other Preventative Sexual Health for American Indian and Alaska Native Two Spirit and LGBTQ+ People (IHS)-** Increase access to affirming healthcare, including PrEP, HIV diagnosis, treatment and care, and other preventative sexual healthcare, for American Indian & Alaska Native (AI/AN 2SLGBTQ+ people; and to address stigma and discrimination affecting AI/AN 2SLGBTQ+ people in healthcare settings
- **Minority HIV/AIDS Fund: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project (SAMHSA)-** Pilot a street medicine approach focused on the integration of behavioral health and HIV treatment and prevention services for unsheltered populations. This approach will include the delivery of low barrier substance use disorder (SUD) treatment; mental healthcare; HIV and viral hepatitis testing and treatment; HIV prevention including condom and PrEP distribution; and harm reduction services for unsheltered populations

MHAF - Outputs and Outcomes Table [6]

Measure	Year and Most Recent Result Target for Recent Result Summary of Result	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
MHAF[7]	-	-	-	-
7.1.12a Increase the number of racial and ethnic minority clients who are tested through the Secretary's MAI fund programs. (Outcome)	FY 2022: 32,000 Target: 40,000 (Target Not Met)	35,000	35,000	Maintain
7.1.12b Increase the diagnosis of HIV-positive racial and ethnic minority clients through HIV testing programs supported by the Secretary's MAI Fund programs. (Outcome)	FY 2022: 830 Target: 800 Target Exceeded)	820	820	Maintain
7.1.15 Increase the proportion of newly diagnosed and re-diagnosed HIV-positive racial and ethnic minority client's linkage to HIV medical care within 1 month of diagnosis or re-diagnosis through the Secretary's MAI Fund programs (Outcome)	FY 2022: 79% Target: 80.8% (Target Not Met)	81%	81%	Maintain
7.1.19 Increase the proportion of persons with diagnosed HIV who have achieved viral suppression (Outcome)	FY 2022: 70.3% Target: 67% (Target Exceeded)	68%	69%	+1%
7.1.20 Increase the proportion of persons who received PrEP among those for whom PrEP was indicated (Outcome)	FY 2022: 14% Target: 13% (Target Exceeded)	15%	15%	Maintain

[6] FY23 results available in May 2024.

[7] Final FY 2023 results will be reported upon availability

Performance Analysis

HIV testing is at the center of Measures 7.1.12.a & 7.1.12b. The measures identify the number of racial and ethnic minorities tested for HIV and the numbers diagnosed HIV-positive. The fluctuation in HIV testing and diagnoses is impacted by the types of new programs proposed and approved during each fiscal year in addition to the continuation programs funded. An essential component of HIV testing is the linkage to care activity for those diagnosed with HIV. This activity is captured under Measure 7.1.15.

According to CDC data published in May 2021, an estimated 1.2 million people aged 13 and older were living with HIV in the United States at the end of 2019. Of those 1.2 million people, an estimated 87% were diagnosed. That means that 13% of people with HIV (nearly 1 in 7) did not know they had HIV and were therefore not accessing the care and treatment they needed to stay healthy and prevent transmitting the virus to their partners. Of those who received an HIV diagnosis in 2019, 81% were linked to care within one month. Approximately 66% had received HIV medical care; 50% were retained in care; and an estimated 57% had achieved viral suppression.

MHAF testing projects will continue to require more attention to meet linkage targets, including our push for expediting the linkage process to immediate linkage. In addition, HIV testing is the gateway activity for the two new measures of viral suppression and PrEP. Both measures currently anchor our domestic response to HIV and are fully integrated in both EHE and NHAS. One of our most serious challenges will involve increasing the number of racial and ethnic minorities who are accessing and maintaining use of PrEP services. It is our expectation that our elevated programming around social and structural determinants of health, the syndemic of HIV, viral hepatitis, STIs, and substance use disorders, and a “status neutral” approach will provide benefit to our testing, PrEP, linkage to care, and viral suppression efforts.

KIDNEY INNOVATION ACCELERATOR

Budget Summary

(*Dollars in Thousands*)

Kidney Innovation Accelerator	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	5,000	5,000	-	-5,000
FTE	-	1	-	-

Authorizing Legislation.....Current Year Appropriation
FY 2025 Authorization.....Annual
Allocation Method.....Direct Federal

Program Description

The Kidney Innovation Accelerator (KidneyX) is a public-private partnership between HHS and the American Society for Nephrology (ASN) to catalyze innovation in the prevention, diagnosis, and treatment of kidney diseases. KidneyX uses the authority of the America COMPETES Act to establish partnerships and administer a series of prize competitions to attract entrepreneurs and innovators from a broad array of domains to develop breakthrough therapies and diagnostics, including the development of an artificial kidney. The partnership includes intra-departmental collaboration among FDA, NIH, CDC, CMS, and OASH. The Executive Order 13879 on Advancing American Kidney Health, established that "It is the policy of the United States to prevent kidney failure whenever possible through better diagnosis, treatment, and incentives for preventive care," and requires KidneyX to "produce a strategy for encouraging innovation in new therapies." KidneyX is fulfilling this mandate to advance the development of an artificial kidney by planning and running prize challenges across each of these broad domains with the goal of having an artificial kidney in human clinical trials.

Budget Request

The FY 2025 President's Budget does not request funding for this program.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$5,000,000
FY 2022	$5,000,000
FY 2023 Final	$5,000,000
FY 2024 CR	$5,000,000
FY 2025 President's Budget	-

Program Accomplishments

Since Congressional appropriations began in 2020, KidneyX has awarded over $17,500,000 in cash prizes to 75 U.S. winners across six open-innovation challenges. Completed challenges include the Artificial Kidney Prize Phase 1 ($3,900,000) and Phase 2 ($9,200,000) to accelerate the development of synthetic kidneys and artificial organs. The KidneyX Redesign Dialysis Prize, awarding $4,125,000 to 21 winners from a pool of 236 applicants across two phases, advanced engineering, and technology to improve dialysis outcomes and patient experience. KidneyX also completed a $70,000 Patient Innovator Challenge (25 winners from 129 submissions) to recognize the innovative capacity of patients and caregivers to inspire and inform medical product development. During the COVID-19 pandemic, the

KidneyX COVID-19 Innovation challenge engaged frontline doctors, caregivers, and patients to improve dialysis and kidney care, awarding $300,000 to 15 prize winners for their solutions to safely deliver kidney care. The KidneyX program expects to launch the Artificial Kidney Prize (AKP) Phase 3 in 2024, as well as kidney-care innovations for health equity and community-driven solutions for the prevention, diagnosis, and treatment of kidney diseases.

Across all six of prize challenges completed to date, KidneyX has delivered success by accelerating industry progress and unlocking private capital. KidneyX has also catalyzed interest among patients, caregivers, doctors, startups, investors, and industry, thereby attracting diverse disciplines and partners to focus on kidney diseases. With a bias for action and real-world impact, KidneyX includes patients in every step of the HHS innovation process from prize design, judging evaluation, and community engagement.

KidneyX federal expenditures to date represent a portion of overall program costs, with the remainder consisting of funds raised by ASN and external partners. Beyond the prize purses cited above, HHS and ASN have supported operational costs in the form of personnel and contract labor for the development and administration of prize programs.

SEXUAL RISK AVOIDANCE

Budget Summary

(*Dollars in Thousands*)

Sexual Risk Avoidance	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	35,000	35,000	-	-35,000
FTE	-	-	-	-

Authorizing Legislation.....Current Year Appropriation
FY 2025 Authorization.....Annual
Allocation Method.....Direct Federal

Program Description

The Sexual Risk Avoidance program consists of competitive, discretionary grants to provide abstinence focused sexual risk avoidance education for adolescents.

Grantees use an evidence-based approach and/or effective strategies through medically accurate information referenced in peer-reviewed publications to educate youth on how to avoid risks that could lead to non-marital sexual activity. Projects are implemented using a Positive Youth Development (PYD) framework as part of risk avoidance strategies, to help participants build healthy life skills, build on or enhance individual protective factors that reduce risks and empower youth to make healthy decisions.

Budget Request

The FY 2025 President's Budget does not request funds for this program.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$35,000,000
FY 2022	$35,000,000
FY 2023 Final	$35,000,000
FY 2024 CR	$35,000,000
FY 2025 President's Budget	-

RENT, OPERATION, MAINTENANCE AND RELATED SERVICES

Budget Summary

(*Dollars in Thousands*)

Rent, Operation, Maintenance and Related Services	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	14,659	14,659	14,539	-120
FTE	-	-	-	-

Authorizing Legislation……Reorganization Plan No.1 of 1953
FY 2025 Authorization……Permanent
Allocation Method……Direct federal

Program Description and Accomplishments

The Rent, Operation, Maintenance, and Related Services account supports headquarters facilities occupied by the OS STAFFDIVS funded by the GDM account. Descriptions of each area follow:

- Rental payments (Rent) to the General Services Administration (GSA) includes rental costs of office space, non-office space, and parking facilities in GSA-controlled buildings.
- Operation and Maintenance includes the operation, maintenance, and repair of buildings which GSA has delegated management authority to HHS; this includes the HHS SW Complex headquarters, (i.e.: Hubert H. Humphrey Building, Wilbur J. Cohen Federal Building, and The Mary E. Switzer Building.)
- Related Services includes non-rent activities in GSA-controlled buildings (e.g., space management, events management, guard services, other security, and building repairs and renovations).

Budget Request

The FY 2025 President's Budget for Rent, Operation, Maintenance and Related Services request is $14,539,000 which is a decrease of -$120,000 below FY 2023 Final level. Funding will support costs associated with rental charges from GSA and maintaining aging buildings.

Additionally, funding will be used in continuation of creating a safer, more productive post-pandemic work environment at HHS Headquarters. This effort will focus on de-densifying office space, enacting stricter cleaning protocols, and supporting desk "hoteling." Funding will allow for office configurations and workspace assignments to be adjustable and flexible; targeting savings through use of enhanced telework and hoteling practices. The Administration's Executive Orders require creative solutions to meet new standards for sustainability and climate control. At the same time, support of a reduced footprint that leverages telework, which has been proven to work during the Pandemic, will allow for cost savings in the long-term and social distancing for future emergencies (pandemic, hurricane, etc.) or mission changes requiring nimble adjustment.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$12,269,000
FY 2022	$14,441,000
FY 2023 Final	$14,659,000
FY 2024 CR	$14,659,000
FY 2025 President's Budget	$14,539,000

SHARED OPERATING EXPENSES

Budget Summary
(*Dollars in Thousands*)

Shared Operating Expenses	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	10,828	10,828	11,110	+282
FTE	-	-	-	-

Authorizing Legislation……Reorganization Plan No.1 of 1953
FY 2025 Authorization……Permanent
Allocation Method……Direct federal

Shared/Common Expenses, Service and Supply Fund (SSF) Payment
Shared/Common Expenses include funds to cover administrative items and activities which cut across and impact all STAFFDIVs under the GDM appropriation. The major costs in this area include:

- Worker's Compensation
- Federal Employment Information and Services
- Records storage at the National Archives and Records Administration
- Radio Spectrum Management Services
- Federal Executive Board in Region VI
- Telecommunications (e.g., FTS and commercial telephone expenses)
- CFO and A-123 audits
- Federal Laboratory Consortium
- Postage and Printing
- Unemployment Compensation

Payments to the SSF are included in the overall Common Expenses category but are broken out separately here for display purposes. These payments cover the usage of goods and services provided through the SSF:

- Personnel and Payroll Services
- Finance and Accounting activities
- Electronic communication services (e.g., voicemail and data networking)
- Unified Financial Management System (UFMS) Operations and Maintenance

Government-wide e-Gov initiatives provide benefits, such as standardized and interoperable HR solutions, coordinated health IT activities among federal agencies providing health and healthcare services to citizens; financial management processes; and performance management. They also improve sharing across the federal government of common budget formulation and execution practices and processes resulting in improved practices within HHS.

Budget Request
The FY 2025 President's Budget request for Shared Operating Expenses is $11,110,000 which is an increase of +$282,000 above the FY 2023 Final level. Shared Operating Expenses funds the centralized costs of GDM funded Office of the Secretary components and mainly supports OS contributions to Department-wide taskforces and committees; centralized human resources costs, financial systems maintenance, joint funding arrangements; and other mandatory and operational costs. Increases

support inflationary cost increases for common expenses in the SSF.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$10,828,000
FY 2022	$10,828,000
FY 2023 Final	$10,828,000
FY 2024 CR	$10,828,000
FY 2025 President's Budget	$11,110,000

Program Accomplishments

The Shared Operating Expenses account has led in the administration of government mandated programs such as the E-Gov Initiatives, Federal Executive Board, Radio Spectrum, CFO Audit and A-123 Audits. HHS also ensures costs allocations properly aligned across the Department. This is accomplished by ensuring one focal point of contact for assessments to the Department, and the use of the Office of the Secretary for centralized processing. By doing this, HHS achieves economies of scale and savings which leads to cost effective processes that eliminate duplicative funding arrangements across Staff Divisions and Operating Divisions.

CHILDREN'S INTERAGENCY COORDINATING COUNCIL (CICC)

Budget Summary

(*Dollars in Thousands*)

Children's Interagency Coordinating Council	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	3,000	3,000	3,000	-
FTE	-	-	-	-

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization ..... Permanent
Allocation Method.....Direct Federal

Program Description

The purpose of the Children's Interagency Coordinating Council (CICC) is to coordinate and provide actionable research for federal partners involved in improving children's economic and other well-being and addressing child poverty. The costs of child poverty to U.S. society are immense, with estimates ranging from $800 billion to just over $1 trillion per year based on lost productivity, increased health care, and other expenditures.[8] Children experience the highest official poverty rates of any age group in the U.S. In 2022, the official child poverty rate, which is based on family cash income and direct cash assistance, was 15.0 percent –which means 10.78 million children were living in poverty in the U.S.[9] This overall child poverty rate was significantly higher for American Indian and Alaska Native, Hispanic, and Black children.[10]

The many federal programs designed to promote family economic stability are fragmented and complex for families and administrators. Prior to the CICC, there was no standing coordinating body focused on these issues. The CICC brings together the Departments of Agriculture, Defense, Education, Housing and Urban Development, the Interior, Justice, Labor, and the Treasury, along with the Social Security Administration and HHS, to break down silos and improve coordination, efficiency, and effectiveness. HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE), within the Office of the Secretary, leads the CICC. Meaningful engagement with communities and individuals with lived experience is an important part of the CICC's work.

[8] National Academies of Sciences, Engineering, and Medicine. *A Roadmap to Reducing Child Poverty*. Washington, DC: The National Academies Press, 2019. https://nap.nationalacademies.org/catalog/25246/a-roadmap-to-reducing-child-poverty.

[9] Shrider, Emily A. and John Creamer. "U.S. Census Bureau, Current Population Reports, P60-280." In *Poverty in the United States: 2022*, *Table A-3. Poverty Status of People by Age, Race, and Hispanic Origin: 1959 to 2022.* U.S. Census Bureau, September 2023. https://www.census.gov/data/tables/2023/demo/income-poverty/p60-280.html.

[10] Shrider and Creamer (2023). Poverty estimates for American Indian and Alaska Native (AIAN) children are for AIAN alone, rather than AIAN in combination with another race category. Poverty estimates for Black children are for Black alone, rather than Black in combination with another race category. Poverty estimates for non-Hispanic White children are for non-Hispanic White alone, rather than in combination with another race category. Poverty estimates for Hispanic children are for Hispanic children of any race.

Budget Request

The FY 2025 President's Budget request for the CICC is $3,000,000, which is the same as the FY 2023 Final level. The funds will allow ASPE to continue the work of the CICC, including funding: 1) coordination, collaboration, and convenings among CICC member agencies; 2) public engagement, particularly engagement of individuals and families with lived experience; and 3) research, data analysis, and reporting on child well-being outcomes and federal policies that affect children, particularly understudied cross-cutting factors affecting child poverty.

The CICC addresses complex and persistent issues that present significant longstanding barriers to well-being and economic mobility, and which are not within the authority of any single federal agency to confront and remedy. Building on previous work, in FY 2025 the CICC will sustain its unique focus on comprehensive measurement and advancement of shared child well-being outcomes as well as enhancing policy and program coordination and mitigating duplication, inefficiency, and contradictions/inconsistencies across federal services and supports.

For example, the CICC will help develop and implement solutions to misaligned eligibility standards that interact across programs to create "benefit cliffs" and high effective marginal tax rates for low-income parents as they increase their earnings and work efforts. High effective marginal tax rates and benefit cliffs reduce the returns on additional earnings or higher wages, creating a barrier for families in attaining economic stability for their children. ASPE research finds that as low-income households with children move out of poverty, on average they keep less than half of their additional earnings.[11] Further, among low-income households with children, ASPE found that three-quarters are receiving benefits or tax incentives from at least three federal programs, half from four or more. Therefore, the multi-agency and multi-program approach of the CICC is required to successfully address this issue. The CICC will use microsimulation for the challenging task of identifying policy changes that could minimize the effective marginal tax rates from earnings increases for working families participating in the safety net. The CICC will also develop implementation tools, such as technical assistance resources, innovative dissemination strategies, calculators, or more targeted follow-up analyses required by CICC member agencies to make policy changes or support policy changes for their grantees.

The CICC advances a whole-of-government approach to improving child and family well-being. For example, in consultation with families and other experts, the CICC will develop and implement strategies and solutions to improve – and measure our collective impact in achieving – child well-being outcomes across federal programs. ASPE research has identified opportunities to improve child and family well-being outcomes across federal programs. This includes strategies to frame well-being in alignment with federal program mission, vision, and strategic goals, in response to research findings that identified differences in how agencies approach child and family well-being. The CICC will develop tools, such as step-by-step guides, tip sheets, and other technical assistance resources, to support agencies in integrating and measuring child and family well-being.

The CICC also addresses challenges related to program integration and interactions across and among agencies. By centering families and children – rather than any one specific program – the CICC identifies

[11] ASPE's research on effective marginal tax rates is available at https://aspe.hhs.gov/topics/poverty-economic-mobility/marginal-tax-rate-series.

barriers to better leveraging existing resources in order to remove duplication and maximize economic and other well-being outcomes for children. This will include identifying promising or innovative approaches and examining opportunities for alignment of terminology, application and referral processes, and technical assistance and other resources. The CICC will produce research and tools to help states and localities better integrate a range of child-focused services and supports.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	-
FY 2022	-
FY 2023 Final	$3,000,000
FY 2024 CR	$3,000,000
FY 2025 President's Budget	$3,000,000

Program Accomplishments

In FY 2023 and early FY 2024, ASPE laid the foundation for and launched the CICC. Initial activities focused on outreach and communication with both federal and nonfederal partners, including advocates, federal interagency groups and offices; and other key informants:

- ASPE shared information with several existing federal interagency groups working on related issues, including the Council on Economic Mobility.
- ASPE collected information from several child-focused organizations on their relevant activities and partnerships.
- To inform the focus of the CICC, ASPE gathered input from subject matter experts at federal agencies and outside government, conducting 24 key informant interviews with these experts.

ASPE held a live-streamed kickoff event for the CICC on November 15, 2023. The kickoff event framed the challenge of child poverty based on the evidence, including a presentation on National Academies of Sciences, Engineering, and Medicine's (NASEM) *A Roadmap to Reduce Child Poverty* (2019), on evidence-based child poverty reduction approaches. An expert panel of researchers, a practitioner, a family advocate, and a state administrator highlighted the importance of engaging families with lived experience in efforts to address child poverty and improve well-being. Panelists also noted the importance of involving fathers, providing direct economic supports for families, and including asset building. A second panel focused on federal efforts at Agriculture, Labor, Treasuring and HHS related to child poverty and well-being.

In early FY 2024, ASPE officially invited agencies to join the CICC, identified a range of contacts and participants at each member agency, and began convening agency representatives. Efforts are currently underway to identify, prioritize, and begin implementing workstreams for the remainder of FY 2024.

Additionally, in FY 2023 and early FY 2024, ASPE developed and launched several research projects that examine cross-cutting child poverty and well-being issues. Research topics include policy changes that reduce effective marginal tax rates while increasing total household resources, participation trends for children's safety net programs, strengthening the effectiveness of child support for families with low incomes, and strategies to promote child well-being across federal programs.

Finally, in FY 2023 ASPE contracted with NASEM to study the impacts of federal policy on child poverty, as directed by Congress. NASEM will convene scholars for a consensus committee to consider evidence from members of the public and people with lived experience as well as family economic data to assess:

- Impacts of the federal child tax credit (CTC) and the earned income tax credit (EITC) in 2021 on the level of poverty for all U.S. children and the level of poverty for specific populations of children, including children in different racial and ethnic groups and other populations of interest, such as children in urban and rural areas and children in immigrant families.
- How the implementation of the CTC in 2021 facilitated or reduced program access and its effectiveness for reducing poverty.
- Which changes to the tax rules and requirements and the procedures for administering the CTC and EITC, if adopted, would further reduce the number of U.S. children in poverty.

NASEM expects to complete the study in March 2025.

Grant Table

Grants (whole)	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	1	1	1
Average Award	$400,000	$400,000	$400,000
Range of Awards	$400,000	$400,000	$400,000

ARTIFICIAL INTELLIGENCE ACTIVITIES

Budget Summary

(*Dollars in Thousands*)

Artificial Intelligence Activities	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	-	-	5,812	+5,812
FTE	-	-	-	-

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

The Office of the Chief Artificial Intelligence Officer (OCAIO) coordinates artificial intelligence (AI) efforts throughout the Department of Health and Human Services (HHS) within the Office of the Chief Information Officer (OCIO), under the Assistant Secretary for Administration (ASA). OCAIO plays a critical role in advancing the responsible and ethical use of AI to improve health outcomes and well-being across the nation. OCAIO aims to facilitate effective collaboration on AI efforts across the HHS by driving the responsible and innovative use of AI, transforming healthcare delivery, and achieving better health outcomes for all Americans.

The Office of the Chief Artificial Intelligence Officer (OCAIO) is responsible for ensuring the safe and trustworthy development of AI technologies through the implementation commitments contained in Executive Order (EO) 14110, "*Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence,*" consistent with the *Artificial Intelligence in Government Act* (P.L. 116-260) and the *Advancing American AI Act* (P.L. 117-263).

OCAIO is responsible for meeting the EO and legislative requirements by centrally coordinating HHS' use of AI, promoting AI innovation, managing risks from the use of AI, and carrying out agency responsibilities pertaining to AI. To accomplish the requirements under these directives, HHS will continue supporting the advancement of AI governance and innovation across the following key areas:

- **Trustworthy AI Development and Deployment:**
  - **Establish standards and guidelines:** Implement the HHS "Trustworthy AI (TAI) Playbook" as a central framework for ethical, transparent, and accountable AI development and deployment across HHS agencies.
  - **Ensure privacy and security:** Build robust data governance practices and security measures to protect individual privacy and sensitive data throughout the AI lifecycle.
  - **Combat bias and discrimination:** Employ fairness-centered approaches to mitigate biases in AI algorithms and promote equitable health outcomes for all.
- **Enabling AI Adoption and Innovation:**
  - **Foster workforce development:** Equip HHS employees with the skills and knowledge to understand, utilize, and contribute to AI initiatives.
  - **Facilitate collaboration and knowledge sharing:** Establish strong partnerships with academia, industry, and other government agencies to accelerate AI innovation and scale effective solutions.

- **Support pilot projects and proof-of-concept demonstrations:** Explore the potential of AI in key areas like public health, medical research, and healthcare delivery.
- **Policy and Regulatory Framework:**
    - **Advise HHS leadership on AI policy:** Analyze the evolving AI landscape and provide informed recommendations on policy development and regulatory decisions impacting the department.
    - **Contribute to interagency collaboration:** Engage with other federal agencies to ensure coherent and consistent national AI policies and guidelines.
    - **Monitor and analyze the impact of AI:** Track the ethical, social, and economic implications of AI in healthcare and inform responsible implementation.

HHS will continue to harness the power of AI to improve the health and well-being of all Americans, while ensuring its use is ethical, responsible, and trustworthy. This will position HHS as a leader in responsible AI development and deployment for the health sector.

Budget Request
The FY 2025 President's Budget request for Artificial Intelligence Activities is $5,812,000, which is an increase of +$5,812,000 above the FY 2023 Final level. The request is composed of $4,132,000 for HHS's agency contribution to the US Digital Service and $1,680,000 for risk mitigation for Artificial Intelligence use cases.

Further, the proposed request allows the Department to obtain digital service expertise and assistance attracting and hiring technical talent to de-risk large-scale or high-priority technical implementations and launches, respond in urgent situations, and/or provide technology strategy and planning support. Additionally, the request includes funding for advancing AI governance and innovation while managing risks, in accordance with OMB draft memorandum, *Advancing Governance, Innovation, and Risk Management for Agency Use of Artificial Intelligence (AI),* for the following AI use cases affecting the safety and rights of the public (and additional qualifying use cases that emerge) across the Department.

OpDiv	Use Case
ACF	Information Gateway OneReach Application
ASPR	Product redistribution optimization
ASPR	Highly Infectious Patient Movement optimization
CDC	HaMLET: Harnessing Machine Learning to Eliminate Tuberculosis
CMS	Fraud Prevention System Alert Summary Report Priority Score
CMS	Center for Program Integrity (CPI) Fraud Prevention System Models (e.g., DMEMBITheftML, HHAProviderML)
CMS	Priority Score Model - ranks providers within the Fraud Prevention System using logistic regression based on program integrity guidelines.
CMS	Medicaid And CHIP Financial (MACFin) Anomaly Detection Model for DSH Audit
FDA	Application of Statistical Modeling and Natural Language Processing for Adverse Event Analysis
FDA	Opioid Data Warehouse Term Identification and Novel Synthetic Opioid Detection and Evaluation Analytics
FDA	Clinical Study Data Auto-transcribing Platform (AI Analyst) for Generating Evidence to Support Drug Labelling
FDA	Scalable automated NLP-assisted chart abstraction and feature extraction tool

FDA	Development of virtual animal models to simulate animal study results using Artificial Intelligence (AI)
FDA	Identify sex disparities in opioid drug safety signals in FDA adverse events report systems (FAERS) and social media Twitter to improve women health
FDA	Predictive toxicology models of drug placental permeability using 3D-fingerprints and machine learning
NIH	individual Functional Activity Composite Tool (inFACT)

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$0
FY 2022	$0
FY 2023 Final	$0
FY 2024 CR	$0
FY 2025 President's Budget	$5,812,000

Program Accomplishments

While the activity is a new programmatic request for FY 2025, the Department has begun preliminarily to manage the risks from AI technologies.

- Developed guidance for internal use of third-party AI tools
- Deployed a testbed Large Language Model (LLM) for internal operations
- Coordinated the collection and management of 163 AI use cases across the Department, the second-most number of use cases among executive branch agencies.
- Led internal AI coordination, learning, and educational meetings for AI practitioners across the Department.

OFFICE OF CLIMATE CHANGE AND HEALTH EQUITY AND OFFICE OF ENVIRONMENTAL JUSTICE

Budget Summary

(*Dollars in Thousands*)

Office of Climate Change and Health Equity and Office of Environmental Justice	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	-	-	4,650	+4,650
FTE	-	-	8	+8

Authorizing Legislation……PHS Act, Title II Section 247
FY 2025 Authorization……Permanent
Method……Direct Federal

Program Description

The Office of Climate Change and Health Equity (OCCHE), including the Office of Environmental Justice (OEJ) plays an essential and unique role in helping the nation address the health implications of the climate crisis and harmful environmental exposures. Working with all divisions of the Department of Health and Human Services and other federal agencies, OCCHE leads the development of coherent federal strategies to address the health threats affecting disadvantaged communities and vulnerable populations on the frontlines of the climate crisis and the fence lines of harmful environmental exposures.

OCCHE and OEJ engage with partners in federal and private health care delivery systems to enhance their resilience in the face of increasing climate-related risks and to thereby ensure the continuous delivery of essential health care services in a multi-hazard context. OCCHE and OEJ support the translation and communication of health sector resilience among US federal agencies to international climate change and global health settings. OCCHE also supports federal and private sector health systems in reducing their own greenhouse gas emissions while maintaining or improving quality of care. In its role as a department-wide hub for climate change and health policy, programming, and analysis, in pursuit of equitable health outcomes, OCCHE and OEJ also advise the Secretary and the Assistant Secretary for Health on matters relating to protecting disadvantaged communities and vulnerable populations experiencing a disproportionate share of climate impacts and health inequities.

In addressing environmental causes of health inequities, the OEJ within OCCHE undertakes actions that seek to directly improve the well-being of underserved communities, including, low-income communities and communities of color, who continue to bear the brunt of pollution from industrial development, agricultural practices, cumulative impacts of land use decisions, transportation, and trade corridors. Executive Order 14008, Tackling the Climate Crisis at Home and Abroad, directs agencies, including HHS to make achieving environmental justice part of its mission by developing programs, policies, and activities to address the disproportionately high and adverse human health, environmental, and climate-related and other cumulative impacts on disadvantaged communities. Executive Order 14096, Revitalizing Our Nation's Commitment to Environmental Justice for All, further directs agencies to address gaps in science and data to better understand and prevent the cumulative impacts of pollution on people's health.

OEJ is leading the development and implementation of an HHS-wide environmental justice strategic plan, coordinating HHS environmental justice reports, promoting training opportunities to build an environmental justice workforce, and helping communities address the disparities they face at a local level by providing tools and resources. Additionally, this office provides with environmental justice expertise to the HHS Office of Civil Rights to support compliance under Title VI of the Civil Rights Act of 1964. OEJ has a critical role in providing expertise and coordination related to environmental justice deliverables and activities, including executive order implementation to the White House, Secretary of HHS, staff and operating divisions within HHS, and other federal agencies.

Budget Request

The FY 2025 President's Budget request for OCCHE and OEJ is $4,650,000, which is an increase of +$4,650,000 above the FY 2023 Final level. At this level, OCCHE and OEJ will support the subject matter experts (SMEs) and program staff, as well as work with its partners within HHS, the regional offices, and other federal agencies to accomplish the Offices' goals related to health system resilience and emissions reduction. Funding will also sustain efforts to reduce the health consequences of harmful exposures related to climate change and environmental pollutants and assist in the provision of technical assistance to state, local, tribal, territorial as well as private sector stakeholders.

OCCHE and OEJ will apply FY 2025 funding to the following key functions:

- **Personnel:** Funds will be dedicated for 8 FTEs total for OCCHE, which will include one for OEJ. Funds will also support ORISE and Presidential Management Fellows and Expert Consultants. Staff are needed as SMEs to engage and advise on collaborative efforts with other HHS divisions, manage contracts, cooperative agreements, and fellowship administration.
- **Contract Support:** OCCHE and OEJ require contractor technical and logistical support for development of technical assistance resources, convening events, and supporting OCCHE and OEJ leadership of interagency working groups and advisory councils.
- **Grants and Cooperative Agreements:** OCCHE and OEJ will enter into cooperative agreements with partners including, but not limited to public health, health care delivery, and community organizations, as well as academia, to support health sector and community-based resilience and environmental justice initiatives. Cooperative agreements will also be used to support internships and fellowships for students from underserved communities in climate change and health equity and environmental justice.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	-
FY 2022	-
FY 2023 Final	-
FY 2024 CR	-
FY 2025 President's Budget	$4,650,000

Program Accomplishments:

The Office of Climate Change and Health Equity has achieved significant results in all areas of its mission during the past fiscal year, including:

- Partnering with the White House on a Health Sector Climate Pledge that has been signed by over 130 health sector organizations, representing 900 hospitals.

- Establishing a Health Sector Resource Hub to help the health sector understand what resources, tools, and informational materials are available to accelerate the important work of emissions reduction and climate resilience.
- Developing a comprehensive climate change and health equity strategy for all of HHS through convening and leadership of the HHS Climate Change and Health Equity Working Group.
- Leading a learning network of federal health systems, including the Department of Defense, Veterans Administration, and Indian Health Service, to catalyze achievement of goals mandated by Executive Order 14057 for decarbonization of federal agencies.
- Creating a Referral Guide for Health Professionals on Protecting Vulnerable Patient Populations from Climate Hazards that summarizes resources clinicians can use to address patients' social determinants of health and mitigate health harms related to climate change.
- Co-creating with CDC's Million Hearts campaign a cardiovascular health and climate change collaborative to support frontline clinicians and their organizations in thinking through strategies to manage the cardiovascular threats associated with climate change.
- Expanding the OCCHE Climate and Health Outlook, the nation's first seasonal forecast product for health and creating an interactive geospatial database that communities can use to anticipate and plan for potential health threats.
- In collaboration with the National Highway Traffic Safety Administration, releasing a new tool called the EMS HeatTracker, which maps local emergency medical services responses to heat-related illness across the country.
- In partnership with the Administration for Children and Families and Assistant Secretary for Planning and Evaluation, hosting a summit entitled "Partnerships for Healthy, Climate Resilient, and Thriving Communities," which built on community conversations across the country to learn from communities directly affected by severe weather or community environmental hazards.

Additionally, the Office of Environmental Justice (established in May 2022) has achieved key results during the past fiscal year, including:

- Partnering with the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to create and promote the Environmental Justice Index (EJI) -- the first national, geographic-driven tool designed to measure the cumulative impacts of environmental burden through the lenses of human health and health equity.
- Working with the Assistant Secretary for Health (ASH) to develop project-specific correspondence on proposed actions in communities with environmental justice concerns. In one example, OEJ encouraged New York planners to include health protection efforts before finalizing a transportation plan that would increase air pollution in an overburdened neighborhood in the Bronx.
- Supporting the HHS Office of Civil Rights (OCR) in the first environmental justice settlement under civil rights laws secured by HHS and the Department of Justice (DOJ) in May 2023. This agreement sets a path for equitable wastewater disposal and management systems in Lowndes County, Alabama.
- Launching the $1M Environmental Justice Community Innovator Challenge in partnership with the Office of Minority Health, which calls for community strategies to address health disparities in communities and Tribes disproportionately burdened by environmental and climate change-related hazards and increase community resilience.

PHS EVALUATION SET-ASIDE

Budget Summary

(*Dollars in Thousands*)

PHS Evaluation Set-Aside	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Assistant Secretary for Planning and Evaluation	43,243	43,243	50,114	+6,871
Public Health Activities	8,800	8,800	8,800	-
Assistant Secretary for Financial Resources	1,100	1,100	1,180	+80
Office of the Assistant Secretary for Health	4,885	4,885	5,000	+115
Teen Pregnancy Prevention Evaluation	6,800	6,800	7,400	+600
Office of Chief Artificial Intelligence Officer	-	-	2,000	+2,000
Total	64,828	64,828	74,494	+9,666
FTE	140	146	149	+9

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

Budget Summary

(*Dollars in Thousands*)

Assistant Secretary for Planning and Evaluation	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	43,243	43,243	50,114	+6,871
FTE	122	124	124	+2

Authorizing Legislation..... PHS Act, Title II Section 247
FY 2025 Authorization..... Permanent
Allocation Method..... Direct Federal

Program Description

ASPE serves as the principal advisor to the Secretary of HHS on policy development, data analysis, program evaluation, and strategic planning. ASPE maintains a diverse portfolio of intramural and extramural research and evaluation, conducts economic analysis, and estimates the costs and benefits of policies and programs under consideration by HHS or Congress. ASPE develops its research priorities in consultation with HHS leadership and agencies to ensure ASPE's work adds value and directly informs actionable policy and decision-making. ASPE's products include legislative and regulatory proposals, research papers and briefs, public-use datasets, dashboards, and internal memoranda that rely on a variety of sources and methodologies including surveys, expert informants, microsimulation models, program evaluations and performance data.

ASPE often convenes interagency collaborations and leads HHS priority initiatives, including HHS implementation of the Evidence Act, the HHS Strategic Plan; HHS-wide action plans on maternal health and social determinants of health; the HHS research plan on Long COVID; the HHS Overdose Prevention Strategy, the Administration's National Action Plan to Combatting Antibiotic-Resistance Bacteria initiatives; and the National Plan for Alzheimer's Disease and Related Dementias, and co-leads the Health Disparities Council and HHS Data Council to improve data linkages and address data gaps across

HHS. ASPE also staffs the Secretary in his role as a Trustee of the Social Security and Medicare Trust Funds and issues essential annual updates on the Federal Poverty Guidelines and the Medicaid Federal Medical Assistance Percentage.

ASPE supports Administration priorities around improving health care affordability and strengthening health insurance coverage, by providing analysis that informs strategic planning and implementation of the Inflation Reduction Act's provisions to reduce prescription drug costs and improve access to life-saving treatments for Medicare beneficiaries, as well as sustain the financing of the Medicare program. ASPE' research supports strengthening Medicaid and the Affordable Care Act's Marketplaces coverage. ASPE also conducts research and analyses to guide HHS objectives in reforming, strengthening, and modernizing the healthcare system and its workforce.

ASPE supports work to ensure that HHS is prepared to respond to future emergencies, including generating lessons learned from the COVID-19 response, which also includes, conducting clinical trials; how local public health agencies used HHS resources to expand capacity; and best practices in testing and vaccination for vulnerable populations. ASPE develops analyses and tools to enable human services programs, low-income individuals and families, and marginalized communities prepare for future preparedness challenges.

ASPE has a longstanding commitment to cross-cutting work to promote the economic and social well-being of all Americans, with a focus on equity, prevention, and seamless integration of the federal safety net. To better align and coordinate effective safety net programs and approaches, ASPE coordinates the U.S. Interagency Council on Economic Mobility chaired by HHS, chairs the Interagency Working Group on Youth Programs, coordinates HHS homelessness initiatives and approaches to support reentry into the community from incarceration; and partners with the Department of Education and ACF to support early childhood development.

ASPE coordinates and evaluates behavioral health access, quality, and outcomes. ASPE plays a key role in supporting the Secretary's priorities related to overdose and other behavioral health issues in coordination with HHS divisions and external stakeholders.

Budget Request
The FY 2025 President's Budget request for ASPE is $50,114,000, which is an increase of +$6,871,000 above the FY 2023 Final level. ASPE will invest +$4,000,000 in data, research and evaluations which will lead to the ability to provide actionable evidence in support of important Secretarial decision-making for the Secretary's initiatives. Increases of +$2,871,000 will support inflationary costs for salaries and benefits, general maintenance, and operational costs.

Data, Research, and Evaluations (+$4,000,000)

Evaluation
ASPE will invest in research capabilities on behavioral health for underserved populations, including evaluation efforts to track the Overdose Prevention Strategy and the Department's work around behavioral health integration. ASPE will advance its evaluation of overdose-related outcomes using purchased substance use-related data, to identify policy opportunities to address illicit drug supply, treatment, and overdose. ASPE will build on its support for implementation of the HHS Roadmap for Behavioral Health Integration, particularly developing and refining measurement strategies focused on

the adequacy of provider networks and the collection of equity-related data in behavioral health datasets. The funding will help ASPE monitor implementation of the Roadmap and assess progress toward Roadmap goals to facilitate access to care in primary health care settings.

Research and Data Purchases

ASPE will be able to build a broad research portfolio on developing a more resilient post-pandemic health care system that includes generating new evidence on telehealth and addressing drug supply chains and prescription drug prices. ASPE will continue to assess quality, cost, and equity of care delivered via different care modalities (e.g., telehealth). ASPE will conduct research to predict and respond to the health-related impacts of environmental change. In support of ongoing efforts to promote competition in the pharmaceutical market, reduce drug prices, increase innovation, and strengthen the medical product supply chain, ASPE will purchase timely access to more extensive data for exploring critical questions related to drug development, trends in drug pricing and utilization, and impacts of drug and device shortages on patient health outcomes. ASPE will also expand its evaluation of drug pricing provisions on consumers, including their out-of-pocket costs, care utilization, and health outcomes.

Funding at the proposed budget level will also allow ASPE to expand its research to advance key Administration priorities around equity and special populations. To advance the Administration's Cancer Moonshot, ASPE will conduct analyses of Medicare and Medicaid data to study the availability of oncology therapeutics, including barriers to access and equity issues associated with therapeutic innovations. ASPE will conduct research on factors affecting participation of diverse patient populations in cancer and other clinical trials. ASPE will add to its work on the social determinants of health and maternal health, helping to coordinate work across the Department and evaluate programs under way – all with the goal of establishing empirical benefits for patients and communities. ASPE will also conduct research on the impact of the public health emergency unwinding on Medicaid enrollees and proposals to extend continuous Medicaid eligibility for children from birth until age 6. Finally, ASPE will extend its work around long-term care and home and community-based care services, as the needs for these services grow with an increasing aging population.

ASPE will also continue its work to support evidenced-based policymaking across the Department, ensuring that the best available science is utilized. In addition to providing technical assistance on existing evaluations, ASPE will lead efforts to evaluate cross-cutting Agency activities, such as data modernization activities.

Funding at the proposed budget level would allow ASPE to expand its work related to early care and education, promoting strong outcomes for infants, young children, and effective work supports for parenting families. This will include identifying and helping program partners implement and scale strategies for mental health promotion, prevention, and intervention among both young children and educators. ASPE will also engage in research on the early childhood workforce itself to identify facilitators of educator recruitment and retention and worker well-being.

ASPE will strengthen its portfolio of research on the nexus between the child welfare system and other family support systems. This research will include identifying opportunities to prevent child welfare system involvement among families dealing with parental substance use disorder, whose poverty may be conflated with neglect, or for whom their children's mental health conditions may be prompting foster care entry. ASPE will also expand its research on issues related to kinship care and keeping

children with their extended families as much as possible with the support of child welfare and other family-serving systems.

ASPE's work depends on a highly expert in-house staff team of analysts, as well as contractor support, particularly for large and complex database analyses such as Medicaid and Medicare claims data, detailed program eligibility and cost simulations for human services and health programs, and analyses of prescription drug pricing. This level of funding will allow ASPE to pay for the increased costs of current staff and improve capacity for evaluation, data analysis, and coordination activities.

ASPE will invest in critical data and modeling to support Departmental efforts to reduce chronic homelessness and improve our understanding of disability and long-term services and supports programs and workforce issues. Funding will support data collection on the younger population with need for LTSS and workers providing home and community-based services.

Operational Inflationary Increases (+$2,871,000)

The increase funds inflationary contract, operational, and pay cost increases which will allow ASPE to maintain staffing levels necessary to prevent further reductions in key staff positions challenged to keep pace with critical research, data, and evaluation demands of the Department.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$43,243,000
FY 2022	$43,243,000
FY 2023	$43,243,000
FY 2024 CR	$43,243,000
FY 2025 President's Budget	$50,114,000

Program Accomplishments

Expanding Health Care Affordability and Strengthening Health Insurance Coverage

ASPE continues to develop advanced capacity to analyze and compare drug prices and utilization across U.S. payers and internationally. ASPE's analyses of drug prices support Department policymaking in regulations and legislative proposals. ASPE has published reports as well as internal analyses describing the potential effects of the IRA, including identifying the Medicare enrollee savings from IRA provisions to eliminate cost sharing for vaccines, cap out of pocket costs for insulin, and revise the Part D benefit.

ASPE research has played a central role in HHS efforts to assure that all Americans have access to quality, affordable health care, through insurance coverage and health care safety-net programs that work for them and meet their needs. ASPE reports identifying the record-high enrollment in ACA-related coverage and the all-time low uninsured rate in 2023 have been widely cited by the Secretary, White House, and in the media. A widely cited ASPE report estimated the impact of state Medicaid programs resuming redetermination processes now that the COVID PHE has ended. The ASPE estimates are informing HHS implementation activities to minimize the loss of health insurance coverage.

Enhancing Health Equity and Equitable Well-Being and Economic Mobility

ASPE co-leads coordination of Department-wide bimonthly equity learning session and builds capacity of HHS staff to ensure opportunity for all consistent with Executive Order 13985 on Advancing Racial Equity

and Support for Underserved Communities through the Federal Government. ASPE has led progress on conducting equity assessments of HHS programs and policies in support of HHS's Agency Priority Goal on Equity by developing resources on approaches and methodologies to analyze data to understand disparities, engage communities and people with experiences in HHS programs; and identify and act on opportunities to advance equity.

ASPE has also co-led the development and coordinated actions in the Department's Equity Action Plan and led development of equity impact assessments for legislative proposals. ASPE co-chairs the HHS SDOH working group, and in that capacity, led the development of the Department-wide SDOH plan along with identifying data-related changes to better capture SDOH in HHS's data collection.

Addressing Behavioral Health Needs

ASPE led the development of the HHS Roadmap for Behavioral Health Integration on behalf of the Secretary and Deputy Secretary, an effort to advance concrete, high-impact actions that aim to integrate behavioral health care across settings and with other health care. These actions align with and advance the initiatives outlined in the Administration's National Mental Health Strategy.

ASPE leads the CCBHC demonstration evaluation in partnership with CMS and SAMHSA. Since enactment of the SUPPORT Act in 2018, ASPE has coordinated Department-wide implementation tracking of the Act in close collaboration with the Office of the Assistant Secretary for Health. ASPE research has informed policy changes to increase access to behavioral health care during and beyond the COVID-19 pandemic, has worked closely with SAMHSA to develop an evaluation design for the 988 Suicide and Crisis Lifeline and the broader crisis response continuum, and has led a cross-department evaluation of the HHS Buprenorphine Practice Guidelines.

Promoting Scientific Integrity and Evidence-Based Policymaking

ASPE completed a 2023-2026 Capacity Assessment of the Department's evaluation and evidence functions and released a FY 2023 HHS Evaluation Plan outlining the Department's major evaluations related to health care, public health, human services, research and evidence and management. ASPE also drafted a scientific integrity policy and posted for public comment.

Grant Table

Grants (whole)	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	1	1	1
Average Award	$965,000	$965,000	965,000
Range of Awards	$965,000	$965,000	965,000

PHS EVALUATION
PUBLIC HEALTH ACTIVITIES

Budget Summary

(*Dollars in Thousands*)

PHS Public Health Activities	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	8,800	8,800	8,800	-
FTE	11	14	12	+1

Authorizing Legislation..... PHS Act, Title II, Section 247
FY 2025 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description

The Immediate Office of the Secretary (IOS) provides leadership, direction, policy, and management guidance to HHS and establishes Department priorities for evaluating Public Health Service (PHS) programs. IOS leads efforts to evaluate the effectiveness of HHS PHS programs and operations to improve the quality of those programs. IOS also uses PHS Evaluation funding for staff and contracts that evaluate the expected effectiveness and impact of existing, new, and proposed Public Health Service programs, regulations, policies, activities, and operations. This includes counselors and advisers to the Secretary and Deputy Secretary responsible for evaluating and advising on PHS programs, employees in the Executive Secretariat who evaluate and coordinate proposed policy changes for PHS programs, and other support for these staff and programs in IOS.

Budget Request

The FY 2025 President's Budget request for Public Health Activities is $8,800,000, which is flat with the FY 2023 Final level. The request will continue to provide the Secretary with resources to respond to the needs of the Department as it evaluates and improves programs and services.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$8,800,000
FY 2022	$8,800,000
FY 2023 Final	$8,800,000
FY 2024 CR	$8,800,000
FY 2025 President's Budget	$8,800,000

Program Accomplishments

IOS played a crucial role in leading the Department's responses to various national healthcare challenges related to PHS programs. One key example is the Secretary's efforts in FY 2023 to encourage Americans to proactively receive vaccinations now that, for the first time, the nation has vaccines to fight all the most common respiratory viruses, including flu shots, the latest COVID-19 vaccine, and the Respiratory Syncytial Virus (RSV) vaccine.

PHS EVALUATION
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(*Dollars in Thousands*)

PHS Office of the Assistant Secretary of Health	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	4,885	4,885	5,000	+115
FTE	3	3	3	-

Authorizing Legislation.....PHS Act, Title II, Section 247
FY 2025 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description

The Office of the Assistant Secretary for Health (OASH), Immediate Office, coordinates the Evaluation Set-Aside program for OASH. Each fiscal year, OASH program offices submit proposals designed to improve and evaluate the effectiveness of OASH programs funded with the Public Health Service Act set-aside funds. These program evaluations play an integral role in the continuous improvement of OASH programs, and studies supported by these Evaluation Set-Aside funds serve decision makers in federal, state, and local government and the private public health research, education, and practice communities by providing valuable information about how well the evaluated programs and services are working.

Budget Request

The FY 2025 President's Budget request for OASH Evaluation is $5,000,000, which is an increase of +$115,000 above the FY 2023 Final level. OASH will continue projects to evaluate public health programs and identify ways to improve their effectiveness. The evaluation projects serve decision makers in federal, state, and local government, as well as support OASH priorities and the HHS Strategic Plan. The increase will support covering inflationary pay and non-pay cost increases.

At this level, the PHS Evaluation will continue to support work on Executive Order 13995, Ensuring an Equitable Pandemic Response and Recovery, to conduct a coordinated evaluation of issues contributing to the inequitable U.S. response to COVID-19. Specific activities include the following:

- Retrospective Evaluation of Racial and Ethnic Data Collection during the COVID-19 Pandemic: Establish programmatic activities to evaluate the: (1) Policies/practices that influenced states' data collection, access, and use for racial and ethnic minority demographic data associated with COVID-19 health care utilization and access data; and (2) Corresponding association of these linked demographic and utilization and access data on the states' distribution of COVID-19 resources, access to services and reported health outcomes.
- Data and Policy Briefs/Reports: Develop and implement a plan for producing special analyses and reports describing the evaluation of: (1) States' racial and ethnic minority demographic and social determinants of health data associated with COVID-19 health care utilization and access data; and (2) the corresponding association of these linked demographic, SDOH, utilization and access data on states' distribution of COVID-19 resources, access to services and reported health outcomes.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$4,885,000
FY 2022	$4,885,000
FY 2023 Final	$4,885,000
FY 2024 CR	$4,885,000
FY 2025 President's Budget	$5,000,000

Program Accomplishments

- OASH HHS-wide Long COVID Coordination
    - Coordinated federal leadership of Long COVID by convening a strategic assessment which comprehensively distills agency-wide efforts through the lens of the recommendations of the WH-Commissioned COVID-19 Health Equity Task Force to drive a substantive HHS response.
- Supporting Community-Led Prevention Efforts in Maternal Health in the Mississippi River Delta
    - Assessed barriers to implementation of effective strategies that improve outcomes and decrease health disparities for African American and Native American birthing people in the Mississippi River Delta, including counties in AR, LA, MO, MS, & TN (The Delta).
    - Produced and disseminate Initial Recommendations, Performance Goals and Measures, a Gap Analysis, Final Recommendations, and a White Paper for increased accountability.
    - Provided critical information for community leaders to make effective decisions about activities that improve maternal health and decrease health disparities.
- A Syndemic Approach: A Program Evaluation and Resource Tool and Library to Address the Syndemic of Viral Hepatitis, HIV, STIs and Substance Use Disorder
    - Evaluated current syndemic approaches that have been used to integrate infectious disease and SUD services across the continuum of care.
    - Identified evidence-based strategies to integrate services for high-risk groups in settings with a high proportion of people with risk factors for co-occurring infections and/or chronic infection.
    - Disseminated evidence-based strategies through the development of an online resource library that houses initiative deliverables and other syndemic related materials as a tool for service providers that plan to or are seeking information on how to integrate services for infectious disease into their programs. This includes primary care providers, SSPs, harm reduction programs and infectious disease specialists.
- Evaluating America's HIV Epidemic (EHE) Analysis Dashboard (AHEAD) Dashboard Evaluation
    - Evaluated AHEAD as a tool for representing complex, multi-year HIV indicator data.
    - Identified best practices for representing data to monitor progress and inform program planning and implementation across disparate communities.
    - Identified technical assistance and educational needs to enable different stakeholders to effectively use AHEAD to reach local program goals.
    - Supported progress reporting on the Administration's priority to end the HIV epidemic by 2030.

PHS EVALUATION
TEEN PREGNANCY PREVENTION
Budget Summary
(*Dollars in Thousands*)

PHS Teen Pregnancy Prevention	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	6,800	6,800	7,400	+600
FTE	1	1	1	-

Authorizing Legislation……PHS Act, Title II Section 247
FY 2025 Authorization……Permanent
Allocation Method……Direct Federal

Program Description
The Office of Population Affairs (OPA) supports several research and evaluation activities that build the evidence-based approaches to prevent teenage pregnancy and sexually transmitted infections. OPA conducts national research and evaluation projects to identify core components of effective programs, to determine the impact of Teen Pregnancy Prevention (TPP) programs, and to ensure that all OPA grantee-supported evaluations are rigorous and high quality.

Budget Request
The FY 2025 President's Budget request for Teen Pregnancy Prevention evaluation is $7,400,000, which is an increase of +$600,000 above the FY 2023 Final level. The increase will specifically support an independent, systematic, rigorous evidence review of the TPP program. OPA will continue competitive grants and contracts to conduct research with the focus of improving access, equity, and quality in the TPP Program. These grants and contracts will put an added emphasis on determining factors that prevent and reduce disparities in sexual health outcomes and identifying core components of TPP programs that support effectiveness, as recommended in the 2019 Institute of Medicine report on the TPP Program.

OPA will continue to support several research-to-practice centers to translate research findings into best practices and actionable activities for practitioners and adults who work with adolescents. OPA will also continue to provide technical assistance and training for TPP grantees conducting rigorous evaluation to ensure the grantee-supported evaluations are rigorous and high quality.

Five-Year Funding Table

Fiscal Year	Amount
FY 2021	$6,800,000
FY 2022	$6,800,000
FY 2023 Final	$6,800,000
FY 2024 CR	$6,800,000
FY 2025 President's Budget	$7,400,000

Program Accomplishments

TPP Evaluation supports:

- Two research-to-practice centers to develop and disseminate research-informed practice resources for professionals who work with youth involved in the child welfare and/or justice systems, youth experiencing homelessness, and opportunity youth and to develop resources for providing trauma-informed and inclusive care.
- Research grants that examine the settings and youth characteristics to determine under what conditions TPP programs are most and least effective and the determining factors that prevent and reduce disparities in sexual health outcomes.
- Rigorous evaluation training and technical assistance to TPP Program grantees conducting research and evaluation.
- Collection and analysis of program performance measures for monitoring, program improvement, and reporting.
- Multiple research projects with the goals of identifying, measuring, and evaluating the effectiveness of core components of TPP programs.
- In partnership with the Office of the Assistant Secretary for Planning and Evaluation and the Administration for Children and Families, the HHS TPP Evidence Review to build a collective understanding of the program models that have been rigorously evaluated and shown to reduce teen pregnancy, sexually transmitted infections, or associated sexual risk behaviors.

PHS EVALUATION
ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary

(Dollars in Thousands)

ASFR PHS Evaluation	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	1,100	1,100	1,180	+80
FTE	3	4	4	+1

Authorizing Legislation..... PHS Act, Title II, Section 247
FY 2025 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description

The Office of Budget (OB) manages the performance budget and prepares the Secretary to present the budget to the Office of Management and Budget (OMB), the public, the media, and Congressional committees. OB manages the implementation of the Government Performance and Results Modernization Act and all phases of HHS performance budget improvement activities.

Budget Request

The FY 2025 President's Budget request for ASFR PHS Evaluation is $1,180,000, which is an increase of +$80,000 above the FY 2023 Final level. The FY 2025 request will be used to cover pay and non-pay cost increases for program evaluation activities within the ASFR Office of Budget, costs associated with the Data Analytics Platform, coordination of Agency Priority Goal and Strategic Review reporting, and the production of the Annual Performance Plan and Report. The Office of Budget manages the implementation of the Government Performance and Results Modernization Act and all phases of HHS performance budget improvement activities, including ensuring improvements are made for data to be accessible and useful to all of HHS.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$1,100,000
FY 2022	$1,100,000
FY 2023 Final	$1,100,000
FY 2024 CR	$1,100,000
FY 2025 President's Budget	$1,180,000

Program Accomplishments

In FY 2023, this funding ensured the timely, accurate publication of the Annual Performance Plan and Report and Agency Priority Goals and supported ongoing Strategic Reviews. These statutorily required efforts support accountable, transparent, and results-oriented program management.

PHS EVALUATION
OFFICE OF THE CHIEF ARTIFICIAL INTELLIGENCE OFFICER

Budget Summary

(Dollars in Thousands)

ASA/Office of the Chief Information Officer	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	-	-	2,000	+2,000
FTE			5	+5

Authorizing Legislation..... PHS Act, Title II, Section 247
FY 2025 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description

The Office of the Chief Artificial Intelligence Officer (OCAIO), established in March 2021 coordinates artificial intelligence (AI) efforts throughout the Department of Health and Human Services (HHS) within the Office of the Chief Information Officer (OCIO), under the Assistant Secretary for Administration (ASA). OCAIO plays a critical role in advancing the responsible and ethical use of AI to improve health outcomes and well-being across the nation. OCAIO aims to facilitate effective collaboration on AI efforts across the HHS by driving the responsible and innovative use of AI, transforming healthcare delivery, and achieving better health outcomes for all Americans.

The Office of the Chief Artificial Intelligence Officer (OCAIO) is responsible for ensuring the safe and trustworthy development of AI technologies through the implementation commitments contained in Executive Order (EO) 14110, "*Safe, Secure, and Trustworthy Development and Use of Artificial Intelligence,*" consistent with the *Artificial Intelligence in Government Act* (P.L. 116-260) and the *Advancing American AI Act* (P.L. 117-263).

OCAIO is responsible for meeting the EO and legislative requirements by centrally coordinating HHS' use of AI, promoting AI innovation, managing risks from the use of AI, and carrying out agency responsibilities pertaining to AI. To accomplish the requirements under these directives, HHS will continue supporting the advancement of AI governance and innovation across the following key areas:

- **Trustworthy AI Development and Deployment:**
  - **Establish standards and guidelines:** Implement the HHS "Trustworthy AI (TAI) Playbook" as a central framework for ethical, transparent, and accountable AI development and deployment across HHS agencies.
  - **Ensure privacy and security:** Build robust data governance practices and security measures to protect individual privacy and sensitive data throughout the AI lifecycle.
  - **Combat bias and discrimination:** Employ fairness-centered approaches to mitigate biases in AI algorithms and promote equitable health outcomes for all.
- **Enabling AI Adoption and Innovation:**
  - **Foster workforce development:** Equip HHS employees with the skills and knowledge to understand, utilize, and contribute to AI initiatives.
  - **Facilitate collaboration and knowledge sharing:** Establish strong partnerships with academia, industry, and other government agencies to accelerate AI innovation and scale effective solutions.

- **Support pilot projects and proof-of-concept demonstrations:** Explore the potential of AI in key areas like public health, medical research, and healthcare delivery.
- **Policy and Regulatory Framework:**
    - **Advise HHS leadership on AI policy:** Analyze the evolving AI landscape and provide informed recommendations on policy development and regulatory decisions impacting the department.
    - **Contribute to interagency collaboration:** Engage with other federal agencies to ensure coherent and consistent national AI policies and guidelines.
    - **Monitor and analyze the impact of AI:** Track the ethical, social, and economic implications of AI in healthcare and inform responsible implementation.

HHS will continue to harness the power of AI to improve the health and well-being of all Americans, while ensuring its use is ethical, responsible, and trustworthy. This will position HHS as a leader in responsible AI development and deployment for the health sector.

Budget Request
The FY 2025 President's Budget request for OCAIO is $2,000,000 and is a new program request. The proposed request will ensure the Department is able to meet the following core requirements and leadership priorities.

- Develop an AI ready workforce and strengthen AI culture
- Drive health AI innovation and R&D
- Provide foundational AI tools and resources
- Ensure trustworthy AI use and development across health and human services

This request will provide funding for federal staff to appropriately manage and coordinate the requested activities across the Department and lead the AI strategy development to ensure the Department is seizing AI opportunities while appropriately managing risks in operations and mission.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$0
FY 2022	$0
FY 2023 Final	$0
FY 2024 CR	$0
FY 2025 President's Budget	$2,000,000

Program Accomplishments
While the activity is a new programmatic request for FY 2025, the Department has begun managing the risks surrounding AI technologies.

- Developed guidance for internal use of third-party AI tools
- Deployed a testbed Large Language Model (LLM) for internal operations
- Coordinated the collection and management of 163 AI use cases across the Department, the second-greatest number of use cases among executive branch agencies.
- Led internal AI coordination, learning, and educational meetings for AI practitioners across the Department.

NONRECURRING EXPENSES FUND
ASSISTANT SECRETARY FOR ADMINISTRATION

Budget Summary
(Dollars in Thousands)

	FY 2023[12]	FY 2024[13]	FY 2025[14]
Notification[15]	-	4,500	53,319

Authorizing Legislation:
Authorization……. Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method…… Direct Federal, Competitive Contract

Program Description
The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions**.**

The Office of the Assistant Secretary for Administration (ASA) advises the Secretary on all aspects of administration and provides oversight and leadership across the Department in the areas of human resources, equal employment opportunity, diversity, facilities management, information technology, and departmental operations.

Office of Human Resources (OHR)
OHR is responsible for creating a dynamic workplace that assists with all aspects of employee development from recruitment and training to mentoring and leadership development. OHR strives to make HHS a dynamic place to work for current and prospective employees and managers. OHR recruits talented individuals from diverse backgrounds who care about achieving the mission of protecting the health of Americans.

Program Support Center (PSC)
PSC is a multi-function shared service provider to predominantly HHS components. PSC provides support services related to accounting, acquisitions, grants and finance administration, health and wellness, supply chain management, physical security and facilities programs. This includes oversight of the HHS real property inventory and the management of facilities projects that support the mission and improve efficiency.

[12] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[13] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[14] HHS has not yet notified for FY 2025.
[15] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

Budget Allocation FY 2025
For FY 2025, the Office of the Assistant Secretary for Administration plans to continue to make investments that support information technology, cybersecurity enhancements, and facilities infrastructure. Current and completed NEF projects and accomplishments across the ASA are outlined under Program Accomplishment section and below.

OCIO HHS Data to Action (D2A) Initiative
The Department is planning to use NEF funding to facilitate the implementation of an HHS Data to Action (D2A). HHS D2A would bring baseline data toolsets, analytic capabilities, and artificial capabilities to Departmental users for engagement and deployment in their critical mission spaces. These tools would be available and enabled for both medical, and non-medical administrative staff across the Department.

Budget Allocation 2024

Learning Management Services (LMS) Replacement
In FY 2024 NEF will fund the learning management services replacement project. Federal regulation requires federal departments to track, document, maintain and report the training data of Federal employees. The solution proposed by the Learning Platform Modernization Program (LPMP) provides HHS-wide business and systems benefit because the shared service offered by the US Department of Agriculture (USDA) (a cloud-based, open-source solution hosted in a FedRAMP certified cloud and branded as AgLearn) meets the requirements compiled by representatives of all HHS' operating and staff divisions.

Funding will allow OHR to provision learning management services to all HHS staff enterprise wide as well as to uncredentialed users. USDA's AgLearn solution will make it possible for HHS and its components to:

- Interface or integrate with other human capital systems
- Compartmentalize HHS components from each other to allow for configurations that meet a component's specific needs
- Report by organizational code up to four levels down.
- Create dashboards that address compliance, cost, and relationship of curricula / course offering to mission outcomes and competencies.
- Complete the built-in OPM SF-182 Authorization Agreement and Certification of Training form online with configurable electronic workflow

Budget Allocation 2023

Optimize Coordination
FY 2023 NEF funded the completion of the Optimizing Coordination project. The project integrated administrative data across HHS and allowed for optimal HHS decision making processes. The funds allowed the building the infrastructure for a "data hub" that links existing administrative data sources and included acquiring contract support to evaluate the current environment, business intelligence (BI), and data visualization (DV) tools in order to link existing HHS systems as well as purchase software licenses for BI and DV tools. It leveraged elements of the Accelerate infrastructure and Authority to

Operate. Funding supported the funding for ATO to successfully launched system, the migration of on-premises Business Intelligence System (BIIS) to the cloud.

Re-Imagine HHS - Better Insight from Better Data
The NEF funding for the completion of the ReImagine HHS - Better Insight from Better Data to be initiated to accommodate the need for collaboration on data and data science across HHS. With systemwide, streamlined and secure access to data, we can work together to leverage data to advance the nation's health and well-being.

HHS IMPACT - Identifying and Mobilizing Personnel Assignments to Critical Tracts

In FY 2023 NEF funded the HHS IMPACT project. The project was initiated to implement an enterprise federal employee volunteer program and platform, *HHS IMPACT - Identifying and Mobilizing Personnel Assignments to Critical Tracts*. Funding allowed for the development and implementation of a sustainable platform for recruiting and engaging federal workforce volunteers that would fulfill emerging and critical needs to support the overall HHS mission. The project is complete and has allowed the platform to be deployed that allows HHS to have one combined data source for HHS volunteers leveraging the ACF Volunteers module to allow for inclusion of all HHS volunteers and details

PIV Tracking and Access Management
In FY 2023 NEF funded the PIV tracking and access management project. In response to COVID-19 Public Health Emergency, PIV exceptions allowed for a continuance of onboarding federal and contractual personnel in support of HHS' mission under a National Emergency declaration. The exceptions have increased the Department's vulnerability for insider threats requiring mitigation and appropriate corrective actions. The project is complete and has allowed for the following accomplishments:

- Developed a sustainable platform to track and report Personal Identity Verification (PIV) exceptions across the enterprise and leading the assessment and implementation of additional controls pertaining to PIV exceptions.
- Ensured enhanced controls across current IAM practices
- The PIV exception tracking and reporting system serves to mitigate risks associated with providing physical and or logical access to personnel who have not been adjudicated completely through the credentialing process.

Budget Allocation 2022 and prior

Debt Management System
FY 2022, NEF funded a contract to replace the legacy Debt Management and Collection System (DMCS). The contract awarded in FY 2022 provided funding to redesign the current legacy DMCS architecture to provide a scalable and modern system, automated processes and user flexibility and interactive functionality.

FY 2022 NEF funded the design costs, budget, and redesign costs to mitigate post pandemic inflationary increases for the San Francisco consolidation project. The project is ongoing and expected to reduce the current footprint from 149,900 rentable square feet (RSF) to 74,900 RSF. The San Francisco Regional

office includes space for fourteen OPDIVs and Staff Divisions that directly serve state and local organizations in Arizona, Nevada, California, and Hawaii. The project will result in a rent and rent related cost savings of approximately $4.9 million per year.

Regional Consolidation - San Francisco and Chicago Regional Offices

San Francisco
FY 2022 NEF funded the design, budget, and redesign costs to mitigate post pandemic inflationary increases for the San Francisco consolidation project. The project is ongoing and expected to reduce the current footprint from 149,900 rentable square feet (RSF) to 74,900 RSF. The San Francisco Regional office includes space for fourteen OPDIVs and Staff Divisions that directly serve state and local organizations in Arizona, Nevada, California, and Hawaii. The project will result in a rent and rent related cost savings of approximately $4.9 million per year.

Chicago
In FY2022 NEF provided funds to allow the substantial completion of the Chicago consolidation project.

HHS Telework Center
In June 2021, GSA established a design build contract to renovate the 801 Suite in the Humphrey Building to convert it to a telework center that will be used to accommodate staff that primarily telework when they report to the office.

Enterprise Network Consolidation and TIC Migration
In FY 2020, NEF funded enterprise network consolidation and Trusted Internet Connection (TIC) migration projects respond to OMB's mandated TIC cybersecurity capabilities. The project provided the opportunity for improved operations, security, cost savings and cost predictability for the Department. The project is complete and has allowed major, vulnerable HHS components to successfully migrate and integrate.

Regional Consolidation - San Francisco and Chicago Regional Offices

San Francisco

The design for the project has been completed. The design was funded with NEF. Construction documents have been finalized. NEF funds are being obligated to GSA for construction work for the project.

HHS Telework Center
In FY 2023, funding was received too late in the fiscal year to continue progress on the project. In FY 2022, GSA identified unforeseen building life-safety infrastructure issues associated with the project. HHS obligated funding, based on a GSA estimate, for a contract modification to address the additional work. GSA under-estimated the contract modification and required additional funding. Work will resume after GSA modifies the contract. The project will be completed in early FY 2025.

Debt Management System
In FY 2023, PSC Debt Management funded the option year to complete the modernization project so that the vendor could provide a package to deploy the new system into the production environment.

Regional Consolidation Projects

Atlanta (formerly Boston)
In FY 2023, NEF funded the GSA for the Atlanta Workplace Engagement Process (WPE) project. The WPE establishes program requirement that will be used to develop the design of the project. The design phase will begin in FY 2024. Construction phase to follow.

Chicago
In FY2023, NEF funds were obligated for IT, security and audio-visual systems (AV) work for the Chicago Regional Office project. A $100,000 balance of NEF funds was carried over to FY 2024 that will be used for AV user acceptance testing and punch list work necessary to complete the project. The project is substantially completion.

San Francisco
In FY 2023 NEF funds were obligated to GSA to establish contracts for construction and fixed furniture for the San Francisco Regional Office project.

Debt Management System
In FY 2024 NEF funds will be used to complete the DMCS 2.0 system enhancement. IT implementation includes hosting services, IT consulting services, security compliance such as Multifactor Authentication and 508 compliance services. The new system will move into the production environment and is projected to go live in early FY 2025.

HHS Telework Center
In FY 2024, NEF funding will be used to modify the existing contract to address unforeseen building life-safety related infrastructure upgrades required for the project. The HHS Telework project will be completed in early FY 2025.

Atlanta (formerly Boston)
In FY 2024, funds will be used for the design portion of the Atlanta Regional Consolidation Project. Construction of the project will begin upon receipt of the FY25 approved allocated funding.

Chicago
In FY2024, NEF will fund AV user acceptance testing, IT equipment and security requirements for the additional union office, and any unforeseen condition that may arise at this substantial completion.

San Francisco
In FY 2024 NEF funds will be used for construction of the project. The project will be completed in early FY 2026.

NONRECURRING EXPENSES FUND
ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary
(Dollars in Thousands)

	FY 2023[16]	FY 2024[17]	FY 2025[18]
Notification[19]	--	--	$43,274

Authorizing Legislation
Authorization……. Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method…… Direct Federal, Competitive Contract

Program Description and Accomplishments
The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

Budget Allocation FY 2025
Grants.gov Customer Experience Modernization
FY 2025 activities (Phase 3) are contingent on and will build from activities in FY 2023 and 2024 (Phases 1 and 2). In Phase 1, the Office of Grants (OG) is working to finalize design of the enhanced user experience. OG will also begin the update of the core system architecture of the modernized grants experience and build analytics and dashboards to support the modernization effort. The effort will also deliver several features that support grants.gov users in improving Notice of Funding Opportunities and in the learn, find, and apply functions. These features will be delivered iteratively in production to real users at beta.grants.gov. Through the course of Phases 2 and 3, OG will continue the work of Phase 1, iteratively developing and deploying additional features, improvements, and functionality.

HHS Closeout Business Process Reengineering
In FY2025, the Closeout Business Process Reengineering Initiative will prioritize system automation using technology to simplify and streamline the end stages of the grant lifecycle. This will boost efficiency, accuracy, and compliance, while alleviating administrative burdens on federal staff and grant recipients. The NEF investment in automation will yield substantial cost and time savings for ongoing closeouts and will establish a foundation for a more efficient, transparent, and effective grant management process, ensuring prompt and appropriate utilization of funds for vital public health and social needs. Finally, this initiative could serve as a model for other government grant-making agencies, showcasing the advantages and positive outcomes achievable through automation.

G-Invoicing Implementation
HHS has automated the basic intra-governmental buy and sell transaction process using solutions developed by the Department of the Treasury (G-Invoicing) and Oracle (E-Business Suite). Treasury and

[16] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[17] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[18] HHS has not yet notified for FY 2025.
[19] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

Oracle are continuously making these solutions better by fixing issues, streamlining and improving functionality, as well as incorporating new features. HHS needs to improve its implementation, as they improve their products. Additionally, HHS must standardize processes and improve its system to meet user requirements and support complex Intra-Governmental Transactions, such as Joint Funding Agreements and Working Capital Funds, and stabilizing the solution by FY 2026. To achieve these goals, NEF will invest funds in FY 2025 to enable HHS to fully transition to the G-Invoicing solution, thereby meeting the government-wide mandate that aims to enhance data quality and reliability, promote transparency among federal agencies, improve accounting and reporting accuracy, and effectively address a long-standing Government-wide material weakness.

Budget Allocation FY 2022 and prior

In FY 2022, the NEF investment of $14.5 million allowed the ASFR Office of Finance to implement the department-wide Treasury's G-Invoicing solution for HHS, NIH, and CMS. This includes testing support for Unified Financial Management System (UFMS) Accounting Centers CDC, FDA, IHS, and PSC.

NONRECURRING EXPENSES FUND
ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(Dollars in Thousands)

	FY 2023[20]	FY 2024[21]	FY 2025[22]
Notification[23]	$3,500	$7,670	-

Authorizing Legislation:
Authorization……. Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method…… Direct Federal, Competitive Contract

Program Description
The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

Budget Allocation FY 2024

FY 2024 NEF funding of $7.67 million enables the OASH IT Ecosystem to expand the use of Commissioned Corps' Integrated Data Platform (IDP) to store OASH enterprise data and create a unified web cloud-based platform to support OASH offices and their ability to communicate with the American people.

Upon completion of the modernization efforts, current mission workloads will migrate to a secure and common OASH IT Ecosystem, which will yield a reduction in the overall IT spend and an increase in system development responsiveness which will improve security control compliance. OASH legacy IT systems are costly and operationally difficult to adapt to new mission mandates, are non-performant, inflexible, have poor security compliance, are cumbersome to manage, fragile to change, and require weeks to months to update or modify. The request will continue to address the legacy IT systems and manual processes within OASH.

Program Accomplishments

Budget Allocation FY 2023

In FY 2023, OASH received $3.5 million in NEF to support the integration of a data lake to house all Commissioned Corps data sets in a secure Cloud environment in compliance with Federal CIO recommendations. The Commissioned Corps is an elite uniformed service with full-time, highly qualified public health professionals, serving the most underserved and vulnerable populations domestically and abroad. United States Public Health Service includes over 6,300 active duty Commissioned Corps

[20] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[21] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[22] HHS has not yet notified for FY 2025.
[23] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

officers spanning multiple health specialties and about 6,500 retired Commissioned Corps officers. Current IT systems are over 20 years old, contain inaccurate data, require disparate data pulls from multiple systems to gather information and have insufficient capacity to inform agency demands and response teams. This NEF investment covered the upfront costs of improving data availability, scalability, resiliency, and fail over to provide continuity of operations. The IDP also provides platform independence and eliminates data portability issues should Commissioned Corps elect to change platforms in the future.

NONRECURRING EXPENSE FUND
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

Budget Summary

(Dollars in Thousands)

	FY 2023	FY 2024	FY 2025[24]
Notification[25]	2,200	2,950	3,550

Authorizing Legislation:

Authorization……. Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method…….. Direct Federal, Competitive Contract

Program Description

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions**.**

The Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the U.S. Department of Health and Human Services on policy evaluation and development, and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation & evidence, scientific integrity, and economic & regulatory analyses. ASPE's analyses can be found in use across HHS including in justifications for legislative and regulatory proposals and internal briefs. External products include ASPE research and issue papers, articles in peer-reviewed journals, at a glance data points and dashboards. Analyses involve a range of information sources and methodologies including survey data and statistical analyses, program evaluation, analytical models, and performance data.

ASPE's IT Program and its portfolio play an essential role to enable ASPE to continue its research, evaluation, collaboration, and policy work that spans HHS's mission to enhance and protect the well-being of all Americans by providing effective health and human services. ASPE manages multiple IT projects across key functions among IT Governance and Strategy, Policy and Communications, System and Application Development, and IT Support tenants to provide ASPE advanced technologies, modernized workflow, effective digital communications, sustainable IT support, and effective cybersecurity posture to safeguard ASPE's digital assets. These services and investments are the backbone to ASPE's operations and essential elements for ASPE to continue to fulfill its mission.

Budget Allocation FY 2025

In FY 2025, ASPE will continue to prioritize current Administration's priorities: expanding and strengthening health insurance coverage, emergency preparedness, enhancing health and economic

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[24]. Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

[25]. Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.

[3] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.

[4] HHS has not yet notified for FY 2025.

equity, addressing behavioral health challenges, and promoting scientific integrity and evidence-based policymaking.

It is essential that ASPE's IT effectively supports this broad range of activities by focusing on:

- Robust engagement with the public through data management, visualization, and transparency
- Optimization of operational activities through digitization and automation
- Adoption of flexible and collaborative work models, technology, and resources giving management and staff the ability to adapt and respond as priorities and work-teams evolve.

In FY 2025, NEF funding will be used to continue building on top of the accomplishments in FY 2023 and FY 2024, plan to improve products, services, processes through continuous and incremental fortification of ASPE systems and IT infrastructure. In alignment with HHS policies, ASPE continues to monitor, mitigate, and manage cyber vulnerabilities, continually improving the infrastructure and risk posture.

This funding will strengthen ASPE's systems and IT infrastructure; and align internal systems, public facing websites, business operation systems, and scientific and analytical computing capacity with HHS cybersecurity policy and continuity of operations. With the NEF investment ASPE will improve its risk posture through these ASPE IT initiatives:

1. Enhancing compliance and cybersecurity implementation through accessibility support and maintaining Authority to Operate (ATO) and PIV integration for all ASPE-owned systems
2. Building a consolidated and scalable ASPE Cloud Information System (ACIS) leveraging OS established infrastructure
3. Expanding ASPE's digital presence through enhancing ASPE's website and digital communication strategy
4. Strengthening ASPE's departmental coordination through developing new features and functionalities for ASPE's Strategic Planning System
5. Advancing the solution for scientific and analytical data, processing, data visualization, storage, and data management
6. Extending a low-code solution using Salesforce for ASPE's business operations
7. Upgrading ASPE's IT software and tools to support ASPE's commitment to provide a workplace that promotes Diversity, Equity, Inclusion, and Accessibility

Details of each initiative are described as following:

Enhancing compliance and cybersecurity implementation through accessibility support and maintaining Authority to Operate (ATO) and PIV integration for all ASPE-owned systems

Engage ASA's 508 services for content audit and remediation, create compliant products and perform audit and review of existing applications, digital products, and waivered artifacts requiring 508 remediations to meet HHS 508 accessibility standards.

Initiate agreements for Office of the Secretary (OS) enterprise services for ASPE's data and systems hosting in the OS-cloud environment, comprehensive Information Systems Security Officer and Office of Information Security (OIS) Enterprise Security Services (ESS) Line of Business (LoB) supporting the Authority To Operate (ATO) for ASPE systems that migrated from various vendor environments to the OS cloud, and secured OS enterprise services for ASPE websites and systems to integrate with the OS

Access Management Systems (AMS) single sign-on Personal Identity Verification (PIV) card access and integration in the OS cloud environment.

Building a consolidated and scalable ASPE Cloud Information System (ACIS) leveraging OS established infrastructure

Build a secured, flexible, and cost-effective cloud services for all ASPE owned IT systems. To streamline operational process across ASPE's IT assets and allow ASPE systems to reside in a centralized and secured cloud environment, ASPE is migrating ASPE Website, ASPE's Strategic Planning System, and Patient-Centered Outcomes Research Trust Fund's Portfolio Portal to the OS Cloud. Establishes a cloud infrastructure to support existing ASPE IT systems and future growth.

Expanding ASPE's digital presence through enhancing ASPE's website and digital communication strategy

Create new Information Architecture in response to the growth of digital content topics, categories, and emphasis on ASPE's website; Expand analytic capability and analysis to be able to support effective user outreach methodology; Improve the design of ASPE's website to allow more intuitive information sharing journey for the public. ASPE will also reimagine digital content dissemination strategy through effective outlets and communication methods.

Strengthening ASPE's departmental coordination through developing new features and functionalities for ASPE's Strategic Planning System (SPS)

Enhance technical capacity and capability to conduct cross-Departmental collaboration and engagement to develop the quadrennial HHS Strategic Plan and other plans. SPS engages a cross-departmental approach to develop the HHS Strategic Plan. NEF resources will support features aimed at making it easier to collect and organize data and feedback to collaborate in the development of the HHS Strategic Plan and other priority health, public health, human service, and evidence-related strategic plans.

Promote best practices and build staff capacity in strategic planning across HHS through the development and dissemination of targeted microlearning resources and content. ASPE is working to improve its Resource Center content to accommodate different and evolving learning styles and approaches for busy people. NEF resources will support the development of accessible and user-friendly microlearning resources to promote learning and easier application of best practices in strategic planning, strategic management, and project management, and allow for expanded storage capacity and space to host, share, and disseminate microlearning content.

Ensure quality customer experience and user engagement and responsiveness in the creation of strategic planning resources and the development of technical improvements. ASPE highly values customer experience, feedback, and input in developing its products. NEF funds will support a variety of user engagement activities, including, but not limited to the design and deployment of surveys, interviews, and usability testing.

Advancing the solution for scientific and analytical data, processing, data visualization, storage, and data management

ASPE executed key initiatives over a multi-year roadmap that strengthen the capacity for ASPE to fulfill mission objectives and goals. As the analytical think tank for the Office of the Secretary, ASPE evaluated potential solutions for scientific and analytical data processing, data visualization, data storage and file management and initiated the buildout of a cloud compute environment in the OS cloud infrastructure. The NEF funds will allow ASPE to expand the cloud computing capability and capacity, satisfy foundational system and user requirements and supports incremental expansion as data requirements change.

Extending a low-code solution using Salesforce for ASPE's business operations

Extending a low-code solution using Salesforce for ASPE's business operations by incorporating additional business processes and manual reporting. ASPE will enhance the existing workflows and continue to digitalize and automate manual processes among ASPE's human resources planning and staff onboarding and offboarding activities, staff engagement through Intranet, IT asset management methodology, research and acquisition planning, and the financial management of multiple lines of business to provide current data for status of funds reporting, reconciliation, and strategic planning.

Upgrading ASPE's IT software and tools to support ASPE's commitment to provide a workplace that promotes Diversity, Equity, Inclusion, and Accessibility

Employee new software and technology tools to enable a flexible workplace that supports face-to-face and virtual engagements. Improve current set of technologies to satisfy program initiatives on Diversity, Equity, Inclusion, and Accessibility.

Program Accomplishments

Budget Allocation FY 2024 ($2,950,000)
With the NEF funding ASPE received in FY 2024 and through the established ASPE IT Advisory Committee (ITAC) governance structure, ASPE was able to accomplish IT infrastructure alignment planning, initiate cloud compute roadmap, streamline cybersecurity governance approach across all ASPE systems, and improve ASPE's business operations and processes under the 3 main initiatives:

1. Building capacity for ASPE's websites, maintaining Authority to Operate, and PIV integration support services
2. Extending a low-code solution using Salesforce for ASPE's business operations; and
3. Advancing the solution for scientific and analytical data, processing, data visualization, storage, and file management.

Budget Allocation FY 2023
FY 2023 NEF funds build upon FY 2022 activities and incrementally improve products, services, processes through continuous and incremental fortification of ASPE's workplace, systems and IT infrastructure. ASPE continued to monitor, mitigate and manage cyber vulnerabilities, continually improve the infrastructure and risk posture through these measures. Additionally, these funds strengthened ASPE systems and IT infrastructure and align internal systems, the public facing website, and scientific and analytical computing capacity with HHS cybersecurity policy and continuity of operations. As ASPE plans

for the return to the workplace, upgrades directly impacting staff will help support staff General Departmental Management Page 179 engagement by providing:

1. Extending a low-code solution for ASPE's business operations;
2. Building capacity for scientific and analytical data, processing, data visualization, and storage;
3. Investments in computer workstation equipment, conference room capabilities, and training; and
4. Securing ASPE systems and infrastructure with the ATO and PIV integration for authentication.

Budget Allocation FY 2022 and prior

FY 2022 NEF funds modernized and secured ASPE systems and IT infrastructure to align internal systems, the public facing website, and scientific and analytical computing capacity with HHS cybersecurity policy and continuity of operations. Modernizing ASPE's IT infrastructure enables staff to be responsive to rigorous requests from senior leadership within the Office of the Secretary and to disseminate our work to the public. With these funds, ASPE is taking steps to improve our risk posture by:

1. Ensuring ASPE's public facing website has ATO;
2. Purchasing and establishing a low-code solution for ASPE's business operations and ASPE's intranet website; and

Acquiring or leveraging a cloud solution for scientific and analytical data processing, storage and management.

SUPPLEMENTARY TABLES

BUDGET AUTHORITY BY OBJECT CLASS – DIRECT

(Dollars in Thousands)

Object Class Code	Description	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2024*
11.1	Full-time permanent	103,705	109,600	117,943	+8,342
11.3	Other than full-time permanent	-	-	-	-
11.5	Other personnel compensation	-	-	-	-
11.7	Military personnel	4,728	4,144	4,226	+82
Subtotal	***Personnel Compensation***	***108,433***	***113,744***	***122,169***	***+8,424***
12.1	Civilian personnel benefits	38,315	43,540	47,177	+3,637
12.2	Military benefits	1,749	1,658	1,690	+33
13.0	Benefits for former personnel	-	-	-	-
Total	***Pay Costs***	***148,497***	***158,942***	***171,036***	***+12,094***
21.0	Travel and transportation of persons	3,527	3,561	3,631	+70
22.0	Transportation of things	22	22	22	-
23.1	Rental payments to GSA	17,302	17,381	17,766	+385
23.3	Communications, utilities, and misc. charges	1,269	1,269	1,295	+26
24.0	Printing and reproduction	1,172	1,172	1,196	+24
25.1	Advisory and assistance services	35,579	33,455	36,305	+2,850
25.2	Other services from non-Federal sources	31,787	30,510	32,437	+1,927
25.3	Other goods and services from Federal sources	137,423	131,130	100,864	-30,267
25.4	Operation and maintenance of facilities	5,312	5,312	5,420	+108
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	1,950	1,950	1,990	+40
25.8	Subsistence and support of persons	-	-	-	-
26.0	Supplies and materials	505	495	515	+20
31.0	Equipment	2,460	1,605	2,124	+519
32.0	Land and Structures	-	-	-	-
41.0	Grants, subsidies, and contributions	150,339	150,339	158,339	+8,000
42.0	Insurance claims and indemnities	-	-	-	-
44.0	Refunds	-	-	-	-
Total	***Non-Pay Costs***	***388,647***	***378,202***	***361,904***	***-16,298***
Total	**Budget Authority by Object Class**	***537,144***	***537,144***	***532,940***	***-4,204***

*The GDM FY 2025 Object Class Table reflects a comparison to FY 2024 CR to reflect inflationary increases in FY 2024

SALARIES AND EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- FY 2024*
11.1	Full-time permanent	104,910	109,600	117,833	+8,232
11.3	Other than full-time permanent	-	-	-	-
11.5	Other personnel compensation	-	-	-	-
11.7	Military personnel	4,728	4,144	4,226	+82
Subtotal	***Personnel Compensation***	***109,638***	***113,744***	***122,059***	***+8,314***
12.1	Civilian personnel benefits	39,817	43,540	47,177	+3,637
12.2	Military benefits	1,749	1,658	1,690	+33
13.0	Benefits for former personnel	-	-	-	-
Total	***Pay Costs***	***151,204***	***158,942***	***170,926***	***+11,984***
21.0	Travel and transportation of persons	3,527	3,561	3,631	+70
22.0	Transportation of things	22	22	22	-
23.3	Communications, utilities, and misc. charges	1,269	1,269	1,295	+26
24.0	Printing and reproduction	1,172	1,172	1,196	+24
25.1	Advisory and assistance services	35,579	33,455	36,305	+2,850
25.2	Other services from non-Federal sources	31,787	30,510	32,437	+1,927
25.3	Other goods and services from Federal sources	134,716	131,130	100,974	-30,157
25.4	Operation and maintenance of facilities	5,312	5,312	5,420	+108
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	1,950	1,950	1,990	+40
25.8	Subsistence and support of persons	-	-	-	-
Subtotal	***Other Contractual Services***	***215,333***	***208,382***	***183,269***	***-25,113***
26.0	Supplies and materials	505	495	515	+20
Subtotal	***Non-Pay Costs***	***215,838***	***208,877***	***183,784***	***-25,093***
Total	**Salary and Expenses**	**367,042**	**367,819**	**354,710**	**-13,109**
Total	**Direct FTE**	**909**	**896**	**941**	**+45**

*The GDM FY 2025 Object Class Table reflects a comparison to FY 2024 CR to reflect inflationary increases in FY 2024

DETAIL OF FULL-TIME EQUIVALENT (FTE) EMPLOYMENT

Detail	FY 2023 Final Civilian	FY 2023 Final Military	FY 2023 Total	FY 2024 CR Civilian	FY 2024 CR Military	FY 2024 CR Total	FY 2025 President's Budget Civilian	FY 2025 President's Budget Military	FY 2025 Total
Direct	857	42	899	861	35	896	906	35	941
Reimbursable	595	8	603	614	9	623	629	11	640
Total FTE	**1,452**	**50**	**1,502**	**1,475**	**44**	**1,519**	**1,535**	**46**	**1,581**
-	-	-	-	-	-	-	-	-	-
Average GS Grade Direct	-	-	13.2	-	-	13.3	-	-	13.4

DETAIL OF POSITIONS

(Direct Only)

Direct Civilian Positions	FY 2023 Final	FY24 CR	FY 2025 President's Budget
Executive level I	1	1	1
Executive level II	1	1	1
Executive level III	-	-	-
Executive level IV	2	2	2
Executive level V	-	-	-
Subtotal, Positions	***4***	***4***	***4***
-	-	-	-
Executive Service	91	91	91
Subtotal, Positions	***91***	***91***	***91***
-	-	-	-
GS-15	165	167	169
GS-14	183	185	189
GS-13	216	216	231
GS-12	80	80	87
GS-11	43	43	51
GS-10	10	10	10
GS-9	48	48	53
GS-8	8	8	8
GS-7	6	6	10
GS-6	1	1	1
GS-5	1	1	1
GS-4	1	1	1
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal, Positions	**762**	**766**	**811**
-	-	-	-
Total Positions	**857**	**861**	**906**
-	-	-	-
Average GS grade	13.2	13.3	13.4
Average GS Salary	**$ 121,009**	**$ 127,294**	**$ 130,180**

PROGRAMS PROPOSED FOR ELIMINATION

Program	Year Proposed for Elimination	FY 2024 CR Total	Rationale Elimination
Kidney X Innovation Accelerator	2025	$5,000,000	The KidneyX Innovation Accelerator is proposed for elimination to allow for funding increases in other priority areas. It is envisioned that this program could be better supported in a programmatic Operating Division rather than in the Office of the Secretary.
Sexual Risk Avoidance	2024	$35,000,000	With the appropriation already supporting the Teen Pregnancy Prevention program, which is evidence based, the Sexual Risk Avoidance program is proposed for elimination to avoid duplication and allow for funding increases in other priority areas.

FTES FUNDED BY THE AFFORDABLE CARE ACT

(*Dollars in Thousands*)

Program	Section	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Pregnancy Assistance Fund Discretionary P.L. (111-148)	Section 10214	23,275	23,300	23,275	23,350	23,350	0	0	0	0	0	0
FTE	-	**2**	**2**	**2**	**2**	**2**	**0**	**0**	**0**	**0**	**0**	**0**

PHYSICIANS' COMPARABILITY ALLOWANCE (PCA)

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Physician Categories	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
1) Number of Physicians Receiving PCAs	5	5	6
2) Number of Physicians with One-Year PCA Agreements	0	0	0
3) Number of Physicians with Multi-Year PCA Agreements	5	5	6
4) Average Annual PCA Physician Pay (without PCA payment)	191,042	198,953	202,932
5) Average Annual PCA Payment	27,000	30,000	30,000
6) Number of Physicians' Receiving PCA's by Category (non-add) Category I Clinical Position	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category II Research Position	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category III Occupational Health	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-A Disability Evaluation	1	1	1
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-B Health and Medical Admin.	4	4	5

There is a shortage of qualified licensed medical doctors federal government-wide. OASH leads initiatives that require the qualifications and experience of licensed physicians (i.e., opioid, infectious diseases, immunization, disease prevention, as well as a host of presidential and secretarial federal advisory committees to focus on health disparities, pain management, etc.).

The use of PCA and direct hire granted by OPM affords OASH the ability to compete with the private sector to attract and retain licensed medical doctors. A PCA may be paid only to physicians serving in positions in one of the categories: Clinical positions, Research positions, Occupational Health and Disability Evaluation and Administration of Health and Medical Programs.

OASH consistently monitors staffing levels to include planned and unplanned vacancies. Succession planning is based on current and projected needs which align with the priorities of the Secretary and Department.

CYBERSECURITY FUNDING

There are no cybersecurity funds tied to the FY 2025 GDM Budget, cybersecurity funding is captured in the FY 2025 Public Health and Social Services Emergency Fund FY 2025 Congressional Justification Cybersecurity Funding Table.

CUSTOMER EXPERIENCE (LIFE EXPERIENCE PROJECTS) TABLE

(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 PB	FY 2025 +/- FY 2024	Notes
Customer Experience (Life Experience) Pilot Projects	**-**	**-**	**14,000**	**+14,000**	**Includes two cross-agency Life Experience pilot projects that aim to improve the experience of Americans applying for and enrolling in benefit programs, including Medicare, and Medicaid, through improving data services and systems.**
Improve the Experience of Approaching Retirement (Non-Add)	-	-	3,000	+3,000	Strengthens collaboration between CMS and SSA to jointly pilot efforts to improve the experience of approaching retirement *by streamlining Medicare enrollment process.*
Improve Federal Data Services for Benefits Delivery (Non-Add)	-	-	11,000	+11,000	CMS and ACF will test ways to improve access to benefits for people facing financial shock by improving underlying eligibility data services and systems.
Total	**-**	**-**	**14,000**	**+14,000**	

SIGNIFICANT ITEMS

The Office of the Secretary will submit the FY 2024 Significant Items after an FY 2024 Appropriations Bill passes.

Legislative Proposals

PROPOSED LAW

DISCRETIONARY LEGISLATIVE PROPOSALS

Align Certain USPHS Commissioned Corps' Authorities with the Relevant Armed Forces' Authorities and Additional Management Flexibilities

This proposal will modernize the USPHS Commissioned Corps by aligning certain authorities with the authorities of the other uniformed services and adding flexibility for the efficient management of the USPHS Commissioned Corps. The USPHS Commissioned Corps is composed of two components: Regular (active duty) Corps officers and Ready Reserve Corps officers. These changes include authority for dual compensation and leave rights (Ready Reserve), expanded leave and carryover of leave (all officers), calling to active duty for training (Ready Reserve), recalling to active duty (retired officers), constructive service credit (all officers), training as a federal activity (all officers) and detailing personnel (all officers).

Align USPHS Commissioned Corps' Authorities with Select Armed Forces' Authorities and the "Military Department" Exemption to the Uniformed Services Employment and Reemployment Rights Act (USERRA)

This proposal will modernize the U.S. Public Health Service (USPHS) Commissioned Corps by aligning certain authorities with those of other uniformed services, including codifying the structure of the USPHS Commissioned Corps Ready Reserve Corps and extending the "military department" exemption of the Uniformed Services Employment and Reemployment Rights Act (USERRA) to the USPHS Commissioned Corps. Current law creates inequities between the USPHS Commissioned Corps and the Armed Forces and creates significant barriers that, for example, impact recruitment, benefits, force management, and preparedness. This proposal requests the following statutory changes to modernize the USPHS Commissioned Corps, align certain authorities governing USPHS Commissioned Corps officers with those of their counterparts in the Armed Forces, and improve management flexibility.

Align USPHS Commissioned Corps' Authorities with Select Armed Forces' Authorities to Extend Access to TRICARE, Increase the Uniform Allowance, and to Provide Pass Program Benefits to Visit National Parks and Federal Recreational Lands

This proposal will modernize the U.S. Public Health Service (USPHS) Commissioned Corps by aligning certain benefits with the benefits of the other uniformed services. Specifically, extend access to certain TRICARE benefits to eligible USPHS Commissioned Corps Ready Reserve officers, align USPHS Commissioned Corps initial uniform allowance with that of the Armed Forces, and extend the National Parks and Federal Recreational Lands Pass Program benefit to USPHS Commissioned Corps officers.

Extend Post-9/11 GI Bill Educational Benefits and Montgomery GI Bill Selected Reserve Program to Members of the U.S. Public Health Service Commissioned Corps Ready Reserve

This proposal will modernize the USPHS Commissioned Corps by aligning certain benefits with the benefits of the other uniformed services. Specifically, extend eligibility for Post-9/11 GI Bill (Post-9/11) to any USPHS Commissioned Corps Ready Reserve officer who serves on active duty and extend eligibility for the Montgomery GI Bill-Selected Reserve (MGIB-SR) programs to USPHS Commissioned Corps Selected Reserve (SELRES) officers.

Expand the HHS Office of Minority Health's Authority to Contract with For-profit Private Entities

This proposal will give the HHS Office of Minority Health (OMH) explicit and broader authority to contract with for-profit entities in carrying out its program work. The current statutory limitation has

prevented OMH from becoming a financial partner with other Federal initiatives that are authorized to utilize for-profit contractors.

MANDATORY LEGISLATIVE PROPOSALS

PrEP DELIVERY PROGRAM TO END THE HIV EPIDEMIC IN THE UNITED STATES

Budget Summary

(Dollars in Millions)

	FY 2025 President's Budget
Mandatory Proposal – PrEP Delivery Program to End the HIV Epidemic in the United States	$237

Allocation Method……Direct Federal

Program Description and Accomplishments

This proposal creates a new mandatory Pre-Exposure Prophylaxis Delivery Program to End the HIV Epidemic in the United States ("PrEP Delivery Program"). The PrEP Delivery Program will be designed to expand access to PrEP and essential wraparound services for uninsured and underinsured individuals who are indicated for its use across the United States.

There is a patchwork of PrEP access programs for uninsured and underinsured individuals. For example, the Office of Infectious Disease and HIV/AIDS Policy (OIDP) within the Office of the Assistant Secretary for Health (OASH) administers the Ready, Set, PrEP program, which provides free PrEP HIV-prevention medications to thousands of people living in the United States, including tribal lands and territories, who qualify.

This comprehensive new program is a key pillar of the Administration's efforts to meet the commitments laid out in the National HIV/AIDS Strategy for the United States 2022-2025 and the Ending the HIV Epidemic in U.S. initiative to reduce HIV infections by 75% by 2025 and by 90% by 2030. PrEP medications, available as a daily pill, injectable shot, or on-demand, can dramatically reduce the risk of getting HIV from sex or injection drug use. Prior to starting PrEP, individuals are tested for HIV, Hepatitis B and C, other sexually transmitted infections, and kidney function. Screening for these infections and conditions continues while a person is on PrEP. In addition, PrEP is most effective when coupled with proactive adherence support and regular counseling.

The PrEP Delivery Program will create an efficient, systematic approach to drug acquisition and distribution and also provide critical wrap-around services that make it possible for individuals to successfully participate in the ongoing intervention. Additionally, the PrEP Delivery Program will establish and support PrEP programs for state, tribal, and local public health departments, community-based organizations (CBOs), and health care facilities that serve populations disproportionately affected, such as the CDC's health department and CBO grantees, tribal-servicing organizations, STI clinics, community health centers, Title X clinics, opioid treatment programs, mobile prevention units, homeless shelters, and domestic violence shelters that serve the highest risk populations.

Some of these providers will have co-located prescribers and laboratories, but in other cases the organization's staff will connect individuals with telehealth providers who can then screen patients, prescribe PrEP, and support the patient with necessary lab services. PrEP Delivery Program participating organizations will also be responsible for providing or linking patients to the following services:

- Treatment for those who test positive for HIV or other infectious diseases during either the initial testing or monitoring.

- Medication adherence and patient support to educate patients about their PrEP medications, maintain care, help with establishing dosing routines that fit within their work and social schedules; provide reminder systems and tools.
- Medical and non-medical case management, including linking patients to behavioral health providers and assisting eligible patients to enroll in other public and private health and social services.

Budget Request

The FY 2025 President's Budget request for the PrEP Delivery Program to End the HIV Epidemic in the United States mandatory proposal is $237,000,000 in FY 2025, with funding increasing in subsequent years resulting in a ten-year program cost of $9,835,000,000 in budget authority ($9,653,000,000 in outlays over 10 years). Another key component of the Administration's strategy to expand PrEP access is to eliminate barriers to PrEP in Medicaid, which reduces federal spending by $10,550,000,000. The net outlay savings of both of the Administration's PrEP proposals is $897,000,000, while vastly expanding prevention, saving health care costs, and saving lives.[26]

[26] For more information on the proposal to eliminate barriers to PrEP in Medicaid, please reference the Medicaid Budget in Brief chapter.

MANDATORY BUDGET PROPOSAL
ESTABLISH THE NATIONAL HEPATITIS C ELIMINATION PROGRAM IN THE UNITED STATES

Budget Summary
(Dollars in Millions)

	FY 2025
Mandatory Proposal – National Hepatitis C Elimination Program in the United States	$9,400

Allocation Method .....Direct Federal

Program Description and Accomplishments

The FY 2025 President's budget includes a new mandatory National Hepatitis C Elimination Program (Program) to expand screening, testing, treatment, prevention, and monitoring of hepatitis C in the United States. More than two million Americans are chronically infected with hepatitis C, including a disproportionate number of non-Hispanic Black and American Indian and Alaska Native individuals, who also experience other health disparities. From 2010 to 2020, rates of acute hepatitis C quadrupled among adults aged 20–39 years, mirroring increasing rates of overdose deaths fueled by the nation's opioid and methamphetamine crises.

Treatment for hepatitis C, in the form of an eight-to-twelve-week course of oral direct acting antivirals, cures hepatitis C in more than 95% of people, preventing further transmission and reducing the incidence of liver cancer and more costly conditions. However, HHS has not been able to meet goals of its Viral Hepatitis National Strategic Plan due to barriers in accessing these treatments. Even when diagnosed, individuals may remain untreated due to restrictions on accessing these treatments and the complexity of the care and treatment process. In 2020, it was estimated that fewer than 85,000 people in the United States received treatment for hepatitis C, less than one-third of those who were diagnosed. If left untreated, hepatitis C can cause advanced liver disease, liver cancer, and death, in addition to increased cost to the health care system. According to the National Academies of Science, Engineering, and Medicine, treatment must reach at least 260,000 people each year for the U.S. to be on track for eliminating hepatitis C.

This Program aims to bolster HHS's activities to address hepatitis C in the U.S. by significantly expanding screening, testing, treatment, prevention, and monitoring of hepatitis C infections in the United States, with a specific focus on populations with high infection levels. If enacted, this program will substantially increase the number of people treated for hepatitis C, preventing hundreds of thousands of severe illnesses, avoiding tens of thousands of serious complications, and saving many thousands of lives over the next 5 years and beyond.

I. *Expanded access to curative hepatitis C medications.*

The Program includes a national subscription model to expand access of direct acting antivirals to Medicaid enrollees, incarcerated populations, uninsured individuals, and American Indians and Alaskan Natives receiving care through the Indian Health Service, tribal health, or urban Indian health programs. The subscription model will consider all manufacturers that offer competitive prices. For Medicaid, the

federal government will pay 100% of the medication costs. The medications will be made available through established distribution channels. The model will include a low-burden eligibility check to avoid fraud, waste, and abuse.

For Medicare beneficiaries, the federal government will cover 100% of cost-sharing for all Medicare part D beneficiaries for the duration of the program. Medicare will also examine relevant Merit-Based Incentive Payment System (MIPS) measures to determine if additional measures are needed to drive uptake of hepatitis C testing and treatment.

II. *Expanded access to screening, treatment, and linkage to care*

The Program will substantially expand screening strategies and settings, especially for high-risk populations. For instance, the program will provide support to build infrastructure for testing and treatment across multiple settings, such as health departments, certified community behavioral health clinics, certified tribal facilities, mobile treatment units, and opioid treatment programs. The program will also develop educational resources for providers and the public to increase awareness of hepatitis C, screening recommendations, and treatment options.

Other approaches will include expanding the number of providers who can screen and treat hepatitis C using proven and innovative telehealth methods and increasing the number of community health workers and case managers who can successfully link people to care.

III. *Expanded testing options*

The Program will accelerate the commercialization of diagnostic tests that are available outside of the United States, specifically point-of-care RNA diagnostics and hepatitis C virus core antigen laboratory assays.

IV. *Expanded prevention capabilities and access*

There is still no vaccine for hepatitis C. The program will include support for vaccine research and preventive services, which has been shown to reduce reinfection rates substantially.

V. *Expanded preparedness*

The Program will also support hepatitis C outbreak detection and response and enhance electronic data infrastructure for hepatitis C surveillance.

The Office of the Assistant Secretary for Health (OASH) will administer and coordinate this whole-of-government program, and other HHS Staff and Operating Divisions will support implementation. With a robust organizational structure in place, OASH is well positioned to ensure cross-departmental and intergovernmental collaboration and transparency. In similar capacity, OASH also leads and coordinates the cross-agency, federal government–wide Ending the HIV Epidemic in the U.S. (EHE) initiative. OASH will also be responsible for providing an annual report to Congress.

Budget Request

The FY 2025 President's Budget request to Establish the National Hepatitis C Elimination Program in the United States is $9,399,692,000 to be allocated over five years. In addition, it is estimated that this proposal will decrease Medicare net costs by $289 million over ten years, while creating estimated net

savings to Medicaid of $13 billion over 10 years, including reduction in health care costs by prevention of downstream illness. The net impact to Medicare and Medicaid is reflected within their respective accounts.

The overall net savings to the Federal government from this proposal across all accounts is $4 billion over ten years.

MANDATORY LEGISLATIVE PROPOSAL
ENCOURAGE DEVELOPMENT OF INNOVATIVE ANTIMICROBIAL DRUGS

Budget Summary

(Dollars in Millions)

	FY 2025 President's Budget
Mandatory Proposal – Encourage Development of Innovative Antimicrobial Drugs	$9,000

Allocation Method .....Direct Federal

Program Description and Accomplishments

The FY 2024 President's budget includes a mandatory proposal to establish a novel payment mechanism to delink volume of sales from revenue for newly approved antimicrobial drugs and biological products that address a critical unmet need. Sponsors of selected products would be eligible to enter into contracts with HHS, valued between $750 million and $3 billion per contract, paid out in increments annually for a period of at least 5 years and up to 10 years or through the length of patent protection or exclusivity.

HHS Secretary would establish an interagency committee to identify infections for which there is a critical need for new products, as well as a list of desirable characteristics of eligible products such as a novel mechanism, novel active moiety, or retaining activity against multi-drug resistant pathogens. These characteristics would be used to evaluate a product's eligibility for participation in this program, the value of the contract, and inform negotiations regarding pricing of the product. Sponsor revenue from federal insurance programs for the selected products would be subtracted from the annual contractual payment. The Secretary and interagency committee would develop appropriate terms and conditions for contracts, to include: 1) ensuring a reliable supply chain and adequate supply; 2) negotiation of pricing to facilitate appropriate patient access; and 3) prioritization of development and implementation of antimicrobial stewardship plans to ensure appropriate use of newly developed products. The Secretary could also work with private payors and global partners to participate in a similar payment mechanism to that outlined here. To support the appropriate use and stewardship of the selected products, a small percent of each contract would be set aside for the development and updating of relevant clinical practice guidelines.

Rationale: To minimize the risk of pathogens developing resistance to a novel antimicrobial product, these products should be used sparingly and only when indicated by the needs of a particular patient. However, the current pharmaceutical product payment structure links revenue with sales volume. While federal investments have provided critical support for antimicrobial product research and development, limited sales volume results in insufficient revenue for sponsors post-approval, which imperils these investments and access to these lifesaving products. Therefore, to balance the need for stewardship of novel antimicrobial drugs with the need for companies to receive sufficient revenue, and to potentially spur additional antimicrobial product development by improving the return on investment for these products, a significant financial incentive is needed outside of the current payment structure. The proposed program delinks revenue from sales, providing sponsors with a guaranteed revenue stream

regardless of how much product is used. By delinking revenue from sales, this proposal is aligned with stewardship goals to reduce inappropriate antimicrobial use. Stewardship efforts would be further strengthened by the proposal's requirement for sponsors to support appropriate use strategies.

The structure of this payment mechanism would allow HHS to identify novel antimicrobial products that would be expected to meet critical unmet needs, including emerging pathogens, resistance to current antimicrobial products, or infections for which limited treatments are available. Due to challenges in clinical trial design and execution, the marketed product may be indicated for a broader use than the specific infection of critical need; therefore, this proposal would allow contracts for products that are indicated for a broader use that encompasses the unmet need. Such indications are often written in ways that facilitate appropriate use of the drug through stewardship.

The novel payment structure outlined is intended to sustain companies with antimicrobial products currently in the pipeline and to stimulate future innovation in antimicrobial products. Several reports have cited a value of $1-4b per product needed to spur antimicrobial product innovation. Providing the potential for a guaranteed revenue stream may incentivize larger companies to re-enter antimicrobial research and development. Revitalization of the antimicrobial product market is key to ensuring continued availability of life-saving antimicrobial drugs. This program would significantly amplify the existing and planned U.S. Government strategy to stimulate the antimicrobial product market and would be supported by ongoing complementary efforts to facilitate clinical trials, improve guidelines for the treatment of antimicrobial-resistant infections, and consider additional changes to hospital reimbursement that could facilitate appropriate use of novel products. Additionally, the option for global partners to participate in this model would expand the potential impact of this proposal, much in the way that engagement from international organizations has strengthened the activities and reach of the antimicrobial research and development accelerator program CARB-X. While this proposed program would not cover prevention modalities, efforts will be made to understand the market for and support the development of products that reduce the spread of resistant infections, including vaccines and decolonization agents.

Budget Request

The FY 2025 President's budget request for the Encourage Development of Innovative Antimicrobial Drugs mandatory proposal is $9 billion to be allocated over ten years.

MANDATORY BUDGET PROPOSAL
MENTAL HEALTH TRANFORMATION FUND

Budget Summary

(Dollars in Millions)

	FY 2025 President's Budget
Mandatory Proposal – Mental Health Transformation Fund	$2,000

Allocation Method……..……Direct Federal

Program Description and Accomplishments

This proposal creates a mandatory Mental Health Transformation Fund. The current behavioral health care system is siloed and vastly under resourced, with significant gaps in access as well in the types of services and supports available to millions of Americans. The current behavioral health system relies on various federal, state, and private funding streams, each with distinct limits in the types of behavioral health services they can offer and without alignment across programs. The current piecemeal funding approach and lack of alignment across programs is confusing, restricts access to services, and limits the reach and potential effectiveness of treatment and the integration of services across settings, making true behavioral health transformation difficult for those providing services on the ground.

The goal of the Mental Health Transformation Fund is to address existing gaps in the behavioral health care system, as well as fundamentally re-think and re-design the delivery of this care. The fund will extend resources to projects and programs where traditional funding does not reach and remove barriers in alignment across systems. The vision of the fund is to allow for the piloting of innovative approaches that bring together all HHS agencies and programs, working across government to build system capacity, integrate settings of care, and connect more, and especially vulnerable, Americans to quality mental health services and supports, where and when they need them. Specifically, the Mental Health Transformation Fund will, through coordination of policy and resources across HHS agencies, fund large-scale projects that improve access to services across the prevention to recovery continuum, promote resilience, and integrate and fund social needs as an essential component to care.

The Fund will be operated with representation and leadership from all HHS agencies to create a unified vision of improving behavioral health care across government. HHS will require all projects funded to implement structures of accountability, fill gaps in the research and evidence base, and have strong outcome measurement and evaluation controls.

In allocating resources from the Mental Health Transformation Fund, the Secretary will prioritize investments that are sustainable, scalable, and that advance integration of behavioral health services across primary care as well as non-traditional delivery settings.

Budget Request

The FY 2025 President's Budget request for the Mental Health Transformation Fund mandatory proposal is $2,000,000,000 to be allocated over ten years.

OPDIV-SPECIFIC REQUIREMENTS

PREVENTION AND PUBLIC HEALTH FUND
FY 2025 PROPOSED ALLOCATIONS

FY2025 allocations from the Prevention and Public Health Fund are addressed in the Budgets of the relevant Operating Divisions.

CENTRALLY MANAGED PROJECTS

HHS centrally administers certain projects on behalf of all Operating Divisions in the Department. Authority for carrying out these efforts is authorized by either specific statute or general transfer authority (such as the Economy Act, 31 USC 1535). The costs for centrally managed projects are allocated among the Operating Divisions and Staff Divisions in proportion to the estimated benefit to be derived.

Project	Description	FY 2024 Funding
Bilateral and Multilateral International Health Activities	Office of Global Affairs activities leading the U.S. government's participation in policy debates at multilateral organizations on health, science, social welfare policies, advancing HHS's global strategies and partnerships, support of coordination of global health policy, and setting priorities for international engagements across USG agencies.	$7,943,357
HHS GAO Audit Activity Augmentation	ASL support the HHS GAO audit liaison mission and the GAO Audit unit supports the Department's efforts to effectively and efficiently collaborate with GAO to include ongoing maintenance, licensing, technical assistance, and any enhancements of the IT platform. All HHS components access the system, its workflows, and dashboards to better track and monitor their respective caseloads and recommendations.	$ 372,756
Department-wide CFO Audit of Financial Statements	HHS financial statements annual audit is required by the CFO Act of 1990, and stand-alone audit of the CMS producing Department-wide financial statements and coordinating the HHS audit process.	$21,107,856
The Digital Accountability and Transparency Act	DATA Act operations and maintenance services, an allocation by financial system, determined to be the most reflective of the law, and the area of greatest impact to HHS business operations.	$819,372
White House Initiative and President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders	The White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders and the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders are housed within HHS per Executive Order 14031. Both entities are tasked with developing, monitoring, and coordinating executive branch efforts to advance equity, justice, and opportunity for Asian American, Native Hawaiian, and Pacific Islander communities throughout the entirety of the Federal government by working in close collaboration with the White House.	$2,500,000
HHS Biosafety and Biosecurity Coordinating Council	HHS efforts to confront threats posed by the accidental or deliberate release of high-consequence biological agents/toxins and aligns with the principles articulated in the *National Health Security Strategy;* the *National Strategy for Countering Biological Threats,* and EO 13546 *(Optimizing the Security of Select Agents and Toxins*).	$351,036

Intradepartmental Council on Native American Affairs	HHS-wide tribal consultation, gathering information towards developing policies affecting the Native American communities served by the department. Coordination of activities throughout HHS and works to improve coordination, outreach, and communication on American Indian/Alaska Native, Tribal Government, Native Hawaiian, and other Pacific Islander issues at HHS.	$201,820
National Science Advisory Board for Bio-Security (NSABB)	NSABB provides guidance and recommendations to researchers; develops strategies for enhancing interdisciplinary bio-security and outreach; engages journal editors on policy review and international engagement; and develops Federal policy for life sciences research oversight at the local level.	$2,472,000
NIH Negotiation of Indirect Cost Rates	NIH expanded its capacity to negotiate on behalf of all HHS OPDIVs, indirect cost rates with commercial (for-profit) organizations receiving HHS contract and grant awards, to ensure indirect costs are reasonable, allowable, and allocable.	$2,772,494
President's Advisory Council on Combating Antibiotic-Resistant Bacteria	EO 13676 directs the Secretary of Health and Human Services to establish the Advisory Council in consultation with the Secretaries of Defense and Agriculture. The Council provides advice on programs and policies to preserve the effectiveness of antibiotics, to strengthen surveillance of antibiotic-resistant bacterial infections, and the dissemination of up-to-date information on the appropriate and proper use of antibiotics to the public, human, and animal healthcare providers.	$1,125,000
Office of Regional Health Operations	The RHAs provide senior-level leadership in health, bringing together the Department's investments in public health and prevention by providing a health infrastructure across the ten HHS regions. Particularly in the areas of prevention, preparedness, coordination, and collaboration, the RHA's represent the Secretary, Assistant Secretary for Health and Surgeon General in the Regions and are key players in managing ongoing public health challenges.	$2,772,090
Secretary's Advisory Committee on Blood and Tissue Safety and Availability	Committee advises the Secretary on a broad range of public health, ethical and legal issues related to blood transfusion and transplantation safety. Activities ensure HHS coordination of transfusion and transplantation safety and availability, for relevant U.S. Public Health Service agencies to prevent adverse events that occur during the donation and transfusion/ transplantation processes.	$1,500,000
Secretary's Policy System (SPS)	The official records repository of the Immediate Office of the Secretary, it is used to manage regulations, reports to Congress, correspondence, memoranda, invitations, and other documents. The SPS system ensures compliance with laws, directives, and Executive Orders, and provides HHS leadership assurance that all documents, policies, or	$610,629

	regulations that require review and approval are tracked, reviewed, and recorded for future reference.	
Tick-Borne Disease Working Group	The Tick-Borne Disease Working Group began in December 2016 as part of the 21st Century Cures Act and ended in 2023.	-
HHS Tribal Affairs	The STAC develops a coordinated, HHS-wide strategy for incorporating Tribal recommendations on HHS priorities, policies, and budgets, improving the Government-to-Government relationship, and ensuring that mechanisms to improve services to Indian tribes are in place. The STAC's primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations, or facilitate any other interaction related to intergovernmental responsibilities or administration of HHS programs.	$730,000
Dietary Reference Intakes Updates	OASH's Office of Disease Prevention and Health promotion (ODPHP), other HHS agencies (NIH, CDC, FDA), USDA, and DOD collaborate with Health Canada to coordinate for updates the Dietary Reference Intakes (DRIs) that are used across the federal government in high priority nutrition activities. There is a joint U.S. and Canadian committee to update the DRIs for macronutrients (carbohydrates, fats, and proteins) and energy. The macronutrient and energy DRIs were last updated in 2004 and is needed for the next (2025) edition of the *Dietary Guidelines for Americans (Dietary Guidelines*).	$1,000,000
Federal-wide Assurance and Institutional Review Board Registration Database Modernization	The Office for Human Research Protections (OHRP) will modernize database tools used to fulfill statutory and regulatory responsibilities for the protection of human research subjects. Additionally, recent changes to 45 CFR part 46 must be adopted through modifications to the database. OHRP will optimize usability in order to reduce staff time and burden on regulated research institutions while improving accuracy and ensuring the system meets or exceeds security requirements.	$200,000
Healthcare and Public Health Sector Risk Management	As the Sector Risk Management Agency for the Healthcare and Public Health Sector, HHS is responsible for supporting risk management, assessing risk across the sector, conduct day-to-day coordination across federal, state, local, tribal and territorial government and private sector owner-operators, facilitating information sharing related to sector risk, and supporting incident management and emergency preparedness efforts.	$1,100,000
Development of the Dietary Guidelines for Americans, 2025-2030	The *Dietary Guidelines* is required by statute to be published jointly by HHS and the U.S. Department of Agriculture (USDA) every five years. It is the cornerstone of all federal nutrition programs and policies, providing science-based recommendations to help prevent diet-related chronic diseases and promote overall health. HHS and USDA alternate serving as the administrative lead for	$1,055,000

	each five-year *Dietary Guidelines* cycle, which entails assuming primary financial responsibility. HHS has the lead role for the 2025 edition.	
HHS-wide Language Access Coordination	The HHS Language Access Steering Committee, established in 2012, is responsible for implementing provisions of the Equity Action Plan. The HHS Language Access Steering Committee is comprised of representatives from each HHS OpDiv and StaffDiv and will lead and coordinate HHS efforts to implement language access goals. OCR, as the lead and chair of the Steering Committee, ensures that the program, policy, and technical goals are in alignment with the relaunch of the committee.	$300,000
	Centrally Managed Projects Total	**48,933,410**

Customer Experience (Life Experience) Pilot Projects

CUSTOMER EXPERIENCE (LIFE EXPERIENCE) PILOT PROJECTS

Budget Summary

(Dollars in Millions)

	FY 2025
Customer Experience (Life Experience) Pilot Projects	**$14**

Allocation Method……Direct federal

Program Description

The FY 2025 President's budget includes funding in GDM for two cross-agency Life Experience pilot projects that aim to improve the experience of Americans applying for and enrolling in benefit programs, including Medicare, and Medicaid, through improving underlying data services and systems.

Applying for and enrolling in multiple public benefit programs can be confusing and time-consuming for many Americans. For example, enrolling in Medicare can require interacting with multiple government websites between Medicare and SSA. For Medicaid and other means-tested programs, enrollment and periodic eligibility checks require income verification, frequently performed numerous times on the same individuals seeking to enroll across programs. In cases where income data cannot be verified, applicants must manually verify their income, a burdensome and time-consuming process. There are existing interventions, such as ex parte (automated) verification for renewals or direct certification, that can ease the application process and speed the delivery of benefits to the people who qualify, but many states have struggled to adopt them.

To enhance the customer experience of applying for and enrolling in multiple Federal benefit programs, the Federal government can both improve enrollment processes and income verification through sharing data and digital services between benefit programs, as well as the quality of verification data.

<u>Project Descriptions</u>

The two pilot projects will:

1) **Improve the Experience of Approaching Retirement:**
   This project will strengthen collaboration between CMS and SSA to jointly pilot efforts to improve the potential beneficiaries' experience of applying to Medicare as they approach retirement. Customer research conducted and synthesized in FY 2023 and FY 2024 surfaced areas for further exploration that aim to consolidate customer touchpoints during Medicare enrollment for people applying for Medicare benefits, including those enrolling in Medicare before Social Security; eliminate the need to have to wait for a Medicare card in the mail to connect to coverage; and better equip customers for enrollment decisions through direct outreach.

2) **Improve Federal Data Services for Benefits Delivery**:
   In this project, CMS and the Administration for Children and Families (ACF) will test ways to improve access to benefits for people facing financial shock by improving underlying eligibility data services and systems. Applicants and state staff often manually verify income to gain access to these programs, which can be a burdensome and time-consuming process. By improving eligibility

verification services and the quality of data coverage, the Government can better leverage existing systems to streamline the customer experience of accessing available services while maintaining complete verification requirements.

Budget Request

The FY 2025 President's budget requests $14,000,000 in discretionary budget authority for these customer experience (life experience) pilot projects: $3,000,000 to improve the experience of Approaching Retirement through modernizing Medicare enrollment, and $11,000,000 for the pilot to improve federal data services. For the federal data services project, this funding supports pilot efforts to improve eligibility data sources and verification services infrastructure and evaluating sustainable financial models for shared service operations.

This budget requests this funding to be appropriated to a new account in the Office of the Secretary where resources can be allocated to CMS, ACF, and other agencies as needed to collaboratively carry out the information technology development work and system changes necessary to put in place these groundbreaking projects to improve Americans' experience with eligibility verification and enrollment in multiple Federal programs.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	-
FY 2022	-
FY 2023 Final	-
FY 2024 CR	-
FY 2025 President's Budget	$14,000,000

Program Accomplishments

In 2023, the Federal Data Services for Benefits Delivery team partnered with CMS and the Supplemental Nutrition Assistance Program to pilot technology improvements to the income verification process, which aim to reduce administrative burden, expand electronic verifications for all earners, and provide more efficient and integrated service to enable cross-enrollment and minimize duplication of effort (and costs) by State administrators.

Within base funding levels, HHS launched in FY 2024 one of the largest customer experience initiatives in the federal government to date. As part of an Agency Priority Goal, HHS will 1) build HHS-wide CX capacity and 2) work with each operating division to pursue substantial customer experience projects that improve services to the American people.

To build HHS-wide CX capacity, HHS will complete activities like organizing CX training for initiative participants and helping to identify appropriate broader training for a wider HHS audience, exploring targeted hiring strategies for CX expertise, coordinating and managing an HHS-wide CX community of practice for sharing project updates and best practices, and exploring shared metrics and methods of efficiently collecting customer feedback.

In addition, HHS OpDivs will build CX capacity by developing flagship CX projects that align with OpDiv priorities and level of CX maturity to identify priority customers, develop project plan and goals, and make quarterly reports on progress over the next 2 years.
Progress toward HHS's CX goals will be discussed by senior leadership quarterly and publicly shared on performance.gov.

Medicare Hearings and Appeals

DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2025

Medicare Hearings and Appeals

Justification of Estimates for Appropriations Committee

I am pleased to present the Office of Medicare Hearings and Appeals (OMHA) FY 2025 Congressional Justification. Thanks to Congressional support through increased appropriations, and the collaborative efforts of other HHS components, OMHA's backlog was substantially eliminated in 2022 and the related mandamus order was terminated on April 10, 2023. Since then, OMHA has been entirely focused on timely adjudication of appeals. By the end of FY 2023, average processing time was well within the statutory 90-day adjudication timeframe.

The following budget request supports our newly restored efforts to ensure timely adjudication of appeals, and balances OMHA's adjudicatory capacity with reduced post-backlog workload forecasts. To ensure continuous improvement of operations, this request also supports continued refinement of OMHA's Electronic Case Adjudication and Processing Environment (ECAPE), in tandem with Nonrecurring Expense Funds received for this purpose in FY 2024. ECAPE automates OMHA's adjudicatory business processes, improves caseload analysis and reporting, and provides an electronic portal for appellants to file an appeal, submit evidence, and access information about pending appeals.

In FY 2025, additional Nonrecurring Expense Funds will enable OMHA to relocate its Irvine Field Office to a federally owned space, and design it to comply with 21st Century Workplace Space Planning Policy. The new office will be significantly smaller than the original. Similar space consolidation efforts are in various stages of completion at OMHA offices that can be downsized within their present locations.

OMHA leadership remains committed to timely adjudication of appeals, maximizing efficiency through continued innovation and technological improvement, and providing exceptional value to the public through superior customer service and quality adjudication. The following budget request provides enough resources to support these commitments in the near-term.

McArthur Allen
Chief Administrative Law Judge

The Departmental Appeals Board (DAB) provides impartial, independent hearings and appellate reviews, and issues final agency decisions under more than 60 statutory and regulatory provisions governing HHS programs. A large percentage of the DAB's work is the result of Medicare claims appeals.

At the end of FY 2023, MOD had a backlog of 17,172 cases, largely stemming from OMHA's successful efforts to eliminate its backlog. The DAB will direct additional funding provided by the FY 2024 appropriation along with the funding increase in FY 2024 to continue to address the backlog. Specifically, additional funding in FY 2024 will allow the DAB to further its progress in hiring term appointed attorneys and judges, giving MOD the opportunity to adjudicate more incoming appeals within the statutory deadline while simultaneously increasing its efforts to reduce the backlog.

Additional funding enables DAB to increase adjudication capacity which will decrease the average wait time from when an appeal is filed, and a decision is issued.

Approximately 90% of the DAB's Civil Remedies Division (CRD) workload is made up of CMS cases. In recent years, CRD has seen a continued increase in its receipt of skilled nursing facility cases which often contain complex issues and high dollar CMPs. CRD expects this increase to continue as program integrity efforts remain an important goal for CMS. CRD also expects to hear new cases related to overpayments, Tricare, unaccompanied children, and other HHS program integrity measures in FY 2024.

The DAB continues to seek innovative ways to enhance its adjudicative efficiency. The DAB's goal is to build upon its existing e-filing and electronic record systems and transform case processing across all adjudicatory divisions into a completely digital environment. In FY 2024 and FY 2025, the DAB will also focus on cutting-edge IT enhancements, such as artificial intelligence and data analytics, as tools to collect, manage, and analyze case data. The DAB has also proposed a change to the Medicare Appeals Council's standard of review that would increase MOD's adjudicatory capacity by up to 30%.

Constance B. Tobias

Constance B. Tobias
Chair, Departmental Appeals Board

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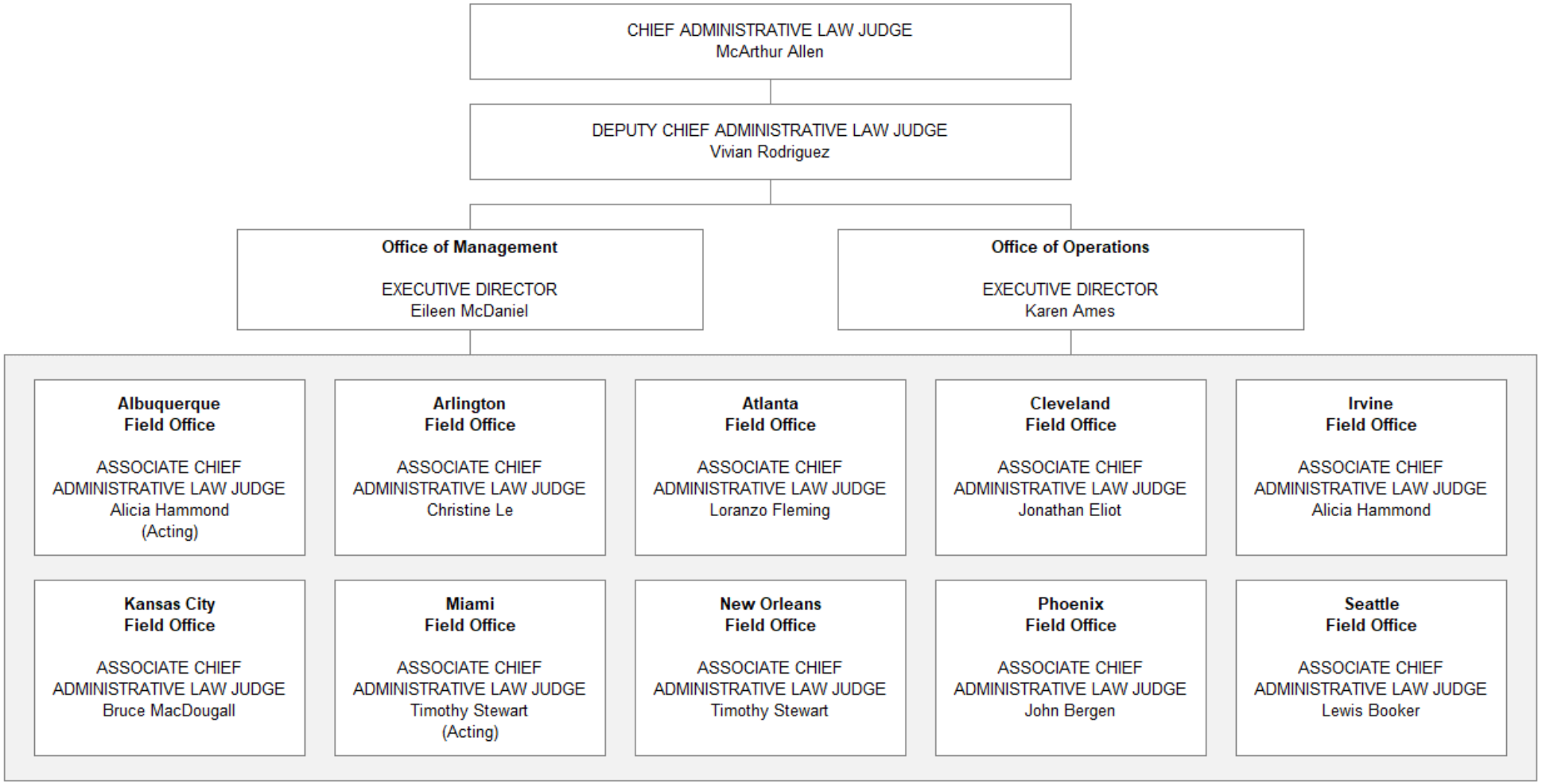
OFFICE OF MEDICARE HEARINGS AND APPEALS (OMHA) ORGANIZATIONAL CHART



OMHA ORGANIZATIONAL CHART (TEXT VERSION)

Office of Medicare Hearings and Appeals

- Chief Administrative Law Judge, McArthur Allen
- Deputy Chief Administrative Law Judge, Vivian Rodriguez
- Executive Director, Office of Management, Eileen McDaniel
- Executive Director, Office of Operations, Karen Ames

The following offices report directly to the Deputy Chief Administrative Law Judge:

Albuquerque Field Office
- Associate Chief Administrative Law Judge, Alicia Hammond (Acting)

Arlington Field Office
- Associate Chief Administrative Law Judge, Christine Le

Atlanta Field Office
- Associate Chief Administrative Law Judge, Loranzo Fleming

Cleveland Field Office
- Associate Chief Administrative Law Judge, Jonathan Eliot

Irvine Field Office
- Associate Chief Administrative Law Judge, Alicia Hammond

Kansas City Field Office
- Associate Chief Administrative Law Judge, Bruce MacDougall

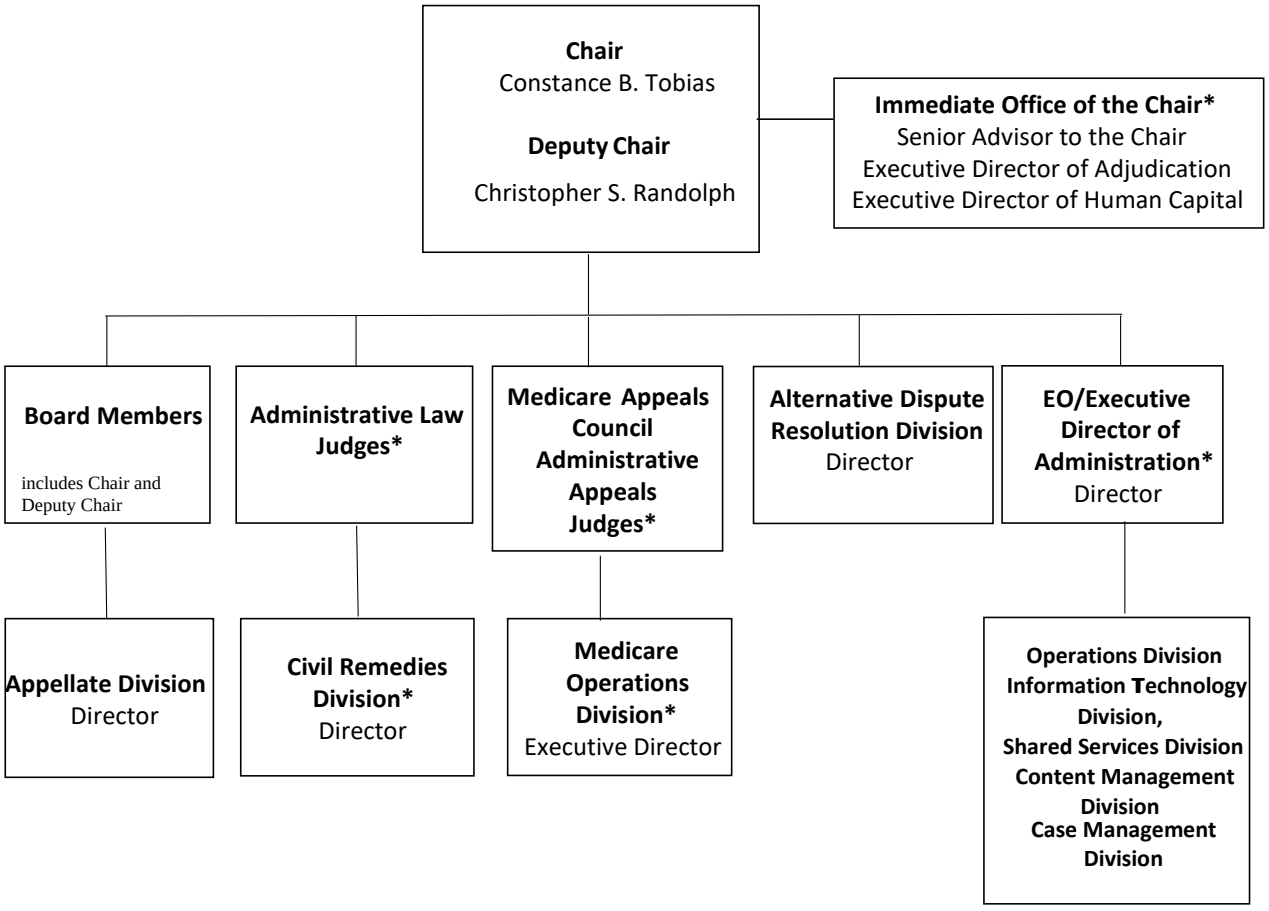
Miami Field Office
- Associate Chief Administrative Law Judge, Timothy Stewart (Acting)

New Orleans Field Office
- Associate Chief Administrative Law Judge, Timothy Stewart

Phoenix Field Office
- Associate Chief Administrative Law Judge, John Bergen

Seattle Field Office
- Associate Chief Administrative Law Judge, Lewis Booker

DEPARTMENTAL APPEALS BOARD (DAB) ORGANIZATIONAL CHART



*Denotes Divisions and staff performing Medicare-related work

DAB ORGANIZATIONAL CHART (TEXT VERSION)

Departmental Appeals Board

- Chair, Constance B. Tobias
- Deputy Chair, Christopher S. Randolph
- Immediate Office of the Chair

The following offices report directly to the Chair:

- Board Members (includes the Chair and Deputy Chair)
    - Appellate Division

- Administrative Law Judges
    - Civil Remedies Division Director

- Medicare Appeals Council Administrative Appeals Judges
    - Medicare Operations Division Executive Director

- Alternate Dispute Resolution Division Director

- Executive Officer/Executive Director of Administration
    - Operations Division
    - Information Technology Division,
    - Shared Services Division,
    - Content Management Division
    - Case Management Division

INTRODUCTION AND MISSION

The FY 2025 Medicare Hearings and Appeals (MHA) President's Budget request is a consolidated display of the Medicare hearings and appeals related work carried out by two Office of the Secretary Staff Divisions: the Office of Medicare Hearings and Appeals (OMHA) and the Departmental Appeals Board (DAB). OMHA, headed by the Chief Administrative Law Judge, hears appeals at the third level of the Medicare appeals process; and the DAB hears appeals at the fourth level. Both agencies encourage providers and suppliers to continue to serve Medicare beneficiaries. Both OMHA and the DAB strive to provide timely and impartial reviews of Medicare appeals. Such access to timely adjudication of disputes is essential to the integrity of the Medicare system.

OMHA administers the third level of appeals nationwide for the Medicare program and ensures that Medicare beneficiaries, providers, and suppliers have access to an independent forum and opportunity for a hearing, pursuant to the Administrative Procedure Act. On behalf of the Secretary of HHS, the Administrative Law Judges (ALJs) within OMHA conduct impartial hearings and issue decisions on claim determination, and organization and coverage determination appeals involving Medicare Parts A, B, C and D, as well as Medicare beneficiary entitlement and eligibility, and premium appeals.

The DAB then provides impartial, independent hearings and appellate reviews at the fourth level of appeals. Final agency decisions are issued pursuant to more than 60 statutory provisions governing HHS programs. Outside parties that disagree with a determination made by an HHS agency or its contractor, initiate cases. Outside parties include States, universities, Head Start grantees, hospitals, nursing homes, clinical laboratories, doctors, health care providers/suppliers, and Medicare beneficiaries. DAB decisions on certain cost allocation issues in grant programs have government-wide impact because HHS decisions in this area legally bind other Federal agencies.

The FY 2025 President's Budget request for MHA is $196,000,000 in discretionary funding, flat with the FY 2023 Enacted level. OMHA and DAB's Medicare adjudication related expenses are funded from the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. The breakout of base funding for each agency is as follows:

Medicare Hearings and Appeals	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
OMHA Discretionary Budget Authority	162,000	162,000	159,000	-3,000
DAB Discretionary Budget Authority	34,000	34,000	37.000	+3,000
TOTAL Medicare Hearings and Appeals[1]	196,000	196,000	196,000	--

Mission

OMHA is a responsible forum for fair, credible, and timely decision-making through an accomplished, innovative, and resilient workforce. Each employee makes a difference by contributing to shaping American health care. The DAB provides excellent dispute resolution services for those who file claims, those relying on appeal decisions, and the public. The DAB also provides high-quality adjudication and other conflict resolution services in administrative disputes involving HHS.

[1] 2023, 2024, and 2025 funding levels for OMHA and DAB represent HHS allocations from the overall MHA appropriation, which are subject to change based on actual incoming appeal receipt levels and statuses of appeal backlogs at each organization.

OVERVIEW OF BUDGET REQUEST

The FY 2025 President's Budget request for OMHA is $159,000,000, which is a decrease of -$3,000,000 below the FY 2023 Enacted level. This funding level supports approximately 668 positions (683 FTE), including 85 ALJ teams with a cumulative annual capacity of 51,000 appeal dispositions – to match the projected appeal receipt level. This request aligns OMHA's adjudicatory capacity with reduced workload forecasts and ensures compliance with the statutory 90-day adjudication timeframe through FY 2025.

The FY 2025 President's Budget request for DAB is $37,000,000, which is an increase of +$3,000,000 above the FY 2025 Enacted level. This request allows the DAB to dedicate maximum allowable funding to term appointed judges and attorneys to reduce of the Medicare appeals backlog at the Medicare Operations Division (MOD), while maintaining the staffing level required for the adjudication of incoming cases without increasing the backlog.

While settlements and administrative initiatives helped reduce the number of appeals from repeat filers and recurring issues at the lower levels, MOD's remaining appeals involve low-volume filers, unique procedural issues caused by aged appeals, or high amounts in controversy, which cannot be easily resolved through large-scale settlements or other initiatives. The estimated total value of all cases pending in MOD at the end of FY 2023 is approximately $3.6 billion. The average adjudication time from the date of filing to the date of adjudication for beneficiary appeals over the last five years is 577 days. The average age of pending beneficiary appeals at the end of FY 2023 was 775 days.

OVERVIEW OF PERFORMANCE

For the past decade, OMHA's de facto priority was to draw down and eliminate a backlog of Medicare appeals that was 11 times larger than the agency's annual adjudicatory capacity at its peak. FY 2025 is only the second year since 2011 that OMHA can once again fully focus on its legislatively mandated priority – timely adjudication of appeals. Toward that end, OMHA's timeliness-oriented performance measure – *Increase the number of Benefits Improvement and Protection Act of 2000 cases closed within the applicable adjudication timeframe* – will maintain the FY 2024 target of 90 percent in FY 2025. This measure aligns with Goal 5 of the HHS Strategic Plan – *Advance Strategic Management to Build Trust, Transparency, and Accountability*.

A second high-priority performance measure – *Retain average survey results from appellants reporting good customer service on a scale of 1 to 5 at the Medicare appeals level* – also aligns with Goal 5. To measure progress toward targets, OMHA annually commissions independent assessments that capture the scope of the appeal adjudication experience by randomly surveying selected appellants and appellant representatives. In the 2022 survey, OMHA exceeded its target of 3.6 with an average survey result of 3.9. 2023 survey results will be available in March of 2024.

Targets set for the remaining performance measure – *Reduce the percentage of decisions reversed or remanded on appeals to the Medicare Appeals Council* – are consistently met and were not adversely affected by the backlog.

DAB has made measurable progress in the strategic management of human capital by reengineering its operations, launching a careful hiring strategy, and improving its case management techniques. With the

increased allocation from MHA in FY 2021, DAB implemented a targeted backlog reduction initiative to substantially increase the Medicare Appeals Council's annual adjudication capacity from just 2,151 appeals in FY 2020 to over 7,000 appeals in FY 2023. The initiative balances responsible growth with increased production by adding up to 60 term-limited attorneys and AAJs to adjudicate appeals. As DAB reaches maximum staffing capacity, the Council's annual adjudication capacity is projected to increase to 10,000 appeals in FY 2024. By designating term positions as fully remote and utilizing creative solutions to increase the capacity of its existing office space, DAB was able to substantially increase the size of its workforce without significantly increasing its physical footprint, which resulted in substantial cost savings and mitigated concerns of being overleveraged in the future.

As a result of these efforts, the Civil Remedies Division (CRD) continues to exceed its performance goals and make significant progress on reducing older pending cases. MOD closed more than 19,000 appeals over the last three fiscal years and expects to close an additional 20,000 appeals over the next two years, while also improving its processes and customer experience. Despite the dramatic increase in output, MOD's backlog remains at approximately 17,000 appeals due to a concurrent increase in new receipts. Based on current trends, however, MOD is projected to eliminate the backlog by the end of FY 2026.

Civil Remedies Division

Measure 1.1.1 tracks the percentage of CRD decisions issued within all applicable statutory and regulatory deadlines. The target for this Measure will remain the same in FY 2024 and FY 2025. Measure 1.1.2 tracks cases closed as a percentage of all cases open during the fiscal year. The FY 2024 and FY 2025 targets remain unchanged because many cases are complex, including an increase in the nursing home cases received when program integrity efforts were focused on this subject area during the pandemic. CRD anticipates meeting Measure 1.2.1 in both years due to increased adjudication capacity.

Medicare Operations Division

Measure 1.2.1 tracks how long it takes to close a case after MOD receives the claim file. The larger the backlog, the longer it takes for MOD staff to be available to work on a new case and the longer the overall time for HHS to resolve Medicare claims. MOD focuses on closing high priority cases, including Part C and D pre-service cases, Part D – expedited cases and beneficiary appeals, which is designed to reduce the average time it takes to close a case. New staff in FY 2023 and FY 2024 will improve the DAB's ability to address that trend moving forward. Measure 1.2.2 tracks case closures, which are directly proportional to staffing. MOD increased its target for FY 2024 and expects to meet or exceed it once the additional resources to increase adjudication capacity have been onboarded and fully trained.

ALL PURPOSE TABLE

(Dollars in Thousands)

OMHA	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Total Program Level Funding	**196,000**	**206,650**	**197,250**	**-1,250**
DAB Discretionary Budget Authority	34,000	34,000	37.000	+3,000
Total, OMHA Discretionary Budget Authority	162,000	162,000	159,000	-3,000
Non-Recurring Expense Funds	**0**	**10,560**	**1,250**	**-1,250**
ECAPE - ePortal Module	0	10,560	0	-
Irvine Space Reduction	0	0	1,250	+1,250
Total MHA FTE	**1,012**	**982**	**879**	**-133**

Authorizing Legislation..... Titles XVIII and XI of the Social Security Act
FY 2025 Authorization..... Indefinite
Allocation Method.....Direct Federal

AMOUNTS AVAILABLE FOR OBLIGATION

(Dollars in Thousands)

Detail	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Trust Fund Discretionary Appropriation			
OMHA Discretionary Appropriation	162,000	162,000	159,000
DAB Discretionary Appropriation	34,000	34,000	37,000
Total, Discretionary Appropriation	**196,000**	**196,000**	**196,000**
Unobligated balance lapsing	-	**-**	**-**
Total Obligations	196,000	196,000	196,000

SUMMARY OF CHANGES

(Dollars in Thousands)

FY 2023 Final	Dollars	FTEs
OMHA Budget Authority	162,000	863
DAB Budget Authority	34,000	149
Total Budget Authority	196,000	1,012
FY 2025 President's Budget		
OMHA Budget Authority	159,000	683
DAB Budget Authority	37,000	196
Total Estimated Budget Authority	196,000	879
Net Change	**-**	**-133**

OMHA	FY 2023 Final		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	FTE	BA	FTE	BA	FTE	BA
Full-time permanent	863	89,000	683	78,012	-180	-10,988
Other personnel compensation	-	2,000	-	1,663	-	-337
Civilian personnel benefits	-	33,000	-	29,979	-	-3,021
Travel and transportation of persons	-	-	-	100	-	100
Transportation of things	-	-	-	38	-	38
Rental Payments to GSA	-	9,000	-	9,049	-	49
Communications, utilities, and misc. charges	-	8,000	-	8,556	-	556
Printing and reproduction	-	1,000	-	816	-	-184
Advisory and assistance services	-	8,000	-	10,977	-	2,977
Other services from non-Federal sources	-	1,000	-	4,164	-	3,164
Other goods and services from Federal sources	-	10,000	-	12,229	-	2,229
Operation and maintenance of facilities	-	1,000	-	1,600	-	600
Medical Care	-	-	-	47	-	47
Operation and maintenance of equipment	-	-	-	1,115	-	1,115
Supplies and materials	-	-	-	629	-	629
Equipment	-	-	-	16	-	16
Land and Structures	-	-	-	-	-	-
All Other Insurance Claims and Indemnities	-	-	-	10	-	10
Total	**863**	**162,000**	**683**	**159,000**	**-180**	**-3,000**
Net Change	**-**	**-**	**-**	**-**	**-180**	**-3,000**

DAB	FY 2023 Final		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	FTE	BA	FTE	BA	FTE	BA
Full-time permanent	149	14,911	196	19,797	+47	9,472
Other personnel compensation						
Civilian personnel benefits		6,253		6,078		2,405
Travel and transportation of persons		-		20		20
Transportation of things		1		10		9
Rental Payments to GSA		3,226		3,000		-226
Communications, utilities, and misc. charges						
Printing and reproduction						
Advisory and assistance services		6,197		3,950		-2,247
Other services from non-Federal sources		126		150		24
Other goods and services from Federal sources		3,212		3,920		708
Operation and maintenance of facilities						
Medical Care						
Operation and maintenance of equipment						
Supplies and materials		56		50		-6
Equipment		18		25		7
Land and Structures						
All Other Insurance Claims and Indemnities						
Total	**149**	**34,000**	**196**	**37,000**	**+47**	**+3,000**
Net Change						

MEDICARE HEARINGS AND APPEALS
BUDGET AUTHORITY BY ACTIVITY

(Dollars in Thousands)

Activity	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Discretionary Budget Authority	**162,000**	**162,000**	**159,000**
DAB Discretionary Budget Authority	**34,000**	**34,000**	**37,000**
FTE	**1,012**	**982**	**879**

AUTHORIZING LEGISLATION

(Dollars in Thousands)

Medicare Hearings and Appeals	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Medicare Hearings and Appeals, Social Security Act, Titles XVIII and XI	Indefinite	196,000	Indefinite	196,000
Total Appropriation	-	**196,000**	-	**196,000**

APPROPRIATIONS HISTORY TABLE

Fiscal Year	Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2016	Trust Fund Appropriation	140,000,000	-	-	107,381,000
	Subtotal	**140,000,000**	**-**	**-**	**107,381,000**
2017	Trust Fund Appropriation	120,000,000	107,381,000	112,381,000	107,381,000
	Subtotal	**120,000,000**	**107,381,000**	**112,381,000**	**107,381,000**
2018	Trust Fund Appropriation	117,177,000	112,381,000	107,381,000	182,381,000
	Subtotal	**117,177,000**	**112,381,000**	**107,381,000**	**182,381,000**
2019	Trust Fund Appropriation	112,381,000	172,381,000	182,381,000	182,381,000
	Subtotal	**112,381,000**	**172,381,000**	**182,381,000**	**182,381,000**
2020	Trust Fund Appropriation	182,381,000	182,381,000	182,381,000	191,881,000
	Subtotal	**182,381,000**	**182,381,000**	**182,381,000**	**191,881,000**
2021	Trust Fund Appropriation	196,381,000	191,881,000	191,881,000	191,881,000
	Subtotal	**196,381,000**	**191,881,000**	**191,881,000**	**191,881,000**
2022	Trust Fund Appropriation	196,000,000	196,000,000	196,000,000	196,000,000
	Subtotal	**196,000,000**	**196,000,000**	**196,000,000**	**196,000,000**
2023	Trust Fund Appropriation	196,000,000	196,000,000	196,000,000	196,000,000
	Subtotal	**196,000,000**	**196,000,000**	**196,000,000**	**196,000,000**
2024	Trust Fund Appropriation	199,000,000	196,000,000	196,000,000	196,000,000
	Subtotal	**199,000,000**	**196,000,000**	**196,000,000**	**196,000,000**
2025	Trust Fund Appropriation	196,000,000			
	Subtotal	**196,000,000**			

NARRATIVE BY ACTIVITY

OFFICE OF MEDICARE HEARINGS AND APPEALS

Budget Summary

(Dollars in Thousands)

OMHA	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	165,000	162,000	159,000	-6,000
FTE	863	789	683	-180

Authorizing Legislation……Titles XVIII and XI of the Social Security Act
FY 2025 Authorization……Indefinite
Allocation Method…….. Direct Federal

Program Description

OMHA opened its doors in July of 2005 pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, which sought to respond to Medicare appeal processing delays at the Social Security Administration (SSA) by establishing an Administrative Law Judge hearing forum dedicated solely to the adjudication of Medicare benefit appeals. According to the Government Accountability Office, SSA ALJs took an average of 368 days to resolve appeals in 2003. While SSA had no statutory timeframe for case adjudication, the Medicare, Medicaid, and State Children's Health Insurance Program Benefits Improvement and Protection Act of 2000 envisioned that most Medicare appeals would be decided by OMHA within 90 days of filing.

OMHA serves a broad sector of the public, including Medicare service providers and suppliers, and Medicare beneficiaries who are often elderly or disabled. At the time of OMHA's establishment, it was anticipated that OMHA would receive Medicare Part A and Part B fee-for-service benefit claim appeals, and Part C Medicare Advantage program organization determination appeals. However, OMHA's jurisdiction expanded to include additional Part B premium appeals and Part D premium appeals.

Beyond changes in jurisdiction, OMHA's workload was also affected by changes to improve program integrity, including the CMS Recovery Audit Contractor (RAC) program. Though RAC legislation provided funding for the administrative costs of the program at CMS, OMHA is functionally and fiscally independent of CMS, and OMHA's administrative costs were not covered by the legislation. This disconnect created a backlog that exceeded 886,000 pending appeals at its peak, persisted for more than a decade, and resulted in statements of *material noncompliance* on HHS Agency Financial Reports from 2016 through 2021. The backlog and subsequent increase in processing times were also the subjects of a lawsuit by the American Hospital Association. Pursuant to a November 2018 ruling, the Secretary of HHS operated under a mandamus order directing specific annual reductions in the appeals backlog leading to substantial elimination by the end of FY 2022, and total elimination by midyear FY 2023. Through interagency collaboration, additional funding, and increased capacity, all targets were met, and the mandamus order was terminated in April of 2023.

Moving forward, new appeal receipts are expected to increase slowly in the near term. Long term appeal receipt levels are less predictable.

Budget Request

The FY 2025 President's Budget request for OMHA is $159,000,000, which is a decrease of -$3,000,000 below the FY 2023 Final level. This funding level supports approximately 683 FTE, including 85 ALJ teams with a cumulative annual capacity of 51,000 appeal dispositions – to match the projected appeal receipt level. This request aligns OMHA's adjudicatory capacity with reduced workload forecasts and ensures compliance with the statutory 90-day adjudication timeframe through FY 2025.

To prepare for reduced post-backlog workloads, OMHA has been cost-cutting since October of 2020 by implementing a hiring freeze and finding savings in non-pay expenses. Through the hiring freeze and exit incentives such as Voluntary Early Retirement Authority and Voluntary Separation Incentive Payment authority (VERA-VSIP), 377 full time positions have been eliminated as of January 1, 2024. Most positions were eliminated through high attrition levels that have averaged 12.8% per year. Twenty positions are attributable to successful VERA-VSIP offerings in Q2 of FY 2023. The participation rate for these optional exit incentives exceeded 25%. OMHA is continuing to reduce its workforce in FY 2024 to meet current caseload demands.

Pay costs associated with salaries and benefits are 70% of OMHA's annual budget. Most of that is attributable to the ALJs, attorneys, and legal assistants that support the adjudicatory process. Through reimbursable agreements, OMHA will maintain this pay to non-pay ratio, partially offset budget shortfalls, and remain poised to expand capacity when necessary. Current reimbursable agreements include ALJ loans to other agencies, staff details to other agencies, and Human Resource Center services to other agencies.

Though the hiring freeze has reduced some of OMHA's pay costs, and reimbursable agreements have partially offset others, prolonged non-pay cost cuts have also been necessary. Since 2020, OMHA has continuously cut non-pay costs by all available means, including space consolidation projects and spending freezes in cost categories such as travel and training. Combined, non-pay cost cuts have kept discretionary expenses below 2% of annual budgets. In light of continued attrition, a budget level of $159 million will restore funding to these critical cost categories.

<u>Significant Challenge</u>

The November 2018 mandamus required OMHA to develop and maintain sufficient adjudicatory capacity to meet court-imposed targets through mid-year FY 2023. Consequently, OMHA increased adjudicatory capacity to meet mandamus targets, and now is decreasing capacity to balance post-backlog staffing with projected post-backlog workloads – without jeopardizing the agency's ability to meet mandamus targets in the meantime.

<u>Capacity and Workload</u>

An FY 2025 budget level of $159 million will fund 85 ALJ teams with a cumulative capacity of 51,000 appeal dispositions. Reduced workload forecasts developed by CMS and the Medicare Appeals Workgroup predict OMHA's appeal receipts will approach 51,000 in FY 2025. Provided the sum of pending appeals and new appeals received in FY 2025 does not substantially exceed 60,000, OMHA's budget level will provide an adjudicatory capacity that will be sufficient to prevent recurrence of a backlog and meet the statutory 90-day adjudication time frame through FY 2025.

Amid the ongoing hiring freeze, 600 appeals per ALJ team is OMHA's current, post-backlog capacity. This decrease from 750 is largely attributable to a more time-consuming caseload mix consisting of fewer withdrawals and dismissals, and more claims per appeal. Specifically, withdrawals and dismissals

have decreased from a high of 60 percent of annual workload during the backlog to 15 percent post-backlog. As OMHA continues to right size to match post-backlog workloads, adjudicatory support vacancies are not being backfilled with new hires. Instead, OMHA is using a shared resources model for adjudicatory support within and across teams. For example, ALJs can do more decision writing to bridge gaps as attrition continues, until workload and staffing are in balance and hearings increase.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$172,381,000
FY 2022	$172,381,000
FY 2023 Final	$165,000,000
FY 2024 CR	$162,000,000
FY 2025 President's Budget	$159,000,000

Program Accomplishments

OMHA has met or exceeded all backlog elimination targets set by the court's mandamus order, and on April 10, 2023, the order was terminated. Since then, OMHA has been focusing entirely on timely adjudication of appeals. By the end of FY 2023, average processing time (APT) was well within the statutory 90-day adjudication timeframe. Over the past three years, APT has fallen from a high of 1,448 days in FY 2020 to a low of 69 days in Q3 and Q4 of FY 2023.

OMHA's timeliness-oriented performance targets were unattainable for the duration of the backlog. After precipitous drops in FY 2011 and FY 2012, both related measures were discontinued. In FY 2023, with the backlog substantially eliminated, OMHA's primary timeliness-oriented performance measure was restored and further refined to read: *Increase the number of Benefits Improvement and Protection Act of 2000 cases closed within the applicable adjudication timeframe*, since a 90-day timeframe is not always pertinent.

FY 2023 workloads included a significant number of aged appeals at the beginning of the Fiscal Year, so the FY 2023 target was an ambitious 70 percent of Benefit Improvement and Protection Act (BIPA) cases closed within the applicable adjudication timeframe. Annual results fell short of that target due to aged appeals that were not fully resolved until mid-year FY 2023. By Q3, results began to exceed the target. In Q4, 98.5 percent of BIPA cases were closed within the applicable adjudication timeframe. Assuming sufficient funding and predictable workloads, OMHA expects to return to pre-backlog performance levels in FY 2024 and FY 2025.

OMHA - Outputs and Outcomes Table

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
1.1.4 Reduce the percentage of decisions reversed or remanded on appeals to the Medicare Appeals Council	FY 2022: 0.7% Target: 1% (Target Exceeded)	1%	1%	Maintain
1.1.5 Retain average survey results from appellants reporting good customer service	FY 2022: 3.9 Target: 3.6	3.9	3.9	Maintain

on a scale of 1 – 5 at the Medicare Appeals level	(Target Exceeded)			
1.1.8 Increase the number of Benefits Improvement and Protection Act of 2000 (BIPA) cases closed within the applicable adjudication timeframe	FY 2023: 57.6% Target: 70% (Reintroduced in FY 2023)	90%	90%	Maintain

Performance Analysis

The table above shows recent results and future targets for OMHA's performance measures. Targets assume sufficient funding that matches OMHA's adjudicatory capacity to workload projections – at least through FY 2025. Since the backlog was only recently eliminated and post-backlog data are limited, all targets are flat for the next two years.

NONRECURRING EXPENSES FUND

Budget Summary

(Dollars in Thousands)

	FY 2023 [2]	FY 2024 [3]	FY 2025 [4]
Notification [5]	--	$10,560	$1,250

Authorizing Legislation…… Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method…… Direct Federal, Competitive Contract

Program Description

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

Program Accomplishments

Budget Allocation FY 2025

FY 2025 NEF funds will enable OMHA to relocate its Irvine Field Office to a federally owned space, and design it to comply with 21st Century Workplace Space Planning Policy. The new space will encompass approximately 7,000 square feet, a reduction of nearly 80 percent of the space currently under lease.

Budget Allocation FY 2024

FY 2024 NEF funds are being used to develop a new public-facing 'ePortal' module for OMHA's Electronic Case Adjudication and Processing Environment (ECAPE). The new ePortal will replace a limited-functionality prototype with a highly automated customer interface (1) to reduce the mailing of notices and appeal documents, and reduce carbon emissions, (2) to improve appellants' customer experience through electronic access to the appeal record, simplified scheduling, and increased coordination during hearings, and (3) to reduce costs by improving customer engagement efficiency.

Budget Allocation FY 2022 and prior

A decade ago, OMHA received NEF funds to develop ECAPE, a project that was completed in 2019. To date, ECAPE investments total $70 million for development, testing, implementation, and operation and maintenance of the minimally viable product currently in operation. $43.6 million was provided through NEF funding. ECAPE significantly increased OMHA's efficiency by removing the administrative burden of manual, paper-based appeal and docket management practices. This contributed to the timely elimination of the backlog and enabled successful adjudication of Medicare appeals during the COVID-19 pandemic. For the duration of the maximum telework posture maintained throughout the pandemic, 95% of agency employees were able to perform their jobs remotely – largely due to ECAPE.

[2] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on Sep. 23, 2022.
[3] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on Oct. 19, 2023.
[4] HHS has not yet notified for FY 2025.
[5] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

NARRATIVE BY ACTIVITY

DEPARTMENTAL APPEALS BOARD

Budget Summary

(Dollars in Thousands)

Departmental Appeals Board	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	34,000	34,000	37,000	+3,000
FTE	193	193	196	+3

Authorizing Legislation..... Medicare Hearings and Appeals, Social Security Act, Titles XVIII and XI
FY 2025 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description

The DAB funding from General Departmental Management (GDM) and the Medicare Hearings and Appeals (MHA) appropriations. This narrative only discusses the DAB's role within MHA.

Administrative Law Judges – Civil Remedies Division

CRD ALJs hear appeals of CMS or OIG determinations to exclude providers, suppliers, or other healthcare practitioners from participating in Medicare, Medicaid, and other federal healthcare programs. Cases appeal the imposition of civil monetary penalties (CMPs) for fraud and abuse. CRD jurisdiction includes appeals from Medicare providers or suppliers of enrollment determinations and appeals of sanctions under the Clinical Laboratory Improvement Amendments of 1988. ALJs provide expedited hearings when requested and hear cases that require testimony from independent medical and scientific experts.

Medicare Appeals Council – Medicare Operations Division

MOD provides staff support to the Administrative Appeals Judges on the Medicare Appeals Council. The Council provides the final administrative review of claims for entitlement to Medicare and individual claims for Medicare coverage and payment filed by beneficiaries or health care providers and suppliers. Under current law, Council decisions are based on a de novo review of decisions issued by ALJs at OMHA. CMS, its contractors, and SSA may also refer ALJ decisions to the Council for own-motion review. Most cases have a statutory 90-day deadline by which the Council must issue a final decision.

The "Fully Integrated Duals Advantage" Plan (FIDA) ended in December 2019 and was replaced in FY 2020 by a similar dual-eligible beneficiary project: the "New York Integrated Appeals and Grievances Demonstration." MOD continues to adjudicate these appeals for each year that CMS renews its agreement with the DAB.

Budget Request

The FY 2025 President's Budget request for DAB is $37,000,000, an increase of +$3,000,000 above the FY 2023 Final level. The additional funds will allow the DAB to devote maximum funding towards term appointment judges and attorneys to work on the reduction of the Medicare Operations case backlog. It will also continue to support the long-term adjudication capacity of the permanent staff.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$19,500,000
FY 2022	$26,619,000
FY 2023 Final	$34,000,000
FY 2024 CR	$34,000,000
FY 2025 President's Budget	$37,000,000

Program Accomplishments

Administrative Law Judges – Civil Remedies Division

In FY 2023, CRD received 797 new cases and closed 789, of which 196 were by decision. Approximately 90 percent of the CRD casework was Medicare related in FY 2023. DAB utilizes GDM funding and internal agreements, as appropriate, to hear non-Medicare related appeals, as those requests have been increasing across the Department. CRD closed out all cases from FY 2019 by the end of FY 2023 with only 4 FY 2020 cases remaining.

Medicare Appeals Council – Medicare Operations Division

In FY 2023, MOD received approximately 6,104 appeals and adjudicated 7,321. At the end of FY 2023, MOD had 17,172 pending appeals. Cases involve complex issues of law, such as appeals arising from overpayment determinations, non-sample audits, statistical sampling extrapolations involving thousands of claims and high monetary amounts as well as emerging treatments and technologies for which policy guidance has not yet been developed or is unclear. Some cases, particularly those filed by enrollees in Medicare Advantage and prescription drug plans, require an expedited review. Additionally, appellants may file a request to escalate an appeal from the OMHA ALJ level if the ALJ has not acted within any adjudication deadline. The Council reviews these requests and any cases remanded back to the Secretary from Federal court. MOD is responsible for preparing and certifying the administrative records of cases appealed to Federal court.

DAB - Outputs and Outcomes Tables

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
MHA 1.1.1 Percentage of CRD decisions issued within all applicable statutory and regulatory deadlines.	FY 2023: 100% Target: 90% (Target Exceeded)	50%	50%	Maintain
MHA 1.1.2 Cases closed in a fiscal year as a percentage of total cases open in the fiscal year.	FY 2023: 60% Target: 50% (Target Exceeded)	50%	50%	Maintain
MHA 1.2.1 Average time to complete action on Requests for Review measured from receipt of the claim file.	FY 2023: 1,260 Days Target: 727 Days (Target Not Met)	727 Days	727 Days	Maintain
MHA 1.2.2 Number of MOD dispositions.	FY 2023: 7,321 Target: 7,176 (Target Exceeded)	8,500	8,500	Maintain

Performance Analysis

DAB has made measurable progress in the strategic management of human capital by reengineering its operations, launching a careful hiring strategy, and improving its case management techniques. With the additional MHA funding provided in FY 2021-2023, DAB implemented a targeted backlog reduction initiative which substantially increased the Medicare Appeals Council's annual adjudication capacity from just 2,151 appeals in FY 2020 to over 7,000 appeals in FY 2023. The initiative balances responsible growth with increased production by adding up to 60 term-limited attorneys and AAJs to adjudicate appeals pending in the backlog, while career staff focus on new receipts. As DAB reaches maximum staffing capacity under the initiative, it expects the Council's annual adjudication capacity to increase even further to 10,000 appeals in FY 2024. Notably, by designating term positions as fully remote and utilizing creative solutions to increase the capacity of its existing office space, DAB was able to substantially increase the size of its workforce without significantly increasing its physical footprint.

DAB maximized its funding by making numerous internal process improvements to increase productivity and efficiency. For example, DAB leveraged available data to conduct a detailed analysis of Council case trends and formed specialized adjudication teams to address an increase in cases involving complex and emerging issues. DAB implemented process improvements in MOD and CRD, which reduced case processing times for the oldest pending cases in both divisions. DAB also designed and implemented a comprehensive training program for new MOD attorneys and AAJs to ensure all term and career staff were ready for full production schedules within three months of onboarding.

As a result of these efforts, CRD continues to exceed its performance goals and make significant progress on reducing older pending cases. MOD closed more than 19,000 appeals over the last three fiscal years and expects to close an additional 20,000 appeals over the next two years, while also improving its processes and customer experience. Despite the dramatic increase in output, MOD's backlog currently remains at approximately 17,000 appeals due to a concurrent increase in new receipts. Based on current trends, however, MOD is projected to eliminate the backlog by FY 2026.

Civil Remedies Division

Measure 1.1.1 tracks the percentage of CRD decisions issued within all applicable statutory and regulatory deadlines. CRD exceeded Measure 1.1.1 in FY 2022. The target for this Measure will remain the same in FY 2023 and FY 2024.

Measure 1.1.2 tracks cases closed as a percentage of all cases open during the fiscal year. CRD exceeded its FY 2022 target by closing 66 percent of cases open that year. The FY 2024 and FY 2025 targets remain unchanged because many cases are complex, including an increase in the nursing home cases received when program integrity efforts were focused on this subject area during the pandemic. CRD anticipates meeting Measure 1.2.1 in both years due to increased adjudication capacity.

Medicare Operations Division

Measure 1.2.1 tracks how long it takes to close a case after MOD receives the claim file. MOD does not request the claim file until staff is available to work on the case. The measure only reflects how long it takes MOD to close a case after the claim file for the case is received, not how long it takes from the date MOD receives the request for review to the date the Council issues a final decision. The larger the backlog, the longer it takes for MOD staff to be available to work on a new case and the longer the overall time for HHS to resolve Medicare claims. MOD focuses on closing high priority cases, including Part C and D pre-service cases, Part D – Expedited cases and beneficiary appeals, which is designed to reduce the average time it takes to close a case. In FY 2022 average processing time for final action for

all claim types rose to 821 days, meaning the target was not met, due to MOD's focus on adjudicating appeals filed prior to July 1, 2016. New staff in FY 2024 and FY 2025 will improve the DAB's ability to address that trend moving forward.

Measure 1.2.2 tracks case closures, which are directly proportional to staffing. MOD increased its target for FY 2024 and expects to meet or exceed it once the additional resources have been onboarded and fully trained.

BUDGET AUTHORITY BY OBJECT CLASS

OFFICE OF MEDICARE HEARINGS AND APPEALS

(Dollars in Thousands)

Object Class Code	Description	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
11.1	Full-time permanent	91,000	82,237	78,012	-12,988
11.5	Other personnel compensation	2,000	1,596	1,663	337
	Subtotal Personnel Compensation	***93,000***	***83,833***	***79,675***	***-13,325***
12.1	Civilian personnel benefits	34,000	30,187	29,629	-4,371
13.0	Unemployment Comp & Voluntary Separation Incentive Payment	-	-	350	350
	Total Pay Costs	***127,000***	***114,020***	***109,654***	***-17,346***
21.0	Travel and transportation of persons	-	385	100	-100
22.0	Transportation of things	-	127	38	-89
23.1	Rental payments to GSA	9,000	8,428	9,049	49
23.3	Communications, utilities, and misc. charges	8,000	13,878	8,556	556
24.0	Printing and reproduction	1,000	787	816	-184
25.1	Advisory and assistance services	8,000	2,213	10,977	-2,977
25.2	Other services from non-Federal sources	1,000	6,570	4,164	-3,164
25.3	Other goods and services from Federal sources	10,000	13,315	12,229	-2,229
25.4	Operation and maintenance of facilities	1,000	1,021	1,600	600
25.6	Medical care	-	22	47	47
25.7	Operation and maintenance of equipment	-	451	1,115	1,115
26.0	Supplies and materials	-	631	629	629
31.0	Equipment	-	119	16	16
32.0	Land and Structures	-	18	-	-
42.0	Insurance claims and indemnities	-	15	10	10
	Non-Pay Costs	***38,000***	***47,980***	***49,346***	***11,346***
	Budget Authority by Object Class	***165,000***	***162,000***	**159,000**	***(3,000)***

DEPARTMENTAL APPEALS BOARD

(Dollars in Thousands)

Object Class Code	Description	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
11.1	Full-time permanent	10,325	15,640	19,797	9,472
	Subtotal personnel compensation	***10,325***	***15,640***	***19,797***	***9,472***
12.1	Civilian benefits	3,673	5,360	6,078	2,405
	Total Pay Costs	***13,998***	***21,000***	***25,875***	***11,877***
21.0	Travel and transportation of persons	-	15	20	5
22.0	Transportation of things	1	10	10	-
23.1	Rental payments to GSA	3,226	3,146	3,000	226
25.1	Advisory and assistance services	6,197	5,997	3,950	-2,247
25.2	Other services	126	125	150	24
25.3	Purchase of goods and services from government accounts	3,212	3,638	3,920	708
	Subtotal Other Contractual Services	***9,535***	***9,760***	***8,020***	***-1,515***
26.0	Supplies and materials	56	44	50	-6
31.0	Equipment	18	25	25	7
	Total Non-Pay Costs	**12,836**	**13,000**	**11,125**	**1,711**
	Total Budget Authority by Object Class	**26,834**	**34,000**	**37,000**	**3,000**

SALARIES AND EXPENSES

OFFICE OF MEDICARE HEARINGS AND APPEALS

(Dollars in Thousands)

Object Class Code	Description	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
11.1	Full-time permanent	91,000	82,237	78,012	-12,988
11.5	Other personnel compensation	2,000	1,596	1,663	-337
	Subtotal Personnel Compensation	***93,000***	***83,833***	***79,675***	***-13,325***
12.1	Civilian personnel benefits	34,000	30,187	29,629	-4,371
13.0	Unemployment Comp & Voluntary Separation Incentive Payment	-	-	350	350
	Total Pay Costs	***127,000***	***114,020***	***109,654***	***-17,346***
21.0	Travel and transportation of persons	-	385	100	100
22.0	Transportation of things	-	127	38	38
23.3	Communications, utilities, and misc. charges	8,000	13,878	8,556	556
24.0	Printing and reproduction	1,000	787	816	-184
25.1	Advisory and assistance services	8,000	2,213	10,977	2,977
25.2	Other services from non-Federal sources	1,000	6,570	4,164	3,164
25.3	Other goods and services from Federal sources	10,000	13,315	12,229	2,229
25.4	Operation and maintenance of facilities	1,000	1,021	1,600	600
25.6	Medical care	-	22	47	47
25.7	Operation and maintenance of equipment	-	451	1,115	1,115
	Subtotal Other Contractual Services	**29,000**	**38,769**	**39,642**	**10,642**
26.0	Supplies and materials	-	631	629	629
	Subtotal Non-Pay Costs	**29,000**	**39,400**	**40,271**	**11,271**
	Total Salary and Expenses	**156,000**	**153,420**	**149,925**	**-6,075**
	Total Direct FTE	**863**	**789**	**683**	**-180**

DEPARTMENTAL APPEALS BOARD

(Dollars in Thousands)

Object Class Code	Description	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2024
11.1	Full-time permanent	10,325	15,640	19,797	4,157
	Subtotal personnel compensation	***10,325***	***15,640***	***19,797***	***4,157***
12.1	Civilian benefits	3,673	5,360	6,078	718
	Total Pay Costs	13,998	21,000	25,875	4,875
21	Travel and transportation of persons	-	15	20	5
22	Transportation of things	1	10	10	-
23.1	Rental payments to GSA	3,226	3,146	3,000	(146)
25.1	Advisory and assistance services	6,197	5,997	3,950	(2,047)
25.2	Other services	126	125	150	25
25.3	Purchase of goods and services from government accounts	3,212	3,638	3,920	282
	Subtotal Other Contractual Services	***9,535***	***9,760***	***8,020***	***(1,740)***
26	Supplies and materials	56	44	50	6
	Total Non-Pay Costs	**12,818.00**	**12,975**	**11,100**	**(1,875)**
	Total Salary and Expenses	**26,816**	**33,975**	**36,975**	**3,00**
	Direct FTE	**155**	**193**	**196**	**3**

Detail of Full-Time Employment

Office of Medicare Hearings and Appeals

(Dollars in Thousands)

Detail	2023 Actual CIV	2023 Actual Total	2024 Est. CIV	2024 Est. Total	2025 Est. CIV	2025 Est. Total
Direct	863	863	789	789	683	683
Reimbursable	-	-	-	-	-	-
OMHA Total FTE	**863**	**863**	**789**	**789**	**683**	**683**
Average GS Grade						
FY 2021	**11/4**					
FY 2022	**11/5**					
FY 2023	**12/1**					
FY 2024	**12/1**					
FY 2025	**12/4**					

DEPARTMENTAL APPEALS BOARD

(Dollars in Thousands)

Detail	2023 Actual CIV	2023 Actual Total	2024 Est. CIV	2024 Est. Total	2025 Est. CIV	2025 Est. Total
Direct	155	155	193	193	196	196
Reimbursable	-	-	-	-	-	-
DAB Total	**155**	**155**	**193**	**193**	**196**	**196**
Average GS Grade						
FY 2021	**13/1**					
FY 2022	**13/3**					
FY 2023	**13/5**					
FY 2024	**14/1**					
FY 2025	**14/3**					

DETAIL OF POSITIONS

OFFICE OF MEDICARE HEARINGS AND APPEALS

(Dollars in Thousands)

Direct Civilian Positions	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
ALJ I	1	1	1
ALJ II	9	9	8
ALJ III	118	117	78
Subtotal, Positions	**128**	**127**	**87**
Total, Salaries	19,545,360	20,440,073	18,342,655
ES Positions	2	2	2
Total-ES Salaries	424,200	437,244	458,621
GS-15	10	10	10
GS-14	41	40	40
GS-13	82	81	70
GS-12	265	257	230
GS-11	27	26	26
GS-10	-	-	-
GS-9	25	23	23
GS-8	200	191	160
GS-7	12	9	9
GS-6	12	11	11
GS-5	-	-	-
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal, Positions	**674**	**648**	**579**
Total - GS Salary	70,654,658	61,359,952	59,210,688
Total Positions	804	777	668
Average ALJ salary	193,624	201,175	210,835
Average ES salary	212,100	218,622	229,311
Average GS grade	12/1	12/1	12/4
Average GS salary	95,338	94,691	103,074

DEPARTMENTAL APPEALS BOARD

(Dollars in Thousands)

Direct Civilian Positions	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Executive level I	2	2	2
Subtotal Executive Level Positions	2	2	2
Total - Exec. Level Salaries	**232,482**	**228,084**	**234,534**
ES-6			
ES-5	1	1	1
ES-4	5	6	7
ES-3	10	15	15
ES-2	15	12	12
ES-1			
Subtotal ES positions	31	33	35
Total - ES Salary	5,724,196	6,471,364	6,730,966
GS-15	10	10	10
GS-14	12	12	16
GS-13	65	83	87
GS-12	18	35	22
GS-11	14	14	21
GS-10	-	-	-
GS-9	1	1	1
GS-8	2	2	2
GS-7	-	-	-
GS-6	-	-	-
GS-5	-	-	-
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal	122	157	157
Total - GS Salary	13,802,669	17,487,327	17,455,188
Average ES level	0	0	0
Average ES salary	203,305	203,305	210,000
Average GS grade	13	13	13
Average GS salary	113,866	112,610	115,214

CYBERSECURITY FUNDING

There are no cybersecurity funds tied to the FY 2025 MHA Budget, cybersecurity funding is captured in the FY 2025 Public Health and Social Services Emergency Fund FY 2025 Congressional Justification Cybersecurity Funding Table.

Office for Civil Rights

DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year
2025

Office for Civil Rights

Justification of Estimates for
Appropriations Committees

I am pleased to present the Office for Civil Rights' (OCR) Fiscal Year 2025 Congressional Justification which advances the President's and Secretary's priorities. The enclosed budget request supports our mission to ensure that individuals receiving services from programs conducted or funded by HHS can access health and human services free from discrimination, and that all health information privacy and security protections are fully enforced.

OCR leads enforcement and policy actions to protect Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic Clinical Health Act of 2009 (HITECH) privacy and security provisions. OCR also works to prevent and respond to cybersecurity attacks on our nation's health care systems to ensure our they are secure. These responsibilities are all high growth areas and have placed OCR under stress to keep up with increasing requirements. OCR's mission also includes advancing nondiscrimination on the basis of race, color, national origin, sex, age, disability, and religion within the healthcare arena.

The healthcare system has changed in the last two decades with emerging technologies and threats. As a result, complaint and investigatory work require additional resources to better meet our statutory mandates in privacy, security and civil rights. There has been a nearly 100% increase in large breaches reported to OCR from 2018 to 2022, and in 2023 over 118 million individuals were impacted by reported breaches.

It is my pleasure to submit this budget request which supports the Administration's and HHS's mission, initiatives, and goals.

Melanie F. Rainer

Melanie Fontes Rainer
Director, Office for Civil Rights

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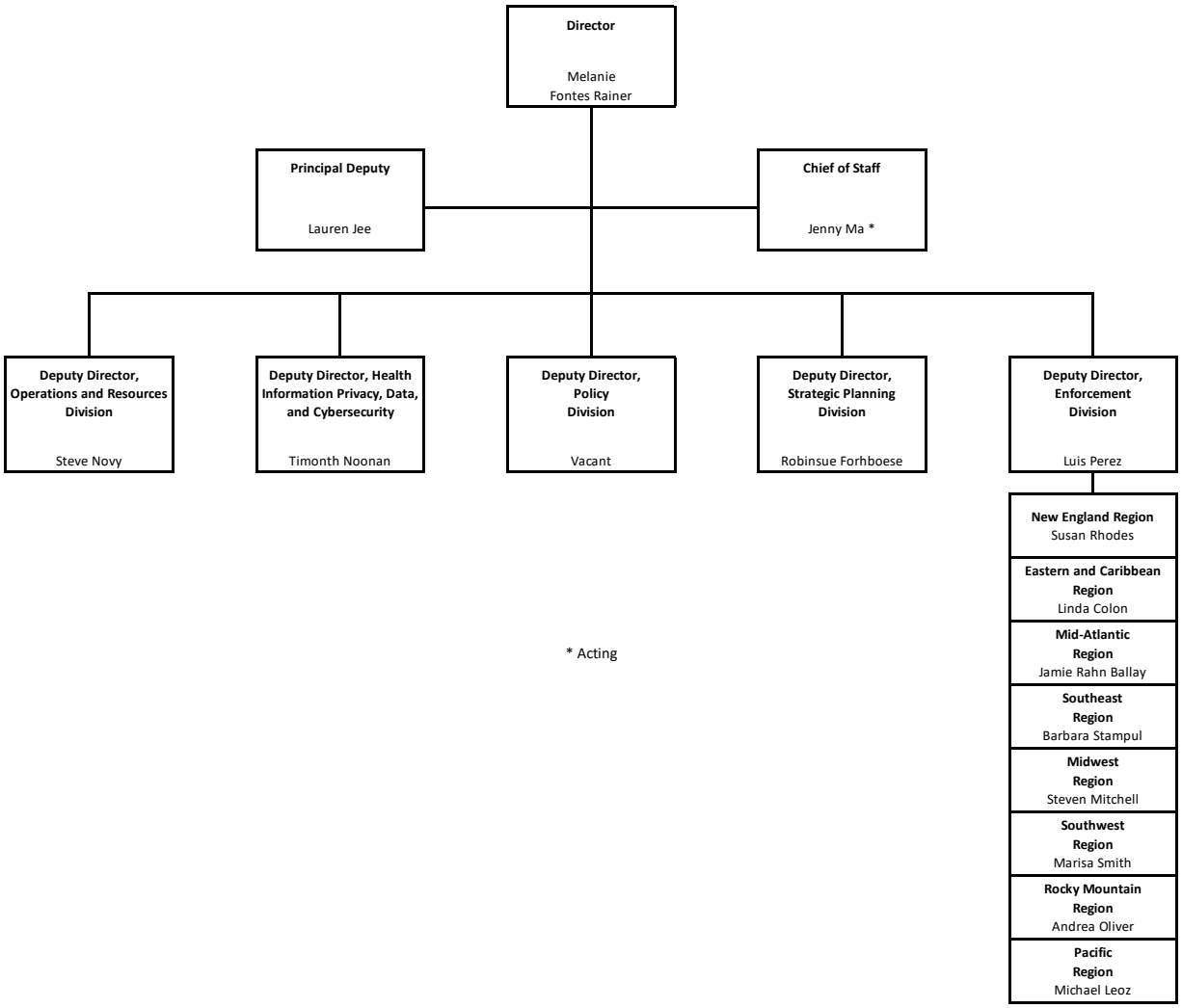
INTRODUCTORY ITEMS

ORGANIZATION CHART



* Acting

ORGANIZATIONAL CHART: TEXT VERSION

Office for Civil Rights

- Director Melanie Fontes Rainer
- Principal Deputy Lauren Jee
- Chief of Staff Jenny Ma *

The following offices report directly to the Director:

1 Deputy Director, Operations and Resources Division
1.2 Steve Novy
2 Deputy Director, Health Information Privacy, Data, and Cybersecurity Division
2.2 Timothy Noonan
3 Deputy Director, Policy Division
3.2 Vacant
4 Deputy Director, Strategy Division
4.2 Robinsue Frohboese
5 Deputy Director, Enforcement Division
5.2 Luis Perez

The following regional managers report to Deputy Director of the Enforcement Division:

- Susan Rhodes, New England Region
- Linda Colon, Eastern & Caribbean Region
- Jamie Rahn Ballay, Mid-Atlantic Region
- Barbara Stampul, Southeast Region
- Steven Mitchell, Midwest Region
- Marisa Smith, Southwest Region
- Andrea Oliver, Rocky Mountain Region
- Michael Leoz, Pacific Region

* Acting

Section 2: Executive Summary

Introduction and Mission

The Office for Civil Rights (OCR), a staff division in the Office of the Secretary of the U.S. Department of Health and Human Services (HHS), administers and enforces federal laws that ensure that individuals receiving services from HHS-funded or conducted programs are not subject to discrimination and that the privacy and security of individuals' health information is protected. By working to root out discrimination in the provision of HHS-funded and conducted services and by protecting the privacy and security of, and access to health information, OCR empowers individuals and families, strengthens the integrity of the health care system, and advances the HHS mission of improving the health and well-being of all Americans.

Mission

As a law enforcement agency, OCR investigates complaints, conducts compliance reviews, develops policy, promulgates regulations, provides technical assistance, and educates the public about federal civil rights and conscience laws that prohibit recipients of HHS federal financial assistance from discriminating on the basis of race, color, national origin, disability, age, sex, religion, conscience, and the Health Insurance Portability and Accountability Act privacy, security, and breach notification laws that protect the privacy and security of health information. Through its work, OCR endeavors to promote and protect health information privacy and national security of our nation's health care systems, including implementing and regulating the HIPAA Privacy, Security, and Breach Notification Rules, and the Patient Safety Act and Rule. OCR also aims to safeguard non-discriminatory access to our nation's social service and health care systems and provides tools for covered entities and individuals to understand their rights and obligations under the law.

Vision and Values

OCR vigorously enforces laws that protect and secure our nation's privacy and security by regulating health privacy, breaches, and cybersecurity, and those that prohibit discrimination in health and human services. OCR believes that achieving its goals requires active and strong collaboration with other federal partners, including Congress; state and local officials; community-based organizations; and the entities it regulates to drive compliance and protect our nation's health information systems and people.

OVERVIEW OF BUDGET REQUEST

The FY 2025 President's Budget requests $56,798,000 for the Office for Civil Rights, +$17,000,000 above the FY 2023 Enacted level. At this level, OCR will continue defending the public's right to nondiscriminatory access to HHS-funded health and human services as well as access to and the privacy and security of individually identifiable health information. OCR will also implement additional civil rights and patient privacy enforcement activities to support the Administration's efforts to ensure all health care protections are vigorously enforced.

With a +$17,000,000 increase in FY 2025, OCR will address the following requirements:

- Case backlog (+$13,000,000): The case backlog remains a high priority. The addition of 71 regional investigators to address complaints, breaches, compliance reviews, and reconsiderations will alleviate the issue.
- Inflation (+$3,000,000): Funds the proposed annual pay raise for all federal employees and funds all non-pay expenses without the need to absorb these costs by using existing programmatic resources.
- Attorney services (+$1,000,000): Funds an additional three attorney FTEs for the Office of the General Counsel to support casework requirements and assist in addressing the case backlog.

OVERVIEW OF PERFORMANCE

OCR's overarching goals encompass multiple supporting objectives.

OCR Goal	OCR Supporting Objectives
1. Raise awareness, increase understanding of, and ensure compliance with, all federal laws requiring non-discriminatory access to HHS- funded or conducted programs, protect the privacy and security of personally identifiable health information	A. Increase access to, and receipt of, non-discriminatory quality health and human services, while protecting conscience and the integrity of HHS federal financial assistance B. Protect the privacy and security of personally identifiable health information for individuals (HIPAA rulemaking and guidance activities and civil enforcement) C. Provide information, public education activities, and training to representatives of health and human service providers, other interest groups, and consumers D. Increase the number of covered entities that take corrective action, including making substantive policy changes or developing new policies as a result of review and/or intervention
2. Enhance operational efficiency	A. Maximize efficiency of operations by streamlining processes and the optimal allocation of resources B. Improve financial management and the integration of budget and performance data (Increase resource management process oversight, strengthen internal controls, maintain viable performance objectives) C. Advance human capital management (Provide training, develop and mentor subordinates, promote effectiveness)

The following Outputs and Outcomes Table presents the current OCR performance measures and results:

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
#1 The number of regulated entities taking corrective actions as a result of OCR interventions per year to promote compliance with the authorities in OCR's jurisdiction (Outcome)	FY 2023: 1,405 Target: 1,500 (Target Not Met)	2,000	2,200	+200
#2 The number of covered entities making substantive policy changes as a result of OCR intervention/year (Outcome)	FY 2023: 302 Target: 250 (Target Exceeded)	300	330	+30
#3 Percent of closure for civil rights, including conscience and religious nondiscrimination cases / cases received each year (Outcome)	FY 2023: 100% Target: 90% (Target Exceeded)	90%	95%	+5%
#4 Percent of closure for health information privacy and cybersecurity cases / cases received each year (Outcome)	FY 2023: 117% Target: 90% (Target Exceeded)	90%	95%	+5%
#5 Percent of civil rights complaints requiring formal investigation resolved within 365 days (Output)	FY 2023: 78% Target: 80% (Target Not Met)	85%	85%	Maintain
#6 Percent of closure for reviews of reports that a large breach of unsecured protected health information occurred affecting over 500 individuals / reviews of breach reports affecting over 500 individuals received each year.	FY 2023: 91% Target: N/A (New measure)	N/A	85%	N/A

For FY 2025, OCR has increased targets for four measures and maintained the current target for one measure. Additionally, OCR has added a new measure to track performance on a growing area of its portfolio – the rate at which it completes investigations of large breaches reports.

OCR exceeded its targets for three performance measures during FY 2023. Two measures (#1 and #2) track the number of corrective actions or substantive policy changes reached through OCR's interventions. These are meaningful measures of the actions taken by OCR towards fulfilling its core mission of bringing regulated entities into compliance with the federal law in OCR's jurisdiction. For measure #1, OCR revised the measure's wording to clarify its scope and purpose. OCR proposes to set its FY 2025 target for this measure 10% higher than the target for FY 2024 because the trends in recent fiscal years showed actual performance substantially higher than the targets (FY 2021 actual at 2,665, and in FY 2022 actual at 2,813). OCR recommends the increase not withstanding that it did not meet its FY 2023 target, which may be an anomaly in performance rather than a new trend. OCR's FY 2023 performance exceeded the target for measure #2 (Actual 302, Target 250).

The remaining performance measures (#3-#6) separately track OCR's rate of resolution (#3-#4) and timeliness (#5) of resolving complaints and compliance reviews. For measures #3 and #4, a performance result above 100% means that OCR has resolved more complaints and compliance reviews from its inventory of health information privacy and security and civil rights (including exercise of conscience) matters than it numerically received in the fiscal year evaluated. In FY 2023, OCR exceeded its targets for measures #3 and #4 (#3: Actual 100%, Target 90%; #4: Actual 117%, Target 90%). For both measures, FY 2025 targets are set at 95% because the trends show OCR is consistently progressing to a level of performance to address its backlog. This progress has largely been achieved by adding regional investigators funded with civil monetary settlements, but this funding is diminishing and may not be available in FY 2025 and beyond.

OCR did not meet the measure #5 target. Cases resolved without formal investigation include non-jurisdictional or non-meritorious complaints, as well as those for which OCR provided technical assistance to the named entity about the applicable requirements under the law, and effective practices for meeting those obligations. Some cases resolved without formal investigation may still require a disproportionate amount of resources in providing technical assistance to the entities or in determining jurisdiction through the research and analysis of federal funding streams or regulated entities' corporate structures.

For FY 2025, OCR will begin measuring whether OCR is addressing its "over 500" breach inventory by completing more large breach investigations than it receives annually. New measure #6 captures OCR's growing work to investigate reports of unsecured protected health information affecting over 500 individuals, including cybersecurity failures such as hacking by malicious third parties, or electronic protected health information left on unsecured servers open to the public. OCR investigates every large breach report received from a HIPAA-regulated entity. In FY 2023, OCR's rate of closure was 91%. OCR chose an FY 2025 target of 85%, which can be informed for future years by trend data.

OFFICE FOR CIVIL RIGHTS
ALL PURPOSE TABLE

(Dollars in Thousands)

Office for Civil Rights	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023	
	$	FTE	$	FTE	$	FTE	$	FTE
Office for Civil Rights								
Discretionary Budget Authority	39,798	115	39,798	115	56,798	186	+17,000	+71
Civil Monetary Settlement Funding	18,959	48	25,000	48	10,000	48	-8,959	-
Total, OCR Program Level	58,757	163	64,798	163	66,798	234	+8,041	+71

SECTION 3: OFFICE FOR CIVIL RIGHTS

APPROPRIATIONS LANGUAGE

For expenses necessary for the Office for Civil Rights, $56,798,000.

OFFICE FOR CIVIL RIGHTS
AMOUNTS AVAILABLE FOR OBLIGATION

(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
General Fund Discretionary Appropriation			
Appropriation	39,798	39,798	56,798
Across-the-board reductions	-	-	-
Subtotal, Appropriation	39,798	39,798	56,798
Rescission	-	-	-
Subtotal, Adjusted Appropriation	39,798	39,798	39,798
Transfer			
Subtotal, Adjusted General Fund Discretionary Appropriation	39,798	39,798	56,798
Total, Discretionary Appropriation	**39,798**	**39,798**	**56,798**

OFFICE FOR CIVIL RIGHTS
SUMMARY OF CHANGES

(Dollars in Thousands)

	Dollars	FTEs
FY 2023 Final		
Total estimated budget authority	39,798	115
FY 2025 President's Budget		
Total estimated budget authority	56,798	186
	-	
Net Change	**+17,000**	**+71**

-	FY 2023 Final		FY 2025 President's Budget		FY 2025 +/- FY 2023	
Increases:	**BA**	**FTE**	**BA**	**FTE**	**BA**	**FTE**
A. Built-in:						
1. Pay raise estimate for civilian pay	22,242	-	22,688	-	+446	-
2. Pay raise estimate for commissioned corps	160	-	169	-	+9	-
Subtotal, Built-in Increases	**-**	**-**	**-**	**-**	**-**	**-**
B. Program:						
1. Staffing for case backlog	27,482	-	40,482	-	+13,000	+71
2. Added attorney services support from OGC	3,663	-	4,663	-	+1,000	-
3. Other inflationary increases	13,718	-	16,263	-	+2,545	-
Subtotal, Program Increases	**-**	**-**	**-**	**-**	**-**	**-**
Total Increases					**+17,000**	**+71**
Decreases:						
A. Built-in:	**-**	**-**	**-**	**-**	**-**	**-**
Subtotal, Built-in Decreases	**-**	**-**	**-**	**-**	**-**	**-**
B. Program:						
Subtotal, Program Decreases	**-**	**-**	**-**	**-**	**-**	**-**
Total Decreases	-	-	-	-	-	-
Net Change……..					**+17,000**	**+71**

OFFICE FOR CIVIL RIGHTS
BUDGET AUTHORITY BY ACTIVITY

(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Office for Civil Rights	39,798	39,798	56,798
Total, Budget Authority	**39,798**	**39,798**	**56,798**
FTE	**115**	**115**	**186**

OFFICE FOR CIVIL RIGHTS
AUTHORIZING LEGISLATION

(Dollars in Thousands)

Details	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Office for Civil Rights	Indefinite	39,798	Indefinite	56,798
Appropriation	-	39,798	-	56,798

Legal Authorities

- 21st Century Cures Act of 2016, Public Law 114-255, sections 2063 (42 U.S.C. § 1320d-2 note), 4005(c) (42 U.S.C. § 300jj-14 note), 4006(a) (42 U.S.C. § 300jj-19(c)(2)-(4)) and 11003-11004 (42 U.S.C. § 1320d-2 note).
- Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), section 264, Public Law 104-191, 42 U.S.C. § 1320d-2 note.
- Charitable Choice Provision of the Community Service Block Grants, 42 U.S.C. § 9920 and its implementing regulation at 45 C.F.R. part 1050.
- Charitable Choice Provision of the Temporary Aid for Needy Families, 42 U.S.C. § 604a and its implementing regulation at 45 C.F.R. § 260.34.
- Charitable Choice Provisions applicable to discretionary & formula grants of the Substance Abuse Mental Health Services Administration to prevent or treat substance abuse, 42 U.S.C. §§ 290kk-290kk-3, 300x-65 and implementing regulations at 42 C.F.R. parts 54 and 54a.
- Church Amendments, 42 U.S.C. § 300a-7.
- Coats-Snowe Amendment, 42 U.S.C. § 238n.
- Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, Pub.L. 91-616, Title VI, § 603, renumbered Pub.L. 94-371, § 7.
- Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974, Pub.L. 93-282.
- Comprehensive Health Manpower Training Act of 1971, Pub.L. 92-157, Title I, Subpart III, Part H §110.
- Confidentiality provisions of the Patient Safety and Quality Improvement Act of 2005 (PSQIA), Public Law 109-41, 42 U.S.C. §§ 299b-21 – 299b-26.
- Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. § 290dd-2, (Part 2).
- Conscience and nondiscrimination protections for organizations related to Global Health Programs, to the extent such funds are administered by the Secretary of HHS, 22 U.S.C. § 7631(d).
- Conscience protections attached to federal funding, to the extent such funding is administered by the Secretary, regarding abortion and involuntarily sterilization, *see e.g.*, 22 U.S.C. § 2151b(f).
- Provisions related to Medicare and Medicaid, including 42 U.S.C. §§ 14406(1)-(2), 1395w-22(j)(3)(B), 1396u-2(b)(3)(B); 1395cc(f), 1396a(w)(3), 1320a–1(h), 1320c–11, 1395i–5, 1395x(e), 1395x(y)(1), 1396a(a), & 1397j–1(b)).
- Conscience protections from compulsory health care or services, 42 U.S.C. §§ 1396f, 5106i(a), 280g–1(d), 1396s(c)(2)(B)(ii), 290bb–36(f); & 29 U.S.C. § 669(a)(5).
- Conscience Regulation, 45 C.F.R. pt. 88 (effective 2011).
- Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES), Public Law 116-136, sections 3221(i) (42 U.S.C. § 290dd–2) and 3224.
- Drug Abuse Prevention, Treatment and Rehabilitation Act of 1972, 21 U.S.C. § 1101.
- Equal Treatment of Faith-Based Organizations for Mentoring Children of Prisoners, 42 U.S.C. § 629i.

- Health Information Technology for Economic and Clinical Health Act (HITECH), American Recovery and Investment Act of 2009, Public Law 111-5, sections 13400- 13423, 42 USC §§ 17921-17953, as amended.
- HHS Equal Treatment Regulation, 45 C.F.R. pt. 87, including its application at 45 C.F.R. §§ 75.218, 96.18.
- Hill-Burton Community Service Assurance (creed) in Title VI, Sec. 603(e) of the Public Health Service Act (codified as amended at 42 U.S.C. § 291c(e)), and Title XVI, Secs. 1621(b)(1)(K) and 1627 of the Public Health Service Act (codified as amended at 42 U.S.C. §§ 300s-1(b)(1)(K)(i)), 300s-6).
- Improving America's Schools Act of 1994, Part E, Pub.L. 103-382.
- National Research Service Award Act of 1974, Pub.L. 93-348.
- Nondiscrimination for Traditional Indian Religious Use of Peyote, 42 U.S.C. § 1996a(b)(1).
- Nondiscrimination Provisions on the basis of creed in certain HHS-funded programs (*e.g.*, Head Start, 42 U.S.C. § 9849, Migrant Health Services, 42 C.F.R. § 56.110, and Community Health Services, 42 C.F.R. § 51c.109).
- Nurse Training Act of 1971, Pub.L. 92-158, renumbered Pub.L. 111-148, 42 U.S.C. § 296g
- Omnibus Budget Reconciliation Act of 1981, Pub.L. 97-35 [civil rights provisions pertaining to HHS Block Grants only].
- Public Health Service Act of 1944; 42 U.S.C. Chapter 6A; Title VI, 42 U.S.C. §291 (known, in combination with Title XVI, as the Hill-Burton Act); Title XVI, 42 U.S.C. § 300 (known, in combination with Title VI, as the Hill Burton Act); Section 533, 42 U.S.C. §290; Section 542, 42 U.S.C. § 290dd-1; Section 794, 42 U.S.C. § 295m; Section 855, 42 U.S.C. § 296g,. Section 1908, 42 U.S.C. §300w-7, Section 1947, 42 U.S.C. § 300x-57.
- Public Telecommunications Financing Act of 1978, Pub.L. 95-567.
- Religious Nondiscrimination and Equal Treatment Provisions of the Child Care and Development Block Grants, 42 U.S.C. §§ 9858l, 9858n(2), and certain implementing regulations at 45 C.F.R. pt. 98.
- Religious Nondiscrimination Component of the Equal Employment Opportunity Provision of the Public Telecommunications Financing Act of 1978, Section 309, as amended, 47 U.S.C. § 398(b).
- Religious Nondiscrimination Provision and Charitable Choice Provisions of the Projects in Assistance to Transition from Homelessness Program, 42 U.S.C. §§ 290c-33, 290kk-290kk-3, 300x-65 and implementing regulations at 42 C.F.R. pts. 54 and 54a.
- Religious Nondiscrimination Provision and Charitable Choice Provision of the Substance Abuse Prevention and Treatment Block Grant 42 U.S.C. §§ 300x-57, 300x-65 and implementing regulations at 42 C.F.R. pts. 54 and 54a.
- Religious Nondiscrimination Provision in Disaster Assistance, 42 U.S.C. § 5151 and its implementing regulation at 44 C.F.R. § 206.11, to the extent such programs are administered by HHS, and implementing regulations for crisis counseling assistance and training at 42 C.F.R. § 38.6.
- Religious Nondiscrimination Provision of Programs of All–Inclusive Care for the Elderly, 42 CFR § 460.112.
- Religious Nondiscrimination Provisions of Block Grant Programs for Maternal and Child Health Services, 42 U.S.C. § 708; Preventive Health and Health Services, 42 U.S.C. § 300w-7; and Community Mental Health Services, 42 U.S.C. § 300x-57.
- Religious Nondiscrimination Provisions of the Family Violence Prevention and Services Act Program, as amended, 42 U.S.C. § 10406; in Refugee Assistance and Resettlement Programs, 8 U.S.C. § 1522(a)(5); of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances, 42 U.S.C. § 290ff-1(e)(2)(C); and of the Community Schools Youth Services and Supervision Program, 34 U.S.C. § 12161(g)(3), (i).
- Religious Nondiscrimination Requirements for Patient Visitation in Certain Health Care Facilities, (*e.g.*, 42 C.F.R. §§ 482.13(h), 485.635(f)).

- Sections 1303, 1411, 1553, and 1557 of the Affordable Care Act of 2010, 42 U.S.C. §§ 18023(b)(1)(A) and (b)(4), 18081, 18113, 18116.
- Sections 504 and 508 of the Rehabilitation Act of 1973, 29 U.S.C. § 794; 29 U.S.C. § 794(d).
- Small Business Job Protection Act of 1996, 42 U.S.C. § 1996b (Interethnic adoption).
- Social Security Act of 1934, Section 508; 42 U.S.C. § 708 (known as Maternal and Child Health Services Block Grant).
- Social Security Act, section 1173(d), as added by HIPAA § 262(a), 42 U.S.C. § 1320d-2(d).
- Statutory and public policy requirements governing HHS awards, 45 C.F.R. 75.300.
- The Age Discrimination Act of 1975, 42 U.S.C. § 6101 et seq.
- The Communications Act of 1934; 47 U.S.C. § 151 et seq.
- The Community Services Block Grant Act of 1981, 42 U.S.C. § 9918(c)(1).
- The Family Violence Prevention and Services Act of 2010, formerly part of the Child Abuse Amendments of 1984; 42 U.S.C. §10406(c)(2)(B)(i).
- The Low-Income Home Energy Assistance Act of 1981, 42 U.S.C. § 8625(a).
- Title I of the Genetic Information Nondiscrimination Act of 2008 (GINA), Public Law 110-233, section 105, 42 U.S.C. § 1320d-9.
- Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12131 et seq.
- Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 et seq.
- Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq.
- Weldon Amendment to the Annual Labor, HHS, & Education Appropriations Act.

OFFICE FOR CIVIL RIGHTS
APPROPRIATIONS HISTORY

Fiscal Year	Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2016	General Fund Appropriation	42,705,000	-	38,798,000	38,798,000
	Subtotal	**42,705,000**	**-**	**38,798,000**	**38,798,000**
2017	General Fund Appropriation	42,705,000	38,798,000	38,798,000	38,798,000
	Transfers	-	-	-	(90,000)
	Subtotal	**42,705,000**	**38,798,000**	**38,798,000**	**38,708,000**
2018	General Fund Appropriation	32,530,000	38,798,000	-	38,798,000
	Transfers	-	-	-	(97,000)
	Subtotal	**32,530,000**	**38,798,000**	**-**	***38,701,000***
2019	General Fund Appropriation	30,904,000	38,798,000	38,798,000	38,798,000
	Transfers	-	-	-	(131,000)
	Subtotal	**30,904,000**	**38,798,000**	**38,798,000**	***38,667,000***
2020	General Fund Appropriation	30,286,000	38,798,000	38,798,000	38,798,000
	Subtotal	**30,286,000**	**38,798,000**	**38,798,000**	**38,798,000**
2021	General Fund Appropriation	30,286,000	38,798,000	-	38,798,000
	Transfers	-	-	-	(116,000)
	Subtotal	**30,286,000**	**38,798,000**	**-**	**38,682,000**
2022	General Fund Appropriation	47,931,000	47,931,000	47,931,000	39,798,000
	Subtotal	**47,931,000**	**47,931,000**	**47,931,000**	**39,798,000**
2023	General Fund Appropriation	60,250,000	47,931,000	60,250,000	39,798,000
	Subtotal	**60,250,000**	**47,931,000**	**60,250,000**	**39,798,000**
2024	General Fund Appropriation	78,000,000	32,000,000	39,798,000	39,798,000
	Subtotal	**78,000,000**	**32,000,000**	**39,798,000**	**39,798,000**
2025	General Fund Appropriation	56,798,000			
	Subtotal	**56,798,000**			

OFFICE FOR CIVIL RIGHTS
BUDGET SUMMARY

(Dollars in Thousands)

Office for Civil Rights	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Budget Authority	39,798	39,798	56,798	+17,000
FTE	115	115	186	+71

Program Description

The Office of Civil Rights is uniquely charged with enforcing health information privacy, data, and security, federal civil rights laws, and conscience rules. OCR promotes and enforces laws that protect our nation's security by advancing health information privacy and regulating our nation's health care systems' cybersecurity. Additionally, OCR administers and enforces laws that prohibit discrimination on the basis of race, color, national origin, sex, age, disability, and religion in some of the most critical programs across the nation – those related to health and social services. Through the vigorous enforcement of its legal authorities, OCR contributes to HHS's overall mission of improving the health and well-being of all people who stand to benefit from the Department's many programs. OCR accomplishes its mission through enforcement, rulemaking, guidance, technical assistance, training, education, and outreach. Civil rights are a foundational pillar in the Administration's blueprint to advance equity for all. Priority civil rights areas for OCR are:

- Enforcing Prohibitions against Race, Color, and National Origin Discrimination
- Nondiscrimination in Health and Human Services
- Protecting the Freedom of Religion and the Rights of Religious Minorities
- Disability
- Coordinating Government-wide Compliance with the Age Discrimination Act

Health information is critical to improving the quality and safety of health care and advancing medical discoveries that can improve the health and well-being of individuals and populations. However, the high value of health information also makes it an attractive target for cybersecurity threats directed towards the health care sector. OCR has tackled emerging issues and new threats to patient privacy stemming from concerns about access to health care and the use of protected health information to prosecute individuals seeking legal health care; the use of online tracking technologies by regulated entities; the disclosure of electronic protected health information with technology vendors; and supporting the implementation of recognized security practices to enhance regulated entities' cybersecurity and protection of electronic health information.

Through its innovative efforts to promote and enforce HIPAA privacy and security protections, OCR has taken actions to protect patient privacy and access to reproductive health care, promote patient's rights to access their medical records, and support the use of audio-only telehealth in a private and secure manner. OCR has also engaged in vigorous enforcement of the HIPAA Rules through investigations and enforcement actions.

OCR's policy work includes drafting regulations, guidance documents, and other supportive materials to assist regulated entities in meeting their regulatory requirements and informing the public of their rights. This policy work ensures the strength and clarity of the regulations implementing OCR's legal

authorities and provides the regulated community with information about how to comply with federal law. OCR is currently engaged in six rulemakings: three in civil rights, and three involving HIPAA privacy and security.

Budget Request

FY 2025 President's Budget request for OCR is $56,798,000, which is an increase of +$17,000,000 above the FY 2023 Final level. The additional funding will enable OCR to address its primary current programmatic needs. OCR will increase enforcement activities in both the civil rights and health information privacy areas. Investment of the new resources in additional staffing will significantly enhance enforcement efforts and lead to a reduction in the current case backlog.

Increases (+$17,000,000)

Regional investigators for enforcement to address the backlog (+$13,000,000; +71 FTEs)

- Increases regional investigator staffing for enforcement to reduce the backlog of complaints to ensure robust enforcement and resolution of complaints under the law. Additional staff would significantly expand investigative capacity. OCR enforces 55 statutes of federal law that cover health care privacy, security, civil rights, and conscience.

- OCR faces enduring challenges due to sizeable increases in civil rights and HIPAA caseloads every year. Civil rights complaints increased dramatically, by 18% in one year from 15,440 in FY 2021 to 18,163 in FY 2022. HIPAA complaints also increased 13% from 30,400 in FY 2021 to 34,345 in FY 2022, and the rate of growth is expected to continue or increase in future years.

- OCR has many vacant investigator positions due to budget constraints which impacts its ability to enforce the law. OCR had 111 investigators in 2010, as compared to about 70 investigators in late FY 2023 who are handling the ever-increasing number of complaints submitted to OCR.

- OCR entered/began FY 2024 with a backlog of over 8,000 cases. Additional resources will allow OCR to direct needed additional staffing resources towards existing complaints, breach reports, compliance reviews, and reconsiderations. The increase funds 71 FTEs to resolve cases and will enable OCR to provide the requisite resources to preempt a resurgence of rising case inventories for many years.

- Estimates include all civilian compensation costs and associated overhead requirements, including government equipment, supplies, and Service and Supply Fund (shared costs).

Inflation (+$3,000,000; +0 FTEs)

- Allows OCR to offset the cost of the projected pay raise and other non-pay inflationary increases without having to absorb those new expenditures by reducing current programmatic activities.

Attorney Services (+$1,000,000; +0 FTEs)

- Long-standing budget constraints forced OCR to reduce funding for attorney services that support civil rights and health information privacy programs. This has caused operational issues for many programmatic activities in the areas of both rulemaking and enforcement.

- This increase funds three additional Office of General Counsel (OGC) staff to support OCR mission programs. OCR and OGC work collaboratively on key casework to ensure fully vetted outcomes.

- Adding three additional staff will bring attorney services support to an adequate level to address the higher volume of cases projected to be resolved, and to address the existing case backlog. The new staffing resources will dramatically increase the level of casework resolved which will require additional coordination and consultation with the Department's attorneys.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$38,798,000
FY 2022	$38,682,000
FY 2023 Final	$38,798,000
FY 2024 CR	$38,798,000
FY 2025 President's Budget	$56,798,000

Program Accomplishments

The list of guidance documents OCR has recently published includes:

- Nondiscrimination Final Rule to Protect Conscience Rights
- October 2023 OCR Cybersecurity Newsletter: How Sanction Policies Can Support HIPAA Compliance
- Release of updated HHS Language Access Plan to Address Language Barriers and Strengthen Language Access Services for Individuals with Limited English Proficiency.
- Proposed Rule to Strengthen Prohibitions Against Discrimination on the Basis of a Disability in Health Care and Human Services Programs under Section 504 of the Rehabilitation Act
- HHS OCR & FTC Warn Hospital Systems and Telehealth Providers about Privacy and Security Risks from Online Tracking Tech issue
- Proposed Rule to Advance Non-discrimination in Health and Human Service Grants Programs
- Proposed Rule to Bolster Patient-Provider Privacy in Reproductive Health Care
- Letter to States of Legal Obligations to Federal Civil Rights Protections as States Transition from Medicaid Continuous Coverage Changes as the Public Health Emergency Ends
- Bulletin on Requirements under HIPAA for Online Tracking Technologies to Protect the Privacy and Security of Health Information
- Proposed Rule to Increase Care Coordination and Confidentiality for Patient Substance Use Disorder Records Under the Part 2 Program
- Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons
- Proposed Rule to Strengthen Nondiscrimination in Health Care, Section 1557 ACA
- Guidance to Nation's Retail Pharmacies: Obligations under Federal Civil Rights Laws to Ensure Access to Comprehensive Reproductive Health Care Services;

- HIPAA Privacy Rule and Disclosures of Information Relating to Reproductive Health Care;
- Protecting the Privacy and Security of Your Health Information When Using Your Personal Cell Phone or Tablet;
- Guidance on How the HIPAA Rules Permit Covered Health Care Providers and Health Plans to Use Remote Communication Technologies for Audio-Only Telehealth;

The list of enforcement actions OCR announced recently includes:

- HHS' Office for Civil Rights Settles HIPAA Investigation of St. Joseph's Medical Center for Disclosure of Patients' Protected Health Information to a News Reporter (November 20, 2023)
- HHS Office for Civil Rights Settles with Massachusetts Skilled Nursing Facility Regarding Disability Discrimination (November 13, 2023)
- HHS Office for Civil Rights Settles with L.A. Care Health Plan Over Potential HIPAA Security Rule Violations (September 11, 2023)
- HHS and the U.S. Attorney's Office Secures Agreement Resolving HIV Discrimination Complaint Involving a New Jersey Home Healthcare Provider (August 30, 2023)
- OCR Secures Agreement with Pennsylvania to Advance the Rights of People in Recovery and Involved in Child Welfare Services (August 8, 2023)
- HHS Office for Civil Rights Resolves Complaints with CVS and Walgreens to Ensure Timely Access to Medications for Women and Support Persons with Disabilities (June 16, 2023)
- HHS Office for Civil Rights Reaches Agreement with Health Care Provider in New Jersey That Disclosed Patient Information in Response to Negative Online Reviews (June 5, 2023)
- HHS Office for Civil Rights Settles HIPAA Investigation with Arkansas Business Associate MedEvolve Following Unlawful Disclosure of Protected Health Information on an Unsecured Server for $350,000 (May 16, 2023)
- OCR Settles Complaint with Florida Health Center that Failed to Provide Effective Communication for a Patient's Caregiver (May 10, 2023)
- HHS and Department of Justice Announce Agreement in Environmental Justice Investigation of Alabama Department of Public Health
- HHS Office for Civil Rights and U.S. Attorney's Office for the Eastern District of Michigan Resolve Federal Civil Rights Complaint Regarding a Doctor's Alleged Failure to Provide a Sign Language Interpreter (March 23, 2023)
- HHS Office for Civil Rights Reaches Agreement with Hillsborough County Fire and Rescue in Florida to Improve Access to Care for Communities of Color

SECTION 4: NONRECURRING EXPENSES FUND

OFFICE FOR CIVIL RIGHTS
BUDGET SUMMARY

(Dollars in Thousands)

	FY 2023[1]	FY 2024[2]	FY 2025[3]
Notification[4]	**-**	**4,100**	**-**

Authorizing Legislation:
Authorization…… Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method…… Direct Federal, Competitive Contract

Program Description and Accomplishments
The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

OCR is in the midst of a project called "PIMS NEXTGEN" to award a contract to replace the Program Management Information System (PIMS), OCR's electronic document and case management system. We anticipate an award in the near future and once awarded, work will start immediately. There are currently over 450,000 cases in PIMS and millions of documents. The new contract will encompass all the phases necessary to replace a system the size of PIMS. Not only will OCR improve current workflows to allow more flexibility and ease of use, develop ad hoc reporting that will provide quicker results for the growing need for analytics, improve the public facing portals for complaints and breach reporting, but it will also ensure all the data and documentation currently in PIMS is useable. The estimated cost of the system is $6.4 million. OCR received $2.3 million in FY 2022. The additional amount of $4.1 million received in FY 2024 will fully fund the project.

Budget Allocation for FY 2024
FY 2024 NEF funds will be used to continue the initial effort to build, test, and implement a completed "PIMS NEXTGEN" system. The projection is that the $4.1 million will fund phases 3 and 4 and that the system will be completed by the end of FY 2025.

- Phase 3: Contractor design, build, and test of each module (Knowledge Base, Reporting, Data Migration).

[1] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[2] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[3] HHS has not yet notified for FY 2025.
[4] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

- Phase 4: Contractor test and implementation of the new system, including Data Migration, User Acceptance Testing, Authority to Operate (ATO) clearance from OS/OCIO, and administrator training.

During each phase of the project:

- All project plans and business requirements will receive initial approval before the next phase begins.
- All applicable HHS Governance Board, Enterprise Performance Life Cycle and security protocols will be followed.

Budget Allocation FY 2022 and prior

FY 2022 NEF investments included the "PIMS NEXTGEN" system project to design, build, test, and implement the new system. Specifically, it funded phases 1 and 2.

- Phase 1: Contractor will review the current system and develop a plan for its replacement. This includes reviewing current business requirements and gathering new workflow requirements for all the modules and the development of a comprehensive project plan. The contract will use the approved project plan to define and build the Framework for the new system, taking into consideration all the requirements listed in the Statement of Work.
- Phase 2: Contractor design, build and test each module (Public Websites, Case Processing, Document Management, Outreach).

SECTION 5: SUPPLEMENTARY TABLES

OFFICE FOR CIVIL RIGHTS
BUDGET AUTHORITY BY OBJECT CLASS

(Dollars in Thousands)

Object Class Code	Description	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2024*
11.1	Full-time permanent	14,675	15,909	25,487	+9,578
11.3	Other than full-time permanent	235	-	-	-
11.5	Other personnel compensation	659	451	704	+253
11.7	Military personnel	141	151	159	+8
Subtotal	***Personnel Compensation***	***15,710***	***16,511***	***26,350***	***+9,839***
12.1	Civilian personnel benefits	5,446	5,823	9,291	+3,468
12.2	Military benefits	8	9	10	+1
13.0	Benefits for former personnel	58	59	61	+2
Total	***Pay Costs***	***21,222***	***22,402***	***35,712***	***+13,310***
21.0	Travel and transportation of persons	220	288	336	+48
22.0	Transportation of things	1	5	5	-
23.1	Rental payments to GSA	3,933	3,700	3,774	+74
23.3	Communications, utilities, and misc. charges	3	20	21	+1
24.0	Printing and reproduction	394	501	582	+81
25.2	Other services from non-Federal sources	5,037	2,961	3,272	+311
25.3	Other goods and services from Federal sources	8,225	9,387	12,514	+3,127
25.4	Operation and maintenance of facilities	406	381	389	+8
25.7	Operation and maintenance of equipment	33	85	87	+2
Subtotal	***Other Contractual Services***	**13,701**	**12,814**	**16,262**	**+3,448**
26.0	Supplies and materials	26	58	96	+38
31.0	Equipment	-	10	10	-
42.0	Insurance claims and indemnities	298	-	-	-
Total	***Non-Pay Costs***	***18,576***	***17,396***	***21,086***	***+3,690***
Total	**Budget Authority by Object Class**	**39,798**	**39,798**	**56,798**	**+17,000**

*The Budget Authority by Object Class displays a comparison to FY 2024 CR which reflects increases for pay and non-pay inflationary increases that continue in FY 2025.

OFFICE FOR CIVIL RIGHTS
SALARIES AND EXPENSES TABLE

(Dollars in Thousands)

Object Class Code	Description	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2024*
11.1	Full-time permanent	14,675	15,909	25,487	+9,578
11.3	Other than full-time permanent	235	-	-	-
11.5	Other personnel compensation	659	451	704	+253
11.7	Military personnel	141	151	159	+8
Subtotal	***Personnel Compensation***	***15,710***	***16,511***	***26,350***	***+9,839***
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21.0	Travel and transportation of persons	220	288	336	+48
22.0	Transportation of things	1	5	5	-
23.3	Communications, utilities, and misc. charges	3	20	21	+1
24.0	Printing and reproduction	394	501	582	+81
25.2	Other services from non-Federal sources	5,037	2,961	3,272	+311
25.3	Other goods and services from Federal sources	8,225	9,387	12,514	+3,127
25.4	Operation and maintenance of facilities	406	381	389	+8
25.7	Operation and maintenance of equipment	33	85	87	+2
Subtotal	***Other Contractual Services***	**13,701**	**12,814**	**16,262**	**+3,448**
26.0	Supplies and materials	26	58	96	+38
42.0	Insurance claims and indemnities	298	-	-	-
Total	***Non-Pay Costs***	***14,643***	***13,686***	***17,302***	***+3,616***
Total	***Salary and Expenses***	***35,865***	***36,088***	***53,014***	***+16,926***
Total	**Direct FTE**	**115**	**115**	**186**	**+71**

*The Budget Authority by Object Class displays a comparison to FY 2024 CR which reflects increases for pay and non-pay inflationary increases that continue in FY 2025.

OFFICE FOR CIVIL RIGHTS
DETAIL OF FULL-TIME EQUIVALENT (FTE)

	2023 Actual Civilian	2023 Actual Military	2023 Actual Total	2024 Est. Civilian	2024 Est. Military	2024 Est. Total	2025 Est. Civilian	2025 Est. Military	2025 Est. Total
Direct	114	1	115	114	1	115	185	1	186
Reimbursable	48	-	48	48	-	48	48	-	48
OCR FTE Total	**162**	**1**	**163**	**162**	**1**	**163**	**233**	**1**	**234**
Average GS Grade									
FY 2021	GS-13								
FY 2022	GS-13								
FY 2023	GS-13								
FY 2024	GS-13								
FY 2025	GS-13								

OFFICE FOR CIVIL RIGHTS
DETAIL OF POSITIONS

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Executive level I	-	-	-
Executive level II	4	4	4
Executive level III	-	1	1
Executive level IV	1	1	1
Executive level V	1	1	1
Subtotal Executive Level Positions	5	7	7
Total - Executive Level Salaries	$988,000	$1,450,000	$1,478,000
	-	-	-
GS-15	27	24	24
GS-14	18	18	18
GS-13	32	33	104
GS-12	20	21	21
GS-11	4	3	3
GS-10	-	-	-
GS-9	5	5	5
GS-8	1	1	1
GS-7	2	2	2
GS-6	-	-	-
GS-5	-	-	-
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal	109	107	178
Total - GS Salary	$13,922,000	$14,459,000	$24,009,000
Average ES level	III	III	III
Average ES salary	$198,000	$207,000	$211,000
Average GS grade	-	-	-
Average GS salary	$128,000	$135,000	$135,000

CYBERSECURITY FUNDING

There are no cybersecurity funds tied to the FY 2025 OCR Budget, cybersecurity funding is captured in the FY 2025 Public Health and Social Services Emergency Fund FY 2025 Congressional Justification Cybersecurity Funding Table.

SECTION 6: PROPOSED LAW

Enhancing HIPAA Protections by Increasing Civil Monetary Penalty Caps and Authorizing Injunctive Relief

The proposal is to increase the amount of civil money penalties that can be imposed in a calendar year for HIPAA noncompliance and authorize OCR to work with the U.S. Department of Justice to seek injunctive relief in federal court for HIPAA violations. The Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191), as amended, protects the privacy and security of health information. OCR administers and enforces the regulations known as the HIPAA Privacy, Security, and Breach Notification Rules, in accordance with the requirements of the HIPAA Enforcement Rule (collectively known as the "HIPAA Rules"). Section 1176(a)(3) of the Social Security Act sets minimum and maximum potential civil money penalties for HIPAA violations across four different levels (or "tiers") of culpability, with a maximum annual penalty for the same violation that can be imposed in a calendar year for the highest tier. Section 13410(c)(1) of the HITECH Act requires that the civil money penalties collected be used by OCR to help fund the HIPAA enforcement program. Section 13410(c) of the HITECH Act also requires the Secretary to develop a methodology to distribute a percentage of monies collected to individuals harmed by an offense under the HIPAA Rules. Neither HIPAA nor its amendments authorize OCR to seek injunctive relief. OCR proposes that the annual caps for HIPAA violations in each HITECH penalty tier be increased to reflect the substantial growth in complexity and size of regulated entities within the health care industry, and to create meaningful deterrents to noncompliance with HIPAA. OCR proposes increasing all of the annual caps as set forth in the chart below, which shows OCR's current enforcement authority pursuant to the March 2019 Notification of Enforcement Discretion, and new, recommended annual caps. OCR maintains discretion to impose penalties below the annual cap, using the factors for determining a civil money penalty as set forth in the HIPAA Rules at 45 CFR 160.408.

Penalty Tier	Current Unadjusted Statutory Amount			Proposed		
	Min	Max	Annual	Min	Max	Annual
No Knowledge	$100	$50,000	$25,000	$200	$12,500	$375,000
Reasonable Cause	$1,000	$50,000	$100,000	$1,500	$50,000	$1,500,000
Willful Neglect, Corrected	$10,000	$50,000	$250,000	$11,500	$100,000	$3,000,000
Willful Neglect, Uncorrected	$50,000	$50,000	$1,500,000	$58,000	$125,000	$4,000,000

Authorizing OCR to seek injunctive relief would significantly improve OCR's ability to prevent additional or future harm to individuals resulting from entities' noncompliance with the HIPAA Rules in the most egregious and urgent cases. OCR's existing remedy of civil money penalties is only available at the conclusion of an investigation and, in some cases, takes place many months after the investigation concludes in a hearing before an administrative law judge who also lacks authority to impose an injunction. As a result, OCR cannot require entities that violate the HIPAA Rules to agree to a corrective action plan or undertake any action to address the violations found by OCR. The current process does not provide OCR with an ability to secure a remedy to prevent additional or future harm unless the regulated entity voluntarily agrees to make changes without a completed OCR investigation. With the authority to seek injunctive relief, OCR could work with the U.S. Department of Justice to pursue remedies in federal court to secure compliance with the HIPAA Rules before additional individuals are affected, allowing OCR to enforce compliance more effectively with Federal law. For example, OCR could seek injunctive relief to compel a covered entity to provide individuals with their urgently needed medical records immediately pursuant to the individual right of access or to compel an entity to immediately remove individuals' PHI posted publicly on the internet without authorization.

National Coordinator for Health Information Technology

DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2025

Office of the National Coordinator for Health Information Technology

Justification of Estimates
to the Appropriations Committee

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U.S. Department of Health and Human Services

Message from the National Coordinator for Health IT

FY 2025 Letter from the National Coordinator

Dear Reader,

The United States health system is in the midst of a digital transformation that affects the care every American receives. Thanks to significant advances this past year across ONC's programs, policies, and investments, we are moving from vision to reality. Due to the broad adoption of electronic health records (EHRs) with patient engagement functionalities, tens of millions of patients can now electronically access their health information including but not limited to medications, test results, and visit summaries. Providers can more easily retrieve their patients' past test results, medications, and other vital health information to provide better, more efficient care and to partner with patients to make the most informed diagnostic and treatment decisions.

Electronic health information exchange is a cornerstone of modern healthcare. ONC continues to implement interoperability provisions from the 21st Century Cures Act (Cures Act) to enable the secure access, exchange, and use of electronic health information permitted under applicable State or Federal law. As of October 2022, healthcare providers, certified health IT developers, and health information networks are required to share electronic health information to enable richer information availability to inform patient care, and enforcement by the HHS Office of Inspector General (OIG) began on September 1, 2023. Rulemaking to establish the Appropriate Disincentives called for in the Cures Act is also well underway.

The Cures Act provisions for technical infrastructure for interoperability also took a big leap forward this past year. Over 95% of certified EHR vendors have put into place modern, standard FHIR APIs to allow the type of convenient, secure, app-based interoperability that Americans have embraced in other parts of their lives. To provide additional security and common rules-of-the-road for interoperability, the Trusted Exchange Framework and Common Agreement (TEFCA) is now live, with multiple Qualified Health Information Networks (QHINs) securely exchanging information according to common, nationwide, technical and policy standards. Collectively, these QHINs have networks that cover most U.S. hospitals, tens of thousands of providers, and process billions of annual transactions across all fifty states for a variety of use cases. This is a significant step for the U.S. health system and one that will advance interoperability at scale for patients, healthcare providers, hospitals, public health agencies, health insurers, and other authorized healthcare stakeholders. The TEFCA public-private collaboration puts in place a nation-wide model to address the more vexing gaps in interoperability that have been too difficult for the private sector to tackle without public sector participation, including secure "on-demand" network interoperability for under-resourced providers in rural and inner-city settings, individual access, payer-provider interoperability, and state and local public health.

ONC policies and coordination are operationalizing the Cures Act vision to make it easier for providers, patients, and other parties involved in patient care to access relevant electronic health information from disparate EHRs, allow health information to flow more freely between health IT systems, and provide

enhanced privacy and security for health IT. These efforts will enable the industry to expand connectivity with strong privacy and security protections to help improve the quality, safety, affordability, efficiency, and equitability of healthcare across the country.

Building on these efforts, in December 2023, ONC issued a final rule to advance health IT interoperability and algorithm transparency. The Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) rule establishes first-of-its-kind transparency requirements for the artificial intelligence (AI) and other predictive algorithms that are part of certified health IT. ONC-certified health IT supports the care delivered by 96% of hospitals and 78% of office-based physicians around the country. The HTI-1 regulations empower clinicians by requiring EHR developers to establish transparency about the AI-based models embedded in their products, including establishing risk management processes, and making available a standardized set of information– like a "nutrition label" – to help clinicians better understand how the AI in the software they use works and better decide with their patients where these novel tools are best applied in the provision of care.

The HHS Data Strategy released in December 2023 expands ONC's role to include the coordination of human services interoperability. Better integration of healthcare delivery and human services is critical to strengthening whole-person care, advancing health equity, and improving customer experience. ONC's HTI-1 rule makes significant advances with this integration by adopting the United States Core Data for Interoperability (USCDI) Version 3 (v3) as the new baseline standard within the ONC Health IT Certification Program as of January 1, 2026. USCDI v3 includes updates to prior USCDI versions focused on advancing more accurate and complete patient characteristics data that could help promote equity, reduce disparities, and support public health data interoperability. Improved data standards for social determinants of health can help identify health inequities and facilitate interventions that prevent such inequities from further turning into healthcare disparities.

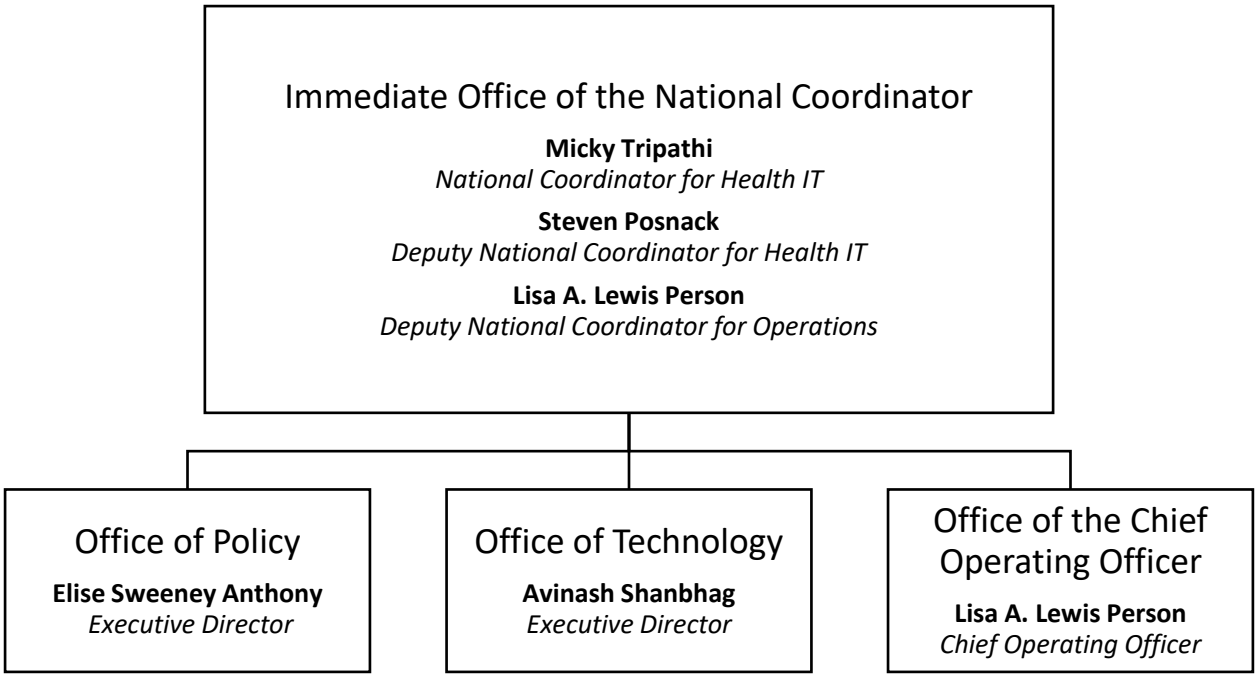
ONC continues its important work to build healthcare's digital foundation, make interoperability easier, and ensure that digital information and tools are being appropriately used to support patient access and to improve the health and well-being of all Americans. ONC's FY 2025 Budget Request reflects the actions and investments necessary to take these earlier investments to the next level and drive transformation to a healthcare system optimized for a digital world. It continues our focus on advancing interoperability, strengthening the public health infrastructure, empowering patients, and clinicians with the most advanced information technology, enabling federal agency partners to make the most cost-effective use of health IT, and accelerating the implementation of the Cures Act. Through continued investments in policy development and coordination, along with standards, certification, and interoperability, we will carry out HHS's commitment to ensuring every American can obtain their full health potential.

/Micky Tripathi/

Micky Tripathi, Ph.D. M.P.P

National Coordinator for Health IT

Organizational Chart



Organizational Chart – Text Version

- Immediate Office of the National Coordinator
  - Micky Tripathi, Ph.D. M.P.P. *National Coordinator for Health IT*
  - Steven Posnack, M.S., M.H.S. *Deputy National Coordinator for Health IT*
  - Lisa A. Lewis, *Deputy National Coordinator for Operations*
- Office of Policy
  - Elise Sweeney Anthony, J.D., *Executive Director*
- Office of Technology
  - Avinash Shanbhag, *Executive Director*
- Office of the Chief Operating Officer
  - Lisa Lewis Person, *Chief Operating Officer*

Executive Summary

Vision

Better health enabled by data.

Mission

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

The Office of the National Coordinator for Health Information Technology (ONC), a staff division of the U.S. Department of Health and Human Services (HHS) Office of the Secretary, is charged with formulating the Federal Government's health information technology (health IT) strategy and leading the development of effective policies, programs, and administrative efforts to advance better, safer, and more equitable healthcare through a nationwide interoperable health IT infrastructure.

Authorizing Legislation

ONC takes its charge from numerous laws, including the Health IT for Economic and Clinical Health Act ("HITECH" Pub. L. No: 111-5), Medicare Access and CHIP Reauthorization Act ("MACRA" P.L. 114-10), and the 21st Century Cures Act ("Cures Act" P.L. 114-255)**.** These laws, codified into law under 42 U.S. Code § 300jj–11,[1] outline nine (9) duties for ONC, including: (1) Standards; (2) Health IT Policy Coordination; (3) Strategic Planning; (4) Website; (5) Certification; (6) Reports and Publications; (7) Assistance; (8) Governance for Nationwide Health Information Network; and (9) Support for Interoperable Networks.

Activities to Impact

[1] 42 U.S.C. 300jj-11 - Office of the National Coordinator for Health Information Technology - Content Details - USCODE-2009-title42-chap6A-subchapXXVIII-partA-sec300jj-11 (govinfo.gov)

Overview of Budget Request

The President's Budget request for ONC is $86,000,000 in Public Health Service Act Evaluation set-aside funding, which is an increase of +$19,762,000 above the FY 2023 Enacted level. ONC's budget supports an expert staff of 180 FTE who coordinate health IT programs and policies across 40+ federal agencies to deliver health IT impacts.

The budget allows ONC to address policy or administrative barriers for widespread adoption of health information exchange through the Trusted Exchange Framework and Common Agreement (TEFCA). ONC will prioritize urgent Federal coordination activities among networked agencies, as well as improve health IT adoption in behavioral health settings. ONC will also maintain current staffing levels and address rising costs with the increased funding, while making vital investments in the development and use of standardized interoperable electronic health information.

Overview of Performance

ONC's historical budget of approximately $60 million has had transformative impacts on HHS programs, despite remaining nearly flat since FY 2009. ONC's strategic direction of resources has allowed for robust improvements to the health system, private sector investments in health technology, and patient access to their electronic health record information, even with nearly flat funding.

ONC's activities play an instrumental role in enabling government programs and private industry to develop and leverage health IT to accomplish the nation's health and human services objectives. ONC stakeholder relationships include active engagements with 12 HHS Operating Divisions, 10 HHS Staff Division, and 25 non-HHS federal agencies. ONC coordinates through numerous formal mechanisms—such as the Federal Health IT Strategic Plan; and informal mechanisms, such as ongoing support to other federal agencies to help align discrete health IT programs and activities in a common direction. In so doing, ONC plays a critical role in the healthcare system at large, providing direction and focus on health IT technologies, standards, and interoperability that would be otherwise difficult to accomplish in the fragmented healthcare system.

Continuing into FY 2025, ONC's annual budget request reflects plans to advance the President's and Secretary's priorities for Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs; Objective 2.1: Improve capabilities to predict, prevent, prepare for, respond to, and recover from disasters, public health and medical emergencies, and threats across the nation and globe; Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience, and Objective 5.2; Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust.

ONC's Performance Management Process

ONC's performance management process prioritizes a continuous focus on improving program results, finding more cost-effective ways to deliver value to health IT stakeholders nationwide, and increasing the efficiency and effectiveness of agency operations.

ONC's performance management strategy consists of four phases: (1) Priority Setting, (2) Strategic Planning, (3) Financial and Performance Management, and (4) Evaluation, Review, and Reporting. Activities aligned to these four phases are coordinated by a workgroup of ONC's leaders who represent the agency in strategy, planning, performance, financial and human capital resources, operations, risk management, data analysis, and program/policy evaluation.

Summary of Performance Information in the Budget Request

The FY 2025 budget request maintains support for several necessary survey and data analysis projects that enable ONC to collaborate with public and private sector partners and meet congressional evaluation requirements. The performance information includes a combination of contextual measures that describe the extent of nationwide interoperable health information exchange and milestones and accomplishments that highlight key information about ONC activities that were or need to be taken to implement statutory requirements.

Impact of Budget Request on Performance

The FY 2025 request increases funds available for ONC mission activities including grants, cooperative agreements, and contracts related to TEFCA and Behavioral Health IT (BHIT) Adoption Pilots. ONC will continue to maintain other mission critical activities, accounting for increases in staffing and procurement costs. ONC will also utilize NEF funds to begin limited implementation of the HHS Health IT Alignment Policy, which ensures that the department is leveraging policy and purchasing decisions to maximize the efficiency and effectiveness of technology adoption to advance agency and department mission objectives.

All-Purpose Table

(Dollars in Millions)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023	
Activity	**$**	**FTE**	**$**	**FTE**	**$**	**FTE**	**$**	**FTE**
Total, ONC Program Level	66.238	178	66.238	180	86.000	180	19.762	-
Total, ONC Budget Authority	-		-		-	-	-	
Total, FY 2024 NEF			**6.300**					
Fast Healthcare Interoperability Resources Application Enhancements			2.000					
Real-Time Benefits Tool Conformance Testing Tool			1.200					
Certified Health IT Product List Enhancements			2.000					
Standards Implementation and Testing Environment Portal			1.100					

Budget Exhibits

Appropriations Language

For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, **[**$66,238,000**]***$86,000,000* shall be from amounts made available under section 241 of the PHS Act.

Language Analysis

Language Provision	**Explanation**
For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, **[**$66,238,000**]***$86,000,000* shall be from amounts made available under section 241 of the PHS Act.	Provides PHS Evaluation funding for ONC's budget.

Amounts Available for Obligation

Discretionary Appropriation	FY 2023 Final	FY 2024 Annualized CR	FY 2025 President's Budget
Appropriation (L/HHS)	$66,238,000	$66,238,000	$86,000,000
Subtotal, Appropriation (L/HHS, Ag, or Interior)	$66,238,000	$66,238,000	$86,000,000
Subtotal, Adjusted appropriation	$66,238,000	$66,238,000	$86,000,000
Total, Discretionary Appropriation	$66,238,000	$66,238,000	$86,000,000
Total Obligations	$66,238,000	$66,238,000	$86,000,000

Summary of Changes

FY 2023 Enacted	
Total estimated program level	$66,238,000
FY 2025 President's Budget	
Total estimated program level	$86,000,000
Net Change in program level	+$19,762,000

	FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2024	
	PL	FTE	PL	FTE	PL	FTE
Increases:						
A. Built-in:						
Annualization of 2023 civilian pay increase	-	-	$1,668,497	-	$1,668,497	-
Subtotal, Built-in Increases	**-**	**-**	**$1,668,497**	**-**	**+$1,668,497**	**-**
B. Program:						
1. Health IT, PHS Eval	-	-	$18,093,503	-	+$18,093,503	-
Subtotal, Program Increases	**-**	**-**	**$18,093,503**	**-**	**+$18,093,503**	**-**
Total Increases	**-**	**-**	**$19,762,000**	**-**	**+$19,762,000**	**-**
Decreases:						
A. Built-in:						
1. Pay Costs	-	-	-	-	-	-
Subtotal, Built-in Decreases	**-**	**-**	**-**	**-**	**-**	**-**
B. Program						
1. Health IT, PHS Eval	-	-	-	-	-	-
Subtotal, Program Decreases	**-**	**-**	**-**	**-**	**-**	**-**
Total decreases	**-**	**-**	**-**	**-**	**-**	**-**
Net Change	**-**	**-**	**-**	**-**	**+$19,762,000**	**-**

Budget Authority by Activity

(Dollars in Thousands)

Activity	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
1. Health IT			
Annual Budget Authority	-	-	-
Annual Program Level	$66,238	$66,238	$86,000
Subtotal, Health IT	$66,238	$66,238	$86,000
Total, Budget Authority	-	-	-
Total, Program Level	$66,238	66,238	86,000
FTE	178	180	180

Authorizing Legislation

Activity	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Health IT				
1. Title XXX of PHS Act as added by the HITECH Act (PL 111-5) and the Cures Act (PL 114-255)	Indefinite	-	Indefinite	-
Budget Authority	Indefinite	-	Indefinite	-
Program Level		66,238,000		86,000,000
Total Request Level		66,238,000		86,000,000

Appropriations History

	Request to Congress	House Allowance	Senate Allowance	Appropriation
FY 2015				
Annual		$61,474,000	$61,474,000	$60,367,000
PHS Evaluation Funds	$74,688,000			
Subtotal	$74,688,000	$61,474,000	$61,474,000	$60,367,000
FY 2016				
Annual		$60,367,000	$60,367,000	$60,367,000
PHS Evaluation Funds	$91,800,000			
Subtotal	$91,800,000	$60,367,000	$60,367,000	$60,367,000
FY 2017				
Annual		$65,367,000	$60,367,000	$60,367,000
PHS Evaluation Funds	$82,000,000			
Transfers (Secretary's)				$(140,000)
Subtotal	$82,000,000	$65,367,000	$60,367,000	$60,227,000
FY 2018				
Annual	$38,381,000	$38,381,000	$60,367,000	$60,367,000
PHS Evaluation Funds				
Transfers (Secretary's)				($150,000)
Subtotal	$38,381,000	$38,381,000	$60,367,000	$60,217,000
FY 2019				
Annual	$38,381,000	$42,705,000	$60,367,000	$60,367,000
Transfers (Secretary's)				($204,397)
Subtotal	$38,381,000	$42,705,000	$60,367,000	$60,162,603
FY 2020				
Annual	$43,000,000		$60,367,000	$60,367,000
PHS Evaluation Funds		$60,367,000		
Transfers (Secretary's)				($114,000)
Subtotal	$43,000,000	$60,367,000	$60,367,000	$60,253,000
FY 2021				
Annual	$50,717,000	$60,367,000	$60,367,000	$62,367,000
Transfers (Secretary's)				($187,241)
Subtotal	$50,717,000	$60,367,000	$60,367,000	$62,179,759
FY 2022				
PHS Evaluation Funds	$86,614,000	$86,614,000	$86,614,000	$64,238,000
Subtotal	$86,614,000	$86,614,000	$86,614,000	$64,238,000
FY 2023				
PHS Evaluation Funds	$103,614,000	$86,614,000	$66,238,000	$66,238,000
Subtotal	$103,614,000	$86,614,000	$66,238,000	$66,238,000
FY 2024				
PHS Evaluation Funds	$103,614,000	$56,238,000	$71,238,000	
Subtotal	$103,614,000	$56,238,000	$71,238,000	
FY 2025				
PHS Evaluation Funds	$86,000,000			
Subtotal	$86,000,000			

Narrative by Activity

Budget Summary
(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Program Level	66,238	66,238	86,000	+19,762
FTE	178	180	180	+2

Authorizing Legislation……Title XXX of PHS Act as added by the HITECH Act amended by the Cures Act (PL 114-255)
FY 2025 Authorization…… No Separate Authorization of Appropriations
Allocation Method……Direct Federal, Contract, Cooperative Agreement, Grant

Program Description

ONC was established in 2004 through Executive Order 13335 and statutorily authorized in 2009 by the HITECH Act. ONC's responsibilities for leading national health IT efforts were increased by MACRA in 2015 and again by the Cures Act in 2016. The range of authorities and requirements assigned to ONC through its authorizing and enabling legislation to establish a framework of actions for the agency related to: (1) Policy Development and Coordination;(2) Technology Standards, Certification, and Interoperability; and (3) Agency-Wide Support.

In FY 2025, ONC will implement its authorities and requirements to accelerate progress toward an interoperable nationwide health IT infrastructure by:

1. Promoting *seamless, secure information-sharing* among providers, patients, and other healthcare stakeholders using modern, open-industry, internet-based technologies that can accommodate patient choices and privacy preferences
2. Building on federal investments in electronic health records *to improve the access, exchange, and use of electronic health information* in ways that support patient's privacy preferences and advance quality, equitability, safety, efficiency, accessibility, and affordability of US healthcare
3. Enabling an *open health IT ecosystem* to ensure a level playing field for innovation and competition to support health IT users, including patients
4. Furthering *universal access to secure, usable information exchange technologies* through nationwide networks and application programming interfaces (APIs)
5. Fostering the use of health IT and health information to identify and address *health equity* issues in healthcare delivery, public health, and population health
6. Facilitating the *success of federal programs* through the effective use of health IT and health information

Budget Request

The FY 2025 President's Budget request for ONC is $86,000,000, an increase of +$19,762,000 above the FY 2023 Enacted level. The additional funds will be allocated to Policy Development and Coordination efforts: $10,000,000 for advancing secure, interoperable exchange through TEFCA; $5,000,000 for Behavioral Health IT (BHIT) Adoption Pilots; and the remaining $4,762,000 million for increases in staffing and procurement costs.

+$10.0 million for the Trusted Exchange Framework and Common Agreement (TEFCA)

The Cures Act directed ONC to establish TEFCA but did not provide any funding or new authorities to support infrastructure or adoption. Increased funding enables ONC to expand and advance healthcare data connectivity and data services by accelerating the adoption of and wider-scale participation in TEFCA. More participation means that patients and providers will have access to more data within electronic health records, resulting in better care and broad reaching impacts to public health. It will also enable data service companies to offer more accurate and more useful data analytics for providers and payers, resulting in better quality healthcare or reduced healthcare costs.

+$5.0 million for Behavioral Health IT (BHIT) Adoption Pilots

ONC will administer strategic pilots for Behavioral Health (BH) providers in care settings that need increased health IT adoption or health IT improvements. Unlike hospitals and clinical providers, BH providers did not receive incentives through the Health Information Technology for Economic Clinical Health Act for health IT adoption, thus falling behind industry standards. As a result, many BH providers cannot leverage the higher-level capabilities and efficiencies offered by health IT within BH settings nor are they able to fully engage in electronic health information exchange with non-BH primary and acute care providers. The goal of these strategic pilots will be to reduce the current digital divide that exists by developing and piloting an application for psychotherapy notes, creating a catalog of behavioral health screening tools, and by consolidating the multiple systems used by first responders to enable real time access to a patient's medical history.

ONC will further advance efforts that promote the adoption and advancement of BHIT, executing the HHS Roadmap for Behavioral Health Integration. The proposed strategic pilots are informed by the June 2021 Report to Congress on Medicaid and CHIP by the Medicaid and CHIP Payment and Access Commission.

+$4.8 million for increases in staffing and procurement costs

This funding enables ONC to account for increased pay and non-pay costs, including increases incurred through HHS's shared costs for shared services, physical and IT security, and legal support.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$62,367,000
FY 2022	$64,238,000
FY 2023 Final	$66,238,000
FY 2024 CR	$66,238,000
FY 2025 President's Budget	$86,000,000

Program Accomplishments

ONC's longstanding policy and technology work to enable and advance interoperability, standardization, health information exchange, and the use of ONC-certified health IT has created a digital health foundation now used by the entire health system.

FY 2023 accomplishments and industry progress include:

- Improving Healthcare Delivery, Experience, and Affordability: In February 2023, a first set of health information networks were approved to implement TEFCA as prospective Qualified Health Information Networks (QHINs). Collectively, the QHIN applicants have networks that cover most U.S. hospitals, tens of thousands of providers, and annually process billions of transactions across all fifty states. This is a significant step for the U.S. health system and one that will advance interoperability at scale for patients, health care providers, hospitals, public health agencies, health insurers, and other health care stakeholders.
- Coordinating across Government and Industry: The USCDI has been operational since 2020 and is now in its 4th edition published in July 2023. Since inception, the USCDI has grown from 52 data elements to over 100 in version 4.
- In January of 2023, ONC published the Interoperability Standards Advisory (ISA) 2023 Reference Edition. The ISA is one way ONC coordinates standards awareness and use through its publication and maintenance. It organizes health information standards, models, and profiles into more than 60 sub-sections divided by topic/use (e.g., public health, patient information, coordination, clinical care, administration). Key updates in the 2023 edition include Standards Version Advancement Process (SVAP) Integration, Pharmacy Interoperability, Human and Social Services standards, and Adverse Event Reporting.[2]
- ONC continues to lead and engage the Health Information Technology Advisory Committee (HITAC) to inform the development of Federal health IT policies and the implementation of its programs impacted by the policies and HHS and Administration priorities. HITAC consists of over 25 members and six federal representatives. In 2023, HITAC provided over 130 recommendations.[3] In addition to requirements that the HITAC annually addresses updates to the USCDI standard and priority ONC Interoperability Standards Advisory (ISA) interoperability needs, the HITAC workgroups and recommendations also addressed a range of priority issues, including public health data systems, health equity by design, information blocking, TEFCA, and the EHR Reporting Program.

[2] 2023 ISA Reference Edition Is Here

[3] https://www.healthit.gov/topic/federal-advisory-committees/recommendations-national-coordinator-health-it

Outputs and Outcomes Tables

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
Number of federal agencies actively participating in ONC-led health IT coordination efforts	FY 2023: 22 Target: Maintain Prior Year (Baseline)	Maintain	Maintain	-
Number of interoperable data elements included in certification criteria adopted into the ONC Health IT Certification Program to meet congressional requirements	FY 2023: 64 criterion in 2015 edition Target: Maintain (Target Met)	Maintain	Maintain	-
Number of interoperability needs areas supported by standards and implementation specifications included in the annual Interoperability Standards Advisory (ISA) Reference Edition	FY 2023: 2023 reference edition ISA published in January 2023 includes 194 standards and implementation specifications[4] (Target Met)	Maintain ISA with necessary updates & publish annual update by March 2024	Maintain ISA with necessary updates & publish annual update by March 2025	-
Number of visitors to ONC's https://healthIT.gov websites to use health IT policy and technology assistance material	FY 2023: 5 million Target: Maintain prior year baseline (Target Not Met)	Maintain	Maintain	-

[4] Recent ISA Updates | Interoperability Standards Advisory (ISA) (healthit.gov)

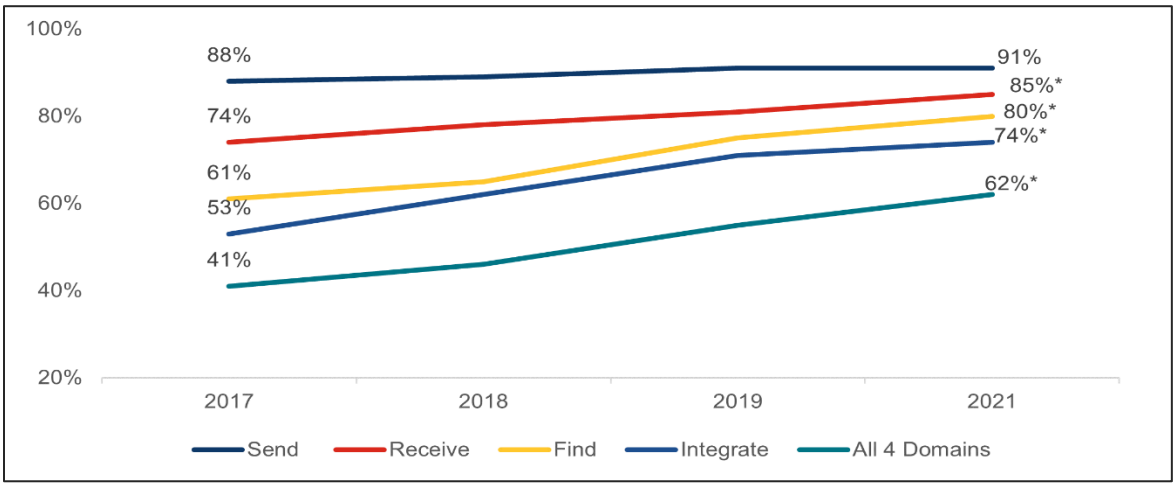
Contextual Measures

The following measures were selected by ONC in 2016 to meet MACRA § 106(b) requirements for evaluating progress to widespread health information exchange and interoperability. ONC continues to monitor these and other key trends in support of making informed, evidence-based decisions.

Measure Area 1: Provider capability in key domains of interoperable health information exchange.

	Non-federal acute care hospitals[5]	Office- based physicians[6]
• are electronically sending or receiving patient information with any providers outside their organization	93%	42%
• can electronically find patient health information from sources outside their health system	80%	49%
• can easily integrate (e.g., without manual entry) health information received electronically into their EHR	74%	29%
• had necessary patient information electronically available from providers or sources outside their systems at the point of care	62%	47%

Figure: Percent of U.S. non-federal acute care hospitals engaging in electronically sending, receiving and integrating summary of care records and searching/querying any health information 2017-2021.

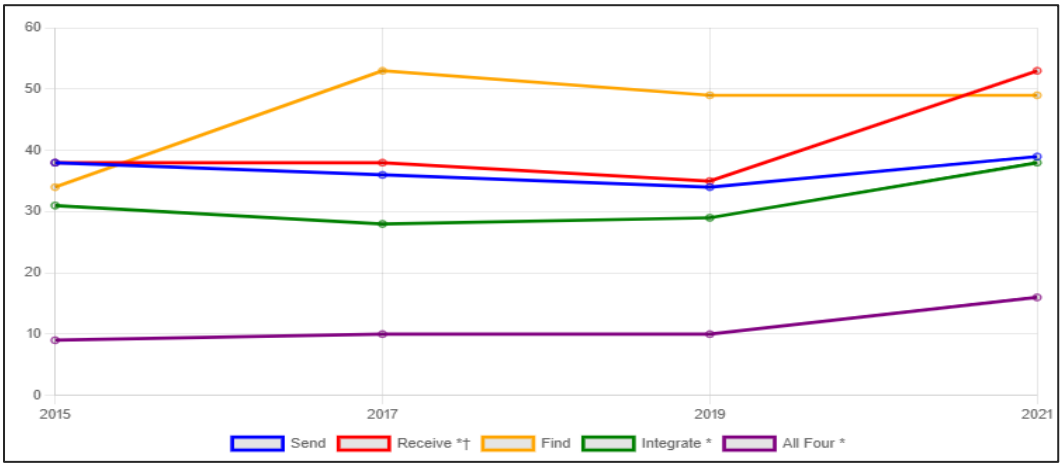


Source: American Hospital Association (AHA) Annual Survey, Information Technology Supplement.

[5] Interoperability and Methods of Exchange among Hospitals in 2021 | HealthIT.gov

[6] Interoperability Among Office-Based Physicians in 2019 | HealthIT.gov

Figure: Percent of physicians engaging in electronically sending, receiving, searching/querying, and integrating health information 2015-2021

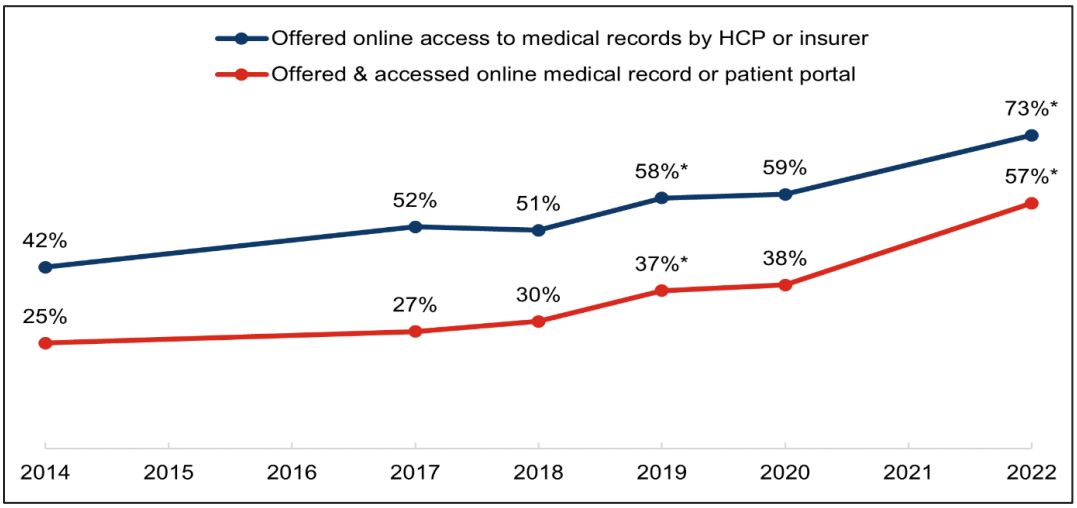


Source: CDC National Center for Health Statistics (NCHS) National Electronic Health Record Survey (2015-2021).

Measure Area 2: Citizen perspective on consumer access to their electronic health information[7]

- 73 percent of Americans have been given electronic access to any part of their healthcare record by their healthcare provider or insurer.

Figure: Percent of individuals nationwide who were offered and accessed their online medical record or patient portal, 2014-2022.



Source: NIH National Cancer Institute (NCI), Health Information National Trends Survey (HINTS): HINTS 4 Cycle 4 (2014); HINTS 5, Cycles 1-4 (2017-2020), HINTS 6 (2022).

[7] Individuals' Access and Use of Patient Portals and Smartphone Health Apps, 2022 | HealthIT.gov

Nonrecurring Expenses Fund

Budget Summary

(Dollars in Thousands)

	FY 2023[8]	FY 2024[9]	FY 2025[10]
Notification[11]	6,800	6,300	7,800

Authorization……..Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method…….. Direct Federal, Competitive Contract

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

Budget Allocation FY 2025

In FY 2025, ONC is planning to utilize $7.8 million in NEF funding for the following projects:

- HHS Health IT Alignment TA Resource Center, $2.3 million: to support the HHS Health IT Alignment Policy by developing an online IT solution center for TA that can be used across HHS for implementation of the HHS Health IT Alignment Policy. This effort would improve all HHS health IT investments across contracts, grants, cooperative agreements, and rulemaking/guidance and ensure Department-wide implementation of the Policy.
- FHIR DaVinci, $1.5 million: to develop the Inferno Framework Advanced API Test Suites to support the advancement of CMS's Advancing Interoperability and Improving Prior Authorization Process Proposed Rule and the adoption of FHIR in the health IT ecosystem.
- Building Predictive Decision Support Intervention Tools to Mitigate Artificial Intelligence (AI) Bias in Health IT $2.0 million: to develop a DSI Tool Suite that mitigates Health IT AI biases through implementation of the Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency and Information Sharing (HTI-1) proposed rule. This set of tools would allow entities to compare their model training data to synthetic data and analyze the results for different types of bias. The Tool Suite would be publicly available on ONC's website and help entities subject to ONC HTI-1 regulations become compliant with these requirements.
- Implementing Artificial Intelligence with the ONC Information Architecture, $2.0 million: to enhance Certified Health IT Product List and Customer Feedback System with Artificial Intelligence powered tools to improve search capabilities and enhance the inquiry submission process using natural language interfaces.

[8] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[9] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[10] HHS has not yet notified for FY 2025.
[11] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

Budget Allocation FY 2024:
In FY 2024, ONC is planning to utilize $6.3 million in NEF funding for the following projects:

- Real-Time Benefits Tools (RTBT) Conformance Testing Tool, $1.2 million: to significantly lower patients' out-of-pocket expenses by allowing patient-specific, real-time formulary and benefit information. RTBT functionality would support over 90 percent of all US hospitals and over 80 percent of all U.S. physicians.
- Certified Health IT Product List (CHPL) Capacity Enhancement: $2.0 million: a one-time public user interface (UI) redesign, including the development of a completely new CHPL reporting functionality to accomplish this work.
- Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface Monitoring Service Project, $2.0 million: to create new functionality that allows the Lantern tool to use a standardized approach to discover and access electronic endpoints that provide patients access to their electronic health information. Lantern is an open-source tool that monitors and provides analytics about the availability and adoption of FHIR API service base URLs (endpoints) across healthcare organizations in the United States. It also gathers information about FHIR Capability Statements returned by these endpoints and provides visualizations to show FHIR adoption and patient data availability.
- Standards Implementation and Testing Environment (SITE) and Edge Testing Tool (ETT), $1.1 million: to modernize ONC's Health IT Certification Program SITE portal, a centralized collection of testing tools and resources designed to help health IT developers and health IT users evaluate technical standards and maximize the potential of their health IT implementations.

Budget Allocation FY 2023:
ONC received a total of $6.8 million in NEF funding for the following projects:

- CHPL enhancements, $2.0 million: To further develop, test, and implement a CHPL reporting module for collecting, verifying, and reporting required information to establish the EHR Reporting Program. It focuses on upgrading the overall CHPL public UI based on previous recommendations as well as a planned public usage and usability analysis.
- HealthIT.gov, $3.0 million: to conduct a complete overhaul and redesign of the website infrastructure and design for HealthIT.gov and its complementary blog, Health IT Buzz. Both web properties are mission essential for ONC to communicate our work and value to the American public and Congress. HealthIT.gov is the premier source of Health IT information and is the top educational resource for ONC stakeholders.
- Inferno Framework Sandbox, $1.8 million: to support the development of the Inferno Framework Sandbox to support the adoption of FHIR in the health IT ecosystem.

Budget Allocation FY 2022 and prior:

- Health IT Data Dashboard and the Tool for ISA Comment Transparency and Improved Workflow, $2.75 million: This project has been completed.
- Health IT Certification Program, $7.0 million: In FY 2019, ONC developed electronic (software-based) testing tools for the and software development associated to build a data-reporting platform. These two interdependent IT infrastructure capacity-building activities directly implement Section 4002 of the Cures Act.

Supplementary Tables

Budget Authority by Object Class

(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	22,209	23,388	23,856	1,647
Other than full-time permanent (11.3)	289	304	310	21
Other personnel compensation (11.5)	1,319	1,389	1,417	28
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**23,817**	**25,082**	**25,583**	**1,766**
Civilian benefits (12.1)	8,088	8,517	8,688	600
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)	-	-	-	-
Total Pay Costs	**31,915**	**33,599**	**34,271**	**366**
Travel and transportation of persons (21.0)	472	484	495	23
Transportation of things (22.0)	6	6	6	-
Rental payments to GSA (23.1)	852	874	893	41
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	1	1	1	-
Other Contractual Services:				
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	12,323	12,643	12,922	599
Purchase of goods and services from government accounts (25.3)	15,711	16,119	16,474	763
Operation and maintenance of facilities (25.4)	166	170	174	8
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	-	-	-	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**29,531**	**30,299**	**30,965**	**-1,434**
Supplies and materials (26.0)	338	338	338	16
Equipment (31.0)	6	6	6	-
Land and Structures (32.0)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	4,458	1,987	20,403	15,945
Interest and dividends (43.0)	-	-	-	-
Refunds (44.0)	-	-	-	-
Total Non-Pay Costs	**4,802**	**2,340**	**20,763**	**15,945**
Total Budget Authority by Object Class	**66,238**	**66,238**	**86,000**	**19,762**

Salaries and Expenses

(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	22,209	23,388	23,856	1,647
Other than full-time permanent (11.3)	289	304	310	21
Other personnel compensation (11.5)	1,319	1,389	1,417	98
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**23,817**	**25,082**	**25,583**	**1,766**
Civilian benefits (12.1)	8,088	8,517	8,688	600
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)	-	-	-	-
Total Pay Costs	**31,915**	**33,599**	**34,271**	**2,366**
Travel and transportation of persons (21.0)	472	472	472	23
Transportation of things (22.0)	6	6	6	-
Rental payments to GSA (23.1)	852	852	852	41
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	1	1	1	-
Other Contractual Services:				
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	12,323	12,643	12,922	599
Purchase of goods and services from government accounts (25.3)	15,711	16,119	16,474	763
Operation and maintenance of facilities (25.4)	166	170	174	8
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	-	-	-	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**29,531**	**30,299**	**30,965**	**1,434**
Supplies and materials (26.0)	338	347	354	16
Total Non-Pay Costs	**338**	**347**	**354**	**16**
Total Salary and Expense	**61,774**	**64,245**	**65,591**	**3,817**
Direct FTE	**180**	**180**	**180**	**-**

Detail of Full-Time Equivalent Employment (FTE)

	2023 Actual Civilian	2023 Actual Military	2023 Actual Total	2024 Est. Civilian	2024 Est. Military	2024 Est. Total	2025 Est. Civilian	2025 Est. Military	2025 Est. Total
Direct:.....	178	-	178	180	-	180	180	-	180
Reimbursable: ...	-	-	-	-	-	-	-	-	-
Total:.....	178	-	178	180	-	180	180	-	180
ONC FTE Total	**178**	**-**	**178**	**180**	**-**	**180**	**180**	**-**	**180**

Average GS Grade	Grade:	Step:
FY 2021.....	13	9
FY 2022.....	13	9
FY 2023.....	13	6
FY 2024.....	13	6
FY 2025.....	13	7

Detail of Positions

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Executive level	-	-	-
Total - Exec. Level Salaries	-	-	-
ES.....	5	6	6
Total - ES Salary	1,208,584	1,273,044	1,298,505
GS-15.....	49	53	53
GS-14.....	51	60	60
GS-13.....	49	53	53
GS-12.....	15	17	14
GS-11.....	4	5	5
GS-10.....	-	-	-
GS-9.....	5	14	14
GS-8.....	-	-	-
GS-7.....	1	1	1
GS-6.....	-	-	-
GS-5.....	1	1	1
GS-4.....	-	-	-
GS-3.....	-	-	-
GS-2.....	-	-	-
GS-1.....	-	-	-
Subtotal	175	204	204
Total - GS Salary	22,607,907	23,808,387	24,284,555
Average ES salary.....	241,771	212,174	216,418
Average GS grade.....	13-6	136	137
Average GS salary.....	129,188	116,708	119,042

Physicians' Comparability Allowance Worksheet

	PY 2023 (Actual)	CY 2024 (Estimate)	BY 2025 (Estimate)
Number of Physicians Receiving PCAs	0	1	3
Number of Physicians with One-Year PCA Agreements	0	0	0
Number of Physicians with Multi-Year PCA Agreements	0	0	3
Average Annual PCA Physician Pay (without PCA payment)	0	159,028	159,028
Average Annual PCA Payment	0	16,000	16,000

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

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

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

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

IN FY 2023, ONC did not onboard a physician. In the past, ONC has been able to retain physicians with strong medical background, so the agency was better able to engage clinical stakeholders and provide a clinically based perspective on ONC policies and activities.

CYBERSECURITY FUNDING

There are no cybersecurity funds tied to the FY 2025 ONC Budget, cybersecurity funding is captured in the FY 2025 Public Health and Social Services Emergency Fund FY 2025 Congressional Justification Cybersecurity Funding Table.

Proposed Law

1. Advisory Opinions for Information Blocking

   Provide HHS the authority to create an advisory opinion process and issue advisory opinions for information blocking practices governed by section 3022 of the Public Health Service Act (PHSA), 42 U.S.C. 300jj-52. Advisory opinions issued would advise the requester whether, in the Department's view, a specific practice would violate the information blocking statutory and regulatory provisions. It would be binding on the Department, such that the Department would be barred from taking an information blocking enforcement action against the requestor's practice, where the advisory opinion states that the practice does not constitute information blocking under the information blocking statute or regulations. In addition, provide HHS with the authority to collect and retain fees to be charged for issuance of such opinions, and to use such fees to offset the costs of the opinion process.

Public Health and Social Services Emergency Fund

DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2025

Public Health and Social Services Emergency Fund

Justification of Estimates for Appropriations Committee

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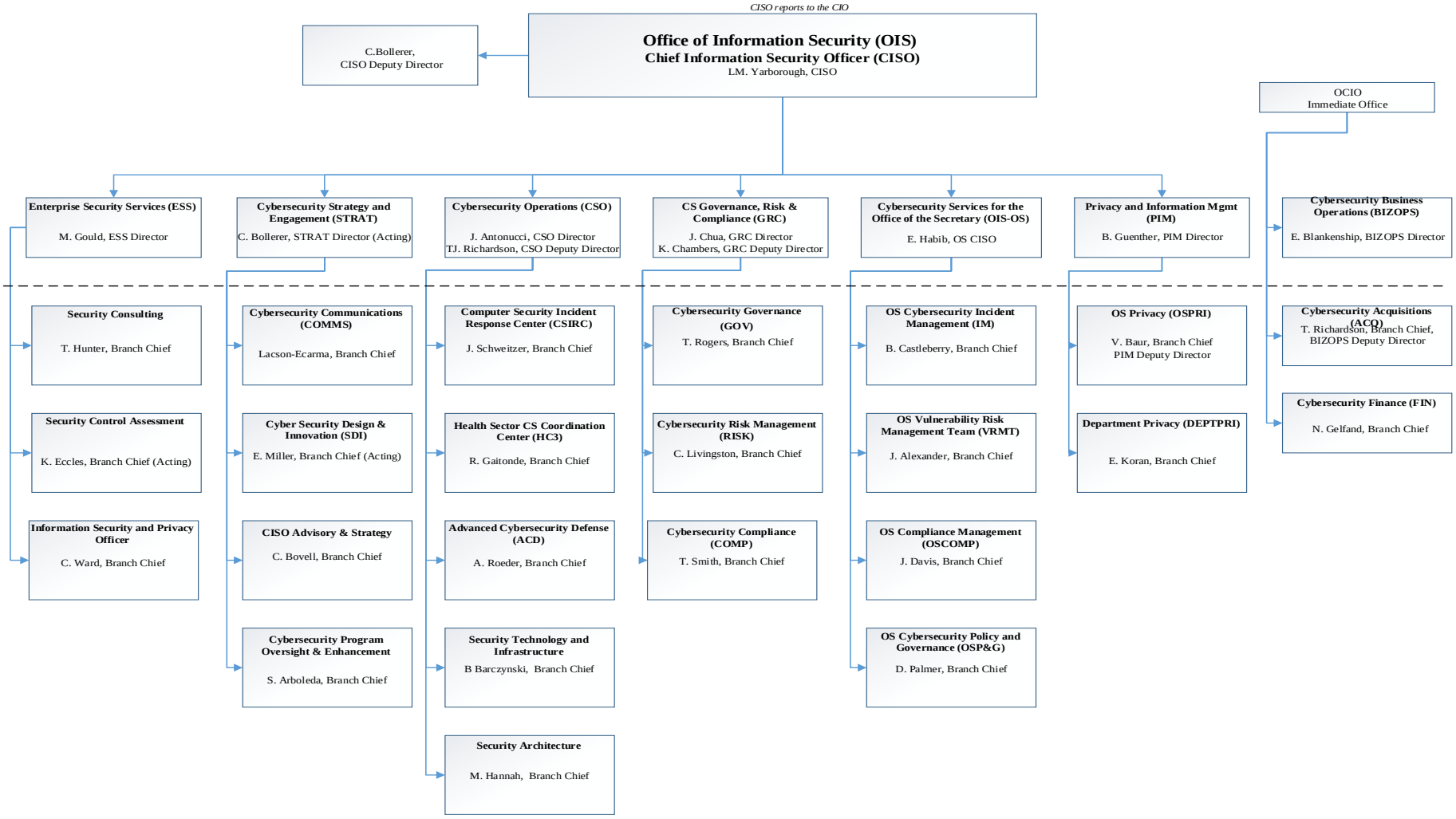
ORGANIZATIONAL CHARTS
ASSISTANT SECRETARY FOR ADMINISTRATION

CYBERSECURITY



ASA Cybersecurity Organizational Chart (Text Version)

Office of Information Security (OIS)
Chief Information Security Officer (CISO): LM Yarborough
Deputy Director: C. Bollerer

Enterprise Security Services (ESS)

- Director: M. Gould
- Security Consulting, Branch Chief: T. Hunter
- Security Control Assessment, Acting Branch Chief: K. Eccles
- Information Security and Privacy Officer, Branch Chief: C. Ward

Cybersecurity Strategy and Engagement (STRAT)

- Acting Director: C. Bollerer
- Cybersecurity Communications, Branch Chief: Lacson-Ecama
- Cybersecurity Design & Innovation, Acting Branch Chief: E. Miller
- CISO Advisory & Strategy, Branch Chief: C. Bovell
- Cybersecurity Program Oversight & Enhancement Branch Chief: S. Arboleda

Cybersecurity Operations (CSO)

- Director: J. Antonucci
- Deputy Director: TJ Richardson
- Computer Security Incident Response Center, Branch Chief: J. Schweitzer
- Health Sector CS Coordination Center, Branch Chief: R. Gaitonde
- Advanced Cybersecurity Defense, Branch Chief: A. Roeder
- Security Technology and Infrastructure, Branch Chief: B. Barczynski
- Security Architecture, Branch Chief: M. Hannah

CS Governance, Risk & Compliance (GRC)

- Director: J. Chua
- Deputy Director: K. Chambers
- Cybersecurity Governance, Branch Chief: T. Rogers
- Cybersecurity Risk Management, Branch Chief: C. Livingston
- Cybersecurity Compliance, Branch Chief: T. Smith

Cybersecurity Services for the Office of the Secretary (OIS-OS)

- OS CISO: E. Habib
- OS Cybersecurity Incident Management, Branch Chief: B. Castleberry
- OS Vulnerability Risk Management Team, Branch Chief: J. Alexander
- OS Compliance Management, Branch Chief: J. Davis
- OS Cybersecurity Policy and Governance, Branch Chief: D. Palmer

Privacy and Information Management (PIM)

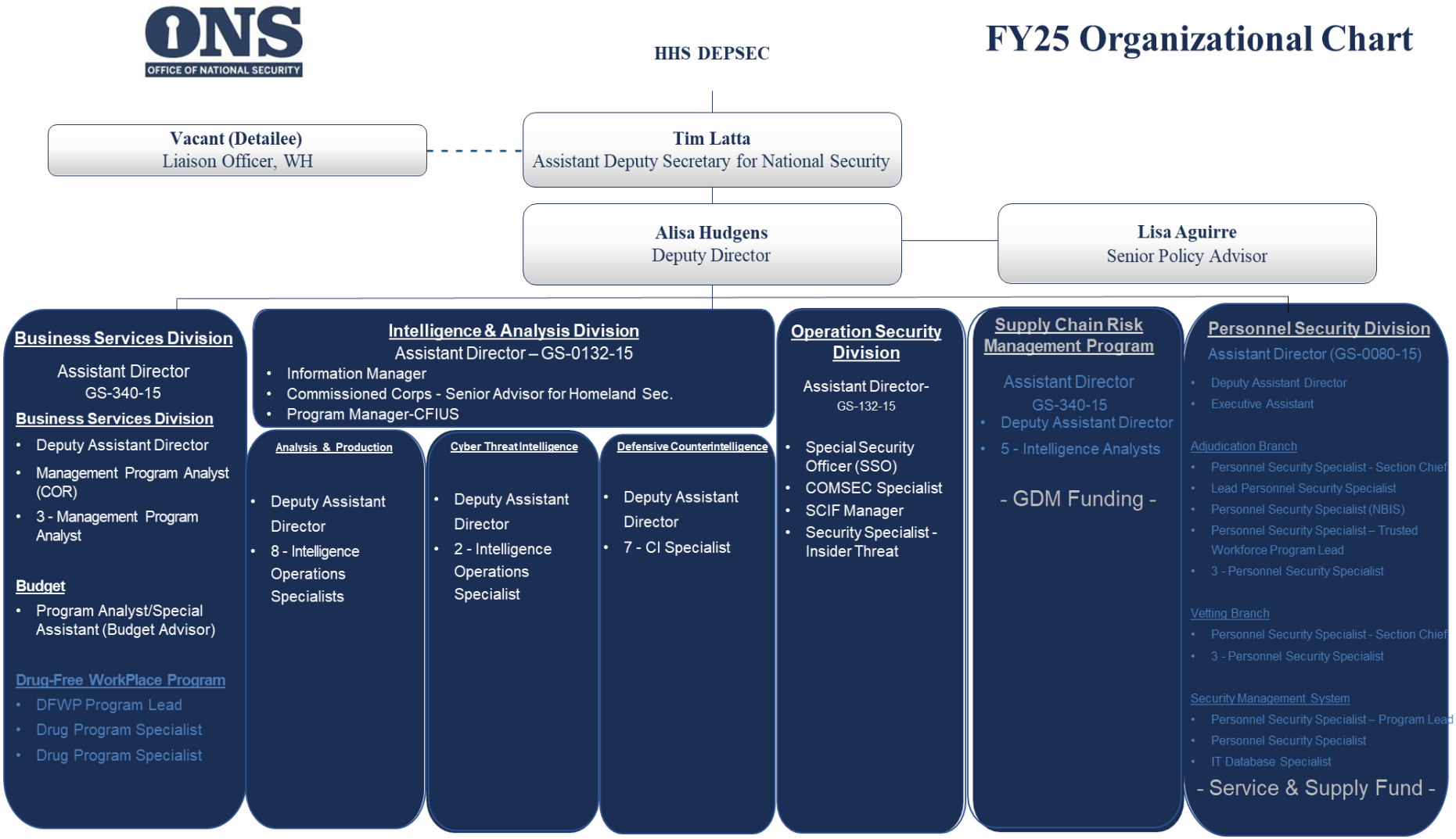
- Director: B. Guenther

- OS Privacy Branch Chief & PIM Deputy Director: V. Baur
- Department Privacy, Branch Chief: E. Koran

Cybersecurity Business Operations (BIZ OPS)

- Director: E. Blankenship
- Cybersecurity Acquisitions, Branch Chief & Deputy Director: T. Richardson
- Cybersecurity Finance, Branch Chief: N. Gelfand

OFFICE OF NATIONAL SECURITY



Office of National Security Organizational Chart (Text Version)

Assistant Deputy Secretary for National Security: Tim Latta
Deputy Director: Alisa Hudgens
Senior Policy Advisor: Lisa Aguirre
Liaison Officer, White House: Vacant (detailee)

Business Services Division

- Assistant Director
- Deputy Assistant Director
- Management Program Analyst (COR)
- 3 – Management Program Analyst

Budget

- Program Analyst/Special Assistant

Drug-Free WorkPlace Program

- DFWP Program Lead
- Drug Program Specialist
- Drug Program Specialist

Intelligence & Analysis Division

- Assistant Director
- Information Manager
- Commissioned Corps - Senior Advisor for Homeland Security
- Program Manager – CFIUS

Analysis & Production

- Deputy Assistant Director
- 8 – Intelligence Operations Specialists

Cyber Threat Intelligence

- Deputy Assistant Director
- 2 – Intelligence Operations Specialist

Defensive Counterintelligence

- Deputy Assistant Director
- 7 – Counterintelligence Specialists

Operation Security Division

- Assistant Director
- Special Security Officer
- COMSEC Specialist
- SCIF Manager
- Security Specialist – Insider Threat

Supply Chain Risk Management Program (GDM Funded)

- Assistant Director
- Deputy Assistant Director
- 5 – Intelligence Analysts

Personnel Security Division (SSF Funded)

- Assistant Director
- Deputy Assistant Director
- Executive Assistant

Adjudication Branch

- Personnel Security Specialist – Section Chief
- Lead Personnel Security Specialist
- Personnel Security Specialist (NBIS)
- Personnel Security Specialist – Trusted Workforce Program Lead
- 3 – Personnel Security Specialist

Vetting Branch

- Personnel Security Specialist – Section Chief
- 3 – Personnel Security Specialist

Security Management System

- Personnel Security Specialist – Program Lead
- Personnel Security Specialist
- IT Database Specialist

INTRODUCTION AND MISSION

The Public Health and Social Services Emergency Fund supports the Department's cross-cutting efforts to improve the Nation's preparedness and response against naturally occurring and man-made health threats and threats to the ability of HHS to carry out such missions. The following programs are supported by this Fund:

Supply Chain Coordination Office

HHS will establish a supply chain coordination office to coordinate Department-wide activities, strategy, and guidance, including to develop and implement a 5-year Action Plan to strengthen supply chains and prevent critical shortages. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) currently represents the Department on the White House Council on Supply Chain Resilience.

Cybersecurity

The Cybersecurity program, within the Office of the Assistant Secretary for Administration (ASA), Office of the Chief Information Officer (OCIO), coordinates the Department's cybersecurity efforts and provides enterprise level program management and oversight. The program works to ensure that the automated information systems are designed, operated, and maintained with the appropriate information technology security and privacy data protections.

Office of National Security

The Office of National Security (ONS) provides strategic all-source information, intelligence, defensive counterintelligence, insider threat, cyber threat intelligence, enterprise supply chain risk management (E-SCRM), security for classified information, and communications security support across the Department.

Office of Global Affairs Pandemic Influenza

As part of the PHSSEF, the Office of Global Affairs (OGA) leads global health diplomacy and policy coordination efforts for HHS to strengthen international pandemic preparedness, especially pandemic influenza preparedness, seasonal influenza epidemics, and other emerging infectious disease threats.

OVERVIEW OF BUDGET REQUEST

The discretionary FY 2025 President's Budget for the Public Health and Social Services Emergency Fund (PHSSEF) is $172,492,000, which is an increase of +$56,500,000 above FY 2023 Final[1]. The FY 2025 request for PHSSEF will provide the necessary resources to:

- Support cross-agency efforts towards national biodefense;
- Support the Department's counterintelligence program;
- Support the Department's cybersecurity efforts;
- Support the Department's pandemic influenza preparedness and response activities; and
- Support the Department's role in supply chain coordination.

Supply Chain Coordination Office, (new program, $10 million total): The FY 2025 new request for the Supply Chain Coordination Office will allow HHS to strengthen medical product and critical food supply chains and to prevent or mitigate shortages. This effort was initiated in FY 2024, by establishing a Supply Chain Coordination team to provide advice, information, and recommendations to the Secretary on HHS-wide supply chain and shortage-related activities. The new funding will allow HHS to institutionalize these efforts in a new office within HHS and establish a 5-year Action Plan to outline concrete goals, milestones, metrics for measuring progress, and associated timelines as it oversees implementation of the Action Plan. The new office will also consult with relevant non-federal organizations and experts as necessary.

Cybersecurity (increase of +$40.5 million, $140.5 million total): The FY 2025 request will allow HHS to manage existing solutions, address cybersecurity mandates through targeted initiatives, and complement current network protection tools. The requested funds continue support and sustainment of HHS' existing cybersecurity and privacy programs, while also enabling deployment of cybersecurity initiatives aligned to the HHS's cybersecurity priorities, such as Zero Trust, security event logging and data sharing, and tools that will keep pace with evolving threats and vulnerabilities. In addition to the existing and emerging priorities supported by the cybersecurity program, requested funding provides support for the modernization of the Department's Health Insurance Portability and Accountability Act (HIPAA) breach prevention and response efforts.

Office of National Security (increase of +$6 million, $15 million total): The FY 2025 President's Budget supports the ability of ONS to further protect the Department against insider security threats, conduct Cyber Threat analysis, protect sensitive unclassified and classified information. It will also allow ONS to acquire the required software licenses and platforms needed for the newly established Enterprise Supply Chain Risk Management Program.

Office of Global Affairs (flat, $7 million total): The budget supports OGA's pandemic preparedness work, which includes leading global health diplomacy and policy coordination efforts for HHS to strengthen international pandemic preparedness, especially pandemic influenza preparedness.

The FY 2025 Budget also requests $20,000,000,000 in mandatory funding, over 5 years, to provide the necessary resources to transform the Nation's capabilities to prepare for and respond rapidly and effectively to future pandemics and other high consequence biological threats. This mandatory funding is requested within the PHSSEF but will be allocated across the Administration for Strategic Preparedness and Response, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Food and Drug Administration.

[1] The PHSSEF appropriation includes funding for the Administration for Strategic Preparedness and Response (ASPR) in FY 2023 and in FY 2024 under the Continuing Resolution. The FY 2025 Budget requests that ASPR receive its own direct appropriation. The budget levels here and elsewhere throughout this document have been comparably adjusted to remove ASPR funding amounts.

ALL PURPOSE TABLE
FUNDING DETAIL FOR PHSSEF[2]

(Dollars in Thousands)

Activity	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Supply Chain Coordination Office	-	-	10,000	+10,000
Office of Global Affairs Pandemic Influenza	7,009	7,009	7,009	-
Office of National Security	8,983	8,983	14,983	+6,000
Office of the Chief Information Officer - Cybersecurity	100,000	100,000	140,500	+40,500
Budget Authority, PHSSEF Total	**115,992**	**115,992**	**172,492**	**+56,500**
Strengthening Biodefense, Mandatory	-	-	20,000,000	+20,000,000
PHSSEF Program Level Total	**115,992**	**115,992**	**20,172,492**	**+20,056,500**

[2] The table is comparably adjusted to remove funding for the Administration for Strategic Preparedness and Response (ASPR) to a separate appropriation account, consistent with the FY 2025 Budget request. The table includes appropriations requested for the Office of National Security (ONS), Office of the Chief Information Officer (OCIO) Cybersecurity, Office of Global Affairs (OGA) Pandemic Activities, and the new Supply Chain Coordination Office.

PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY FUND
BUDGET BY APPROPRIATION [3]

(Dollars in Thousands)

Activity	FY 2023 Enacted Level	FY 2024 CR	FY 2025 President's Budget
Supply Chain Coordination Office	-	-	10,000
Office of Global Affairs Pandemic Influenza	7,009	7,009	7,009
Office of National Security	8,983	8,983	14,983
Office of the Chief Information Officer - Cybersecurity	100,000	100,000	140,500
Total Public Health and Social Services Emergency Fund	**115,992**	**115,992**	**172,492**

[3] The table is comparably adjusted to remove funding for the Administration for Strategic Preparedness and Response (ASPR) to a separate appropriation account, consistent with the FY 2025 Budget request. The table includes appropriations requested for the Office of National Security (ONS), Office of the Chief Information Officer (OCIO) Cybersecurity, Office of Global Affairs (OGA) Pandemic Activities, and the new Supply Chain Coordination Office.

APPROPRIATIONS LANGUAGE

For expenses necessary to carry out ~~Title II of the PHS Act with respect to Commissioned Corps Readiness Training, Ready Reserves, and the Public Health Emergency Response Strike Team; to support, except as otherwise provided,~~ activities related to *supply chain coordination*, safeguarding classified national security information, and providing intelligence and national security support across the Department*, except as otherwise provided,*~~;~~ and to counter cybersecurity threats to civilian populations, ~~$220,309,000;~~$165,483,000. For an additional amount for expenses necessary to prepare for or respond to an influenza pandemic, ~~and to coordinate and participate in international negotiations on pandemic preparedness, prevention, and response, $8,009,000~~*$7,009,000*: Provided, That notwithstanding section 496(b) of the PHS Act, funds available for preparing for or responding to an influenza pandemic may be used for the construction or renovation of privately owned facilities for the production of pandemic influenza vaccines and other biologics, if the Secretary finds such construction or renovation necessary to secure sufficient supplies of such vaccines or biologics. ~~For an additional amount for deposit in the Public Health Emergency Fund established by section 319(b) of the PHS Act, $50,000,000, to remain available until expended: Provided, That the activities funded with amounts made available under this paragraph may include the acquisition of products for deposit into the strategic national stockpile maintained under section 319F-2 of such Act: Provided further, That amounts made available in this paragraph in this Act may be used for the construction, alteration, or renovation of non-federally owned U.S.-based facilities for the production of medical countermeasures, including vaccines, therapeutics, diagnostics and other medical supplies, the development of medical countermeasures and supplies, and the end-to-end logistics associated with the distribution of such medical countermeasures and supplies where the Secretary determines that such actions are necessary to develop and secure sufficient amounts of such medical countermeasures and supplies: Provided further, That amounts made available in this paragraph in this Act may be transferred to, and merged with, the Covered Countermeasure Process Fund authorized by section 319F-4 of the PHS Act: Provided further, That the transfer authority provided in this para graph in this Act is in addition to any other transfer authority provided by law: Provided further, That the Secretary shall notify the Committees on Appropriations of the House of Representatives and the Senate not later than 5 days after any obligation in excess of $5,000,000 is made from amounts made available in this paragraph in this Act:~~

Note. --A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118-15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.

LANGUAGE ANALYSIS

The FY 2025 Budget requests funding for the Administration for Strategic Preparedness and Response (ASPR) in a separate appropriation account. Appropriations language supports the following programs that are retained in PHSSEF: the Office of National Security (ONS), Office of the Chief Information Officer (OCIO) Cybersecurity, Supply Chain Coordination Office, and Office of Global Affairs (OGA) Pandemic Activities.

Language Provisions	**Explanation**
~~Title II of the PHS Act with respect to Commissioned Corps Readiness Training, Ready Reserves, and the Public Health Emergency Response Strike Team; to support, except as otherwise provided,~~	Removal of language related to all aspects of PHS Act Commissioned Corps
supply chain coordination	Incorporate language related to ASPE supply chain coordination office
, except as otherwise provided,~~;~~	Incorporate language to notate specifications as required
~~$220,309,000;~~$165,483,000	Updated amounts for PHSSEF activity for ONS, OCIO Cybersecurity, Supply Chain Coordination Office
~~and to coordinate and participate in international negotiations on pandemic preparedness, prevention, and response, $8,009,000~~*$7,009,000*:	Removal of language for the Office of Global Affairs (OGA) pandemic preparedness and negotiation activities. Updated amounts for OGA Pandemic Influenza.
~~For an additional amount for deposit in the Public Health Emergency Fund established by section 319(b) of the PHS Act, $50,000,000, to remain available until expended: Provided, That the activities funded with amounts made available under this paragraph may include the acquisition of products for deposit into the strategic national stockpile maintained under section 319F-2 of such Act: Provided further, That amounts made available in this paragraph in this Act may be used for the construction, alteration, or renovation of non-federally owned U.S.-based facilities for the production of medical countermeasures, including vaccines, therapeutics, diagnostics and other medical supplies, the development of medical countermeasures and supplies, and the end-to-end logistics associated with the distribution of such medical countermeasures and supplies where the Secretary determines that such actions are necessary to develop and secure sufficient amounts of such medical countermeasures and supplies: Provided further, That amounts made available in this paragraph in this Act may be transferred to, and merged with, the Covered Countermeasure Process Fund authorized by section 319F-4 of the PHS Act: Provided further, That the transfer authority provided in this paragraph in this Act is in addition to any other transfer authority provided by law: Provided further, That the Secretary shall notify the Committees on Appropriations of the House of Representatives and the Senate not later than 5 days after any obligation in excess of $5,000,000 is made from amounts made available in this paragraph in this Act:~~	Removal of language related to the Public Health Emergency Fund
Language Provisions	**Explanation**

Note. --A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared; therefore, the Budget assumes this account is operating under the Continuing Appropriations Act, 2024 and Other Extensions Act (Division A of Public Law 118-15, as amended). The amounts included for 2024 reflect the annualized level provided by the continuing resolution.	Addition of Continuing Appropriations Act language

AMOUNTS AVAILABLE FOR OBLIGATIONS

Detail	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Annual appropriation	$115,992,000	$115,992,000	$172,492,000
-	-	-	-
Subtotal, adjusted budget authority	***$115,992,000***	***$115,992,000***	***$172,492,000***
Total Obligations	**$115,992,000**	**$115,992,000**	**$172,492,000**

SUMMARY OF CHANGES

(Dollars in Thousands)

Budget Year and Type of Authority	Budget Authority	FTE
FY 2023 Final	$115,992	199
FY 2025 President's Budget	$172,492	241
Net Changes	**+$56,500**	**+42**

Detail	FY 2023 Final		FY 2025 President's Budget		FY 2025 +/- FY 2023	
-	BA	FTE	BA	FTE	BA	FTE
Increases	-	-	-	-	-	-
Built-in	-	-	-	-	-	-
Annualization civilian pay increase	-	199	$651	199	+$651	-
Subtotal, Built-in Increases	**-**	***199***	***$651***	***199***	***+$651***	**-**
-	-	-	-	-	-	-
Program	-	-	-	-	-	-
Supply Chain Coordination Office	-	-	-	-	-	-
Program	-	-	$9,206	-	+$9,206	-
FTE	-	-	$794	5	+$794	+5
Subtotal, Supply Chain Coordination Office	**-**	**-**	***$10,000***	***$5***	***+$10,000***	***+5***
Office of the Chief Information Officer - Cybersecurity	-	-	-	-	-	-
Program	$100,000	-	$134,178	-	+$34,178	-
FTE	-	-	$6,322	37	+$6,322	+37
***Subtotal,* Office of the Chief Information Officer**	***$100,000***	**-**	***$140,500***	***37***	***+$40,500***	***+37***
-	-	-	-	-	-	-
Office of National Security	8,983	-	$14,983	-	+$6,000	-
Subtotal, Program Increases	**-**	**-**	**-**	**-**	***+$56,500***	***+42***
Total Increases	**-**	**-**	**-**	**-**	**+$57,151**	**+42**
-	-	-	-	-	-	-
Decreases	-	-	-	-	-	-
Program	-	-	-	-	-	-
Inflation absorption within contracts	-	-	-$651	-	-$651	-
Total Decreases	**-**	**-**	**-$651**	**-**	**-$651**	**-**
-	-	-	-	-	-	-
Net Change	**-**	**-**	**-**	**-**	**+$56,500**	**+42**

BUDGET AUTHORITY BY ACTIVITY - DIRECT

(Dollars in Thousands)

Details	FY 2023 FTE	FY 2023 Final	FY 2024 FTE	FY 2024 CR	FY 2025 FTE	FY 2025 President's Budget
Supply Chain Coordination Office	-	-	-	-	5	10,000
Pandemic Influenza	18	7,009	18	7,009	18	7,009
Office of National Security	38	8,983	38	8,983	38	14,983
Cybersecurity	143	100,000	143	100,000	180	140,500
Total, PHSSEF Appropriation	**199**	**115,992**	**199**	**115,992**	**236**	**172,492**

AUTHORIZING LEGISLATION

Details	FY 2024 Authorized	FY 2024 Appropriated	FY 2025 Authorized	FY 2025 President's Budget
Supply Chain Coordination Office	Permanent	-	Permanent	$10,000,000
Pandemic Influenza	Permanent	$7,009,000	Permanent	$7,009,000
Office of National Security	Permanent	$8,983,000	Permanent	$14,983,000
Cybersecurity	Permanent	$100,000,000	Permanent	$140,500,000
Total Appropriation	**-**	**$115,992,000**	**-**	**$172,492,000**

APPROPRIATIONS HISTORY TABLE[4]

Fiscal Year	Details	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2023	Appropriation	-	-	-	$115,992
	Subtotal	-	-	-	***$115,992***
2024	Appropriation	$278,318	-	$115,992	TBD
	Subtotal	***$278,318***	**-**	***$115,992***	***TBD***
2025	Appropriation	$172,492	-	-	-
	Subtotal	***$172,492***	**-**	**-**	**-**

[4] The PHSSEF Appropriations history table includes the following programs retained in PHSSEF in the FY 2025 Budget: the Office of National Security (ONS), Office of the Chief Information Officer (OCIO) Cybersecurity, Supply Chain Coordination Office, and Office of Global Affairs (OGA) Pandemic Activities.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Program	Last Year of Authorization	Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY2024
PHSSEF	N/A	N/A	N/A	N/A

NARRATIVES BY ACTIVITY

CYBERSECURITY

Budget Summary

(Dollars in Thousands)

HHS Cybersecurity Program	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	100,000	100,000	140,500	+40,500
FTE	143	143	180	+37

Authorizing Legislation..... PHS Act, Section 2811
FY 2025 Authorization.....Permanent
Allocation Method..... Direct Federal

Budget Overview

Cybersecurity remains a significant HHS budget priority. The Cyber Program funding of $140,500,000 is an increase of $40,500,000 over FY 2023 Enacted. The Healthcare and Public Health (HPH) sector continues to be a primary target for some of the most advanced cybercriminals in the world. The Office of the Chief Information Officer (OCIO) through its' Office of Information Security (OIS), coordinates cybersecurity efforts throughout the Department of Health and Human Services from within the Office of the Assistant Secretary for Administration (ASA). With FY 2025 Funds, the Program will direct:

- $19,750,000 maintaining Department cybersecurity operations activity including threat analytics, assessment, and intelligence.
- $37,250,000 continued funding for the infrastructure, licenses, and maintenance of Department level cybersecurity tools and enterprise solutions.
- $7,250,000 maturing cybersecurity public and private health sector activities.
- $35,750,000 maintaining a Department cybersecurity strategy, engagement, risk, governance, compliance, and privacy management activities.
- $15,000,000 supporting continuation of the Department's Zero Trust initiative.
- $15,000,000 supporting continuation of the Department's security event logging and data sharing initiative.
- $10,500,000 in support of modernization of the Department's Health Insurance Portability and Accountability Act (HIPAA) breach prevention and response efforts.

The cybersecurity threat landscape continues to evolve at a rapid pace with a heightened focus on the HPH sector as a prime target for bad actors. The unprecedented volume of threat activity in the sector over the last several years, including the COVID-19 pandemic and high-profile global cybersecurity events, pose significant challenges to the HHS Cybersecurity Program mission. These activities demonstrate that cybersecurity vulnerabilities have the potential to dramatically impact the critically necessary HHS mission and the HPH sector. The requested funding strengthens HHS' ability to effectively respond to vulnerabilities and comply with federal requirements, by increasing the number of proactive cybersecurity protections HHS implements to protect against cyber-attacks. Requested funding is minimally required to maintain existing cybersecurity capabilities, execute initiatives supporting HHS cybersecurity priorities, and implementation of the requirements under EO 14028 - *Improving the Nation's Cybersecurity* (and associated directives).

Cybersecurity Program Overview: The HHS Cybersecurity Program, within the Office of the Chief Information Officer (OCIO), under the Assistant Secretary for Administration (ASA), assures that all

information systems throughout HHS are designed, operated, and maintained with the appropriate information technology security and privacy data protections. Additionally, the Program prioritizes compliance expectations and meeting HHS obligations in support of the health sector's cybersecurity posture. Funding supports people, resources, and technologies reinforcing the Department's Sector Risk Management Agency (SRMA) responsibility and HPH sector level support including:

- Facilitating cybersecurity information sharing across federal partners and the private health sector; encourages collaboration, communication, coordination, and response efforts.
- Fostering a community for stakeholders to share, use, and learn the best cybersecurity practices.
- Enabling the cultivation of cybersecurity resilience, regardless of a health sector organizations' technical capability.

Cybersecurity Challenges: HHS continues to increase its protections against cyberthreats, posing great risk to the Department's' critical functions and services, along with the confidentiality, integrity, and availability of data. Threats include unauthorized access and exfiltration of sensitive data, denial of service, malicious code, inappropriate usage of HHS information and information systems, and insider threats. As a matter of national security, the HHS Cybersecurity Program is vital to counter the influences of hostile actors and their rapidly changing technologies.
Cyber-attacks continue to increase year over year. These attacks enable threat actors to force large ransoms and threaten the release of millions of health records.

- The HHS Office for Civil Rights reported an increase of privacy related breaches from 139 to 500 from 2021 to 2022.
- The cyber firm Sophos has reported that the average cost to remediate an incident has increased to $1.85 million and over half of its customers were attacked by some sort of ransomware in 2022.
- The Verizon data breach report has also shown an increase in cyber incidents moving from insider misuse of technology to basic web application attacks.
- In 2023 breaches of Federal data held in three contractor-based systems impacted Personally Identifiable Information (PII).

Cybersecurity Requirements: The HHS Cybersecurity Program and its many functions are mandated, in whole or in part, by increasing federal mandates, many of which also impact the Healthcare and Public Health (HPH) sector and HHS' role as the Sector Risk Management Agency for in the sector. HHS must implement cybersecurity provisions of over 100 federal mandates, policies, and requirements including notable Executive Orders such as EO 14017 - *America's Supply Chains*, EO 14028 - *Improving the Nation's Cybersecurity*, and EO 14034 - P*rotecting Americans' Sensitive Data from Foreign Adversaries*. These Executive Orders cover a broad range of activities. Overall, these mandates require HHS to:

- Modernize cybersecurity. The HHS and the cybersecurity mission must be proactive and able to stay ahead of increased adversarial innovation and sophistication.
- Improve the detection of cybersecurity vulnerabilities and incidents.
- Increase HHS investigative and remediation capabilities.

Cybersecurity Priorities: Executive Order 14028 calls for the Federal government to improve its efforts to identify, deter, protect against, detect, and respond to cyber threats and actors. The Cybersecurity Program also maps to the Administration's cybersecurity priorities and National Cybersecurity Strategy (NCS) as articulated by M-23-18*, Administration Cybersecurity Priorities for the FY 2025 Budget*. The Program ensures:

- Defense of HHS' and the United States' critical infrastructure through bolstering cybersecurity requirements and capabilities, ensuring greater collaboration with the private sector, primarily the HPH sector, and ensure cybersecurity defenses are in place to meet a changing and evolving threat landscape.
- Leveraging procurement processes and other activities to drive security and resilience from cyber threats.
- Investment in tools and technologies that will render HHS more resilient now and keep pace with evolving threats and vulnerabilities in the future.

To accomplish the requirements under this directive and all other mandates, HHS continues to execute the following Cybersecurity priorities:

1. **PRIORITY ONE:** Execution of a Zero Trust architecture throughout the HHS environment.
2. **PRIORITY TWO:** Improving compliance with Multifactor Authentication (MFA), Post Quantum Computing (PQC) technology and encryption requirements.
3. **PRIORITY THREE:** Improving the Federal Government's investigative and remediation capabilities related to cybersecurity incidents, HHS continues to prioritize the implementation of increased event log management.
4. **PRIORITY FOUR**: Continuing the deployment and modernization of the Department of Homeland Security's (DHS) Continuous Diagnostics and Mitigation (CDM) engagement for inventory, Endpoint Detection and Response (EDR), MFA and encryption.
5. **PRIORITY FIVE:** Continuing to expand its support to the HPH sector by maturing two well-established capabilities, supporting public-private coordination efforts and cybersecurity information sharing in the Health Sector Cybersecurity Coordination Center (HC3).

HHS Cybersecurity Program Description: The HHS Cybersecurity Program implements a comprehensive, enterprise-wide Program and health sector partnerships to protect the critical information with which the Department is entrusted. HHS continually increases its protections against cyber threats, such as unauthorized access, denial of service, malicious code, inappropriate usage, and insider threat, all of which pose risks to HHS critical functions, services, and data. The HHS comprehensive, enterprise-wide Cybersecurity Program can be grouped as a tactical delivery of cybersecurity activities and more strategic information security modernization initiatives. Cybersecurity activities include:

- Cybersecurity operations, defense, threat response and analytics, reporting and engagements
- Cybersecurity strategy, risk, governance, FISMA compliance, and privacy management
- Cybersecurity technologies, innovations, and enterprise solutions
- Supporting public and private health sector cybersecurity

Cybersecurity initiatives include:

- Zero Trust requirement response
- Security information and event logging and analysis enhancement and expansion
- The Health Insurance Portability and Accountability Act (HIPAA) Modernization

Overall, the Cyber Program consistently demonstrates the ability to protect HHS networks, data, and systems while providing much-needed support, threat sharing, and guidance to the HPH sector. Funding at the requested level ensure these initiatives can continue and can be scaled to meet the continually evolving threat landscape. The Program:

- Achieved significant maturity in identity management and automation while improving multi-factor authentication for both citizen-facing and internal services.
- Oversees approximately 1,245 systems, 426,834 endpoints, and 47 high value assets.

- Maintains an internal ethical phishing service. The Program has increased end user awareness of phishing attempts resulting in user detection and avoidance. The anti-phishing campaign demonstrates 95% of HHS network users are gaining the ability to spot attempts to infiltrate HHS systems.
- Trains thousands of users yearly through the HHS Healthy Technology engagement.
- Delivers cyber-focused on-demand resources, called CyberCARE, with over 104,900 website views yearly.
- Conducted over 13,904 web application web vulnerability scans resulting in the scanning of 4,372,207 web pages. 1,223,794 vulnerabilities were prevented from being exploited.
- Continues to lean forward; the integration of cybersecurity in the Department's overarching Enterprise Risk Management (ERM) regards HHS as a risk management thought leader.
- Created a Zero Trust Working Group to identify the Department's progress against the mandate. Since its inception in FY 2022, the group has developed a comprehensive Zero Trust Strategy and worked with partner organizations to learn best practices and lessons about full-scale implementation.
- In FY 2023, reviewed and approved 494 Privacy Impact Assessments (PIAs), to ensure privacy risks are assessed and mitigated, and that appropriate notice regarding HHS's collection and use of personally identifiable information is provided to the public in accordance with the E-Government Act of 2002. This also includes hosting approximately 45 breach response "Office Hour" calls to improve the Department's ability to report and remediate breaches using the HHS breach response tool.

The HHS Healthcare and Public Health (HPH) cybersecurity capabilities are making an impact in protecting the nation's Healthcare. Before 2013, the Computer Security Incident Response Center (CSIRC) enabled a 24/7/365 capability responsible for Departmental incident coordination across the enterprise and reporting consistent with federal requirements. In 2013 the precursor to full sector support began when the HHS Health Threat Operations Center (HTOC) advanced Federal cyber threat predictive analytics and collaborated with the HPH capability. In 2017 full HPH capabilities became operational when the 405(d) Task Group was formed, and coordination grew with the launching of the Health Sector Cybersecurity Coordination Center (HC3). As a result of the Cybersecurity Program and its funding:

- The CSIRC capability identified, coordinated, and oversaw the disposition of 8,612 managed cyber incidents during a 12-month period into 2023.
- The HHS 405(d) capability is focused on providing the HPH sector with impactful resources to raise awareness and strengthen the sector's cybersecurity posture against cyber threats and has released hundreds of products.
- The HC3, in coordination with ASPR and DHS, communicates cyber threat intelligence and mitigations to the HPH sector. This includes supporting over 100 different engagements including task group meetings, workshops, directed engagements, and tabletop exercises.
- The HTOC is advancing Federal cyber threat predictive analytics. HTOC is currently comprised of HHS, the Defense Health Agency (DHA), and the Department of Veterans Affairs (VA) and is developing plans for expanding services and maturing and improving its processes to share real time information amongst the federal healthcare community.

Through these capabilities, HHS routinely engages with:

- Key HPH partners, including the National Health Information Sharing and Analysis Center and the Health Sector Coordinating Council.

- Over 25 Federal group partners including the National Security Agency (NSA) and the Department of Homeland Security (DHS) to improve the Department's and the HPH sector's cybersecurity posture in real time.
- HTOC is expanding to account for all HHS Operating Divisions, Department of Veterans Affairs, and the Defense Health Agency.

Budget Request

The FY 2025 President's Budget request for the HHS Cybersecurity Program is $140,500,000, an increase of +$40,500,000 over FY 2023 Final level. The expanding and quickly evolving threats to the sector drives funding levels. Funding as requested in FY 2025 will allow HHS to deliver ongoing, current activities, and maintain critical cybersecurity existing solutions.

Cybersecurity Initiatives +$40.5 million, +37 FTE

Additional funding allows OCIO to address cybersecurity mandates and will provide ongoing support for:

- **Implementation of Zero Trust Investments:** +$15,000,000
- **Modernization of solutions and resources for HIPAA enforcement:** +$10,500,000
- **MFA and encryption improvements:** +$15,000,000
  Improvements include the continued expansion in support of the HPH sector, and improved security event logging These improvements and maturations are mandated by Executive Orders, OMB memoranda and law.

Funding to the Program impacts the American public's healthcare systems and directly addresses HHS ability to respond and comply with increasing and more evolved threats. Funding as requested reinforces the Program's capability to ensure technologies, resources, and people achieve HHS objectives, protect information, and facilitate compliance with federal mandates and guidelines. In addition to these activities, HHS is responsible for implementing the requirements of EO 14208, a key cybersecurity driver. Other key cybersecurity mandates include:

- Coordinating and supporting the deployment of Zero Trust architectures across HHS operating environments, including on-premises and cloud platforms, and
- Enhancing data logging, event correlation, endpoint detection and incident response including implementing a consolidated enterprise security and network operations capability.

The alignment of funding across the Program's capabilities and initiatives reinforces HHS' ability to provide vulnerability response while putting in place greater more proactive cybersecurity protections more quickly and effectively. Funding less than requested puts these efforts at risk. Funding as requested directly aligns the HHS Cybersecurity Priorities and ensures ongoing continuation for:

- Enhancing and evolving HHS' resources and solutions to meet the evolving threat landscape and sophistication of attackers. HHS' protections, tools, technologies, and talent must evolve, or HHS information and networks will be compromised.
- Maturing and expanding HPH sector-wide collaboration and information sharing. HHS has a responsibility to its components and the sector to cultivate partnerships and share information. Lack of continuous information sharing may result in the HHS or its sector partners facing significant threats and vulnerabilities for which they are unprepared.
- Support for the implementation of a Zero Trust architecture. Expanding identity and access management tools and services. Executing Zero Trust policy-based access.

- Modernizing the enterprise network to enable Zero- Trust principles, capabilities, competencies (maintaining, enhancing, and deploying tools and technologies that enable us to stay ahead of our attackers).
- Deployment of cybersecurity initiatives supporting cybersecurity priorities and aligned to the expanding threat environment, legislative mandates, and Presidential directives.
- Reinforcing the Department's defenses against increasingly sophisticated and persistent threat campaigns. Improve predictive, investigative, and remediation capabilities related to cybersecurity events. Strengthen the ability to predict and respond to incidents when and even before they occur.
- Maturing information sharing between Public and Private sectors and encourage healthcare to augment and align investments with the goal of minimizing vulnerabilities and future incidents.
- Prioritizing recruitment, capture, maturing, and retaining an effective cybersecurity federal workforce. This supports HHS must invest in expanding cybersecurity technologies, but it must also ensure an evolving remote cyber workforce to stay ahead of challenges. This action supports M-23-18 both through strengthening cyber workforce (NCS Pillar 4) and supports scaling Public-Private collaboration (NCS Pillar 1). Funding includes an increase of FTEs from 143 funded in FY 2023 to 180 in FY 2025.
    - The increase of 37 FTEs ensures an effective and expanding the HHS cybersecurity, privacy, and health sector support federal workforce.
    - FTE Increases represent a prioritization for engagement with the complete Health Sector Cybersecurity and the HIPAA Modernization initiative. The Program is committed to alignment of funds as necessary to meet the HHS obligation to the sector.
    - Additional resources are needed not only to meet the current expectations but also improving the Sector Risk Management Agency (SRMA) responsibility/function.

Five-Year Funding History

Fiscal Year	Amount
FY 2021	57,820,000
FY 2022	71,415,000
FY 2023 Final	100,000,000
FY 2024 CR	100,000,000
FY 2025 President's Budget[5]	140,500,000

Program Accomplishments

The Cybersecurity Program continues to be principal examples of cyber engagement with the HPH sector, as evidenced by the growth of the HHS 405(d) capability.

- HHS Cybersecurity Operations (CSO) within the Office of the Chief Information Security Officer reported 724,767,738 blocked connection attempts, both inbound and outbound. These blocked connections are threats attempting to connect HHS systems to known bad actors or malicious content.
- The Health Sector Cybersecurity Coordination Center (HC3) has tracked over 250 ransomware incidents impacting US healthcare companies. In addition, HC3 has seen over 1,400,000 website hits and has had more than 55,000 products downloaded. HC3 has produced no less than 37 Threat Briefs, Sector Alerts, Analyst Notes, and Vulnerability Bulletins to increase cybersecurity situational awareness and provide recommendations to a wide audience within the HPH sector.

[5] Includes Secretary's transfer for HIPPA Modernization for $10.5 million.

This capability demonstrates public-private partnership engagement has become one of the leading HPH focused cybersecurity platforms.

- CSO coordinated with the HHS OIG to conduct 176 victim notifications where healthcare entities were notified of malicious activity occurring on their network. Additionally, requesting the takedown of over 8,700 malicious websites (related to COVID-19 information).
- The 405(d)-capability released major milestone resources, HICP 2023, Hospital Cyber Resiliency Landscape Analysis, and 405(d)'s Knowledge on Demand (a free cybersecurity educational platform). Organizations across the HPH sector can leverage these resources to implement best practices and raise cybersecurity awareness within their organizations.

Summary of Cybersecurity FY 2023-2025
Funding by National Institute of Standards and Technology (NIST) Cybersecurity Framework
(Dollars in Thousands)

NIST Framework	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Cyber Human Capital (Non-add)	22,039	22,039	27,900	+5,861
Sector Risk Management Agency (SRMA) (Non-add)	4,525	4,525	7,250	+2,725
Zero Trust Implementation (Non-add)	7,887	7,887	15,000	+7,113
HIPAA Modernization (Non-add)	-	-	10,500	+10,500
PROTECT (30%)	**30,191**	**30,191**	**42,418**	**+12,227**
DETECT (26%)	**26,213**	**26,213**	**36,829**	**+10,616**
IDENTIFY (34%)	**33,252**	**33,252**	**46,719**	**+13,467**
RESPOND (6%)	**6,466**	**6,466**	**9,085**	**+$2,619**
RECOVER (4%)	**3,878**	**3,878**	**5,449**	**+1,571**
Total Cyber Request	**100,000**	**100,000**	**140,500**	**+40,500**

Summary of Cybersecurity FY 2023-2025
Funding by Activity/Initiative
(Dollars in Thousands)

Cybersecurity Activities and Initiatives[6]	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Cybersecurity Operations and Engagement Activity	21,387	21,387	**19,750**	-1,637[1]
Health Sector Cybersecurity Activity	-	-	**7,250**[1]	+7,250
Cybersecurity Tools, Infrastructure, and Enterprise Solutions Activity	32,644	32,644	**37,250**	+4,606
Cybersecurity Strategy, Risk, Governance, FISMA Compliance, and Privacy Management Activity	34,787	34,787	**35,750**	+963
Zero-Trust Initiative	$7,887	$7,887	**$15,000**	+$7,113
Security Event Logging Initiative	3,295	3,295	**15,000**	+11,705
HIPAA Modernization Initiative	-	-	**10,500**	+10,500
Total	**100,000**	**100,000**	**140,500**	**40,500**

[6] Health Sector Cybersecurity identified as an activity in the FY 2025 Budget. Before FY 2025 these services and capabilities were distributed across multiple activities. This realignment evident in +/-FY 2023 variance.

Requested funding (synergistically with more targeted execution of Program funding) is necessary to respond to both increasing legislation, mandates, and directives, and an evolving cyber threat landscape. The rapid proliferation of information assets, the increased mobility of the HHS workforce, and the need to derive value and intelligence from information assets, dictate HHS to redefine its approach to managing and protecting information assets. Funding as requested responds to the most current threat environment, mandates, legislation, and Presidential Directives. Alignment of funds is detailed by the Program's activities and cybersecurity initiatives as follows:

HHS Cybersecurity Program Enterprise Activities
The HHS Cybersecurity Program continues and performs many ongoing activities to ensure cybersecurity across the HHS enterprise. Funding provides cybersecurity operations and engagement activities which include engagement with the HPH sector, cyber threat hunting, intelligence, and awareness including cybersecurity situational awareness functions. The Program also executes cybersecurity risk management, governance, Federal Information Security Modernization Act (FISMA) compliance, and privacy management functions across the Department. These activities also provide for cybersecurity solutions, systems, and resources in support of and leveraged by the Department.

Cybersecurity Operations and Engagement (CSO) Activities ($19,750,000): The request is a decrease of -$1,637,000 compared to FY 2023 Final level. The decrease is primarily due to Identification of the Health Sector Cybersecurity existing efforts as a standalone activity. Funding accounts for coordinated response within the Department, and engagement with the Healthcare and Public Health (HPH) Sector. As the number of cybersecurity incidents in the healthcare industry continue to increase, HHS must evolve a stronger ability to secure its networks. As threats evolve and become more sophisticated, CSO must also support the HPH sector when incidents occur.

CSO capabilities are deployed to proactively prevent attacks or, in the event of a successful attack on the enterprise, minimize the impacts. CSO addresses many threat vectors simultaneously by having a central view into HHS and its component organizations. With threat vectors becoming more advanced combined with evolution of technology, attention to consolidated data automation, proactive threat hunting capabilities, and machine learning (artificial intelligence) will enable the Department to evolve and keep pace with those threats.

Funding will be applied to workforce and advanced cybersecurity support services targeted at identification, verification, and research of cyber events and incidents enhancing comprehensive mitigation strategies within the Department. Funding enables maturing data sharing and cybersecurity rigor in support of a central view within the Department. CSO manages cybersecurity engagements and response through the following capabilities:

- **The Computer Security Incident Response Center (CSIRC)** capability provides the foundation for cybersecurity at the Department by identifying, verifying, and understanding cyber events to respond effectively, develop mitigation strategies, and deliver timely products that address and incorporate stakeholder needs.

  All HHS OpDivs/StaffDivs are required to report cybersecurity and privacy-related incidents to CSIRC. CSIRC validates and reports the incidents to US-CERT, thus ensuring FISMA compliance. The CSIRC capability provide HHS users and Incident Response Teams (IRT) across the OpDivs/StaffDivs with 24/7/365 service to ensure that the information transmitted on incidents and reported to DHS is both correct and secure.

- **Advanced Cyber Defense (ACD)** capability supports HHS's cybersecurity teams by proactively identifying and researching threats, testing the cybersecurity posture of systems, and searching for malicious activity across the Department. ACD supports the HHS incident response process by providing in-depth analysis and forensic reviews, as well as development of information to share with the Healthcare and Public Health (HPH) sector.

  ACD provides value to HHS stakeholders by proactively looking for threats and vulnerabilities that could pose a risk to HHS systems. Specifically, ACD provides vulnerability assessment and penetration testing, spam and malware analysis, identifying and reporting websites with malicious content, cybersecurity research and forensic investigations and reviews, query and script development.

- **Healthcare Threat Operations Center (HTOC)** is a joint cybersecurity mission between HHS and its OpDivs, the Department of Veterans Affairs (VA), and the Defense Health Agency (DHA). HTOC exchanges information and cybersecurity operational findings, risk assessments, and processes. HTOC is a primary conduit for centralized healthcare threat intelligence collection, management, analysis, and collaboration. HTOC provides an expanding and robust tactical threat projection Service. HTOC provides Federal partnership integration strategies, consolidates tactical threat protection services, data analytics, and operations roadmaps. HTOC facilitates and provides for highly qualified collaborated teams to share, conduct, and perform cyber threat intelligence and guided hunt activity across the partnership. As a result, HTOC reduces federal partnership redundancies, streamlines threat intelligence processes, and develops Federal cybersecurity best practices. Information sharing, within and between HTOC partners, is critical to increasing cybersecurity incident response capacity. As a result, increase incident response capabilities creates a more resilient national infrastructure and better protecting the American public.
- **Health Sector Cybersecurity Activities: ($7,250,000):** The request is an increase of +$7,250,000 compared to FY 2023 Final level.
    - The Health Sector Cybersecurity Coordination Center (HC3) was created to aid in the protection of vital, controlled, healthcare-related information and to ensure that cybersecurity information sharing is coordinated across the HPH sector.
    - HC3 accomplishes this through the development and distribution of comprehensive HPH sector-specific cybersecurity threat briefs, alerts on specific threats to the sector, and white papers.
    - HHS' 405(d) capability, mandated from the Cybersecurity Act of 2015, Section 405(d), is a public-private collaborative effort focused on providing the HPH sector with impactful resources, products, and tools to raise cybersecurity awareness and strengthen the HPH sector's cybersecurity posture. HC3 and 405(d) capabilities strengthen the cybersecurity posture of the healthcare and public health sector.

Funding provides cybersecurity capabilities impacting both the public and private health sectors. Funding as requested strengthens and enables CSO to expand and mature tracking, event research and analysis, qualify and quantify threats, resolve incidents, protect, and defend the Department's network perimeter. Requested funding provides collaboration of the cybersecurity environment with government and industry partners and stakeholders:

- **405(d)** capability aims to raise cybersecurity awareness, provide vetted cybersecurity practices, and move organizations towards consistency in mitigating the current most pertinent cybersecurity threats to the sector. The Cybersecurity Act of 2015, Section 405(d) is addressed

through the 405(d) capability as a collaborative effort between industry and the federal government and cooperatively engages alongside the HC3.

- **Public sector capability**: Collaboration between HHS and federal healthcare delivery partners such as The Department of Veterans Affairs (VA) and The Defense Health Agency (DHA). These partnerships leverage the capabilities of CSIRC and HTOC to enable advancement of Federal cyber threat predictive analytics, information sharing and engagement.

- **Private sector capability:** Funding will be applied to maturing cybersecurity communications and engagements with the HPH sector through the Health Sector Cybersecurity Coordination Center (HC3), enhancing the ability to respond to incidents within the private sector as necessary while providing sector entities with vital cybersecurity intelligence.

Since October 2017, HC3 has developed unique notifications, analyst reports, and briefings distributed to federal partners and the HPH sector. HC3 continuously seeks to increase its reach and refine its processes to ensure that information that is shared is impactful and valuable to the sector. The HC3, in coordination with other entities communicates cyber threat information and mitigation recommendations the HPH sector. HC3 works with the Department, federal, state, and local, tribal, territorial, and private sector partners to improve the sector's overall cybersecurity posture.

As part of the Department's fulfillment of the federal cybersecurity information-sharing role within the Cybersecurity Information Sharing Act of 2015, HC3's focus is to support the defense of the HPH sector's information technology infrastructure. This strengthens coordination and information sharing within the sector and cultivates cybersecurity resilience, regardless of organizations' technical capability. HC3 delivers intelligence briefings and directly collaborates with a variety of organizations in the public and private sector. HC3 leverages the CSO automated threat analysis platform to collaborate and share indicators of Compromise (IOCs) with representatives from HHS agencies, federal partners, and the private sector.

Cybersecurity Tools and Enterprise Solution Activities ($37,250,000): The request is an increase of +$4,606,000 compared to FY 2023 Final level. Funding accounts for continued operations of a heightened security framework, maturing the current framework, and investment in cybersecurity solutions and security infrastructure in response to current mandates and the HSC threat landscape. Funding supports maturing and increasing Department-wide licenses, security infrastructure, software, and next generation security technologies.

- **Security architecture, Technology, and Infrastructure Management (STIM) capability:** HHS agencies have cyber adversaries who regularly target them specifically for the data they collect and store. STIM aids efforts to defend against threats through the provision and management of cyber tools and technology accessible to the Department. STIM also manages the procurement of enterprise hardware, software, and licenses for a wide variety of security tools, including tools for the encryption of sensitive information, tools that provide for continuous security monitoring, vulnerability scanning, asset inventory, and IT systems and application software security configuration compliance.
- **Enterprise cybersecurity tools and solutions capability:** STIM capability identifies, deploys, and executes a range of tools, including security information and event management capabilities, intrusion detection systems, packet capture, firewalls, and network taps to monitor, analyze, and protect network traffic. These and other solutions provide:
    - Technology innovations while building cybersecurity resources to improve efficiencies in machine learning and automation. This includes automated discovery and a complete

inventory of Department internet facing assets. These innovations include improvements in real time visibility of network events.
- Advancing risk management solutions to enable HHS' correlation of cyber threat and vulnerability information. Funding also enables cyber risk quantification and drives cost efficiencies through automation of governance processes.
- Increasing situational awareness and response to actions that could exploit or jeopardize HHS information systems. This investment also enables cyber risk quantification, security coordination, orchestration, automation, and response.
- Crowdsourced partnerships with AI and machine learning solutions to scan, test, and analyze assets searching for and reporting of vulnerabilities and threat opportunities.
- Threat intelligence solutions and tools providing malware intelligence, credential intelligence, vulnerability, and adversary intelligence.
- Refinement of HHS' network protection through deception solutions, intrusion detection, and threat response to better manage and prevent future attacks.

Cybersecurity Strategy, Risk, Governance, FISMA Compliance, and Privacy Management Activities ($35,750,000): The request is an increase of +$963,000 compared to FY 2023 Final level. These necessary costs account for current cyber mission needs more effectively.

Funding for this activity aligns with continuation and advancement of cybersecurity strategy, governance, risk management, compliance, and privacy across the Department. Requested funds ensure an effective and expanding federal cybersecurity workforce and cybersecurity support services. A mature cybersecurity workforce – equipped with the appropriate training, education, and skill sets – is vital to managing the evolving threats to these information assets and adequately implementing the controls necessary for protecting HHS' information assets.

As cyber threats continue to multiply and become more complex, the need for enhanced controls and threat management strategies continues to grow. Funds advance the remediation of information security weaknesses in response to regular testing as well as findings resulting from audits conducted by the HHS Office of Inspector General (OIG) and the Government Accountability Office (GAO). In addition, funding supports expanded risk management activities as cybersecurity is integrated into HHS' enterprise risk management framework.

Funding at the requested level supports focus to the Program's security compliance and annual FISMA review efforts to effectively measure the Department and OpDiv/StaffDiv levels of compliance with FISMA requirements. Capabilities include:

- **Cybersecurity Strategy, Engagement, and Communications** capability enables cybersecurity strategy development, coordination with Department through the Office of the Chief Information Security Officer (OCISO), and cybersecurity communications. This capability also supports a department perspective on the deployment of CDM across the Enterprise.
- **Information security governance** capability is the focal point for the communication of mandatory cybersecurity policy and requirements throughout the Department. Funding ensures information and IT assets are appropriately secured and compliant with federal regulations and best practices, to include adherence with FISMA and the FITARA.
- **Information security risk management** capability enables Department-wide evaluation of vulnerabilities and threats to HHS enhancing more effective risk-based decision making. Advancements to this capability ensures cybersecurity's integration into HHS' Enterprise Risk Management framework, analysis of HHS high value assets, including cyber supply chain risk

management (C-SCRM) assessments to expand continuous monitoring of our HVA inventory and overall maturity of HHS' C-SCRM capability, and adherence to the Federal Risk and Authorization Management Program (FedRAMP) and sponsorship of mission-important cloud-services through the FedRAMP program. Advancements strengthen review and authorization of cloud-based technologies enabling HHS to meet its mission with more cost-effective, scalable solutions.

- **Information security compliance** capability enables the management of FISMA-focused reporting, cybersecurity audits, and oversight initiatives for the Department. Funds assure accurate interpretation of requirements, documentation of information, status of IT systems and related information, and DHS and OMB reporting. These reviews and reports strengthen and mature oversight of information security across the Department.
- **Office of the Secretary security services** capability directly supports publishing of information security policies while executing risk management, compliance, and security operations for the Office of the Secretary (OS) and OS Staff Divisions.
- **Privacy services** support scaling and maturation for compliance with Department policy and standards, including quarterly evaluation of security weakness Plans of Action and Milestones (POA&M), PIA, and system of records notice (SORN) compliance. Support expands activities of the HHS PII Breach Response Team to enable the Department's evaluation of OpDiv and StaffDiv breach response assessments. provides privacy governance and advisory support, reduces exposure to privacy risks, mitigates privacy risks, develops privacy policy. Services include the review and approval of all PIAs, coordinating breach response activities, and FISMA privacy reporting.

HHS Cybersecurity Program Enterprise Initiatives: The Department must invest in compliance with federal directives, mandates, and legislation and respond to a quickly evolving threat environment. Requested funding supports maturing and increasing cybersecurity tools and enterprise cybersecurity solutions Department-wide. These tools and solutions include licenses, security infrastructure, software, and next generation security technologies (including solutions addressing, cloud logging, encryption, enterprise malware, content filtering, data loss prevention, vulnerability-scanning, automated reporting, logging, analysis, and security weakness tracking).

Zero-Trust and Cybersecurity Supply Chain Risk Management Initiative ($15,000,000): The request is an increase of +$7,113,000 compared to FY 2023 Final level. Funding more effectively responds to EO 14208. In addition to the cybersecurity focused EO 14028, the Office of Management and Budget (OMB) issued additional requirements under the directives M-21-31, "*Improving the Federal Government's Investigative and Remediation Capabilities Related to Cybersecurity Incidents*" and M-22-09, "*Federal Zero Trust Strategy*." The requested levels are necessary to fund implementation of Zero Trust and associated requirements, per HHS Priority One. With these funds, HHS intends to enable better prevention, detection, assessment, and remediation of cybersecurity threats by coordinating and supporting the deployment of Zero Trust architectures across HHS operating environments, including on-premise and cloud platforms. ZTA Funding accomplishments include:

- Funded "Shovel Ready" OpDiv level critical GAP projects: Intra-Departmental Delegation of Authority (IDDA) processes were completed. The IDDAs enabled execution of Enterprise level activities across the Department. Transfers completed with execution underway. HHS has initiated a monthly reporting process by OpDivs enabling future reporting capability.
- Executed Secure Access Service Edge at FDA and HRSA solutions to modernize its networks and provide secure remote access to their resources, while enhancing user experience.

- Expanded Enterprise Endpoint Detection & Response (EDR) capabilities to include an Identity Module to provide for more device level signals and behavioral context. This allows HHS better policy enforcement decisions. Additionally funding expanded EDR to mobile devices across the Department.
- HHS has made progress toward selecting professional services support to establish a Zero Trust Program Management Office, which will assist in coordination of Zero Trust planning and implementation across the Enterprise.
- The Department's cybersecurity program developed and implemented a Zero Trust scorecard. This provides capability to measure and baseline Zero Trust implementation at HHS.

Funding allows HHS to implement smart automation more effectively protecting data based on risk levels and principles of least privilege access. Specific initiatives from this request include:

- Supporting the development of a Zero Trust architecture, which will be integrated into a selection of tools for next generation secure cloud implementation.
- Modernizing the enterprise network to enable Zero Trust principles and capabilities while improving cybersecurity supply chain capabilities and competencies.
- Expanding identity and access management tools and services to enable Zero Trust policy-based access.
- Reprioritizing workforce and cybersecurity support services to implement supply chain risk management, endpoint detection and response, insider threat, and counterintelligence.
- Specific implementation requirements at the HHS OpDiv level are not covered in this budgetary submittal and are addressed through the appropriate OpDiv Congressional Justifications.

Smartphones, mobile, Virtual Private Networks (VPN), and cloud computing significantly changed the way the HHS stores, accesses, and secures data while meeting the protection and accessibility demanded by the public's interest. Funding:

- Directly addresses related systems and services, and all those connected to EO 14028.
- Enables application of a granular analysis of the context, device, and user identity to strictly enforce least-privilege authorizations for each access request.
- Enables prevention, detection, assessment, and remediation of cybersecurity threats by coordinating and supporting a Zero Trust strategy and architectures across the Department. This includes on-premise and cloud platforms.
- Addresses resources to manage an ongoing assessment of the Department's core architecture required to comply with all mandates and legislation.
- Provides resources to develop an active and ongoing assessment of the Department's core architecture required to implement Zero Trust architectures. Implementation requires significant investment to prioritize use cases and redesign networks.
- Resources required to support Zero Trust, as mandated by the EO, cannot be avoided. Without requested funds, full implementation of the EO and OMB Directives will not be possible and will leave HHS with diminished capacity to prevent and respond to hostile cyber activities.

Security Event Logging Initiative ($15,000,000): The request includes an increase of $11,705,000 from the FY 2023 Final level. Funding supports the current cyber mission needs while ensuring that HHS is responsive to the requirements of the EO and M-21-31, *Improving the Federal Government's Investigative and Remediation Capabilities Related to Cybersecurity Incidents*. Lack of requested funds brings increased risk to the Department's effectiveness for threat intelligence, behavior profiling and analytics, and limits the capabilities for a comprehensive, unified security event logging initiative causing HHS to fall short of full implementation of a federal requirement.

Multiple initiatives regarding EO14028 and associated memorandums including enhanced logging, endpoint detection and response, and Zero Trust architecture (e.g., M-21-31, M-22-01, and M-22-09) have dramatically elevated the need for expanded Security Incident and Event Monitoring (SIEM) log collection capabilities and centralized visibility throughout HHS. Executive Order 14028, directs "*…decisive action to improve the Federal Government's investigative and remediation capabilities."* Specifically, section 8 of the EO addresses "*logging, log retention, and log management*." Funding dedicated to expanding HHS enterprise ability to capture, store, share, and apply automated correlation activities is essential. Funds aligned for FY 2025 provide continuation and advancements across the Department.

The Security Event Logging initiative includes enhanced threat intelligence, threat logging, threat analysis, and threat response across the entire Department. The initiative enables security event logging strategies to leverage cloud service providers, increase the volume of telemetry data collected, and accelerated aggregation and correlation of logs. Requested funding at the higher levels supports the ability to manage logs with updated storage capabilities and expanded retention periods. This activity also accelerates compliance expanding current initiatives while providing flexibility to leverage both old and new data in response to cyber threats.

Security Event Logging Initiative strengthens:

- Collection and storage of data from multiple sources in multiple formats and developing automation to enrich threat intelligence.
- Correlating more expansive data across the Department increasing the ability to isolate threat vectors.
- Categorizing data to help perform threat analytics, better recognize tactics, techniques, procedures, and correlating relationships through modeling and visualizations.
- Automate updates to threat information and risk mitigations, integrating intelligence workflow processes to further enrich and communicate findings from existing data.
- Supporting various integrations via Application Program Interfaces (APIs), bidirectional feeds, and email notifications; and supporting the sharing of intelligence across the Department and trusted communities.

Without these funds HHS has increased risk to the ability to respond and comply with increasing mandates and threats. Additionally, the Department's effectiveness for threat intelligence, behavior profiling and analytics limits the capabilities for a comprehensive, unified security event logging initiative. Limitations include:

- Continued manual reliance on human driven updates to threat information and risk mitigations as opposed to efficiencies from automated data analysis.
- Lack of real-time detection and lack of agility through visual reviews of limited data.
- Aging assets and technology not in tune with ever-evolving threats.
- Obstacles and potential inability to meet federally mandated expectations and the Administration's aggressive approach to cyber protection.
- Inability to ensure Department-wide understanding of threats in real-time. Continued reliance on outdated analysis capabilities combined with outdated communication and alert processes.

HIPAA Modernization Initiative ($10,500,000): The request includes an increase of +$10,500,000 compared to the FY 2023 Final level. Funding is necessary reinforce the Department's ability to implement policy, enforcement, audit, and outreach components to improve the healthcare sector's HIPAA related cybersecurity activities. Funding will directly support services, workforce (25 FTEs to

support HIPAA Modernization), and solutions to mature and enhance the privacy and security of the health information for everyone in the United States. The investment in HIPAA will allow regulated entities, particularly small to medium size entities, to fully implement the HIPAA Rules, improve their cybersecurity, and prevent future breaches and impermissible disclosures of protected health information. Increased HIPAA and cybersecurity enforcement will increase HIPAA and cybersecurity compliance. Funding permanent audits will proactively assist the regulated industry in addressing HIPAA and cybersecurity failures before individuals are harmed by the release of their health information. More outreach and expanding the mediums to provide outreach will ensure that activities are reaching a broader audience, and the materials and tools developed are accessible to more regulated entities. All these activities will support greater cybersecurity and the protection of everyone's health information. With increased funding, the following cybersecurity activities could be initiated:

- Publish cybersecurity related HIPAA Security Rule guidance.
- Establish a HIPAA Cybersecurity Center of Excellence to provide training and technical assistance to regulated entities on HIPAA Security Rule compliance, solicit requests for future guidance, and provide model documents and materials for regulated entities.
- Increase the number of HIPAA and cybersecurity investigations.
- Implement a permanent audit program required by HITECH.

The program must retain the ability to stay ahead of increased adversarial innovation and sophistication. Because of the cyber threat to the American public's healthcare infrastructure, the Department, along with the entire Federal government, must improve its efforts to identify, deter, protect against, detect, and respond to cyber threats and actors. The funding will provide ongoing support and investment in cybersecurity initiatives. Additionally, the Department's effectiveness for threat intelligence, behavior profiling and analytics, limits the capabilities for a comprehensive, unified security event logging initiative. Limitations include:

- Continued manual reliance on human driven updates to threat information and risk mitigations as opposed to efficiencies from automated data analysis.
- Lack of real-time detection and lack of agility through visual reviews of limited data.
- Aging assets and technology not in tune with ever-evolving threats.
- Obstacles and potential inability to meet federally mandated expectations and the Administration's aggressive approach to cyber protection.
- Inability to ensure Department-wide understanding of threats in real-time. Continued reliance on outdated analysis capabilities combined with outdated communication and alert processes.

SUPPLY CHAIN COORDINATION OFFICE

Budget Summary
(Dollars in Thousands)

Supply Chain Coordination Office	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2024
Budget Authority	-	-	10,000	+10,000
FTE	-	-	5	+5

Authorizing Legislation.....PHS Act, Section 2811
FY 2025 Authorization ..... Permanent
Allocation Method..... Direct Federal

Program Description
Multiple HHS divisions work to strengthen medical product and critical food supply chains and to prevent or mitigate shortages. HHS Office of the Secretary will lead formal coordination of existing activities across HHS and provide policy analysis and analytic capabilities to supplement existing Departmental resources. This effort was initiated in FY 2024 by establishing a Supply Chain Coordination team to provide advice, information, and recommendations to the Secretary on HHS-wide supply chain and shortage-related activities. In 2024, the Coordinating team will work with a dedicated HHS Supply Chain Council to develop a 5-year Action Plan that outlines concrete goals, milestones, metrics for measuring progress, and associated timelines for implementation. As part of the Action Plan, the Council will identify gaps in statutes, regulations, policies, programs, data streams, and/or funding needed to achieve the goals of the Action Plan and will coordinate implementation of recommendations. In addition, the Council will oversee the development and updating of the essential/critical medical product list(s) and provide recommendations for the purpose or use of the lists, as well as the frequency of updates. The Council will consult with relevant non-federal organizations and experts, and form subgroups, as necessary. ASPE currently represents HHS on the White House Council on Supply Chain Resilience.

Budget Request
The FY 2025 President's Budget request for Supply Chain Coordination Office is $10,000,000, which is an initial request. These funds will institutionalize previously initiated efforts in 2024 by creating a new office to coordinate Department-wide supply chain activities. Funding will support 5 FTE to lead activities and purchase analytic and administrative support for the office, as well as coordinate HHS activities to strengthen supply chains and prevent critical shortages. Staff will work across the Department to develop an Action Plan, and to identify concrete goals, metrics to measure progress, and timelines for implementation. Staff will identify analytic needs and research questions that arise to support and HHS activities.

Funding will also support the purchase of additional data to supplement existing information to enable situational awareness and predict future shortages, contracted support to create a dashboard that provides better situational awareness of upcoming critical shortages oversee the development and update of an essential/critical medicines product list(s); supplement clinical expertise from within HHS and support external consultation in the development of the list; and operational costs.

Funding will enable HHS to continue and expand its research portfolio on understanding the drug supply chain and the causes of shortages. This will include developing an understanding of the supply chain and shortages related to medical devices and essential foods.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	-
FY 2022	-
FY 2023 Final	-
FY 2024 CR	-
FY 2025 President's Budget	$10,000,000

Program Accomplishments

The support of the White House Council on Supply Chain Resilience is continuous. ASPE is in the foundational stages of identifying a Supply Chain Coordinator and team and is in the process of convening a Supply Chain Council to kickstart efforts that will be carried forward into the new supply chain office. Staff have begun to identify legislative and policy gaps. The FY 2025 Budget requests resources to institutionalize these existing efforts in a new office within HHS.

PANDEMIC INFLUENZA

Budget Summary
(Dollars in Millions)

Office Of Global Affairs	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Budget Authority	7,009	7,009	7,009	-
FTE	18	18	18	-

Authorizing Legislation……. Reorganization Plan No. 1 of 1953
FY 2025 Authorization……Expired
Allocation Method…….. Direct Federal

Program Description
OGA serves a unique role within HHS by advancing U.S. national security by providing leadership in global health diplomacy, fostering critical international relationships, providing strategic coordination for international health engagements across HHS and the U.S. Government (USG) and utilizing its expertise in global health and emerging infectious diseases for the development of policy. OGA concentrates on activities and approaches that make maximum use of HHS technical strengths and comparative advantage and leverages HHS and OGA capabilities and resources as well as those of our partners to synthesize, integrate, and translate policy, science, international law, and diplomatic issues and challenges into actionable steps and initiatives that support core principles (e.g., equity, accountability, transparency) and achieve progress on priorities for HHS, as well as for the many global partners with whom we work, including on international issues that impact or may be impacted by U.S. domestic considerations.

On behalf of the Secretary, OGA manages key relationships with: nearly 200 Ministries of Health across the globe; key multilateral and international institutions involved in health security [e.g., the United Nations (World Health Organization [WHO] and Food and Animal Organization), the World Bank Group, the World Organization for Animal Health, the International Development Law Organization, the Association of Southeast Asian Nations, Organization of Islamic Cooperation, etc.]; numerous foreign governments (including through partnerships in the G7, G20, and Global Health Security Initiative), including developing countries; civil society organizations (including academia); and private sector. Working to strengthen U.S. health security through a whole-of-government approach and international engagement, OGA serves as a critical interface with international health, science, international law, foreign policy and diplomacy, and security partners and programs that address influenza and other global health security and pandemic threats.

Building on lessons learned from influenza preparedness and response efforts over the past twenty years and from the experience with the COVID-19 pandemic and other health security emergencies and threats, OGA provides essential policy development support and coordinated diplomatic outreach to bolster global health security and equity, inform domestic preparedness and response efforts, and strengthen and expand partnerships that are crucial to face the challenges of influenza pandemic threats, and other emerging infectious disease threats of global concern.

The support from the HHS/Office of the Secretary International Pandemic Influenza funds has allowed OGA to substantially advance USG global health security priorities and U.S. foreign policy goals, maintain U.S. global leadership in health security, elevating global prioritization of influenza preparedness, while

advancing U.S. national security and supporting HHS programs to better prepare for preparing for seasonal influenza epidemics, the next influenza pandemic, and other pandemic threats.

Budget Request
The FY 2025 President's Budget request for Pandemic Influenza is $7,009,000, which is flat with the FY 2023 Final level. With flat funding in FY 2025, OGA will prioritize inflationary pay costs to maintain existing full-time staff. OGA will continue to provide leadership, transdisciplinary technical expertise, oversight, policy and program coordination, and global health diplomacy to advance global health security, prioritizing preparedness for influenza pandemics, seasonal influenza epidemics, and other emerging infectious disease (EID) threats.

In accordance with the *National Security Strategy, the National Biodefense Strategy, the Global Health Security Strategy, the Global Health Security Agenda 2024*, 2016 Executive Order (EO) 13747 on *Advancing the Global Health Security Agenda To Achieve a World Safe and Secure From Infectious Disease Threats*, 2019 EO 13887 on *Modernizing Influenza Vaccines in the United States, Global Health Security and International Pandemic Prevention, Preparedness and Response Act of 2022 included in the National Defense Authorization Act (NDAA) for Fiscal Year 2023, and the HHS Strategic Plan*, OGA will support global, multilateral, bilateral, and inter-and intra-government initiatives and bring its technical, policy, and diplomatic expertise to promote policies that include:

- Enhancing local, national, regional, and global influenza preparedness and response efforts for seasonal influenza, and pathogens of epidemic or pandemic potential, including by supporting the implementation of the WHO Global Influenza Strategy 2019-2030
- Strengthening the end-to-end medical countermeasures (MCM) ecosystem to accelerate research and development and manufacturing, and to strengthen regulatory systems to promote and facilitate more equitable global access to influenza vaccines and other MCMs during future pandemics
- Continuing to lead the U.S. IHR National Focal Point (NFP) to facilitate domestic implementation of the IHR and work with WHO and other countries' NFPs to strengthen compliance with U.S. legal obligations under the International Health Regulations (IHR) to build public health capacities to detect, assess, report, and respond to potential public health emergencies of international concern.
- Providing leadership and core subject-matter expertise to develop USG policy and lead and support negotiations around the WHO Pandemic Accord and the IHR amendments.
- Strengthening other nations' commitments to fulfill their obligations under the Pandemic Influenza Preparedness (PIP) Framework
- Enhancing influenza and respiratory disease surveillance, through WHO and partner nations, including by taking steps to eliminate or mitigate delays and disruptions to rapid, systematic, and timely international influenza virus sharing, including seasonal viruses, sharing of genetic sequence data on publicly accessible platforms
- Promoting linkages between influenza capabilities and national influenza preparedness and response plans, together with broader IHR and immunization implementation efforts
- Strengthening of Emerging Infectious Diseases networks to improve risk-communication and promote vaccine confidence and trust to enhance seasonal influenza vaccination
- Identifying gaps in and priorities for sustainable, scalable global influenza vaccine production, supply chains, and distribution networks and to promote sustainability of influenza vaccine

manufacturing and pandemic supply chain in developing countries in line with the 2019 Influenza vaccine modernization (EO 13887) and the 2022 Bioeconomy (EO 14801) Executive Orders

- Coordinating relevant Global Health Security Agenda (GHSA), Global Health Security Initiative (GHSI), North American Preparedness or Animal and Human Pandemics Initiative (NAPAHPI)-related activities, including those focused on pandemic influenza and other biological threats

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$7,009,000
FY 2022	$7,009,000
FY 2023 Final	$7,009,000
FY 2024 CR	$7,009,000
FY 2025 President's Budget	$7,009,000

Program Accomplishments

The accomplishments from the HHS/Office of the Secretary International Pandemic Influenza funds have substantially advanced USG global health security priorities in countries that are critical to advancing U.S. foreign policy goals and support to HHS programs preparing for seasonal influenza epidemics or the next influenza pandemic or other pandemic threat.

Significant Accomplishments include:

- Worked with WHO and international partners to strengthen Global Influenza Surveillance and Response System (GISRS); support the launch of the WHO Preparedness and Resilience for Emerging Threats platform for respiratory diseases, which leverage the strong foundation of influenza surveillance to strengthen preparedness for other respiratory disease threats; and strengthen the PIP Framework, including around its possible interface with the outcome of the WHO International Negotiating Body for a Pandemic Accord to ensure strong, continued global influenza preparedness and rapid and timely sharing of influenza viruses.
- Led USG policy and technical engagement in the Global Health Security Agenda (GHSA), including the international process that resulted in the renewal of GHSA for five years through 2028. Spearheaded technical and advocacy efforts on critical cross-cutting capacities needed for an effective response to influenza epidemics and pandemics as well as other international health emergencies; these include the establishment of the Legal Preparedness Action Package, which aims to minimize legal barriers such as lack of regulations for the emergency use of MCMs, to facilitate an effective response, and the Sustainable Financing for Preparedness Action Package for the promotion of domestic mobilization of resources for preparedness. Working with other countries, academia, civil society organizations, and the private sector, OGA has developed and will continue to develop guidance tools and organize public events to raise awareness.
- Led HHS efforts to identify and address the regulatory, legal, and logistical challenges to international sharing medical countermeasures against influenza and other emerging infectious diseases during health emergencies, using the donation of mpox vaccine during the recent global epidemic as a real-world exercise.

- Supported initiatives to improve sustainability of developing countries efforts to improve surveillance, detection, and response for influenza, and other emerging infectious disease (EID) threats affecting their countries and regions, including efforts to expand sustainable local and regional medical countermeasure manufacturing capacity
- Led the trilateral and multi-sectoral North American Plan for Animal and Pandemic Influenza (NAPAPI) Health Security Working Group through a strategic review and revision of NAPAPI to reshape the collaboration into a flexible partnership that can better address influenza as well as other regional health security threats
- Supported the White House National Security Council and coordinated interagency policy discussions to address challenges related to pathogen sample and genetic sequence data sharing and access and benefits sharing, including with international partners and around key global health security international treaties, agreements, and arrangements.
- Led USG efforts to strengthen domestic implementation of the IHR and manage the U.S. IHR National Focal Point, including information sharing with domestic and international partners on public health events with potential of impacting the United States and the rest of the world, including the notification of two influenza events thus far in 2023. OGA is the USG lead negotiator in current international negotiations to strengthen the IHR toward increased preparedness for international health emergencies, including influenza epidemics or pandemics, at the domestic level.

OFFICE OF NATIONAL SECURITY

Budget Summary
(Dollars in Thousands)

ONS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	8,983	8,983	14,983	+6,000
FTE	38	38	38	-

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2025 Authorization.....Expired
Allocation Method..... Direct Federal

Program Description
The Office of National Security (ONS) was established in 2007 and in 2012 was designated by the Secretary of Health and Human Services (HHS) and the Director of National Intelligence (DNI) as the Department's Federal Intelligence Coordination Office (FICO). In this capacity, ONS is the HHS point of contact with the Intelligence Community (IC) and is responsible for coordination with the IC and for intelligence and national security support to the Secretary, senior policy makers and consumers of intelligence across the Department. The Director serves as the HHS Secretary's Senior Intelligence Official on national security, intelligence and counterintelligence issues, the Senior Designated Official for insider threat issues, and as the Department's Federal Senior Intelligence Coordinator (FSIC). The Director has also been delegated original classification authority by the Secretary.

Besides the Immediate Office of the Director, ONS is comprised of four divisions and one enterprise program to include the Intelligence and Analysis Division (IAD), the Business Services Division (BSD), the Personnel Security (PerSec) Division, the Operations (Ops) Division, and the Enterprise Supply Chain Risk Management (E-SCRM) Program. These divisions and program are responsible for integrating intelligence and security information into HHS policy and operational decisions; assessing, anticipating, and warning of potential security threats to the Department and our national security; and providing policy guidance on and managing the Office of the Secretary's implementation of the Department's national security, intelligence (including cyber intelligence), and defensive counterintelligence/insider threat programs. ONS has responsibilities to establish implementing guidance, provide oversight, and manage the Department's policy for the sharing, safeguarding, and the coordinated exchange of information related to national or homeland security with other federal departments and agencies, including law enforcement organizations and the IC, in compliance with HHS policies and applicable laws, regulations, and Executive Orders.

Budget Request
The FY 2025 President's Budget request for ONS is $14,983,000, which is an increase of +$6,000,000 above the FY 2023 Final Level. The additional funds will allow ONS to acquire the required software licenses and platforms needed for the E-SCRM Program. The E-SCRM Program identifies, assesses, and mitigates the risk to the integrity, trustworthiness, and authenticity of mission-critical products, materials, information, and services within the Department's internal supply chain. Many of these come from supply chains that interface with or operate in a global marketplace. Addressing the activities of adversaries and having a greater understanding of the risks inherent to the Department's participation in the global marketplace is crucial to safeguarding our Department's missions and the nation's health and wellness.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$8,510,000
FY 2022	$8,510,000
FY 2023 Final	$8,893,000
FY 2024 CR	$8,983,000
FY 2025 President's Budget	$14,983,000

Program Accomplishments

ONS Defensive Counterintelligence (DCI) program supported HHS and all its OP/STAFFDIVs with foreign visitor/employee screening, supply chain risk management (SCRM) assessments and intelligence community reporting collaborations. DCI improved access to certain classified data resources normally authorized for IC members by conducting 16,003 screenings of foreign nationals that were postured for HHS employment or visitations to institutions and centers. These screenings facilitated the generation of 41 referrals and 14 submissions of review to intelligence and law enforcement partners. DCI performed 96 SCRM reviews and generated 84 referrals. DCI identified 85% of HHS submitted referrals having a derogatory finding. DCI continues to pursue opportunities to enhance Intelligence Community partnerships and info sharing. DCI currently maintains a stakeholder position at the National Counterintelligence Terrorism Task Force.

ONS Committee on Foreign Investment in the U.S. (CFIUS) Team is the Department lead for all CFIUS matters. The CFIUS Team researched, reviewed, managed, and coordinated more than 50 CFIUS cases which included reviews, non-notified transactions, national security agreement reviews, risk-based assessments, and mitigation related concerns. Of the 50 CFIUS cases, ONS served as the co-lead on more than 40 of those cases which were approved by HHS Deputy Secretary.

ONS IAD produced 294 classified read books; 285 intelligence products; 180 intelligence briefings for HHS executive leadership and interagency engagements; and aided Assistant Secretaries and Department Directors in the review of classified holdings on 43 occasions. These products and activities assist HHS executive leadership in policy and decision-making activities as it relates to threats and risks posed to the health and public health sector both domestically and internationally. IAD established a monthly engagement with the IC to facilitate cross-agency information sharing to further drive intelligence gathering; reporting; and dissemination of content relevant to HHS and global health objectives. This partnership has directly resulted in the production of finished intelligence by the IC, based on dialogue from ONS IAD analysts on content and emerging threats that the IC was not tracking. The content has since been delivered to partners across the federal government and has influenced key decision points and policy shifts to better govern foreign engagements within the health sector.

ONS IAD was designated as the primary contact to the IC and NT-50 partners for briefings on foreign proxy relationships within the health and IT structure. Specifically, the National Counterintelligence and Security Center and the FBI have directly engaged IC and intelligence enterprise partners to seek ONS engagement on multi-lateral objectives in which seemingly innocuous relationships are being leveraged by foreign adversaries to access sensitive public health information and to further garner insight and advancements in critical technology sectors related to medical research and development. The IAD served as a critical partner in the development of a Presidential Daily Brief and IC products related to ransomware threats to the healthcare sector and was listed as a co-author for this cabinet level product.

ONS cyber analysts played a pivotal role in leveraging all-source reporting to identify the potential exposure of HHS employees and their personally identifiable information. ONS worked with IC partners to downgrade information to make the data accessible to cyber hunt analysts within the Department so that exploits could be mitigated, and safeguards implemented. Our analysts also serve in a crucial role for assisting in attribution when cyber incidents are identified across HHS.

ONS was delegated authority of the HHS Controlled Unclassified Information (CUI) Program by the Secretary of the Department. The CUI program is a department-wide program with authority from the White House through Executive Order 13556 and the Code of Federal Regulations 32 CFR Part 2002. As the oversight of the development and implementation of CUI Program, ONS IAD is responsible for protecting all sensitive unclassified information in the Department.

NONRECURRING EXPENSES FUND

CYBERSECURITY

Budget Summary
(Dollars in Thousands)

	FY 2023[7]	FY 2024[8]	FY 2025[9]
Notification[10]	$75,100	154,627	$75,000

Authorization……Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method……Direct Federal, Competitive Contract

Program Description
The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

The Office of the Assistant Secretary for Administration (ASA) advises the Secretary on all aspects of administration and provides oversight and leadership across the Department in the areas of human resources, equal employment opportunity, diversity, facilities management, information technology, and departmental operations.

Office of the Chief Information Officer (OCIO)
OCIO advises the Department on matters pertaining to the use of information and related technologies to accomplish Departmental goals and program objectives. OCIO establishes and provides assistance and guidance on the use of technology-supported business process reengineering, investment analysis and performance measurements while managing strategic development and application of information systems and infrastructure in compliance with the Clinger-Cohen Act. OCIO promulgates HHS IT policies supporting enterprise architecture, capital planning and project management, and security.

Budget Allocation FY 2025
For FY 2025, the Office of the Assistant Secretary for Administration plans to continue to make investments that support information technology, cybersecurity enhancements, and facilities infrastructure. Current and completed NEF projects and accomplishments across the ASA Cybersecurity projects are outlined under Program Accomplishment section and below.

Cybersecurity Investments (Zero Trust)
The zero-trust investment is a direct response to Executive Order 14028, *Improving the Nation's Cybersecurity* and OMB Memorandum 22-09*, Moving the U.S. Government Toward Zero Trust Cybersecurity Principles* and a continuation of ongoing efforts across HHS. NEF funding allows HHS to continue modernization efforts related to zero trust within a rapidly evolving environment and technology landscape. Funding supports Department wide strategic planning, development, execution, and maturation of systems, tools, and services with the following accomplishments.

[7] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[8] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[9] HHS has not yet notified for FY 2025.
[10] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

Budget Allocation 2024
Cybersecurity Investments (Zero Trust)
In FY 2024 NEF will fund the Cybersecurity Zero Trust project. The investment is a direct response to Executive Order 14028, *Improving the Nation's Cybersecurity* and OMB Memorandum 22-09*, Moving the U.S. Government Toward Zero Trust Cybersecurity Principles* and a continuation of ongoing efforts across HHS. NEF funding supports a Department-level analysis based on the Zero Trust Maturity Model. That model represents maturation actions defined as "pillars" as detailed in Program Accomplishments below.

HHS leveraged CISA's Zero Trust Maturity Model to create a scorecard to measure capability levels implemented across each FISMA system. This scorecard enables tracking the impact of Zero Trust efforts over time across the following:

- Identity - An identity refers to an attribute or set of attributes that uniquely describes an agency user or entity, including non-person entities.
- Devices - A device refers to any asset (including its hardware, software, firmware, etc.) that can connect to a network, including servers, desktop and laptop machines, printers, mobile phones, IoT devices, networking equipment, and more.
- Networks - A network refers to an open communications medium including typical channels such as agency internal networks, wireless networks, and the Internet as well as other potential channels such as cellular and application-level channels used to transport messages.
- Applications and Workloads - Applications and workloads include agency systems, computer programs, and services that execute on-premises, on mobile devices, and in cloud environments.

Budget Allocation 2023
Cybersecurity Investments (Zero Trust)
In FY 2024 NEF will fund the Cybersecurity Zero Trust project. The investment is a direct response to Executive Order 14028, *Improving the Nation's Cybersecurity* and OMB Memorandum 22-09*, Moving the U.S. Government Toward Zero Trust Cybersecurity Principles* and a continuation of ongoing efforts across HHS. NEF funding supports a Department-level analysis based on the Zero Trust Maturity Model. That model represents maturation actions defined as "pillars" as detailed in Program Accomplishments below.

HHS leveraged CISA's Zero Trust Maturity Model to create a scorecard to measure capability levels implemented across each FISMA system. The FY 2023 scorecard enables tracking the impact of Zero Trust efforts over time across the above-mentioned items, but also included the PIV exception tracking and reporting system. This system serves to mitigate risks associated with providing physical and or logical access to personnel who have not been adjudicated completely through the credentialing process.

NONRECURRING EXPENSES FUND

OFFICE OF NATIONAL SECURITY

Budget Summary
(Dollars in Thousands)

	FY 2023[11]	FY 2024[12]	FY 2025[13]
Notification[14]	$1.900	$7.200	$2.500

Authorizing Legislation……..Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method…….. Direct Federal, Competitive Contract

Program Description and Accomplishments
The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

The Office of National Security is the Department's Federal Intelligence Coordinating Office (FICO). In this capacity, the Office of National Security (ONS) is the HHS principal point of contact with the Intelligence Community (IC) and is responsible for coordination with the IC and for intelligence and national security support to the Secretary, senior policy makers and consumers of intelligence across the Department. Also, ONS is responsible for several Department-wide programs, including intelligence analysis, insider threat, defensive counterintelligence, supply chain risk management, operations security, national security clearance adjudications, and classified information and facilities security.

Budget Allocation FY 2025
ONS Sensitive Compartmented Information Facility (SCIF) expansion will create new workspace to accommodate ONS increased workloads. ONS intends to use NEF funding for space modernization to address the additional 7,100 square feet to include workspaces, flooring, furniture, etc.

Budget Allocation FY 2024
ONS received $7,200,000 in NEF funding in FY 2024 for the following projects:

<u>SCIF Expansion - $6,000,000</u>
ONS has begun the SCIF expansion project in conjunction with GSA. Planning includes reconfiguring the existing SCIF space while also creating additional secure workspaces. The project is expanding the existing TS/SCI space and creating a new secret collateral space. These revisions and additions will support ONS increasing workload and provide the needed space to support our interdepartmental and interagency partners. NEF funding is being used for the design, demolition, and construction required for this expansion.

[11] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[12] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[13] HHS has not yet notified for FY 2025.
[14] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

ONS Case Management System - $700,000
NEF funds will be used to add a case management system within ONS secured network to ensure Insider Threat, Counterintelligence, and Intelligence & Analysis teams are able to secure their information on one platform. This update will allow users to conduct internal research and analysis (with query capability), secure information access to need-to-know, and house a record of cases.

ONS Program Equipment Refresh - $500,000
NEF funding for ONS Program Equipment Refresh allows ONS to meet the most recent requirement of updating its current equipment. Much of the equipment is beyond five years old and considered out-of-date by government standards which recommend refreshes occur every three years.

Budget Allocation FY 2023
ONS received $1,900,000 for the acquisition of E-SCRM systems and platforms.

FY 2023 NEF funding awarded to ONS for the Enterprise Supply Chain Risk Management (E-SCRM) systems and platforms was used to purchase supplier illumination tools for research, analysis, and assessment development for vulnerable HHS acquisitions. The ONS mission is to ensure that all HHS agencies who require mission critical SCRM assessments on acquisitions and grants have the capability of conducting their due diligence before conducting business with a company.

SUPPLEMENTAL TABLES

SALARIES AND EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
11.1	Full-time permanent	23,367	24,281	30,504	+7,137
11.3	Other than full-time permanent	-	-	-	-
11.5	Other personnel compensation	-	-	-	-
11.7	Military personnel	-	-	-	-
Subtotal	***Personnel Compensation***	***23,367***	***24,281***	***30,504***	***+7,137***
12.1	Civilian personnel benefits	9,150	9,601	11,887	+2,737
12.2	Military benefits	-	-	-	-
13.0	Benefits for former personnel	-	-	-	-
Total	***Pay Costs***	***32,517***	***33,882***	***42,391***	***+9,874***
21.0	Travel and transportation of persons	320	320	326	+6
22.0	Transportation of things	45	45	45	-
23.3	Communications, utilities, and misc. charges	63	63	65	+2
24.0	Printing and reproduction	1	1	1	-
25.1	Advisory and assistance services	41,137	39,912	42,475	+1,338
25.2	Other services from non-Federal sources	12,125	12,139	14,873	+2,748
25.3	Other goods and services from Federal sources	9,176	9,022	20,367	+11,191
25.4	Operation and maintenance of facilities	75	75	77	+2
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	43	43	47	+4
25.7	Operation and maintenance of equipment	18,155	18,155	48,442	+30,287
25.8	Subsistence and support of persons	-	-	-	-
Subtotal	***Other Contractual Services***	***81,140***	***79,775***	***126,718***	***+45,578***
26.0	Supplies and materials	225	225	229	+4
Subtotal	***Non-Pay Costs***	***81,365***	***80,000***	***126,947***	***+45,582***
Total	**Salary and Expenses**	**113,882**	**113,882**	**169,338**	**+55,456**
Total	**Direct FTE**	**199**	**199**	**241**	**+42**

DETAIL OF FULL-TIME EQUIVALENT (FTE) EMPLOYMENT

Detail	FY 2023 Final Civilian	FY 2023 Final Military	FY 2023 Total	FY 2024 CR Civilian	FY 2024 CR Military	FY 2024 CR Total	FY 2025 President's Budget Civilian	FY 2025 President's Budget Military	FY 2025 Total
Direct	199	-	199	199	-	199	241	-	241
Total FTE	**199**	**-**	**199**	**199**	**-**	**199**	**241**	**-**	**241**
-	-	-	-	-	-	-	-	-	-
Average GS Grade Direct	-	-	13.1	-	-	13.2	-	-	13.3

DETAIL OF POSITIONS

(Direct Only)

Direct Civilian Positions	FY 2023 Enacted	FY24 CR	FY 2025 President's Budget
Executive level I	1	1	1
Executive level II	-	-	-
Executive level III	-	-	-
Executive level IV	-	-	-
Executive level V	-	-	-
Subtotal, Positions	***1***	***1***	***1***
-	-	-	-
Executive Service	-	-	-
Subtotal, Positions	-	-	-
-	-	-	-
GS-15	26	26	28
GS-14	58	58	59
GS-13	71	71	90
GS-12	35	35	40
GS-11	4	4	12
GS-10	-	-	-
GS-9	3	3	10
GS-8	1	1	1
GS-7	-	-	-
GS-6	-	-	-
GS-5	-	-	-
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal, Positions	***198***	***198***	***240***
-	-	-	-
Total Positions	**199**	**199**	**241**
-	-	-	-
Average GS grade	13.1	13.2	13.3
Average GS Salary	$117,422	$122,015	$126,573

FTES FUNDED BY THE AFFORDABLE CARE ACT

(Dollars in Thousands)

Program	Section	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Pregnancy Assistance Fund Discretionary P.L. (111-148)	Section 10214	0	0	0	0	0	0	0	0	0	0	0
FTE	-	0	0	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

OCIO CYBERSECURITY FUNDING

(Dollars in Thousands)

	FY 2023	FY 2024	FY 2025
Activities[15]	**PHSSEF**	**PHSSEF**	**PHSSEF**
Cybersecurity Activities[16]	**88,818**	**88,818**	**100,000**
Cybersecurity Operations and Engagement Activity	21,387	21,387	19,750
HHS Security Enclave Network	-	-	-
Health Sector Cybersecurity Activity	-	-	7,250
Cybersecurity Tools and Enterprise Solutions Activity	32,644	32,644	37,250
Trusted Internet Connection	-	-	-
Cybersecurity Risk, Governance, FISMA Compliance, and Privacy Management Activity	34,787	34,787	35,750
Cybersecurity Enterprise Services	-	-	-
Cybersecurity Initiatives	**11,182**	**11,182**	**40,500**
Zero Trust Architecture Initiative	7,887	7,887	15,000
Security Event Logging Initiative	3,295	3,295	15,000
HIPAA Modernization Initiative	-	-	10,500
PHSSEF Funded Cybersecurity Totals	**100,000**	**100,000**	**140,500**

[15] OCIO Cybersecurity activities without funding levels, are supported with either Service and Supply Funds or the Nonrecurring Expense Fund

[16] No COVID Supplemental Funding was used or will be used in FY 2023, FY 2024, or FY 2025.

Programs Proposed for Elimination

No programs within PHSSEF are proposed for elimination.

OVERVIEW OF PREPAREDNESS LEGISLATIVE PROPOSALS

HHS had to overcome real administrative challenges and a patchwork of authorities and flexibilities while responding to the once-in-a-century COVID-19 pandemic and other recent emergencies, including the infant formula shortage and Hurricanes Ian and Fiona. The 2025 Budget includes legislative proposals to improve preparedness and response, incorporating lessons learned from these recent public health emergencies. Together, the proposals discussed below will help bridge key gaps and barriers to enable a robust and timely response to future emergencies. These proposals complement discretionary investments and the $20 billion in mandatory funding requested across HHS public health agencies to strengthen biodefense. Additional information about these proposals may be found in the respective Operating Division's Congressional Justification.

1. Early detection and response

Data and laboratory capacity

New authorities are needed to address challenges HHS faces in getting high-quality data needed to quickly identify and respond to new public health threats. For example, during COVID-19, it took six months for CDC to get jurisdictions to agree to sign 61 Data Use Agreements before the federal government could get critical data from jurisdictions—and in some cases it took 18 months to two years to negotiate with a state or local immunization information system. Notwithstanding any other provision of law, the Secretary will have the new authority to require data from health care providers, facilities, suppliers, pharmacies, laboratories, service organizations, and state, local, Tribal, and territorial agencies, for the purposes of public health threat detection and monitoring; evaluation and distribution of medical countermeasures and critical supplies; and connection of communities with resources and services. This authority will allow for more complete and timely data sharing to support decisions at the federal, state, and local levels. Data collection will be coordinated across HHS agencies to minimize reporting burden and be subject to federal privacy and security protections to protect confidentiality.

To support scaling of laboratory capacity itself, we also propose a **domestic construction authority for ASPR and CDC**, allowing the construction and alteration of non-federally owned facilities to support public health requirements. This authority could provide grants for construction and major renovation of public health labs to support early detection, as included in the CARES Act (this is coupled with construction authorities supporting medical countermeasures [MCMs] and supplies, discussed later).

Supply risks and accountability

To support identification and monitoring of potential and existing drug shortages, we propose expanding authorities to require drug manufacturers to **notify FDA of drug demand increases** that manufacturers are unlikely to meet. This would supplement existing data on supply-side disruptions that may result in shortages. Allowing FDA to require **enhanced drug manufacturing amount information**—namely, identification of suppliers relied on to manufacture drugs and the extent of such reliance, would further allow FDA to better work with manufacturers proactively to diversify their supply chain. Additionally, we seek authority for FDA to require **Site Master Files (SMFs) for Drug Manufacturing Facilities, which will** assist FDA when conducting risk identification for sites for surveillance and for-

cause inspections. Requiring the SMFs for facilities manufacturing also has the potential to make inspections more efficient.

To help address identified drug shortages, we also propose **providing FDA the authority to require expiration dates to be lengthened to mitigate critical drug shortages**. This authority would allow FDA to require, when likely to help prevent or mitigate a shortage, that an applicant evaluate, submit data to FDA, and label a product with the longest expiration date (shelf-life) that is scientifically justified and include that failure to comply is a prohibited act and authority for FDA to levy civil money penalties.

A recent focus on firms manufacturing non-application drugs has identified a high rate of non-compliance with current good manufacturing practice (CGMP) requirements, especially when a facility is first inspected. To address this**, FDA is seeking authorities with respect to non-application drugs** (finished dosage forms and active pharmaceutical ingredients) to provide the agency time to determine if an inspection of the manufacturing facility is necessary before the drug can be distributed, and to conduct the inspection.

Beyond drugs, we also propose amending the Federal Food, Drug, and Cosmetic Act **authorities to help identify and address critical device shortages,** which proved deadly early in the COVID-19 pandemic. This includes requiring firms to both notify FDA as soon as possible after an interruption in the manufacturing of a critical device—not just during or in advance of a declared public health emergency—and to implement other mitigation steps. Without this amendment, FDA's ability to proactively respond to early signs of supply constraints or a potential shortage situation will be limited in situations like recalls, cyberattacks, and natural disasters that may not lead to the declaration of a public health emergency, but which can result in significant device shortages and impact patient care. This proposal would also provide FDA the clear authority to review risk management plans (RMPs) for critical devices to help ensure manufacturers have plans in place to enhance resiliency and mitigate future supply chain disruptions.

We also propose similar authorities for FDA to require firms to **notify FDA of food shortages.** FDA is seeking authority to require firms to provide shortage notification for FDA-designated categories of food during a declared public health emergency. The recent COVID-19 pandemic has demonstrated the need for timely and accurate information about confirmed or likely supply chain challenges to help ensure the continuity of the food supply so that consumers have access to a safe and adequate food supply during public health crises.

2. **Safe, effective medical countermeasures (MCMs) and supplies**

Before the development of the first COVID-19 mRNA vaccine in less than a year, the fastest vaccine to go from development to deployment was for mumps, taking four years. Much of this success is due to unprecedented financial investments, interagency collaboration, and years of foundational vaccine research and development. However, several authorities made available to HHS uniquely during the COVID-19 public health emergency helped make these accomplishments possible. At present, many of these authorities are not available for the next public health emergency, and additional authorities would further strengthen our ability to bridge gaps in ensuring availability and access to MCMs and other critical supplies.

Innovative research and development

To build on our R&D successes and best leverage our investments in medical countermeasures, we propose expanded authorities to foster public-private innovation. This includes **permanently extending BARDA's Medical Countermeasures Innovation Partner (MCIP) Authority**. This authority allows the USG to partner with nonprofit entities to use venture capital practices to address health security needs.

To help bring these promising products through authorization and/or approval, we propose **providing FDA the explicit authority to establish an Emerging Pathogens Preparedness Program** to enhance regulatory capabilities and readiness to rapidly review new vaccines and other medical products in response to emerging pathogens. In consultation with Health and Human Services partners, the program would: provide recommendations and guidance to developers of vaccines and other medical products and relevant federal partners; use real-world data or real-world evidence to study the safety and effectiveness of products for addressing biological incidents and identify which products may be best suited for specific pathogens or for use in different populations; and facilitate product development including advances in manufacturing.

Manufacturing and availability

Readily available, large-scale, domestic manufacturing capability accelerates response. To ensure adequate domestic manufacturing capacity of MCMs and supplies, we propose authorities for HHS to use funding in ways that effectively support sustainment of existing manufacturing capacity and expansion of new domestic capacity. **Authority for acquisition, construction, or alteration of non-federally owned facilities** would allow ASPR to support efforts to develop net new domestic manufacturing capacity for MCMs and related products, in addition to allowing CDC to support public health laboratory improvements discussed above to support early detection and response. Currently, this authority is often granted in emergency supplemental appropriations acts, which means constructed/altered facilities can only support a specific product—this is inefficient as manufacturing lines can often be flexed for different products. This authority would both ensure HHS's ability to support cross-cutting manufacturing investments, and to make these investments when they're needed.

Procurement and acquisition

At the outset of the pandemic, HHS did not have the authority to execute acquisitions and contracting actions as quickly or efficiently as needed to ensure widespread access to needed supplies. For example, HHS does not have the authority to award follow-on production contracts from prototypes without recompeting the requirements; this authority was used by the Department of Defense (DOD) to procure 5 of the 6 COVID-19 vaccines on behalf of HHS. HHS also does not have the authority to procure experimental supplies, including diagnostic reagents and ancillary supplies like needles and syringes to be used in the development of the best supplies, and lacks contracting mechanisms like the DOD's commercial solutions opening authority that can facilitate rapid and efficient acquisition of technology and services in a response. HHS had to form and rely on a partnership with the DOD to get the supplies and services it needed, at the speed required for response. This partnership was a critical asset during COVID-19 response, but DOD's surge support is ending and has been transitioned to the Administration for Strategic Preparedness and Response's (ASPR) HHS Coordination Operations and Response Element (H-CORE). HHS will no longer have access to these authorities without relying on DOD, including for the next public health emergency.

To support procurement of these products and critical supplies, as well as the tools and services to distribute them, we must codify the successes of HHS's partnership with the DOD over the course of the COVID-19 pandemic. We propose expanding ASPR's **Other Transaction Authority (OTA)** such that ASPR could fund development of a product—likely a vaccine, therapeutic, or diagnostic—and then move directly into large-scale manufacturing of the product, whether for a response or for stockpiling, reducing timelines to begin production by months.

To better position HHS to rapidly acquire the quantities of supplies needed for experimentation, technical evaluation, and strong operational capabilities in future emergencies, without relying on DOD or other Federal agencies, we also propose **providing ASPR the authority for procurement and acquisition of supplies for experimental or test purposes**, similar to that of DOD's. These materials and assets would include chemical materials and reagents, medical supplies, PPE, and ancillary supplies (e.g., needles and syringes) for the development of supplies needed for national public health and health security.

Further, **providing ASPR the authority to acquire innovative commercial products, services, processes, and/or methods**—like the DOD's Commercial Solutions Opening authority—would allow ASPR to acquire products or services such as technology investment agreements, research and development activities, and other capabilities needed to respond to an outbreak in the future without relying on other Federal agencies.

Access and adoption

Increasing availability of needed products and services alone is not sufficient for effective response; investing in the infrastructure that provides access and facilitates adoption is critical. As demonstrated in the pandemic response, no-cost products and services drives equity in adoption and ultimately outbreak control of vaccine-preventable diseases. To learn from the successful focus on equity during recent responses, we propose **providing CDC with the legislative authority and funding to establish the Vaccines for Adults program** to begin expanding access to Advisory Committee on Immunization Practices (ACIP)-recommended routine and outbreak vaccines for uninsured adults at no cost. This capped mandatory program would be modeled on the successful Vaccines for Children (VFC) program and tailored to meet the unique needs of adults and would fund the purchase of ACIP-recommended vaccines for eligible adults, provider fees, and program operations.

To further support broader access to medical products and services directly related to diagnosis, treatment, and/or prevention (such as immunization) of specific disease or conditions that are pandemic-related as determined by the World Health Organization, we also propose **modifying Section 1135 emergency waiver authorities to ensure Medicare, Medicaid, and CHIP beneficiaries and the uninsured have access to critical products and services, including unapproved drugs, vaccines, and devices in a pandemic.** Under this proposal, the Secretary could authorize or require coverage of unapproved drugs, vaccines, or devices, that are authorized by FDA for emergency use, or other items and services used treat a pandemic disease during a public health emergency (PHE). Patient cost-sharing would be waived for vaccines authorized under an EUA, and the administration of such vaccines. Reconciliation may be used to make Part D and Part C plan sponsors whole for drug, vaccine, device, and administration costs –including costs associated with vaccine counseling— that were not incorporated in their bids if the cost is estimated to exceed 0.1 percent of the national average per capita costs. The Secretary will provide Congress certification and advance written notice before exercising this authority.

Safety and accountability

Lack of transparency has constrained accountability for safety and efficacy of critical supplies—for example, FDA often cannot always trace manufacturers along the supply chain to hold them accountable. FDA also cannot require advance records or remote inspections or share critical data with states without manufacturer consent, limiting inspection efficiency and the ability for states to support investigations.

We propose allowing FDA to **require labeling to include the original manufacturer and supply chain information**. This authority could support investigations in events such as during the COVID-19 pandemic, when methanol contamination in active pharmaceutical ingredients (API) for hand sanitizer led to more than 20 deaths—in that event, were not able to identify original API manufacturers and hold them accountable. Transparency regarding the drug supply chain is critical for investigating quality and safety problems, and for stakeholders to make informed decisions when evaluating and selecting suppliers.

We also propose **expanding FDA's existing oversight authorities** vis-à-vis drug manufacturers to all FDA-regulated product manufacturers. This proposal would allow FDA to request records or other information in advance of or in lieu of inspections from manufacturers of any FDA-regulated products, improving efficiency of any subsequent inspections by helping to identify specific risks on which to focus inspectional time. This proposal would also allow FDA to require—not just request—remote evaluations, which have helped FDA verify post-inspection corrective actions have been taken and otherwise gain compliance insight.

To support safety of other medical products, we propose an authority to **expand FDA information disclosures with states**. This proposal would facilitate FDA sharing non-public information with states, territories, or localities, without manufacturers' express consent, to support joint inspections of firms, inventory, and distribution records. The ability to collaborate with state partners would allow FDA to focus on enforcement where it is needed most, such as investigations of fraudulent medical products. This proposal would also advance an integrated food safety system and more effective use of federal and state oversight tools.

3. Resilient public health and health care systems

Attracting, hiring, and retaining workforce

Traditional mechanisms are not sufficient to fill positions rapidly and maintain them during public health emergencies. The COVID-19 pandemic has also exacerbated the estimated global shortage of 18 million health workers by 2030. To provide HHS with the ability to quickly fill relevant positions in the event of future public health emergencies—including to detect threats and support development and procurement of the tools needed to respond—we propose a **Direct Hire Authority for ASPR and CDC during Public Health Emergencies** for mission critical professionals. This would include for skills in specialized biological sciences, emergency management, and acquisitions – allowing HHS to reduce time to hire when it matters most. We similarly propose permanently **extending the National Disaster Medical System Direct (NDMS) Hire Authority**, this authority has successfully expanded the NDMS intermittent workforce by approximately 25% and cut hiring time in half (from an average of one year to six months).-We also **request improved hiring authority for FDA** to secure the agile hiring authorities and salary flexibility of the 21st Century Cures Act for the FDA tobacco program to improve its ability to

recruit, hire, and retain personnel with the needed skills to effectively meet its public health mandate.

Ability to hire is insufficient without the ability to attract workforce with competitive offers. We propose authorizing appropriate and flexible pay authorities to allow HHS and its agencies (CDC and ASPR in particular) to provide compensation that is more competitive with market salaries and improve recruitment and retention of individuals with mission critical positions. This would include authority for HHS to provide **overtime and danger pay** to any employee serving with threat to well-being and to **waive the statutory pay cap on aggregate basic and premium pay during a public health emergency** (as reflected in HHS's General Provisions). And, to better attract clinicians and other highly sought-after technical experts, we propose a **student loan repayment tax code exclusion for CDC's Education Loan Repayment Program for Health Professionals**, like HRSA's National Health Service Corps (NHSC) authority. This would relieve CDC of a high tax burden on a key talent recruitment mechanism— the true cost to CDC for $100,000 in loan repayment is nearly $150,000 due to the fact CDC has to pay taxes on behalf of the individual and the employer portion of Social Security and Medicare in addition to the loan repayment. Savings could be used to recruit more public health workers.

We also propose allowing CDC to **waive maximum hour/dual compensation restrictions for reemployed annuitants (REA)** for up to one year: This would allow CDC to fully use the skills and expertise of reemployed annuitants to fill full-time roles in emergency responses and work the hours needed to meet emergency response needs during a declared PHE response.

Finally, to allow us to further supplement our workforce with volunteers, we propose **amending the authority for the Medical Reserve Corps (MRC) Program.** Notably, the authority to deem MRC volunteers as time-limited Federal employees for purposes of liability coverage and medical license credentials would support greater staffing pools for CDC, ASPR, and others broadly. This would allow us to better tap into over 300,000 MRC volunteers nationwide for federal responses such as hurricanes.

<u>Optimizing existing capacity</u>

In addition to attracting and retaining workforce, optimizing existing capacity is a critical lever for building adaptive public health systems. For this, we propose allowing CDC to dedicate a small percentage of funding across CDC's appropriations for the purpose of funding **a response-ready cadre of staff** who can quickly deploy for any Public Health Emergency or other emerging threats, and then return to their regular duties when the event is resolved. Without this authority, CDC is limited in its ability to rapidly engage its full workforce to support an emergency response because only staff whose regular positions are funded by appropriations consistent with prospective response duties can undertake those activities without formal personnel processing. In addition, even when CDC's Emergency Operations Center (EOC) is formally activated, which allows all CDC staff to support the EOC without reimbursement, there are still current limitations such as a limit on the length of the detail assignments and required Congressional tracking and reporting of all staff supporting the EOC.

4. Enhancing recovery

<u>Capacity building and response authorities</u>

Programs need but often do not have the funding authorities and flexibilities to support coordinated, targeted human services delivery following a disaster. We propose to **establish a disaster human services emergency fund** to strategically respond to disasters by promptly directing funds to support

disaster-caused human service needs. This fund would also address issues related to fiscal year limitations by allowing for funding for disasters occurring near the end of the fiscal year—which overlaps with Atlantic hurricane and Western wildfire seasons. Using this fund to help meet surges in service demands, recover from losses, and address immediate needs would significantly improve disaster response for some of the most vulnerable populations, including children and families, people with disabilities, and older adults.

We also propose authorities to **provide comprehensive case management services,** to address survivors' additional human services needs arising during crisis response to achieve stability. Currently, HHS (via ACF) is constrained in the scope, scale, and frequency of case management services it can provide to disaster survivors. This mechanism would complement the disaster human services emergency fund and reduce further harm to disaster survivors by ensuring resources and services are linked through a robust, coordinated continuum of care.

We also propose authorities for **medical assistance and evacuation insurance for FDA employees**. Specially, we seek revision to budget authorities to permit the purchase of medical assistance and evacuation insurance coverage for FDA employees on official government foreign travel. Having insurance coverage while in foreign travel status would streamline the process and better support employees by providing points of contact for medical emergencies, ensuring that the employee receives appropriate medical care, and ensuring that expenses are paid when needed in a timely fashion.

People with disabilities and older adults are disproportionately impacted by disasters and public health emergencies. We propose to establish **a disaster human services capacity building grant program** to enhance disaster preparedness of the aging and disability network and improve inclusive disaster planning. By providing grants to state aging and disability networks for disaster preparedness efforts, this proposal would build collaborations between state, local, tribal, and territorial emergency management planning and the aging and disability networks, who have expertise on the needs of these populations to inform planning and can provide critical services before, during, and after disasters. Additionally, we seek authority for a **disaster human services national training and technical assistance center** to provide training and technical assistance to the aging and disability networks nationally, with targeted assistance to grantees of the capacity building grant program. The Center would also provide training and technical assistance to emergency management authorities and public health authorities and support partnerships between these authorities and aging and disability organizations.

5. Cross-cutting priorities

Flexibility to manage funds and waive certain statutory requirements are cross-cutting needs for effective operations. We propose providing ASPR the authority to **establish a working capital fund**, to ensure resources are available to fully support administrative requirements, even through periods of funding uncertainty and surge operations. The working capital fund will help cover ASPR's requirements across information technology, human resources, and financial management including acquisition policy and oversight.

6. Repatriation Program

Raising the Ceiling to Enhance Responsiveness During Crises

The Repatriation program faces challenges with a $1 million annual cap for temporary assistance. To address this, the budget proposes raising the repatriation ceiling to $10 million and indexing it to inflation. This ensures the Administration for Children and Families (ACF) can promptly assist U.S. citizens returning home without requiring a time-limited cap increase from Congress during crises, enhancing the program's responsiveness and effectiveness.

STRENGTHENING BIODEFENSE

Budget Summary
(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Administration for Strategic Preparedness and Response	--	--	10,540	+10,540
Centers for Disease Control and Prevention	--	--	6,100	+6,100
National Institutes of Health	--	--	2,690	+2,690
Food and Drug Administration	--	--	670	+670
Mandatory Funding	--	--	20,000	+20,000

Authorizing Legislation..... Direct Federal/Intramural, Contracts

Program Description
Biological threats, whether naturally occurring, accidental, or deliberate, pose serious threats for which we must be prepared. HHS's long history of leading responses to outbreaks such as H1N1, Zika, and Ebola highlights the importance of speed to saving lives—in detecting biological threats before they spread; scaling system capacity to respond to and mitigate the impact of bioincidents; and developing, securing, distributing, and communicating about tools like vaccines and therapeutics needed to prevent and lessen the impact of disease. To create the conditions for speed, effective and scalable preparedness and response systems must be put in place long before emergencies strike. The United States must catalyze advances in science, technology, and core capabilities to prepare for future biological threats.

The FY 2025 Budget includes $20 billion in mandatory funding, available over five years, to strengthen biodefense and prepare for and respond rapidly and effectively to future pandemics and other high-consequence biological threats. Mandatory funding is requested for PHSSEF and will be allocated to the Administration for Strategic Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Food and Drug Administration (FDA).

This funding will support critical priorities outlined in the 2021 *American Pandemic Preparedness Plan* and 2022 *National Biodefense Strategy and Implementation Plan for Countering Biological Threats, Enhancing Pandemic Preparedness, and Achieving Global Health Security*[17], and build on knowledge and experience gained during recent responses and prior domestic and global pandemic preparedness efforts.

This funding, alongside a suite of complementary legislative proposals, will allow HHS agencies to take critical steps to transform our nation's biodefense capabilities, including by:

1. Enhancing early detection and warning systems
2. Advancing and securing safe and effective supplies and medical countermeasures; and
3. Strengthening public health systems and core capabilities.

[17] https://www.whitehouse.gov/wp-content/uploads/2022/10/National-Biodefense-Strategy-and-Implementation-Plan-Final.pdf

Five-Year Funding History Table

Fiscal Year	Amount
FY 2021	--
FY 2022	--
FY 2023 Final	--
FY 2024 CR	--
FY 2025 President's Budget	$20,000,000,000

Budget Request

The FY 2025 Budget requests $20 billion in mandatory funding, available over five years, within PHSSEF to be allocated to for ASPR, CDC, NIH, and FDA. HHS agencies will invest in cross-cutting and threat-agnostic approaches that can help prepare the nation for any biological threat and bolster America's biodefense posture.

To strengthen early detection, HHS will invest through CDC to modernize detection infrastructure, improving early warning systems like wastewater surveillance and strengthening our nation's public health laboratory system. ASPR will develop threat agnostic pathogen Next Generation Sequencing (NGS)-based diagnostics for use in laboratory and remote settings—a cornerstone technology for rapid response in the 2022 National Biodefense Strategy. NIH will further strengthen early detection by supporting RADx's highly effective program to accelerate the design, validation, regulatory authorization, and manufacturing of not only laboratory tests but also point-of-care and over the counter (OTC) tests to help identify cases and inform effective treatment plans early.

To enhance the availability of tools needed to defend and protect against biological threats, HHS will invest further in basic and applied research, advanced development and licensure, and manufacturing of medical defenses. Experience has shown that investments to accelerate product development pay off—as do focused resources to accelerate their availability. The record-breaking mRNA COVID-19 vaccine development was only possible through approximately 30 years of basic research investment across NIH to understand mRNA and how it could be applied in medicine, as well as many years of research on coronavirus biology and vaccine development. This effort, coupled with BARDA's prior investments in mRNA-based vaccine development and manufacturing for Zika, allowed for a rapid pivot of technology to address the COVID-19 outbreak. Accelerating development and commercialization was further made possible by BARDA's extensive investment in advanced development, utilization of longstanding NIH clinical trials networks, and the prioritization of FDA regulatory resources towards COVID-related tools.

To help replicate this success for any future pandemic, NIH will make significant investments to accelerate early-stage discovery, design, and development of vaccines and vaccine platforms, therapeutics, and adjuvants. ASPR will further support late-stage development and manufacturing of vaccines against high-consequence threats—including investments for pandemic influenza and other Emerging Infectious Diseases (EID), Sudan Virus (SUDV) and Marburg Virus (MARV), and other viruses with pandemic potential. ASPR will also invest in late-stage development and manufacturing of therapeutics – including those that that target SUDV and MARV, broad-spectrum antivirals and host-directed therapeutics, and new rapid response therapeutic platform technologies. Additionally, to ensure these innovations can be fully leveraged by the public, ASPR will also invest in advancing manufacturing capacity and securing needed supplies. These investments will secure additional mRNA manufacturing capacity, develop, and advance new technologies in manufacturing, enhance bulk and fill/finish manufacturing for viral vectors, and help build a resilient supply chain and maintain key

products within the Strategic National Stockpile. Finally, to track effectiveness, safety, and utilization of such medical defenses, this funding will allow CDC to invest in its Medical Countermeasures Effectiveness Network.

And, to build core capabilities cutting across all pandemic preparedness work, ASPR will additionally support program management and mission execution, including by obtaining the required response personnel and information technology products and services. FDA will additionally invest $670 million to help build the regulatory capacity needed to support the activities above.

Administration for Strategic Preparedness and Response

Advanced development and licensure of vaccines, therapeutics and diagnostics against viral families with the highest pandemic potential

Vaccines: Development of faster pandemic influenza and other Emerging Infectious Disease (EID) vaccine response capability and enhanced manufacturing capacity. This funding will enable BARDA to rapidly address the need for a faster vaccine platform to respond to pandemic influenza which currently relies on recombinant, cell- and egg-based manufacturing, none of which allow for the required rapid manufacturing of strain-matched vaccines to meet the challenges of evolving influenza viruses, including the H5N1 clades that are currently circulating in birds and mammals. BARDA will invest in domestic mRNA vaccine manufacturing capacity and advancement of an mRNA-based pre-pandemic influenza vaccine to licensure. To exercise this manufacturing and development capacity, the agreement will include advanced development of at least three additional vaccines against viral families with pandemic potential for which licensed vaccines do not currently exist, such as Lassa, Nipah, Rift Valley Fever and others.

Vaccines: Advanced development of Sudan Virus (SUDV) and Marburg Virus (MARV) vaccines. The frequency of filovirus (Ebola, Sudan, Marburg and other viruses) outbreaks has increased in recent years with four outbreaks in 2022 and another already in 2023. In addition to the outbreak potential inherent in the increased frequency of emergence via spillover from natural reservoirs and re-emergence of human-to-human transmission in regions that have recovered from recent outbreaks, the filoviruses also have been determined to be a material threat to national security by the Department of Homeland Security. Due in part to supplemental funding that was provided to accelerate the development of p medical countermeasures against Ebola Zaire, the species that caused the 2014 West African outbreak, BARDA successfully advanced several MCMs to FDA licensure (e.g., ERVEBO, INMAZEB and EBANGA). Funding will leverage lessons learned from the development of these countermeasures to rapidly advance SUDV and MARV vaccines to FDA licensure and build stockpiles of each that will be sufficient to respond to domestic and international outbreaks.

Vaccines: Advanced development of additional vaccines that protect against viruses with pandemic potential. Recognizing that the mRNA vaccine platform may not be the best approach for all viruses with pandemic potential, BARDA will also support advanced development of 4-6 vaccine candidates produced using non-mRNA platforms (e.g., VSV, ChAd3, protein antigen, and others). The vaccine candidates will be selected from both existing candidates for which advanced development funding is not available and for novel vaccine candidates developed by NIH/NIAID as part of its work to support pandemic preparedness, further discussed below. As part of this effort, this funding will also support the advancement of 1-2 vaccines to FDA approval.

Therapeutics: Advanced development of Sudan Virus (SUDV) and Marburg Virus (MARV) therapeutics. As stated above, the filovirus family continues to be one of the largest pandemic threats the world faces. This funding will support advanced development and FDA approval of therapeutics against SUDV and MARV and also support manufacturing of a stockpile of treatment courses for disease caused by both viruses that, based on recent history, will be sufficient to address naturally occurring outbreaks.

Therapeutics: Advanced development of broad-spectrum antivirals and host-directed therapeutics. ASPR will implement robust antiviral and threat-agnostic therapeutic programs by developing both pathogen-directed antivirals that inhibit key viral functions as well as host-directed therapies capable of mitigating the outcomes of severe disease. Preferred antivirals will target entire virus families, thus allowing development of products that can protect against known and unknown threats. Proposed viral targets include antivirals that could be efficacious in the treatment of disease caused by *Arenaviridae* viruses. Threat-agnostic approaches will target acute respiratory distress syndrome or other severe outcomes of infectious disease and candidates can be placed into a phase 2 platform trial within 12 months of funding being made available. Candidate drugs will have the ability to alleviate symptoms of disease, prevent severe disease and hospitalizations, and/or lower mortality.

Therapeutics: Advancement of new rapid response therapeutic platform technologies. New technologies and approaches are needed to accelerate therapeutic development and decrease costs. These include accelerating development of small molecule antiviral candidates to shorten the two years it took for COVID-19 oral antivirals to become widely available. Similarly, monoclonal antibodies, while currently our best option for several viral families, have cost and technology barriers that prevent them from reaching their full potential. An array of new technologies has been developed that could overcome these challenges, such as utilizing mRNA to express monoclonal antibodies and leveraging CRISPR and siRNA technologies to eliminate viral infection. Utilizing pathogens, including filoviruses and other pathogens of high pandemic potential, as targets, BARDA will incorporate these new platform approaches into the advanced development portfolio of therapeutics. This will not only provide MCMs against these known threats, but it will also support broader US innovation in the manufacturing and product development sector, much as was done with mRNA in the vaccine sector.

Diagnostics: Advanced development of diagnostics. ASPR will develop threat agnostic pathogen Next Generation Sequencing (NGS)-based diagnostics for use in laboratory and remote settings, which is a cornerstone technology for rapid response in the National Biodefense Strategy. The envisioned clearance would include a pre-approved change protocol to allow rapid addition of a novel emerging pathogen to the reference database, thus enabling use of the technology in an emerging pathogen response. ASPR will also invest in development and clearance of high testing performance platforms for use in remote and access constrained environments, increasing access to testing and improving the quality of healthcare in these settings. Lastly, investments will be made to develop specific diagnostics to complement vaccine and therapeutic efforts discussed in this request, thus creating a full MCM toolbox that spans identification of cases, treatment of patients, and pre-exposure protection from infection for contacts and others at risk of infection.

Biologics Manufacturing and Supply Chain

Manufacturing of vaccines and other biological products in response to a public health emergency is critical. In an outbreak response, supply chains and manufacturing capacity often become rate limiting. To address this gap, BARDA has developed plans for a Biopharmaceutical Manufacturing Partnership (BioMaP). This partnership seeks to strengthen the U.S. government and industry's response to current and future public health emergencies by strengthening and expanding the critical enabling capabilities and infrastructure–physical facilities, workforce training, supply chain, and manufacturing platforms–required for a robust and nimble vaccine-based response. Funding will be critical for this effort to successfully launch as currently envisioned – to both address recommendations from the 2023 GAO report on planning for medical countermeasures (MCM) development and manufacturing risks, as well as fund the required manufacturing capacity reservation. In short, this funding will allow the program to have a significant and immediate impact on the Nation's pandemic preparedness and response capabilities. The focus will include three efforts, each of which is specifically designed to complement the previously described vaccine development efforts:

Securing additional mRNA manufacturing capacity and maintaining capabilities developed during COVID-19 response. This action will secure additional manufacturing capacity for mRNA-based vaccines which will ensure that the Nation can avoid supply chain issues similar to the 2004-2005 influenza vaccine shortage, retain ability to meet surges in demand that would occur if a more virulent SARS-CoV-2 strain emerges and rely on domestic rather than international manufacturing during a period of crisis. This capacity/capability will be "exercised" twice annually to pressure test its ability to rapidly advance new vaccines on a compressed timeline in alignment with the National Biodefense Strategy and other US and Global objectives (e.g., American Pandemic Preparedness Plan, 100 Days Mission, etc.). These "exercises" will complement the product-specific development plans described earlier and be applied to candidate vaccines for pandemic influenza and other viruses with high pandemic potential and, in addition to confirming processes, staff and critical infrastructure are ready for rapid response when needed, this strategy will accelerate development of novel vaccines and produce limited stockpiles of doses that can be used for clinical trials and, as appropriate, outbreak response.
Innovation in manufacturing and other technologies. Develop and advance new technologies and approaches that will reduce the time to first dose, reduce costs, and shrink manufacturing footprint. In many instances, promising technologies have been discovered, but lack of funding has prevented rapid advancement and integration into cGMP manufacturing. Funding may also be used to develop new technologies to improve biosurveillance and early warning systems to enable rapid response to emerging threats.

Bulk and fill/finish manufacturing for viral vectors over a four-year period. Many companies are developing vaccines against viruses with pandemic potential based on different viral vector platforms. Advanced development of these platforms is slowed in part by lack of access to specialized manufacturing and fill/finish capability necessary to produce these products. Further, these efforts, when they do occur, are spread amongst multiple manufacturers, preventing both economies of scale, as well as 'lessons learned' from being broadly applied. Addressing this gap via partnership with contract manufacturing organizations, pharmaceutical companies and other industry partners will have an out-sized impact on vaccine advanced development.

Industrial Base Management and Supply Chain and Strategic National Stockpile. Funding will advance pandemic preparedness as it relates to personal protective equipment and critical medicines supply chain resiliency, maintenance of key holdings within the Strategic National Stockpile, expanded

distribution capacity, and efforts designed to alleviate stresses to national supply chains for critical products (e.g., syringes, needles, vials, stoppers, etc.) during outbreak/pandemic response.

Managing the mission
Program Management. Funding will support personnel and information technology products and services required for the execution of the scope described here, coordination across HHS and reporting to the Office of the Secretary of HHS and other US Government stakeholders.

Centers for Disease Control and Prevention
To create the conditions for speed, effective and scalable preparedness and response systems must be put in place long before emergencies strike. However, these systems are beyond the scope of current agency base budgets. Making strategic investments based on these lessons during the pandemic would set America's public health system on a path to save countless lives and livelihoods in the future. Starting in FY 2025, CDC proposes a **$6.1 billion investment in preparedness.** With these resources, CDC will modernize and build laboratory capacity and strengthen public health data systems; enhance domestic and global disease surveillance, biosafety, and biosecurity efforts; and support capabilities for monitoring and evaluating vaccine and medical countermeasure safety, effectiveness, and utilization. Early detection of emerging pandemic threats is the foundation for rapid response and countermeasure development activities. Public health surveillance provides an ongoing picture of the patterns of disease, which is critical to implementation and evaluation of control measures and detection of new and emerging threats. Since pathogens do not recognize international borders, public health surveillance cannot stop at the border either. For the United States to be prepared for a pandemic, we must support and contribute to a globally connected network of public health surveillance systems. This proposal would make investments across CDC to help detect new pathogens or variants weeks or months earlier. This investment would strengthen existing surveillance programs as well as build novel, pathogen-agnostic approaches like rapid genomic sequencing directly from clinical samples, so that we can get more and faster information from a sample. Investments would expand support for sentinel surveillance systems, novel pathogen-agnostic approaches, and influenza-like illness and other respiratory disease surveillance. With this funding, the United States could also **significantly increase** our investments in early warning including by the addition of **thousands** more wastewater testing sites across the country to increase geographic representation and breadth/depth of sampling and allow for the addition of facility-based testing sites (e.g., in nursing homes, other congregate settings, and more). Techniques and infrastructure involving metagenomics, for example, that sequence a collection of genes in a single sample without the need for isolation or lab cultivation of a specific species, could greatly improve the speed and quality of clinical and public health decision making.

Modernizing the public health data system is critical to pandemic preparedness as it supports the sharing of complete, accurate, and timely information essential for detecting and controlling emerging threats. To address long-standing deficits, CDC will invest in improving bidirectional data flow to bring more timely and complete information through these data systems, reducing the burden on data providers, and enhancing access by STLT users as well as CDC and our federal partners. This will provide high-quality information that will support decision makers with early warnings and insights into outbreaks.

This funding will also invest in integrating and improving the nation's public health laboratory system. It will improve the physical infrastructure and technologic capacity to enable large-scale response without compromising other ongoing critical activities. It will also allow public health laboratories around the

nation to operationalize surge testing when needed, and support partnership between clinical and public health laboratories to improve speed and depth of pathogen detection.
To mitigate the risks associated with advanced international laboratory capacity, CDC will work with its partners to accelerate the adoption of biosafety and biosecurity practices at the regional, national, and subnational levels, such as improving the safe and appropriate handling, testing, storage, and transportation of unknown pathogens.

Finally, after products are authorized, we must have real-world data on safety, effectiveness, and utilization of MCMs to inform usage, and guide rapid, equitable prioritization and distribution of these tools. Funding will also be used to invest in CDC's Medical Countermeasures Effectiveness Network for monitoring of vaccines and therapeutics, Vaccine Safety Network monitoring of post-illness conditions and modernization, and MCM distribution network improvements. As just one example, investments will help expand and automate vaccine safety monitoring systems by utilizing electronic health records to increase the volume of data going into the system, while decreasing the burden on healthcare providers.

National Institutes of Health

Early detection and response
Recent responses have highlighted the importance of having wide availability of diagnostics early in a response. This proposal includes funding to support the Rapid Acceleration of Diagnostics (RADx) initiative's highly effective Innovation Funnel and Independent Test Assessment Program (ITAP). Between 2020 and 2022, RADx accelerated design, validation, regulatory authorization, and manufacturing of point of care (POC), over the counter (OTC), and laboratory COVID-19 tests, leading to 50 emergency use authorizations (EUAs) and increasing national capacity by >5 billion tests. These technology advances would be leveraged in order to develop next-generation POC and OTC home diagnostics that target high-priority pathogens and diseases, with a focus on improving rapid home test performance to match laboratory-level accuracy, reducing test cost and accessibility barriers, detecting multiple pathogens at once, and advancing digital health platforms for at home "Test to Treat" and test reporting programs.

Funding also supports RADx's ITAP collaboration with the FDA to accelerate authorization and clearance of new tests, using standardized methods and protocols to reduce time to authorization to as little as two months. ITAP would also continue to gather data needed by FDA to support decision-making, including assessing authorized platforms for performance with new variants and pathogens, and getting real world evidence to inform use guidance and next-generation design.

Protective countermeasures
Building on the vaccine development successes of the COVID-19 pandemic, funding will support efforts directed at several pathogens of concern along the full R&D continuum. This investment will accelerate early-stage discovery, design, and development of vaccines and vaccine platforms, therapeutics, and adjuvants.

Though the precise nature of the next threat is unknown, we know that climate change and habitat disruption are increasing contact between humans and animal reservoirs of diverse pathogens, enhancing the likelihood of spillover events leading to epidemics and pandemics. We also know which viral families pose the greatest risk of sparking a pandemic and must advance our foundational understanding of representative pathogens from each of these families simultaneously.

The request will support NIH's preclinical R&D, similar to the foundational work completed in the decades leading up to the COVID-19 vaccine development; expand laboratory capacity and pilot cGMP manufacturing infrastructure for phase 1/2 clinical studies of candidates discovered through preclinical initiatives; and fund Phase 1 and 2 clinical trials to evaluate safety and immunogenicity of the most promising vaccines and therapeutics (including host-tissue-directed therapeutics), which can be transitioned to ASPR/BARDA or other advanced development partners for late stage development. Funding will establish, expand, and/or improve large and rapidly scalable clinical trials networks and infrastructure to generate real-world evidence on the performance of vaccines, therapeutics, and diagnostics. And, to support the safe and secure conduct of all early-stage activities, we propose biosafety and biosecurity investments that will sustain the capabilities and increase the availability of BSL-3/-4 laboratories.

Food and Drug Administration
The COVID-19 pandemic has reiterated FDA's unique and cross-cutting role, which is central to the whole-of-government response to protect and promote public health. The Budget provides $670 million to improve FDA's core capabilities and regulatory capacity to respond rapidly and effectively to any future pandemic or internationally significant biological incident. To maintain FDA's gold standard for science-based product review and regulatory decision-making, the Budget will help modernize FDA's regulatory capacity, information technology, and laboratory infrastructure.

These funds would support the Agency's biodefense efforts, domestic and globally, by bolstering FDA's cadre of medical product reviewers and strengthening foundational processes. It would also increase FDA's capacity to leverage a One Health approach to respond to emerging threats in recognition of the inter-connectedness of human, animal, and environmental health. The Budget also will improve FDA's laboratory facilities so that FDA has modern and safe physical spaces necessary to conduct our regulatory pandemic preparedness and response work.

And lastly, these resources would help strengthen underlying technology platforms to improve electronic information exchange among stakeholders. The funding will further build FDA's data infrastructure capabilities such as advanced predictive modeling data analytics capacity, real-world data analysis tools, and business continuity systems. With these resources, FDA will have the opportunity now to build on lessons learned and provide transformational investments to help ensure that FDA can respond quickly and effectively in times of a public health crisis.

Health Insurance and Implementation Fund

HEALTH INSURANCE REFORM IMPLEMENTATION FUND

Budget Summary

(Dollars in Millions)

	FY 2023	FY 2024	FY 2025
Obligations*	**-$5**	**$11**	**$0**

* $1,000,000,000 was appropriated in the Health Care and Education Reconciliation Act of 2010

Authorizing Legislation……Health Care and Education Reconciliation Act, Section 1005, FY 2010

FY 2025 Authorization……Indefinite

Allocation Method……Direct Federal, Competitive Contract

Program Description and Accomplishments

Section 1005 of the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) appropriated $1,000,000,000 to the Health Insurance Implementation Fund within the Department of Health and Human Services (HHS). The Fund was used for Federal administrative expenses necessary to carry out the mandates of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010.

HHS used implementation funds to primarily support salaries, benefits, contracts, and infrastructure for various provisions, including rate review and medical loss ratio. A portion of these funds also supported the establishment of the ACA Marketplaces, including the building of IT infrastructure.

The Department of the Treasury used funding to implement multiple tax changes, including the Small Business Tax Credit, expanded adoption credit, W-2 changes for loan forgiveness, charitable hospital requirements, and planning for Marketplaces. The Department of Labor used implementation funds to conduct compliance assistance; modify or develop IT systems that support data collection, reporting, policy and research; and develop infrastructure for the newly required Multiple Entity Welfare Arrangements reporting and registration within the Affordable Care Act.

The Office of Personnel Management (OPM) used funding to plan for implementing and overseeing Multi-State Plan Options for the Marketplaces and to allow Tribes and tribal organizations to purchase Federal health and life insurance for their employees. OPM also assisted HHS by implementing an interim Federal external appeals process prior to the establishment of a permanent Federal appeals process.

Budget Request

In FY 2023, a net total of $4.8 million in prior year obligations were recovered by HHS. In FY 2024, the Department plans to use $11 million to fund eligibility verifications provided through the CMS Federal Data Services Hub. Eligibility verifications provide real-time electronic verification from trusted data sources of consumer social security information, immigration status, income, and eligibility for other government health insurance programs. It is the Department's current projection that less than $1 million will remain available for obligation in FY 2025.

No Surprise Act Implementation Fund

NO SURPRISES IMPLEMENTATION FUND

Budget Summary

(Dollars in Millions)

	FY 2023	FY 2024	FY 2025
Budget Authority	**-**	**-**	**$500**
Obligations	**$135**	**$175**	**$112**

Authorizing Legislation……Consolidated Appropriations Act, 2021 (Public Law 116-26), or the No Surprises Act.

Program Description and Accomplishments

Section 118 of the No Surprises Act, enacted in the Consolidated Appropriations Act, 2021 (P.L. 116-260), appropriated $500 million in implementation funding to the Department of Health and Human Services (HHS), Department of Labor (DOL), and Department of the Treasury (the Departments). The implementation fund is available until expended through 2024. The purpose of the implementation fund is to carry out the provisions of, and the amendments made by, Title I (No Surprises Act) and Title II (Transparency), Division BB, of the Consolidated Appropriations Act, 2021 (CAA). At the beginning of FY 2024, the No Surprises Act implementation fund had an unobligated balance, including recoveries, of $186 million.

Department of Health and Human Services (HHS)

In FY 2023, HHS obligated $102 million, with the Centers for Medicare & Medicaid Services (CMS) obligating $100 million and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) obligating $2 million.

CMS is responsible for leading the implementation of operations and system solutions for most of the provisions of the No Surprises Act and Transparency titles. CMS engaged in concurrent and integrated activities in FY 2023 to ensure implementation of critical legislative provisions and consumer-facing priorities that started in January 2022. CMS also collaborated with the Departments and the Office of Personnel Management (OPM) to issue multiple regulations, sub-regulatory guidance and technical assistance materials.

CMS has also delivered ongoing system enhancements, guidance, technical assistance, and engaged with stakeholders to support continuous improvement and maturation of the Federal independent dispute resolution (IDR) process. The volume of disputes submitted by disputing parties for Federal IDR is substantially higher than originally expected and it can be a complex process to determine whether disputes are eligible for the Federal IDR process before proceeding to payment determinations. To alleviate the burden on certified IDR entities and reduce dispute processing time, the Department engaged government staff and contractor resources to conduct pre-eligibility reviews in order to collect the information necessary to determine whether disputes are eligible for the Federal IDR process.

On October 27, 2023, the Departments and OPM published the Federal Independent Dispute Resolution (IDR) Operations proposed rule, which, if finalized, would improve communication between payers, providers, and certified Independent Dispute Resolution Entities; change the administrative fee structure to improve the accessibility of the process; and adjust specific timelines and steps of the

process to improve transparency between parties and reduce the complexity of eligibility determinations. Through these proposals, the Departments intend to improve the accessibility and operation of the Federal Independent Dispute Resolution process and facilitate timely payment determinations.

CMS has built a process for investigating complaints related to providers and plans/issuers under CMS's jurisdiction. CMS secured contractors to assist the agency in conducting provider investigations, audits, and market conduct exams of applicable group health plans, issuers of health insurance coverage in the individual and group markets, providers, facilities, and providers of air ambulance services. CMS investigates complaints related to plans/issuers under CMS's jurisdiction.

In FY 2023, ASPE funded an ongoing contract for analytic support of work on drug price reporting and health industry concentration, data sources on health industry concentration, and data sources on drug price reporting.

Department of Labor (DOL)

In FY 2023, DOL obligated $33 million, with the Employee Benefits Security Administration (EBSA) obligating $25 million and the Office of the Solicitor (SOL) obligating $8 million. DOL obligations supported the implementation, enforcement, and administration of applicable CAA provisions in FY 2023.

DOL carried out regulatory and enforcement efforts related to Title I (No Surprises Act) and Title II (Transparency) of Division BB of the CAA with respect to plans covering employees of private sector employers. Enforcement efforts were primarily focused on the Mental Health Parity and Addiction Equity Act's (MHPAEA) non-quantitative treatment limit (NQTL) requirements of CAA, 2021, particularly the requirement for NQTL comparative analyses, which became effective in February 2021. DOL also worked with the Departments and OPM to issue the multiple regulations and sub-regulatory guidance materials to implement the No Surprises Act and Title II Transparency. In addition to NQTL and No Surprises Act enforcement efforts, EBSA is reviewing plans and service providers for compliance with additional CAA provisions, including ERISA Section 408(b)(2) health fee disclosure and provider directory requirements.

Department of the Treasury (Treasury)

In FY 2023, Treasury obligated $144 thousand, with the Internal Revenue Service (IRS) obligating the entire amount. IRS Chief Counsel's Office supported implementation of Title I (No Surprises Act) and Title II (Transparency) provisions in FY 2023 by participating in the development of regulations and sub-regulatory guidance, including participating in working group discussions to clarify policy decisions, participating in meetings with stakeholders and preparing IRS/Treasury regulatory text, as well as review and clearance of policy materials.

Budget Request

The FY 2025 President's Budget requests $500,000,000 in mandatory funding for continued implementation of the No Surprises Act and Title II Transparency provisions, ensuring the Departments have sufficient resources to enforce this law in the future. This funding will be available to HHS, Labor, and the Treasury from fiscal year 2025 until expended. The No Surprises Act and Title II Transparency provisions created new consumer protections from surprise medical bills and entrusted the Departments with many enforcement, oversight, data collection, and operational requirements. To

implement the law, the Departments scaled up expertise and resources for rulemaking, technical builds, enforcement, and staffing. A one-time lump-sum appropriation of $500 million was provided to the Departments for implementation of the No Surprises Act and Title II Transparency provisions under the CAA. While this appropriation expires at the end of 2024, most of the statutory requirements added by the No Surprises Act and Title II Transparency provisions are permanent and the Departments will have ongoing responsibilities, including enforcement of plan, issuer, and provider compliance; complaints collection and investigation; and auditing comparative analyses of non-quantitative treatment limits for mental health and substance-use disorder plan benefits, most of which are not eligible to be funded from administrative fees that are collected to support the Federal IDR process.

Nonrecurring Expenses Fund

Nonrecurring Expenses Fund

Budget Summary

(Dollars in Thousands)

	FY 2023[2]	FY 2024[3]	FY 2025[4]
Notification[1]	$525,000	$750,000	$965,000
Rescission[5]	$650,000	$650,000	$500,000

Authorizing Legislation:

Authorization……Section 223 of Division G of the Consolidated Appropriations Act, 2008

Allocation Method……..Direct Federal, Competitive Contract

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. In FY 2008, Congress authorized use of the NEF funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

HHS was first able to collect expired funds in FY 2013. Since then, HHS has allocated approximately $6.5 billion for capital projects, including approximately $3.2 billion for physical infrastructure projects and approximately $3.3 billion for IT infrastructure projects. HHS has a wide range of aging IT systems and facilities, and the NEF is an asset to help address these needs across the landholding agencies and to develop, enhance, and maintain IT systems across the Department.

The FY 2025 Budget proposes to cancel $500 million from the NEF. In addition, HHS plans to use $965 million of remaining NEF balances, to fund multiple high-priority projects that address critical facility and technology needs across the Department. Below is an overview of the planned uses in FY 2025, based on approximate funding levels and using current estimates. The investments are subject to final approval; and HHS will provide Congressional notification of specific projects and amounts closer to the beginning of FY 2025.

1. **Budget Allocation FY 2025**

   Agency for Healthcare Research and Quality (AHRQ) - $15.4 million - The NEF will fund three IT projects to: transform their quality indicator software to a cloud computing-based platform, modernize the Medical Expenditure Panel Survey system by moving to a multi-mode platform to customize respondent experience and data collection, and lastly to implement Zero-Trust upgrades to existing information systems.

   Assistant Secretary for Administration (ASA) - $128.3 million - The NEF will provide a one-time investment in multiple facilities projects that renovate and consolidate multiple regional offices, and replace the heating ventilation air condition system in Perry Point, MD. The NEF will continue to support cybersecurity modernization efforts across the department, as well as launching a suite of Artificial intelligence related capital investments to better manage enterprise-wide data and analytics.

Assistant Secretary for Financial Resources (ASFR) - $43.3 million - The NEF will invest in multiple IT development projects that will modernize and improve Grants.gov customer experience, reengineer grants systems architecture to ensure compliance with grant closeout legislative and policy requirements, and system modifications to comply with G-invoicing policies and requirements.

Assistant Secretary for Program Evaluation (ASPE) - $3.6 million - The NEF will invest in multiple systems and IT infrastructure projects that include making enhancements to the Strategic Planning System, building website capacity, building infrastructure that supports operations, and progressing data and file management.

Centers for Disease Control and Prevention (CDC) - $209 million - The NEF will invest in two facilities projects and multiple IT investments. The facilities projects include upgrades to laboratory space that will extend the life of a mission critical laboratory for 30 years, upgrades to major building systems, and life safety updates that will impact the biosafety lab and vivarium space.

Centers for Medicare & Medicaid Services (CMS) - $45 million - The NEF will invest in various IT projects including the enhancement and upgrading of aging systems, Medicare and Medicaid IT systems to support modernization goals and functionality, cybersecurity enhancements, and supporting infrastructure to accomplish widespread business demands and CMS's critical role in supporting national health care.

Food and Drug Administration (FDA) - $113.9 million - The NEF will invest in various facilities and IT projects across the FDA, including replacing electrical infrastructure, air handling units and water towers at the Jefferson Laboratory Complex in Arkansas; air handling units at the Pacific Southwest Laboratory in California; building and infrastructure improvements at San Juan Laboratory in Puerto Rico; and several end of life IT modernization projects.

Health Resources and Services Administration (HRSA) - $93.4 million - The NEF will invest in a range of IT projects, including funding to: modernize the Organ Procurement and Transplantation Network system; ensure compliance with federal records management requirements around preservation of records in an electric format, use Artificial Intelligence in the Injury Compensation System to shorten medical review times; improve rural data; and creating a mobile application for HRSA's loan repayment and scholarship program to make it more accessible to connect healthcare professionals to the communities most in need. Additionally, NEF funds will support IT modernization and upgrades to improve program efficiency and ensure system functionality.

Indian Health Service (IHS) - $134.4 million - The NEF will invest in a range of IT and critical facilities projects including health care facility and hospital renovations, medical staff housing, and modernizing enterprise IT, interoperability, and cloud services. The replacement of end-of-life equipment will also support compatibility with emerging cybersecurity requirements and IT platforms that are regularly being implemented.

National Institutes of Health (NIH) - $120.6 million - The NEF will support Phase IV of the replacement and upgrade of the aging utility systems and electrical power reliability in the Clinical Center Complex with safe, state-of-of the art, cost effective, contiguous, and secure electrical systems. Additionally, NEF will further safety upgrades, such as designing and constructing a medium voltage standby power generating system to provide a critical power source for the campus chilled water service that is both redundant and on emergency power. The NEF will also invest in upgrades to existing electrical distribution systems to mitigate the impact of power outages and unexpected downtime on critical research.

Office of Inspector General (OIG) - $23.5 million - The NEF will invest in the implementation of new software capabilities on secure cloud platforms, a Zero Trust Architecture, and an efficient and cost-effective enterprise physical security solution across all OIG offices nationwide.

Office of Medicare Hearing and Appeals (OMHA) - $1.3 million - The NEF will fund the construction needed for OMHA to relocate the Irvine field office to federally owned/leased space. OMHA's current lease is set to expire in August 2025 and the new space will be in accordance with the *21st Century Workplace Space Planning Policy*.

Office of the National Coordinator for Health Information Technology (ONC) - $7.8 million - Funding will be used to develop a department-wide IT system to implement resources that can positively affect clinical, quality, cost, and care management outcomes, to develop a publicly available Decision Support Intervention Tool Suite to help entities become compliant with ONC regulations and mitigate AI biases in Certified Health IT, and to enhance the Certified Health IT Product List and Customer Feedback System with AI-powered tools.

Office of National Security (ONS) - $2.5 million - The NEF will be used to invest in the expansion of the Sensitive Compartmented Information Facility space that will house existing and new staff and provide a collaborative workspace.

Substance use And Mental Health Services Administration (SAMHSA) - $22 million - The NEF will be used to invest in two IT projects, which would create a publicly accessible dashboard for Substance Use and Mental Health Treatment Data to improve data transparency of SAMHSA's Block grant programs and develop an integrated data management system for advancing equity in all operations and functions of the department and with the HHS Equity Agenda.

2. **Budget Allocation FY 2024**

For FY 2024, HHS notified for a total of $750 million in new NEF investments to support critical IT and facility infrastructure projects across the Department, to modernize HHS operations, and to provide a safe, secure, and productive work environments for our OpDivs and StaffDivs as they carry out the HHS mission. HHS will fund $340 million in IT infrastructure and $410 million in facility infrastructure. This total includes $80 million

for CDC to plan and construct the Congressionally-directed National Institute for Occupational Safety and Health Underground Mine Safety Research Facility in Mace, West Virginia. Additionally, the NEF will support five projects at NIH's Bethesda Campus, including replacement of critical infrastructure for the Central Utility Plant. Lastly, HHS will invest $63 million for FDA projects that include four Cybersecurity Improvements, three facilities upgrades to the Jefferson Laboratory Complex, and one project at the Wiley laboratory.

3. **Budget Allocation FY 2023**

For FY 2023, HHS notified for a total of $525 million in new NEF investments to support critical IT and facility infrastructure projects across the Department, to modernize HHS operations, and to provide a safe, secure, and productive work environments for our OpDivs and StaffDivs as they carry out the HHS mission. HHS funded $195 million in IT infrastructure and $330 million in facility infrastructure. This total includes $35 million for CDC to replace the Essential National Health and Nutrition Mobile Examination Centers to support health needs across the nation. Additionally, HHS invested $109 million for seven facilities upgrades to FDA's Jefferson Laboratory Complex, including the construction of a Disaster Recovery Center, and Building 5D's Pathology Laboratory Fit-out to renovate existing space into cutting-edge labs and storage space for the Pathology department, so that they could continue their work during extensive roof repairs.

NEF Notifications and Reductions from 2013-2025
(dollars in millions)

Fiscal Year	Notifications	Rescissions and Cancellations[5]
2013	$600	-
2014	$600	-
2015	$650	-
2016	$800	-
2017 /6	$430	($400)
2018 /6	-	($240)
2019	$600	($400)
2020 /7	$743	($350)
2021 /7	$525	($375)
2022	$390	($650)
2023	$525	($650)
2024 /8	$750	($650)
2025 /4	$965	($500)
TOTAL	**$7,578**	**($4,215)**

[1] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.
[2] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.

[3] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[4] The NEF CJ indicates the amounts HHS intends to notify for in 2025; these amounts are planned estimates and subject to final approval.
[5] The rescission amount for FY 2023 is an enacted rescission. The FY 2024 amount is assuming an annual CR, and the FY 2025 amount is a proposed cancellation.
[6] The rescission total includes Congressionally directed transfer amounts of $300 million in FY 2017 and $240 million in FY 2018.
[7] This Notification amount includes both the notification and Congressionally-directed spending.
[8] This Notification amount includes the Underground Mine Safety Research Facility in Mace, WV.

Service and Supply Fund

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SERVICE AND SUPPLY FUND

(Dollars in Thousands)

SSF	FY 2023 Actuals	FY 2024 Approved	FY 2025 Approved	FY 2025 +/- FY 2024
BA	$1,204,158	$1,387,492	$1,439,506	$52,012
FTE	1,281	1,550	1,530	-20

Authorizing Legislation: 42 USC §231
2025 Authorization……Indefinite
Allocation Method ……Contract, Other

Statement of the Budget

The overall FY 2025 current request for the Service and Supply Fund (SSF) is $1,439,506,000 which is $52,012,000 above the FY 2024 budget. Details can be found in the narratives below.

Service and Supply Fund Overview and Activity Narratives

This section describes the activities funded through the HHS' Service and Supply Fund (SSF), which is a revolving fund authorized under 42 USC §231. The SSF provides consolidated financing and accounting for business-type operations which involve the provision of common services to customers. The SSF is governed by a Board of Directors, consisting of representatives from each of the Department's Operating Divisions (OPDIV) and the Office of the Secretary (OS). A representative from the Office of Inspector General (OIG) serves as a non-voting member of the SSF Board.

The SSF does not have its own annual appropriation but is funded entirely through charges to its customers (OPDIVs and Staff Divisions (STAFFDIV) in addition to other federal departments and agencies) for their usage of goods and services. The SSF is comprised of two categories of activities: activities performed by the Program Support Center and activities performed by other OS components (Non-PSC). Each activity financed through the SSF is billed to the Fund's customers by either fee-for-service billing, which is based upon actual service usage, or by an allocated methodology. Details of the FY 2025 SSF activities are described below.

Program Support Center

The Program Support Center (PSC) organizationally resides under the Assistant Secretary for Administration, Office of the Secretary and operates under authorizing legislation 42 USC §231 as amended. The PSC is committed to providing the best value in terms of cost and service quality to its customers.

PSC tracks performance in terms of its strategic goals. These goals focus primarily on delivering products and services that are recognized both as high quality, and as providing value. The organization strives to achieve three primary outcomes: higher service quality, lower operating costs, and reduced

rates for customers. By working to reach these outcomes, PSC supports the Department's efforts for responsible stewardship and effective management. Details are outlined in the performance review section.

Financial Management Portfolio

The PSC Financial Management Portfolio (FMP) serves as a major foundation of the Department's finance and accounting through: 1) the administration of grant payment management services, including rate review/negotiation/approval services; and 2) accounting and fiscal services. FMP provides these services on behalf of the Department and other Federal agencies. Fiscal and technical guidance is offered to assist in implementing new initiatives across HHS and other agencies and to ensure compliance with regulatory requirements. FMP also provides guidance and oversight for HHS Financial Policy and ensures compliance where appropriate.

FMP continues to be a leader in supporting the Department's clean audit opinions from independent audit firms. FMP services are organized into two service areas:

- **Grants Finance and Administration** Services provides federal grant funding support, negotiating indirect costs for grant providers, and issuing grant payments to grantees.
- **Accounting Services** covers a range of financial support services associated with Unified Financial Management System (UFMS) and includes accounting and financial reporting.

Federal Occupational Health

The Federal Occupational Health (FOH) provides comprehensive, high-quality, customer-focused occupational health services in strategic partnership with Federal agencies nation-wide to improve the health, safety, and productivity of the Federal workforce. Approximately 93 percent of FOH's services are provided to Federal agencies outside of HHS. FOH is organized in four service areas:

- **Clinical Health Services (CHS)** consists of seven cost centers: Exams and Clinical Outreach, FedStrive Advantage, Onsite Occupational Health Centers, Medical Surveillance/Clearance Reviews, Medical Employability and Workers Compensation Management and Psychological Testing which has been moved from Behavioral Health to better align with the Medical Review oversight required. CHS provides services which includes exams and related procedures, health screenings to prevent illness, immunizations for illness prevention and work-related activities, reasonable accommodation requests, workers compensation management reviews, medical surveillance and clearance required based upon an employee's job duties and other medical services.
- **Wellness and Health Promotion Services (WHP)** is a single cost center which provides fitness center oversight and health promotion activities, such as health coaching, health education, and promotion of programs to support healthy behaviors which contributes to increased employee productivity through better health behaviors.
- **Behavioral Health Services (BHS)** consists of Employee Assistance Program and Work/Life Services (EAP). EAP provides professional services for assessment, short-term counseling, referral, and critical incident response. Work/Life focuses on improving employee productivity by assisting employees to better manage their personal and professional responsibilities.
- **Environmental Health and Safety Services (EHSS)** consists of Environmental Health and Safety Services (EHSS), and the HHS Policy Compliance team. EHSS offers a wide variety of services

including environmental and occupational safety compliance, industrial hygiene assessments, laboratory analysis of environmental samples, urgent response management, and other environmental consulting services.

Office of the Director

- **Other Administrative Support** - Board for Corrections of the USPHS Commissioned Corps and PSC Budget Office.

Real Estate, Logistics, and Operations Portfolio

Real Estate, Logistics and Operations Portfolio (RLO) provides real estate, logistics and a wide range of administrative and technical support services to customers within HHS and other federal agencies.

RLO is organized in the following Service Areas:

- **Real Property Management Services** provides space design planning, utilization and compliance, management for transfer of surplus real property to non-profit entities (McKinney-Vento Homeless Assistance Act), and real property oversight.
- **Supply Chain Management Services** provides personal property management, warehousing, distribution, medical supply fulfillment, publication fulfillment, personal property disposal and labor services.
- **Building Operations Services** provides facilities operations, maintenance, shredding, parking services, regional support services and conference room services.
- **Intake, Suitability and Badging Services** fulfills the Homeland Security Presidential Directive 12 (HSPD-12) for the HHS, developing and issuing guidelines in conjunction with federal laws and regulations prescriptive to identity, credential, and access management.
- **Physical Security and Emergency Management Services** provides Department-wide leadership, coordination and oversight for the Physical Security and Emergency Management programs throughout the Department to ensure the safety and security of HHS employees and assets.
- **Mail and Publishing Services** provides digital conversion services, printing procurement, Departmental forms management, HHS printing guidance, mail screening, mail operations, and HHS mail services.
- **FedResponse Services** consists of the Contact Center and HHS Toll Free Hotline.
- **Transportation Services** provides transit subsidy program management, executive drivers, coordination of travel policy, travel program management, travel charge card management, fleet card management, fleet guidance, vehicle leasing services.

PSC Cybersecurity Spending

Resources for Cyber Activities

(Dollars in Thousands)

Cyber Category		FY 2023 Actual	FY 2024 Estimate	FY 2025 President's Budget	FY 2025 +/- FY 2024
PSC.....					
Detect.....	Intrusion Prevention.....	13.549	13.610	13.610	--
Identify.....	Authorization and Policy.....	2.869	3.035	3.035	--
Identify.....	Non-CDM Information Security Continuous Monitoring..	0.574	.607	0.607	--
Protect.....	System Security Testing and Analysis.....	1.721	1.821	1.821	--
Protect.....	Trusted Internet Connection.....	13.549	13.611	13.611	--
Recover.....	Incident Notification.....	8.351	8.386	8.386	--
Recover.....	Incident Recovery.....	1.67	1.677	1.677	--
Respond.....	Incident Management and Response.....	7.255	7.316	7.316	--
Total Cyber Request.		**49.538**	**50.063**	**50.063**	**--**

Non-PSC Activities

Non-PSC activities differ from those provided by the PSC in their predominate focus, which is helping HHS components comply with law, regulations, or other federal management guidelines, as well as targeted workforce management. The non-PSC activities support all components of HHS, providing support in areas such as acquisitions management, audit resolution, responding to and processing Federal tort claims, collecting and managing grants data to ensure HHS' ability to respond to regulatory requirements, providing human resources and equal employment opportunity services, and providing IT support and devices.

Assistant Secretary for Administration

The Office of the Assistant Secretary for Administration (ASA) provides a diverse shared service infrastructure to support and enable Operating Divisions (OpDivs) to perform the Department's mission critical activities. The Immediate Office of the Assistant Secretary for Administration (ASAIO) administers the internal budget and finance, human resources, procurement, facilities, information technology, security, emergency management, reasonable accommodations, and many other administrative functions.

Office of Equal Employment Opportunity, Diversity, and Inclusion (EEODI)

EEODI works to promote a discrimination–free work environment focused on serving DHHS by preventing, resolving, and processing EEO discrimination complaints in a timely and high-quality manner. In compliance with the Civil Rights Act of 1964 as amended, and other federal laws, regulations, directives, and policies prohibiting discrimination and harassment of protected individuals, EEODI processes EEO complaints for DHHS employees, applicants for employment, and former employees. Complaint processing services include counseling, Alternative Dispute Resolution (ADR), procedural determinations, and investigations. EEODI also administers the ADR program to manage conflict and prevent and resolve disputes through mediation, conflict coaching, group facilitation, and assessments. Additionally, EEODI manages the Reasonable Accommodation program for DHHS.

EEODI consists of three operational components:

- **The Office of the Director** is responsible for the overall direction of the office and EEO policy for the Department; responding to the Equal Employment Opportunity Commission on behalf of the Department, including the eight (8) EEO offices within the Operating Divisions (ACF, CDC, CMS, FDA, HRSA, IHS, NIH and OS); and to Congress. This office also has the responsibility to prepare the Annual Federal EEO Statistical Report on Discrimination Complaints (Form 462 Report) and Management Directive Report (MD-715) on behalf of OS, PSC and SAMHSA.
- **The Compliance Branch** serves as the Departmental level EEO office and is responsible for providing consultative guidance, leadership, oversight, technical assistance and enabling tools to Operating Division EEO Offices in matters related to EEO discrimination complaints management and prevention. This Branch keeps top HHS officials apprised of complaints activity and serves as the Department's focal point for liaison with the Equal Employment Opportunity Commission (EEOC), Office of Personnel Management, Merit Systems Protection Board, Office of General Accountability, and other entities on issues pertaining to discrimination complaints. This Branch also issues final Departmental decisions on the merits for complaints of discrimination filed by employees and applicants and prepares merit decisions on complaints of discrimination filed by members of the Commissioned Corps for issuance by the Surgeon General. Compliance also processes conflict of interest complaints, appeals and remands from the EEOC. The Compliance Branch reviews the Final Agency Decisions, and manages the Hearings, Remands and Appeals program.
- **The Operations Branch** manages the Department's EEO complaint investigations program, prepares, issues, and provides EEO services to the Office of the Secretary (OS), including the Program Support Center (PSC), as well as the Administration for Community Living (ACL) and the Substance Abuse and Mental Health Services Administration (SAMHSA). In its role as the servicing EEO office, this unit: provides consultative guidance to Managers and Employees on EEO matters; assigns EEO Counselors, facilitates Alternative Dispute Resolution (ADR) sessions, handles phases of EEO complaint processing at the OPDIV level, processes requests for reasonable accommodation and monitors and tracks efforts to improve representation of women and minorities. The Operations Branch provides EEO case management assistance for investigators, counselors/ADR; perform in take services, conduct EEO/Reasonable Accommodation (RA) trainings also responsible for providing EEO training, and manage the Reasonable Accommodation program. While EEODI continues to experience increases in EEO complaints activity and rise in numbers of complaints filed, conflict of interest case filings, amendments and supplemental investigations, complex cases, and court reporting services, EEODI utilizes efficient and effective processes and procedures in an attempt to reduce contract costs.

While EEODI continues to experience increases in EEO complaints activity and rise in numbers of complaints filed, conflict of interest case filings, amendments and supplemental investigations, complex cases, and court reporting services, EEODI utilizes efficient and effective processes and procedures in an attempt to reduce contract costs. EEODI also expects to continue to experience a continued demand for Alternative Dispute Resolution (ADR) services (mediation). EEODI has established an automated Reasonable Accommodation System that electronically processes Reasonable Accommodation Requests.

Office of Human Resources

OHR provides Department-wide strategic leadership, policy implementation and governance and operational services for a variety of Human Capital Management functions across the Department including the planning and development of personnel policies and human resource programs supporting the Department's mission. To assist the HHS OpDivs and StaffDivs with effectively and efficiently accomplishing their missions, OHR provides technical assistance through improved planning and recruitment of human resources and serves as the Departmental liaison to central management agencies on related matters.

OHR provides leadership in creating and sustaining a diverse workforce and an environment free of discrimination. OHR works proactively to enhance the employment of women, minorities, veterans, and people with disabilities through efforts that include policy development, program oversight, complaint resolution, diversity outreach, commemorative events, and standardized education and training programs.

OHR is organized in the below service areas:

- **HR Enterprise** is responsible for Department-wide policies, programs, and practices relevant to HHS employees including personnel deployments, workforce planning, employee relations, performance management, benefits, oversight, recruitment and placement, and human capital planning.
- **Staffing and Recruitment Operations Center (SROC)** provides customer-focused, efficient, and flexible human resources service delivery to approximately 6,800 federal employees for the HHS Office of the Secretary Staff Divisions (StaffDivs) and several Operating Divisions (OpDivs) including ACF, ACL, and SAMHSA. SROC is responsible for administering and managing various human capital programs to include classification, position management, staffing and strategic recruitment, pay administration, benefits and retirement counseling, processing personnel actions, records management, and employment policy.
- **Human Resources Solutions (HRS)** is responsible for the operations and maintenance of the Enterprise HR information technology system and other HR related systems such as timekeeping and payroll.

Office of Operations and Management

Office of Operations and Management (OOM) is responsible for supporting the achievement of the HHS mission by identifying, developing, implementing, and evaluating efficient and effective business practices within ASA and across the Department. In addition, OOM acts as an internal consulting group, maximizing return on taxpayer dollars by undertaking initiatives to improve services, reduce costs, and streamline activities across the Department. Additionally, OOM offers organizational redesign services to the Department to promote mission effectiveness, cost-savings, and increase efficiencies.

Office of the Chief Information Officer

The Office of the Chief Information Officer (OCIO) advises the Secretary and the Assistant Secretary for Administration (ASA) on matters pertaining to the use of information and related technologies to accomplish Departmental goals and program objectives. The mission of the OCIO is to establish and provide assistance and guidance on the use of technology-supported business process reengineering; investment analysis; performance measurement; strategic development and application of information

systems and infrastructure; policies to improve management of information resources and technology; and better, more efficiently service HHS customers and employees.

OCIO supports the HHS mission by leading the development and implementation of an enterprise information technology (IT) infrastructure across HHS. The OCIO is headed by the Deputy Assistant Secretary for Information Technology (DASIT)/HHS Chief Information Officer (CIO), who executes the statutory requirements of the Federal Information Technology Acquisition Reform Act (FITARA) of 2014, to ensure appropriate oversight, monitoring, compliance, and management activities across HHS' $7B IT portfolio. OCIO is comprised of the following service areas:

- **Office of Application and Platform Solutions**
  Office of Application and Platform Solutions (OAPS) is responsible for modern applications and platforms to support today's digital business challenges through agile development and cloud platforms. The services include hosting, design, development, configuration, integration, implementation, and enterprise support that enables delivery of scalable, reliable, and sustainable applications that will fuel digital transformation.

  OAPS provides information technology services for the development, configuration, and integration of enterprise services and systems for HHS and the Office of the Secretary. In addition, OAPS provides production reporting and business intelligence query dashboard capabilities for its customers.

  The development capabilities provided by OAPS include collaboration and workflow automation technologies that promote the deployment of repeatable business processes to achieve customer efficiencies and effectiveness. OAPS' integration division collects and renders data for systems and end user consumption and reporting that help to improve decision making across the Department. Its support functions provide OAPS customers with cost effective operations and maintenance, systems administration, and database support services that ensure applications and platform availability for secure and continuous business operations.

- **Office of Enterprise Services**
  The Office of Enterprise Services (OES) is the Executive Office responsible for ensuring HHS IT investments are smart, customer-centric, and compliant with federal laws and regulations such as FITARA, e-Gov and MGT Act, thereby spending according to mission capability, managed risk, and delivered value.

- **Office of Information Security**
  HHS is the repository for information on biodefense, development of pharmaceuticals, and medical information for one hundred million Americans, among a great deal of other sensitive information. As a result, HHS information is a target for cyber criminals seeking economic gain, as well as nation states who might seek to compromise the security of government information and gain economic, military, or political advantage.

  Office of Information Security (OIS) assures that all automated information systems throughout HHS are designed, operated, and maintained with the appropriate information technology security and privacy data protections.

- **Office of Operations**
  The mission of the Office of Operations (Ops) is to provide efficient and effective delivery of IT services to its customers by providing customer-driven, business-enabling technologies. Ops is responsible for providing a reliable, cost effective, scalable and flexible enterprise computing platform that supports and enhances customer IT needs and capabilities from requirements gathering through design, development, testing, implementation, and ongoing lifecycle asset refreshment for end user computers and printers. Ops supports over 22 customer organizations comprised of over 13,000 users, including all HHS Staff Divisions (StaffDivs) and participating Operating Divisions (OpDivs).

- **Office of the Chief Data Officer**
  The HHS Office of the Chief Data Officer (OCDO) provides leadership for advancing HHS's data and analytics strategy across the totality of the Department's programs. The HHS OCDO uses the regulatory and statutory framework to drive implementation of the HHS data strategy vision and support plans, strategies, and considerations for leadership in the domains of: data strategy, risk management, and governance; data management and open data; data utilization and stakeholder management; and data architecture and delivery

National Labor and Employee Relations Office

National Labor and Employee Relations Office (NLERO) is responsible for promoting the efficiency of the service, advance the mission of the Department of Health and Human Services (HHS), and protect and advocate for the Department's rights and interests.

Historically, the Labor and Employee relations functions were highly federated with limited consistency or oversight that caused substantial specialization and hindered the common requirements for the Department and were performed individually by organizations within the Human Resources function.

In support of One HHS, the Department is committed to a cohesive approach to managing our labor and employee relations functions through the coordination of uniform operational practices. This policy is issued to ensure consistent communication and oversight in the execution of these functions and will be communicated in the activities offices under the ASA.

Office of Acquisitions Management Services

Office of Acquisitions Management Services (OAMS) advises on matters pertaining to procurement and acquisitions across the shared-service landscape to accomplish Departmental goals and program objectives. The mission of OAMS is to provide the highest quality of acquisition support and solutions to the customers at the best value possible.

HHS requires creative, accessible, high-quality acquisition vehicles to successfully accomplish its mission and address pressing health and human services challenges. OAMS will continue to build strong partnerships with the HHS Operating Divisions (OpDivs) and Staff Divisions (StaffDivs) to provide goods and services that enable greater innovation, produce lifesaving solutions, and empower actions that improve health outcomes. These partnerships will build value-add acquisitions and trusted collaborative solutions to meet customer demands.

Office of the Assistant Secretary for Financial Resources

The Office of the Assistant Secretary for Financial Resources (ASFR) provides advice and guidance to the Secretary on all aspects of budget, financial management, grants and acquisition management, and provides for the direction and implementation of these activities across the Department.

Office of the Deputy Assistant Secretary of Acquisitions

The mission of the Office of Acquisitions is to provide leadership, guidance and oversight to constituent organizations, and coordinate long and short-range planning for HHS' acquisition practices, systems and workforce.

Acquisition Reform Program

In March 2009, the President mandated that all federal agencies improve acquisition practices and performance by maximizing competition and value, minimizing risk, and review of the acquisition workforce to develop, manage, and oversee acquisitions appropriately.

The HHS Acquisition Reform Workforce program which is located in the Office of the Acquisitions is responsible for every aspect of the HHS Acquisition Workforce Program – Federal Certification Management.

- Serves as the Departmental Acquisition Career Manager (ACM) supporting the Operating and Staff Divisions – HHS Acquisition Workforce of over 11,000 - with a Department-level ACM for FAC-C, FAC-P/PM, and FAC-COR.
- Verifies and validates HHS Acquisition Workforce assuring that each member has met or exceeded requirements for Federal Certification Levels in coordination with appointed Bureau Acquisition Career Managers (BACM). Ensure BACMs are qualified and appointed in accordance with policy.
- Plans and conducts quarterly ACM/BACM forums. Provides advice to BACMs residing in NIH, CMS, CDC, FDA, ACF, AHRQ, HRSA, IHS, ASPR, OIG, PSC, and SAMHSA.
- Represents HHS at Government wide Acquisition Workforce meetings.
- Represents HHS at Government wide Office of Federal Procurement Policy (OFPP) meetings to transition the Government and HHS from the Federal Acquisition Institute Training Application System (FAITAS) platform for acquisition management to the Cornerstone OnDemand (CSOD) platform.
- Manages the Centralized Training Program. Identifies training needs (to be funded by HHS) and develops a robust training plan, identifies timelines for training, collects information that supports an acquisition plan for meeting required government needs based on course content, delivery dates, logistics (facilities, location, etc.), and ensures alignment with established plans, ensures timely delivery of purchase request packages to the contracting office and consistency with outlined training plan dates.
- Collaborates with FAI on government wide AWF training needs and government requirements for certification. Disseminates requirements to AWF through various communication methods.
- Completes and submits the annual Acquisition Human Capital Plan.

Acquisition Integration and Modernization

The AIM Program was created to capture knowledge, create standardization, and provide one source for the HHS Acquisition Workforce (HHSAW) to access policies, guidance, and other acquisition tools. The program supports the acquisition related mission needs of the Department, providing tools to ensure

that the acquisition lifecycle processes are efficiently executed and comply with statutory requirements. The AIM program is managed by the Office of Acquisition Policy within the Office of Acquisitions (OA).

The AIM office supports/provides instructions and assistance to the acquisition workforce on execution of acquisition processes and procedures. AIM also conducts one-to-one engagements with OpDiv/StaffDivs and regular engagements with contracting and program officials to align acquisition strategies, plans and other procurement/contract documentation with prevailing federal regulations and statues. AIM also conducts working groups and informational sessions with contracting personnel to improve contracting compliance and ensure contracting leaderships remains abreast of changes in the federal acquisition framework. Finally, the AIM staff serve on two intergovernmental acquisition working groups to ensure HHS representation is present to contribute strategic insight for HHS needs to be considered in new federal acquisition policies and regulations.

Category Management

Category Management (CM) is a strategic business practice aligned to the requirements of OMB Memorandum 19-13 and in furtherance of Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities through the Federal Government, leveraging economies of scale, advancing equity in procurement and efficiencies. The BUYSMARTER Full Contract Scan AI Tool, domestic sourcing, combatting climate change and the SmartPay®3 Purchase Card Program aligns to CM principles by aggregating volumes of commonly purchased goods and services ensuring that use of best-in-class (BIC) solutions are balanced with decentralized contracts and other strategies that are necessary to increase diversity within the agency's small business supplier base to advance equity in procurement, maximize awards to socioeconomic small businesses and leveraging shared solutions.

CM partners with the OPDIVs/STAFFDIVs to provide an annual category management plan to the Office of Management and Budget (OMB), which describes how HHS intends to increase spend under management for common goods and services and increase the use of BIC solutions, and train and develop the workforce in category management principles and practices.

As a Federally mandated initiative outlined in OMB Memo 19-13, to manage contract spend more efficiently and effectively through a balance of Government-wide, agency-wide, and local contracts, consistent with achievement of small business goals and other socioeconomic requirements, the program is funded by the Operating and Staff Divisions that have contract authority under the Heads of the Contracting Activity (HCA). The service provides the HHS-attributed amount as allocations across the HHS OPDIVs/STAFFDIVs based on the amount of their respective transactions and obligations for the previous fiscal year.

Departmental Contracts Information System

The Departmental Contracts Information System (DCIS) program provides procurement data analysis and reporting capabilities to enable the HHS Operating Divisions (OPDIVs) to comply with requirements under Public Law 93-400 and FAR Subpart 4.6 regarding the reporting of contract actions to the Federal Procurement Data System (FPDS) and DATA Act. The DCIS program oversees the HHS FedDataCheck program. The FedDataCheck service is offered to all OPDIV/STAFFDIV Head of Contracting Activities (HCA) to monitor and improve the accuracy of FPDS data. Since implementing FedDataCheck, there has been continued improvement in HHS FPDS and USAspending data quality. In addition, it allows for a time savings in the collection of the data by the OpDIVs. The program also supports hosting and data services that provide for a central repository of accessible HHS acquisition.

The DCIS program supports the acquisition related mission needs of the Department and ultimately assures compliance with various open government and transparency initiatives.

HHS Consolidated Acquisition Solution

The HHS Consolidated Acquisition Solution (HCAS) was launched in 2009 and provides consolidated acquisition functionality and capabilities that are critical to the contract execution operations for eight of the Department's eleven Contracting Activities. This accomplished using a Commercial-Off-The-Shelf software application called "PRISM" which allows end-users to formulate, administer and distribute contractual documents that comply with the Federal Acquisition Regulation. In addition, HCAS supports the Department's efforts to standardize acquisition end-to-end business processes.

Office of Small and Disadvantaged Business Utilization

The Department of Health and Human Services' (HHS) Office of Small and Disadvantaged Business Utilization (OSDBU) was established in October 1979 pursuant to Public Law 95-507. OSDBU is the focal point for the Department's policy formulation, implementation, coordination, and management of small business programs. Organizationally, OSDBU is administratively supported by the ASFR Office of Acquisition, but reports directly to the Deputy Secretary of HHS. The office ensures that small businesses are given a fair and transparent opportunity to compete for contracts that provide goods and services to HHS; establishes, manages and tracks small business goal achievements; provides technical assistance and small business program training to OPDIV contracting and program officials; and conducts outreach and provides marketing and technical guidance to small businesses on contracting opportunities with HHS.

Office of the Deputy Assistant Secretary of Finance

The mission of the Office of Finance is to provide financial accountability and enhance program integrity through leadership, oversight, collaboration, and innovation.

Consolidated Financial Reporting System

The Consolidated Financial Reporting System (CFRS) collects and consolidates automated data extracts from HHS' core accounting systems to generate accurate Department-wide quarterly and annual financial statements on a consistent and timely basis.

The ASFR Office of Finance (OF) is the business and system owner of CFRS and provides operations and maintenance (O&M) services for this system, including core infrastructure support and hosting, as well as application support.

Financial Business Intelligence System

The Financial Business Intelligence System (FBIS) serves as a powerful business intelligence and data analytics platform for integrated, timely, and accurate reporting to support decision making at all levels throughout the Department. The ASFR Office of Finance (OF) is the business and system owner of FBIS and provides operations and maintenance (O&M) services for this system, including core infrastructure support and hosting, as well as application support.

Financial Systems Control and Program Management

The Office of Finance (OF), through Financial Systems Control and Program Management, is leading a Department-wide strategy to mature the financial management systems environment, improving governance, program management, security, effectiveness, and efficiency. Areas addressed include:

- Providing Oversight and Governance for HHS' key financial accounting and reporting systems:
  - Unified Financial Management System (UFMS)
  - Healthcare Integrated General Ledger Accounting System (HIGLAS)
  - National Institutes of Health Business System (NBS)
  - Consolidated Financial Reporting System (CFRS)
  - Financial Business Intelligence System (FBIS)
- Strengthening Financial System Controls by spearheading HHS' efforts to strengthen system controls and resolve audit weaknesses. This includes developing and implementing a risk-based approach to identify, prioritize, and oversee the resolution of the vulnerabilities, while monitoring the Department's compliance with financial system policies.
- Promoting Best-in-Class Program and Project Management by offering enterprise-wide program management support to mature the financial systems environment, improve operational processes to sustain improvement, share best practices and solutions across Department project teams, and conduct comprehensive risk management.

Office of Program Audit Coordination

The Office of Program Audit Coordination (OPAC) serves as the central point of contact for coordinating program audit support and payment accuracy activities across the Department. OPAC is organized into three Divisions: (1) Audit Resolution Division (ARD), (2) Audit Tracking and Analysis Division (ATAD), and (3) Division of Payment Integrity Improvement (DPII).

OPAC's ARD and ATAD ensure HHS compliance with the Office of Management and Budget (OMB)'s Uniform Guidance (2 CFR Part 200) and implement the Department's Shared Single Audit (SA) Resolution Vision (Shared Vision), as approved by the Financial Governance Board in August 2014. ARD leads the effort to develop standard HHS Single Audit resolution policies and operations and performs resolution of cross-cutting Single Audit findings [findings that affect the programs of more than one Operating Division (OpDiv)/Staff Division (StaffDiv)]. ATAD manages the automation initiatives in support of the Shared Vision and analyzes data to inform the Single Audit and grant management decision-making processes.

Both ARD and ATAD are engaged in efforts to (a) use digital tools to modernize antiquated compliance processes; and (b) leverage available data of recipients to produce a risk-based framework for performance management that drives results. OPAC's DPII coordinates HHS' implementation of the Payment Integrity Information Act of 2019 (PIIA), and related OMB implementing guidance contained in Appendix C of OMB Circular A-123, Management's Responsibility for Enterprise Risk Management and Internal Control. Specifically, the DPII team works with OpDivs/StaffDivs to complete risk assessments of programs and activities to determine susceptibility to significant improper payments, and to assist OpDivs/StaffDivs in complying with the PIIA and OMB implementing guidance.

Other DPII coordinating activities include: (a) HHS' improper payment reporting in the statutorily required annual Agency Financial Report and OMB data call; (b) the statutorily required Do Not Pay initiative; (c) application of PIIA requirements – including fraud risk management approaches - to new laws and programs; and (d) HHS' Office of Inspector General (OIG) engagements, including supporting

OpDiv/StaffDiv liaisons and program staff in participating in and responding to OIG requests across all OpDivs/StaffDivs, monitoring open recommendations, and sharing leading practices among audit liaisons. DPII also supports the Office of Finance's lead role in government-wide efforts to improve payment accuracy and reduce monetary loss.

Unified Financial Management Systems

The Unified Financial Management Systems (UFMS) portfolio provides the Department a secure, stable platform for effectively processing and tracking its financial and accounting transactions. The Unified Financial Management System (UFMS) is the core accounting system for the Operating Divisions (OpDivs) and Staff Divisions (StaffDivs). UFMS integrates with over 50 program, business, and administrative systems (i.e., mixed systems) to create a secure, reliable, and highly available financial management environment.

The Office of Finance (OF) is the business and system owner of UFMS and provides operations and maintenance (O&M) services for this system, including core infrastructure support and hosting, application support, audit management, security support, and internal controls support.

Office of the Deputy Assistant Secretary for Grants

The mission of the Office of Grants is to provide Department-wide leadership, guidance, and oversight to constituent organizations, and coordinate long and short-range planning for HHS' grants management policies, practices and systems and workforce.

Data and Systems Project Management Office

The Office of Grants, Division of Information and Solutions, Data and Systems Project Management Office (PMO), formerly the Tracking Accountability in Government Grants System (TAGGS), provides technical system support and data services across the HHS financial assistance enterprise.

The PMO manages the TAGGS System. Since its 1995 inception, TAGGS has been the consolidated repository of financial assistance award data for the Department. TAGGS is the only HHS, non-financial system approved for submitting financial assistance data to Treasury for publication to USASpending.gov. Currently, TAGGS houses HHS's award data for over 1.7 million distinct grant and cooperative agreement awards totaling over $7 trillion. Beginning in 2012, TAGGS collects additional types of financial assistance data including Medicare payments, loans, and loan repayments totaling an additional $4.2 trillion.

The PMO, along with the Offices of Finance and Acquisition, is responsible for the Department's compliance with the Public Law No. 109-282, the Federal Funding Accountability and Transparency Act (FFATA) and later Public Law No. 113-101, the Digital Accountability and Transparency Act of 2014 (DATA Act), and substantial data reporting work under the CARES Act. With regard to the DATA Act in particular, the PMO fields complex data sets on a monthly basis from HHS awarding agencies; cleanses and curates the data; and reports the data to USASpending.gov. As part of this work, the PMO conducts a quarterly certification of submitted data, which is time and labor intensive. The PMO also fields data questions from the Department of Treasury and the public, who are the ultimate consumers of the PMO's work.

The PMO represents the Department on a variety of inter-agency working groups that focus in whole or part on financial assistance, e-government initiatives. The PMO also holds two intra-agency working

groups at the technical, staff level, as well as at the managerial level to provide HHS with a financial assistance data, community of practice; share new and evolving reporting requirements; and to monitor implementation of major data initiatives.

The PMO is responsible for providing stakeholders with more detailed reports and data analytics than may be available on the TAGGS site itself. The PMO can field up to two, unique data inquiries from high-profile requestors on a weekly basis, with extensive data mining and complex data queries, analytics, some advanced data display capabilities, and can involve significant interaction with HHS awarding agencies to address.

Division of Workforce Development

The focus of the Division of Workforce Development (DWD) is to lead the HHS financial assistance workforce in developing and tailoring training, providing certification, resources, and tools, to empower employees for success on their learning journey. The HHS Office of Grant's Grant Management Training Academy (GMTA) provides inclusiveness learning, innovation, promoting common core competencies, transferable skills, accountability, and stewardship of taxpayer dollars. Providing the financial assistance workforce with highest quality of education contributes to enhancing health and well-being of all Americans throughout communities around the country.

The creation of DWD is the result of GAO-18-491: "Actions Needed to Ensure Staff Have Skills to Administer and Oversee Federal Grants." The audit recommendations were for HHS to establish a process for monitoring and evaluating HHS' financial assistance training at the central office level. The GAO requested this audit remain open and provide quarterly reporting indefinitely.

Grants.gov

Grants.gov (www.grants.gov) is the federal government's single site for the public to LEARN, FIND, and APPLY for over $220 billion in federal discretionary grants and cooperative agreements each year. In 2002, pursuant to the President's Management Agenda, the federal government established Grants.gov (www.grants.gov) as the federal government's single site for the public to FIND and APPLY for federal discretionary grants and cooperative agreements. The federal government created Grants.gov in large part to simplify the federal financial assistance process, improve the delivery of services to the public, and reduce the burden of agencies providing and applicants seeking financial assistance.

GrantSolutions

GrantSolutions is a partnership of HHS and other Federal awarding agencies. GrantSolutions delivers end-to-end grants management services for more than 1700 national programs that award, monitor, and financially report on grants and cooperative agreements to states, tribes, territories, and other institutions and organizations. During FY 2021, GrantSolutions processed 117,000 award actions totaling over $204B. Additionally, in FY 2021, GrantSolutions transferred from HHS/ACF to join the Office of Grants under ASFR.

Office of the Assistant Secretary for Public Affairs (ASPA)

The Office of the Assistant Secretary for Public Affairs serves as the Secretary's principal counsel on public affairs. ASPA conducts national public affairs programs, provides centralized leadership and guidance for public affairs activities within HHS' Staff and Operating Divisions and regional offices, manages the Department's digital communications, and administers the Freedom of Information and

Privacy Acts. The Division leads the planning, development, and implementation of emergency incident communications strategies and activities for the Department. ASPA reports directly to the HHS Secretary.

Digital Communications Division
The Office of the Assistant Secretary for Public Affairs, Digital Communications Division' (ASPA Digital) mission is to deliver instant and impactful communications through ASPA managed digital communications channels (e.g., websites, social media, digital marketing, etc.). In addition, ASPA Digital is leading a department-wide process to create and implement a digital communications strategy that supports the Department's vision of a future where HHS programs and America's healthcare, human services, and public health systems work better for the people we serve.

ASPA Digital aligns, coordinates, and supports the Department's digital communications and strategies as messages, information and misinformation are shifting in real time. ASPA Digital continues to offer the highest quality services, ease of access, and short-notice reaction times for nationwide and targeted audiences. The Digital team manages the technology and content for 8 Department websites and 5 Department Social Media Channels. We collaborate with our customers at every step to assure we deliver the right message to the right audience at the right time on the right platforms.

Freedom of Information Act Division
ASPA provides Freedom of Information Act (FOIA) requests and appeals services to multiple HHS Operating Divisions (OPDIVs) and one Staff Division. Services include providing FOIA guidance, and processing requests, appeals and litigations. The services provided includes:

- **Initial Requests** and Litigation Productions (working with customer FOIA liaisons with the identification of responsive records, working with customer subject matter experts and Office of General Counsel, making release and denial determinations) for:
    - Program Support Center
    - Agency for Healthcare Research and Quality
    - Office of the Assistant Secretary for Health
- **Administrative Appeals** of initial FOIA determinations (reviewing the OPDIV's denial action to determine consistency with the FOIA, HHS FOIA regulations, and case law) for seven Public Health Services and OPDIVs:
    - Agency for Healthcare Research and Quality
    - Center for Disease Control and Prevention
    - Health Resources and Services Administration
    - Indian Health Service
    - National Institutes of Health
    - Office of the Assistant Secretary for Health
    - Substance Abuse and Mental Health Services Administration

Media Monitoring
The Media Monitoring activity provides the Secretary, department, agency leadership and staff with the latest analysis of what the media is reporting about Department-wide and Agency-specific priorities, initiatives and programs. This Department-wide tool has been effective since 2009. Any OPDIV-specific requirements and additional levels of effort are provided through a contract vehicle. The list of services offered includes:

- Two daily media coverage briefings (via email and secure Internet site):
    - Executive Briefing (1-2 pages) by 6AM weekdays and by 9 AM weekends and Federal holidays (excluding Thanksgiving Day and Christmas Day)
    - Full Briefing (20-30 pages) by 7:30AM weekdays excluding Federal holidays
- Proprietary search engines – delivers a single concise organized briefing
    - Uses expert human editors to analyze thousands of stories every night (newspapers, magazines, specialty press, national and local television)
    - Summarizes information pertinent to HHS and its agencies
- Supplemental OpDiv-specific briefings – contracted separately and paid for by the OpDiv, include:
    - FDA: one daily briefing every business morning
    - NIH: two daily briefings every business morning
    - NCI: one daily briefing and analytics every business morning
    - CMS: one daily briefing every business morning and weekends

HHS Broadcast Studio

The HHS Broadcast Studio (the Studio) provides video and audiovisual services to the entire Department, which range from multi-camera studio productions; virtual meeting support; video streaming via HHS.gov/live and social media platforms; satellite media tours; motion graphics and video editing, and delivery to multiple social media channels.

The Studio supports communications to national, regional and local TV and radio stations; creates new regularly recurring video series for social media platforms; purchases new equipment and developed new workflows to support virtual advisory meetings and other virtual communication efforts.

Studio continued to adapt current service offerings and invests in new equipment to meet the current work environment, e.g., moving support of federal advisory committees in the Humphrey Building's Great Hall to full virtual support; providing training on the virtual platforms and presenting best utilize the new virtual platforms; and helping advisory committees troubleshoot meetings.

Office of the Assistant Secretary for Planning and Evaluation

ASPE advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science; and provides advice and analysis on economic policy.

Strategic Planning System

The Strategic Planning System, also known as the ASPE Strategic Planning Resource Center and Tracking Tool, is an internal web-based and PIV-card protected application that builds the strategic planning capacity of HHS leaders and staff and supports the development and implementation of strategic plans led by HHS operating and staff divisions. It was developed in close collaboration with strategic planners, performance officers, program and policy staff, research and evaluation staff, and others with roles in strategic planning from across the Department and is enhanced based on feedback from accountholders. At a high level, the Strategic Planning System offers multiple benefits to all HHS operating and staff divisions, including:

- Provides a repository of customized strategic planning resources and tools that support learning and professional development for HHS staff, managers, and leaders.
- Offers a space for collaboration and engagement between members of the HHS Strategic Planning Community of Practice and staff developing or implementing strategic plans
- Centralizes information about strategic plans developed by the Department to help reduce waste and duplication of effort, facilitate strategic planning information sharing across operating and staff divisions, and support the creation of new strategic plans that address gaps in current planning efforts.
- Communicates progress on Department-wide strategic plans, such as the National Action Plan for Combating Antibiotic-Resistant Bacteria, and Division- or Office-level strategic plans.

Office of the Assistant Secretary for Health

OASH oversees the Department's key public health offices and programs, a number of Presidential and Secretarial advisory committees, 10 regional health offices across the nation, and the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps.

Commissioned Corp Headquarters

The U.S. Public Health Service Commissioned Corps (CC) is a mobile, duty bound, all-officer group of health professionals willing to serve anywhere, anytime to meet the nation's most urgent public health needs including public health emergencies, natural disasters, and national security risks. The Commissioned Corps Headquarters (CCHQ) is responsible for all functions management of the CC, to include recruitment, commissioning, transfers, re-assignment, deployment support, medical fitness, credentialing, promotion, policy, career management, adverse actions, separations and retirements.

CCHQ is within the Office of the Surgeon General (OSG), and OSG is one of the offices within the Office of Assistant Secretary for Health (OASH). CCHQ analyzes and reports CC personnel strength and readiness status, supports CC (active duty and retiree) payroll, and develops policy to support all CC officers serving throughout Department of Health and Human Services (HHS) and numerous non-HHS agencies. CCHQ manages and maintains CC personnel programs, policies, and procedures that impact CC personnel. Specifically, CCHQ executes payroll and personnel services which include the calculation and delivery of monthly pay and allotments, the processing of special pays (e.g., health professions special pays), maintenance of personnel and medical records, the management of the CC uniformed service awards program, the management of officer performance evaluations, the processing of official personnel orders and the management of officer boards, accessioning all new calls to active duty, and deployment of officers. Payroll services also includes the delivery of payroll and maintenance of payroll records to retired officers and annuitants. In addition to their regular duties, CC officers must continue to maintain deployment readiness, and respond to public health crises worldwide, disease outbreaks, and humanitarian missions.

CCHQ is responsible for the management of deploying response teams and officers, training of all officers to ensure that they are ready to deploy, fitness for duty and medical evaluations to ensure officers are ready to deploy. Maintenance of readiness is critical to allow CC officers to respond to urgent events at the request of the Secretary and declared public health emergencies, in accordance with 42 USC 204a. Section 206 of the Pandemic and All-Hazards Preparedness Act directs the Secretary to organize members of the CC into units for rapid deployment to respond to urgent or emergency public health care needs.

Between FYs 2013 and 2022, Corps officers deployed over 12,500 times contributing to over 290,000 deployment days supporting over 500 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. Operations Allies Welcome (OAW) Mission (2021-2022) providing behavioral health and case management support for the resettlement of Afghan refugees; Unaccompanied Children (UC) Response (2021-2022) and theCOVID-19 Response. As of February 9, 2023, the COVID-19 pandemic has seen the highest historical deployment of officers to-date, with over 6,300 officer deployments, in many instances with officers deploying multiple times, in support of COVID-19.

Office of the General Counsel

The Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing quality representation and legal advice on a wide range of highly visible national issues. OGC supports the development and implementation of the Department's programs by providing the highest quality legal services to the Secretary of HHS and the organization's various agencies and divisions.

Departmental Ethics

The HHS Office of the General Counsel Ethics (Departmental Ethics Division) administers the HHS ethics program. Federal ethics laws and regulations seek to ensure that the public can have confidence that the decisions of the federal government are made in the best interests of the public, and not based on the private gain of individual employees. The HHS ethics program is, primarily, a proactive risk management program. Departmental Ethics provides ethics education, training, advice and counseling to employees concerning how their official duties could interact with their personal interests and outside activities. Departmental Ethics Division administers the Department’s financial disclosure program, to ensure leadership and employees to prevent conflicts of interest between official duties and reported assets, liabilities, outside activities, and reportable gifts.

Departmental Ethics provides ethics support to all operating and staff divisions within the Department.

Office of the General Counsel Claims

The Office of the General Counsel (OGC) receives all tort claims filed against the Department pursuant to the Federal Tort Claims Act (FTCA). These torts can range from “slips” and “falls” in Departmental facilities, to motor vehicle accidents involving Departmental vehicles, or medical malpractice in health clinics. OGC reviews and processes all these claims.

Office of National Security

ONS manages and operates the Department's National Security Classification Program, as well as provides policy and procedural guidance to HHS employees and contractors who have access to classified national security information.

Drug Free Workplace

The Drug-Free Federal Workplace Program (DFWP) was established under Executive Order (EO) 12564 and Section 503 of Public Law 100-71 to address illicit drug use, Schedule I and II, by federal employees on and off duty. In May 2019, ONS was designated as HHS' Designated Employer Representative (DER) and the Departmental Drug Program Coordinator (DPC).

ONS DFWP staff have the responsibility to oversee the HHS DFWP and ensure adherence to the SAMHSA Governing Authorities, Guidance Documents and the 1988 certified HHS Plan for a Drug-Free Workplace through implementing, directing, administering, and managing the DFWP at HHS. The ONS DFWP staff serves as the principal contact with HHS Operating and Staffing Divisions, points of contact, SAMHSA certified laboratories, collection sites, and contractors for drug testing services. Additionally, responsibilities include releasing drug test results from the Medical Review Officer (MRO) and having oversight over assuring the effective operation of the random drug testing portion of the program to include professionally trained collection personnel, quality assurance requirements for laboratory procedures, and strict confidentiality requirements.

ONS will secure and maintain records related to the program in accordance with OPM records management guidelines. The ONS DFWP staff coordinates with the Employee Assistance Program (EAP), publicizes and disseminates drug program educational materials and has oversight on training supervisors and educating employees annually regarding the HHS DFWP with an emphasis on drug use and rehabilitation for HHS.

National Security Adjudications (NSA)

The Office of National Security (ONS) was established in 2007, and in 2012 was designated by the Secretary of Health and Human Services (HHS) and the Director of National Intelligence (DNI) as the Department's Federal Intelligence Coordinating Office (FICO). In this capacity, ONS is the HHS point of contact for the Intelligence Community (IC) and is responsible for coordination with the IC and for intelligence support to HHS senior policy makers and consumers of intelligence across the Department. Additionally, ONS is responsible for safeguarding classified national security information across the Department and for the appropriate sharing of intelligence, homeland security and law enforcement information externally and, internally within HHS, among the Operating and Staff Divisions.

The Personnel Security (PerSec) Division within ONS is responsible for Departmental programs including the implementation of the Drug-Free Workplace Program across the Department, suitability, and national security adjudications, and ensuring that HHS meets timeliness goals for the initiation and adjudication phases of the personnel security clearance process.

All Purpose Table

(Dollars in Thousands)

Service and Supply Fund Activities	FY 2023 Actuals	FY 2024 Approved	FY 2025 Approved
PSC			
Federal Occupational Health Portfolio (FOH)	111,395	137,774	140,913
Financial Management Portfolio (FMP)	42,875	54,646	59,181
PSC Immediate Office (IO)	9,511	2,337	2,320
Real Estate, Logistics & Operations Portfolio (RLO)	220,422	294,206	294,449
PSC Subtotal	**384,203**	**488,963**	**496,863**
Non-PSC			
Acquisition Integration and Modernization Program	2,886	5,834	7,289
Acquisition Reform	3,275	4,113	4,437
Category Management	5,446	3,761	4,249
Commissioned Corps Headquarters	31,369	32,045	34,487
Data PMO	8,220	8,813	9,480
Departmental Contract Information System	1,173	1,910	2,147
Departmental Ethics Program	4,222	4,602	5,621
Digital Communications	33,461	42,649	43,651
Division of Workforce Development	3,128	3,655	3,824
Freedom of Information Act	1,947	2,315	3,041
Grants.gov	16,992	18,432	18,925
GrantSolutions	176,945	124,373	139,778
HHS Broadcast Studio	3,035	3,897	4,480
HHS Consolidated Acquisition Solution Operations & Maintenance	10,639	11,076	12,073
Media Monitoring and Analysis	1,314	1,249	1,372
National Labor Relations	2,614	2,655	6,326
National Security Case Management	1,919	3,883	3,792
Office of Acquisition Management Services	19,790	27,811	30,151
Office of Chief Information Office Portfolio	301,350	382,591	379,832
Office of Equal Employment Opportunity, Diversity & Inclusion	11,544	13,574	16,430
Office of General Counsel Claims	1,925	2,089	2,030

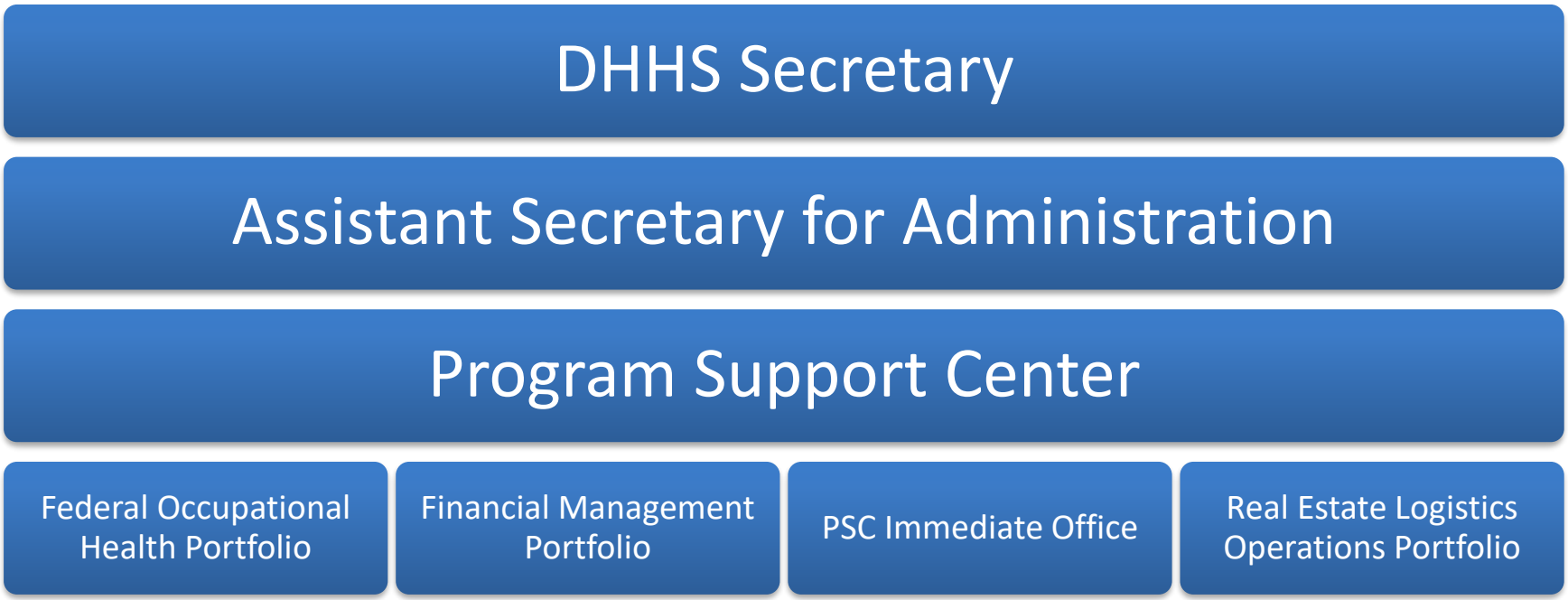
Office of Human Resources	102,516	107,195	110,686
Office of Operations and Management	2,025	935	268
Office of Program Audit Coordination	3,597	4,172	4,958
Small Business Center	4,403	5,985	7,014
Strategic Planning System	545	602	611
Unified Financial Management System Portfolio (UFMS)	63,675	78,314	85,691
Non-PSC Subtotal	**819,955**	**898,529**	**942,642**
Total SSF Revenue	1,204,158	1,387,492	1,439,506

Object Classification Table – Reimbursable Obligations

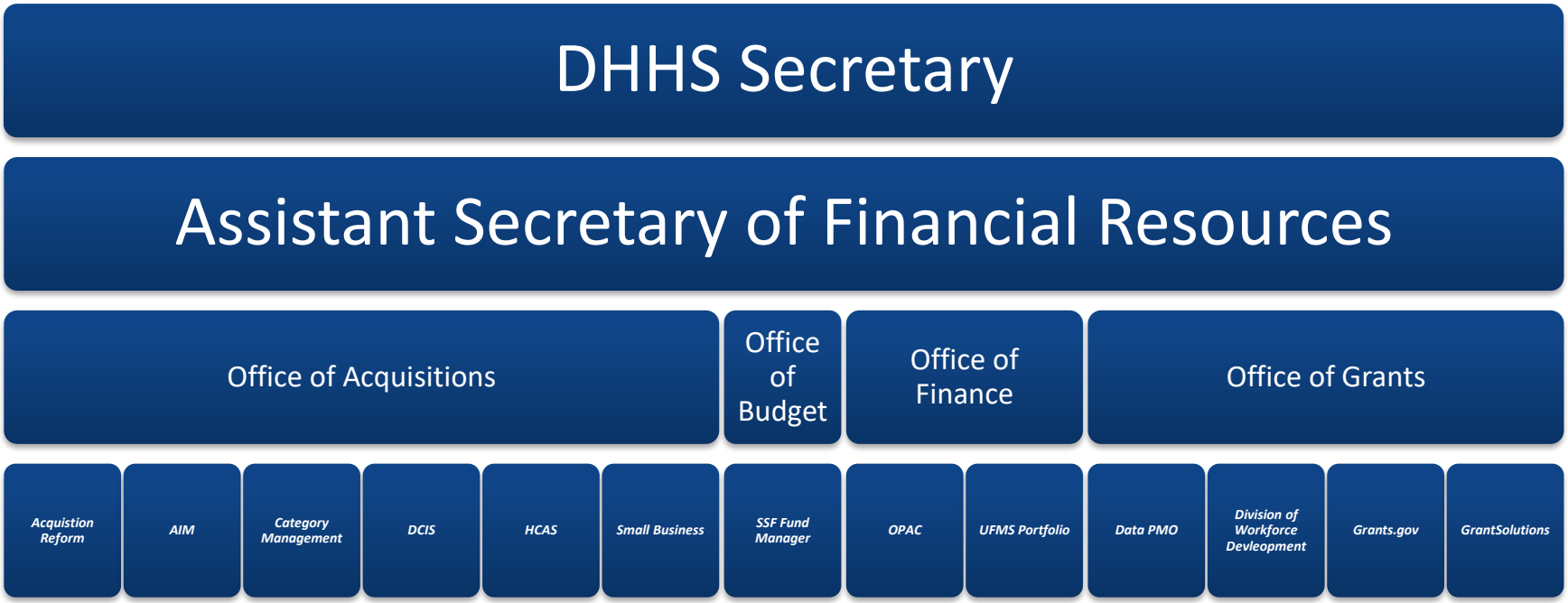
(Dollars in Thousands)

Object Class	FY 2023 Actuals	FY 2024 Approved	FY 2025 Approved
Reimbursable Obligations			
Personnel Compensation:			
Full – Time Permanent (11.1)	137,524	174,261	175,053
Other Than Full – Time Permanent (11.3)	2,428	5,840	6,391
Other Personnel Compensation (11.5)	5,327	6,370	6,413
Military Personnel (11.7)	10,048	10,833	10,897
Special Personnel Services Payments (11.8)	13,635	24,283	24,588
Subtotal, Personnel Compensation	**168,962**	**221,587**	**223,342**
Civilian Personnel Benefits (12.1)	50,582	62,476	62,763
Military Personnel Benefits (12.2)	1,145	1,441	1,444
Benefits to Former Personnel (13.0)	252	230	238
Subtotal, Pay Costs	**220,941**	**285,734**	**287,787**
Travel (21.0)	1,309	4,293	4,600
Transportation of Things (22.0)	1,530	1,600	1,626
Rental Payments to GSA (23.1)	18,901	19,266	19,447
Rental Payments to Others (23.2)	-	-	-
Communications, Utilities and Miscellaneous Charge (23.3)	5,247	39,772	39,880
Printing and Reproduction (24.0)	6,753	2,368	2,395
Other Contractual Services:			
Advisory and Assistance Services (25.1)	41,934	34,583	34,693
Other Services (25.2)	283,169	493,654	516,351
Purchases from Govt. Accounts (25.3)	316,739	328,226	329,347
Operation & Maintenance of Facilities (25.4)	21,354	21,986	22,494
Research & Development Contracts (25.5)	-	0	0
Medical Services (25.6)	1,852	13,764	15,329
Operation & Maintenance of Equipment (25.7)	219,516	47,872	69,768
Subtotal, Other Contractual Services	**918,304**	**1,007,384**	**1,055,930**
Supplies and Materials (26.0)	17,668	36,560	36,520
Equipment (31.0)	47,024	57,620	57,585
Grants (41.0)	-	-	-
Other (32), (42), (61)	221	194	1,684
Subtotal, Non – Pay Costs	**983,217**	**1,101,758**	**1,151,719**
Total, Reimbursable Obligations	**$1,204,158**	**$1,387,492**	**$1,439,506**

Program Support Center (PSC) Organizational Chart



Non- PSC Organizational Chart (1 of 3)



Acronym Key:

AIM – Acquisition Integration and Modernization

DCIS – Departmental Contracts Information System

HCAS – HHS Consolidated Acquisition Solution

OPAC – Office of Program Audit Coordination

UFMS – Unified Financial Management System

SSF Activities are italicized

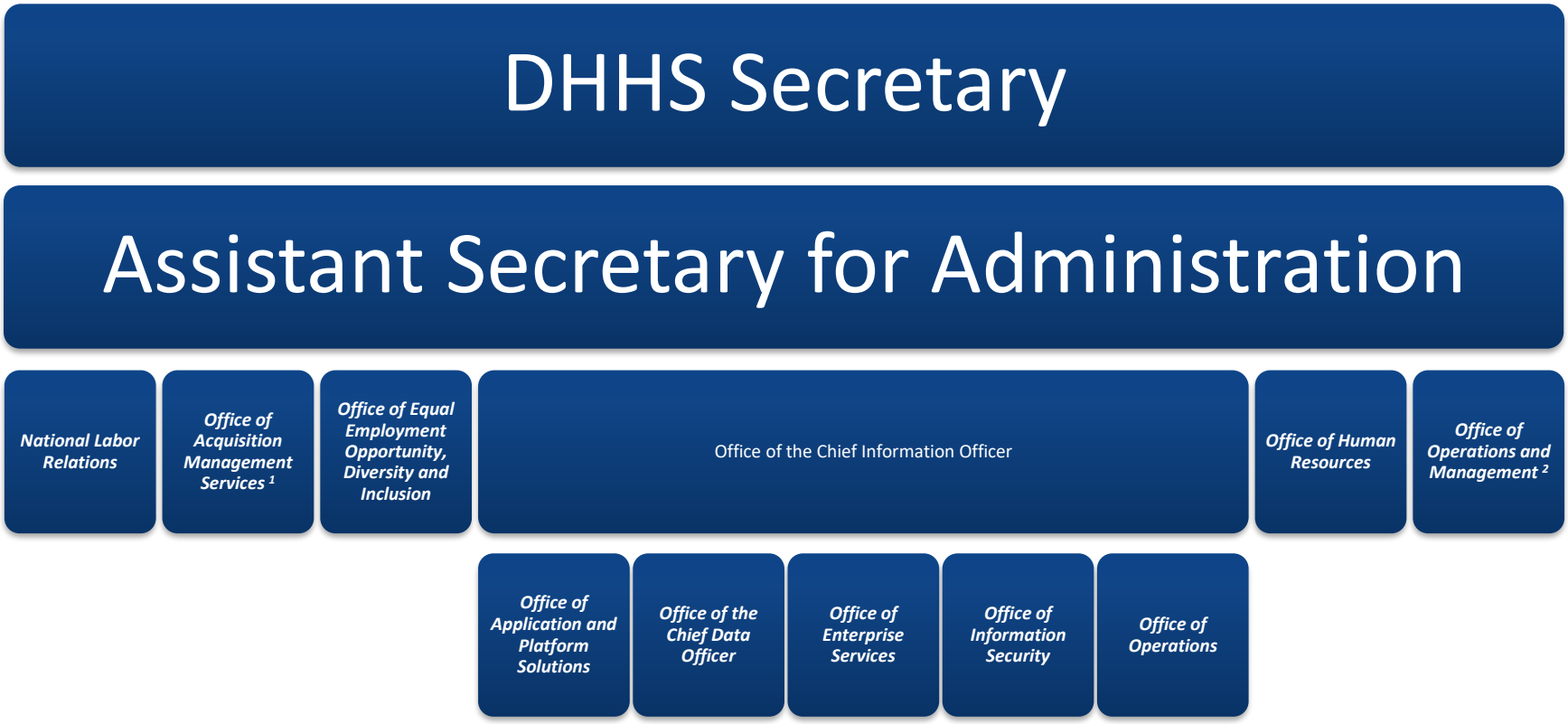
Non- PSC Organizational Chart (2 of 3)

Acronym Key:

FOIA – Freedom of Information Act

SSF Activities are italicized

Non- PSC Organizational Chart (3 of 3)



SSF Activities are italicized

1/ Realigned from PSC

2/ Formerly Office of Business Transformation (OBMT)

Debt Collection Fund

ASSISTANT SECRETARY FOR ADMINISTRATION
DEBT COLLECTION FUND

(Dollars in Thousands)

DEBT COLLECTION CENTER	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	2025 +/- 2023
Budget Authority	10,034	11,926	14,012	+3,978
FTE	25	25	25	-

Authorizing Legislation……31 U.S.C. §3711(g)(7)
2025 Authorization……Indefinite
Allocation Method ……Contract, Other

Program Description

The United States Department of the Treasury (Treasury) designated the Program Support Center as a federal debt collection center. The Debt Collection Center (DCC) has provided debt collection services to customer agencies since it was established in 1995; and has maintained designation status since May 2002. Treasury reviews DCC's operations and renews its designation as a debt collection center on a recurring basis.

Debt Collection Services offered to all federal agencies include:

- Manage debts using PSC's Debt Management Collection System
- Repayment Agreements and monthly billing statements
- Referrals of debts to:
- U.S. Department of Justice for enforced collection
- U.S. Department of the Treasury's Cross-Servicing Program and Treasury Offset Program
- HHS' Office of Inspector General for Medicare and Medicaid participation exclusion
- Private debt collection agencies
- Administrative wage garnishment
- Credit bureau reporting
- Internal Revenue Service (IRS) 1099C and 1098E reporting

The Debt Collection Center received a three-year designation from Treasury as a designated debt collection center through January 29, 2026. Debt Collection is in the process of replacing the Debt Management Collection System (DMCS) with a modern platform schedule to launch in late FY 2024.

Budget Request

The FY 2025 President's Budget level for Assistant Secretary for Administration (ASA), Program Support Center (PSC), Debt Collection is $14,012,064, which is an increase of +$3,977,648 from the FY 2023 Final level of $10,034,416.

The increased authority request will support services to our existing customers and provide additional debt collection services for HRSA CARES ACT Provider Relief, the Uninsured and Coverage Assistance programs, ACF National Youth in Transition, Child and Family Services Review, Adoption and Foster Care Analysis and Reporting programs, FDA Over the Counter Monograph Drug User Fee program, NIH OPERA Grants and CDC Permanent Change of Station Debts.

The net increase in the budget is mainly attributable to increases for contractor support due to process changes implemented for compliance with Treasury debt collection designation authority. Such as: process documentation to expand our SOP to map out current activities and the future collection program, costs for

operation and management of the new debt management and collection system, and additional contractor support requirements.

The Debt collection center is directly supported by 25.35 federal FTEs and 8 contractor positions. The FY25 budget request is to maintain the current FTE levels at 25.35 and to increase contractor positions by 7 to support additional debt programs.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	11,744,964
FY 2022	11,949,156
FY 2023 Final	10,034,416
FY 2024 CR	11,926,000
FY 2025 President's Budget	14,012,000

Program Accomplishments

- Began implementation of the Debt Management Collection System (DMCS) modernization efforts, which is expected to provide operational efficiencies, an integrated platform, and streamlined processes. The modernization efforts will support flexibility for system changes by enabling the use of current technologies that support enhanced automation applications.
- Debt Collection Center continues to successfully operate with a Treasury designation through 2026 and is the only Treasury designated full-service debt collection center.
- The Debt Collection Center recovered $159 million of debt with a workload exceeding 26,127 receivables totaling over $1.58 billion in FY 2023.

Retirement Pay & Medical Benefits for Commissioned Officers

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

(Dollars in Thousands)

	FY 2023 Actual	FY 2024 (revised)	FY 2025	FY 2025 +/-FY 2024
Retirement Payments	638,008	679,096	725,619	46,523
Survivor's Benefits	43,016	43,519	46,719	3,200
Medical Care Benefits	118,023	119,118	122,457	3,339
Subtotal	795,313	841,733	894,795	53,062
Accrued Health Care Benefits*	33,659	41,924	39,836	(2,088)
Total	828,972	883,657	934,631	50,974

*The funding levels for the accrued health care benefits are estimates and subject to change.

Authorizing Legislation 42 U.S.C., Chapter 6A; 10 U.S.C., Chapter 73; 10 U.S.C., Chapters 55; and Section 229(b) of the Social Security Act.

FY 2025 Authorization……Indefinite.

Rationale for Budget

This appropriation provides for retirement payments to Public Health Service (PHS) Commissioned Corps officers to include active-duty regular officers and Ready Reserves who are retired for age, disability, or a specific length of service as well as payments to survivors of deceased retired officers who had elected to receive reduced retirement payments.

This appropriation also funds the provision of medical care to PHS officers and retired members of the Corps under the age of 65, dependents of active duty and retired members, and dependents of deceased members. This account includes payments to the DoD Medicare-Eligible Retiree Healthcare Fund for the accrued costs of health care for beneficiaries over the age of 65.

The Accrued Health Care Benefits amount is an estimate provided by DoD Office of the Actuary. The PHS FY 2024 per capita is $6,405 (full-time members) and $2,553 (part-time members). The PHS FY 2025 per capita is $6,951 (full-time members) and $2,523 (part-time members) as of August 30, 2023. The total budget is estimated by multiplying the per capita amount with the average number of active-duty positions and part-time (Ready Reserve officers). The FY 2024 estimated number of active-duty regular positions of 5,653 and 62 Ready Reserve officers yields a total estimated budget of $36.4 million. The FY 2025 estimated number of active positions of 5,731 yields a total estimated Accrued Health Care Benefits of $39.8 million.

The total FY 2025 estimate is a net increase of $51.0M over the FY 2024 level. This request reflects increased costs in medical benefits, an annualization of amounts paid to retirees and survivors in FY 2024 and a net increase in the number of retirees and survivors.

(Dollars in thousands)	**FY 2026**	**FY 2027**	**FY 2028**	**FY 2029**	**FY 2030**
Retirement Payments	775,329	828,445	885,199	945,841	1,010,638
Survivor's Benefits	50,155	53,843	57,803	62,054	66,618
Medical Care Benefits	125,891	129,421	133,050	136,780	140,615
Subtotal	951,375	1,011,709	1,076,052	1,144,675	1,217,871
Accrued Health Care Benefits	41,732	43,717	45,798	47,977	50,260
Total	993,107	1,055,426	1,121,849	1,192,652	1,268,131

HHS General Provisions

GENERAL PROVISIONS

Title II General Provisions

SEC. 201. Funds appropriated in this title shall be available for not to exceed $50,000 for official reception and representation expenses when specifically approved by the Secretary.

SEC. 202. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II: Provided, That this section shall not apply to the Head Start program.

SEC. 203. Notwithstanding section 241(a) of the PHS Act, such portion as the Secretary shall determine, but not more than 2.5 percent, of any amounts appropriated for programs authorized under such Act shall be made available for the evaluation (directly, or by grants or contracts) and the implementation and effectiveness of programs funded in this title.

SEC. 204. Not to exceed 1 percent of any discretionary funds (pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985) which are appropriated for the current fiscal year for HHS in this Act may be transferred between appropriations, but no such appropriation shall be increased by more than 3 percent by any such transfer: Provided, That the transfer authority granted by this section shall not be used to create any new program or to fund any project or activity for which no funds are provided in this Act: Provided further, That the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of any transfer.

SEC. 205. In lieu of the timeframe specified in section 338E(c)(2) of the PHS Act, terminations described in such section may occur up to 60 days after the effective date of a contract awarded in fiscal year 2025 under section 338B of such Act, or at any time if the individual who has been awarded such contract has not received funds due under the contract.

SEC. 206. None of the funds appropriated in this Act may be made available to any entity under title X of the PHS Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

SEC. 207. Notwithstanding any other provision of law, no provider of services under title X of the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

SEC. 208. None of the funds appropriated by this Act (including funds appropriated to any trust fund) may be used to carry out the Medicare Advantage program if the Secretary denies participation in such program to an otherwise eligible entity (including a Provider Sponsored Organization) because the entity informs the Secretary that it will not provide, pay for, provide coverage of, or provide referrals for abortions: Provided, That the Secretary shall make appropriate prospective adjustments to the capitation payment to such an entity (based on an

actuarially sound estimate of the expected costs of providing the service to such entity's enrollees): Provided further, That nothing in this section shall be construed to change the Medicare program's coverage for such services and a Medicare Advantage organization described in this section shall be responsible for informing enrollees where to obtain information about all Medicare covered services.

SEC. 209. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

SEC. 210. In order for HHS to carry out international health activities, including HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad during fiscal year 2025:

(1) The Secretary may exercise authority equivalent to that available to the Secretary of State in section 2(c) of the State Department Basic Authorities Act of 1956. The Secretary shall consult with the Secretary of State and relevant Chief of Mission to ensure that the authority provided in this section is exercised in a manner consistent with section 207 of the Foreign Service Act of 1980 and other applicable statutes administered by the Department of State.

(2) The Secretary is authorized to provide such funds by advance or reimbursement to the Secretary of State as may be necessary to pay the costs of acquisition, lease, alteration, renovation, and management of facilities outside of the United States for the use of HHS. The Department of State shall cooperate fully with the Secretary to ensure that HHS has secure, safe, functional facilities that comply with applicable regulation governing location, setback, and other facilities requirements and serve the purposes established by this Act. The Secretary is authorized, in consultation with the Secretary of State, through grant or cooperative agreement, to make available to public or nonprofit private institutions or agencies in participating foreign countries, funds to acquire, lease, alter, or renovate facilities in those countries as necessary to conduct programs of assistance for international health activities, including activities relating to HIV/AIDS and other infectious diseases, chronic and environmental diseases, and other health activities abroad.

(3) The Secretary is authorized to provide to personnel appointed or assigned by the Secretary to serve abroad, allowances and benefits similar to those provided under chapter 9 of title I of the Foreign Service Act of 1980, and 22 U.S.C. 4081 through 4086 and subject to such regulations prescribed by the Secretary. The Secretary is further authorized to provide locality-based comparability payments (stated as a percentage) up to the amount of the locality-based comparability payment (stated as a percentage) that would be payable to such personnel under section 5304 of title 5, United States Code if such personnel's official duty station were in the District of Columbia. Leaves of absence for personnel under this subsection shall be on the same basis as that provided under subchapter I of chapter 63 of title 5, United States Code, or section 903 of the Foreign Service Act of 1980, to individuals serving in the Foreign Service.

(4) The Secretary may acquire, lease, construct, alter, renovate, equip, furnish, or manage facilities outside of the United States, as necessary to conduct such programs, in consultation with the Secretary of State, either directly for the use of the United States Government or for the

use, pursuant to grants, direct assistance, or cooperative agreements, of public or nonprofit private institutions or agencies in participating foreign countries.

SEC. 211. The Director of the NIH, jointly with the Director of the Office of AIDS Research, may transfer up to 3 percent among institutes and centers from the total amounts identified by these two Directors as funding for research pertaining to the human immunodeficiency virus: Provided, That the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of any transfer.

SEC. 212. Of the amounts made available in this Act for NIH, the amount for research related to the human immunodeficiency virus, as jointly determined by the Director of NIH and the Director of the Office of AIDS Research, shall be made available to the "Office of AIDS Research" account. The Director of the Office of AIDS Research shall transfer from such account amounts necessary to carry out section 2353(d)(3) of the PHS Act.

SEC. 213. (a) AUTHORITY.—Notwithstanding any other provision of law, the Director of NIH ("Director") may use funds authorized under section 402(b)(12) of the PHS Act to enter into transactions (other than contracts, cooperative agreements, or grants) to carry out research identified pursuant to or research and activities described in such section 402(b)(12).

(b) PEER REVIEW.—In entering into transactions under subsection (a), the Director may utilize such peer review procedures (including consultation with appropriate scientific experts) as the Director determines to be appropriate to obtain assessments of scientific and technical merit. Such procedures shall apply to such transactions in lieu of the peer review and advisory council review procedures that would otherwise be required under sections 301(a)(3), 405(b)(1)(B), 405(b)(2), 406(a)(3)(A), 492, and 494 of the PHS Act.

SEC. 214. Not to exceed $100,000,000 of funds appropriated by this Act to the offices, institutes, and centers of the National Institutes of Health may be used for alteration, repair, or improvement of facilities, as necessary for the proper and efficient conduct of the activities authorized herein, at not to exceed $5,000,000 per project.

SEC. 215. Of the amounts made available for NIH, 1 percent of the amount made available for National Research Service Awards ("NRSA") shall be made available to the Administrator of the Health Resources and Services Administration to make NRSA awards for research in primary medical care to individuals affiliated with entities who have received grants or contracts under sections 736, 739, or 747 of the PHS Act, and 1 percent of the amount made available for NRSA shall be made available to the Director of the Agency for Healthcare Research and Quality to make NRSA awards for health service research.

SEC. 216. (a) The Biomedical Advanced Research and Development Authority ("BARDA") may enter into a contract, for more than one but no more than 10 program years, for purchase of research services or of security countermeasures, as that term is defined in section 319F-2(c)(1)(B) of the PHS Act (42 U.S.C. 247d–6b(c)(1)(B)), if—

(1) funds are available and obligated—

(A) for the full period of the contract or for the first fiscal year in which the contract is in effect; and
(B) for the estimated costs associated with a necessary termination of the contract; and
(2) the Secretary determines that a multi-year contract will serve the best interests of the Federal Government by encouraging full and open competition or promoting economy in administration, performance, and operation of BARDA's programs.
(b) A contract entered into under this section—
(1) shall include a termination clause as described by subsection (c) of section 3903 of title 41, United States Code; and
(2) shall be subject to the congressional notice requirement stated in subsection (d) of such section.

SEC. 217. None of the funds made available by this Act from the Federal Hospital Insurance Trust Fund or the Federal Supplemental Medical Insurance Trust Fund, or transferred from other accounts funded by this Act to the "Centers for Medicare & Medicaid Services—Program Management" account, may be used for payments under section 1342(b)(1) of Public Law 111–148 (relating to risk corridors).

SEC. 218. Effective during the period beginning on November 1, 2015 and ending September 30, 2025, any provision of law that refers (including through cross-reference to another provision of law) to the current recommendations of the United States Preventive Services Task Force with respect to breast cancer screening, mammography, and prevention shall be administered by the Secretary involved as if—

(1) such reference to such current recommendations were a reference to the recommendations of such Task Force with respect to breast cancer screening, mammography, and prevention last issued before 2009; and
(2) such recommendations last issued before 2009 applied to any screening mammography modality under section 1861(jj) of the Social Security Act (42 U.S.C. 1395x(jj)).

SEC. 219. The NIH Director may transfer funds for opioid addiction, opioid alternatives, stimulant misuse and addiction, pain management, and addiction treatment to other Institutes and Centers of the NIH to be used for the same purpose 15 days after notifying the Committees on Appropriations of the House of Representatives and the Senate: Provided, That the transfer authority provided in the previous proviso is in addition to any other transfer authority provided by law.

SEC. 220. Funds appropriated in this Act that are available for salaries and expenses of employees of the Department of Health and Human Services shall also be available to pay travel and related expenses of such an employee or of a member of his or her family, when such employee is assigned to duty, in the United States or in a U.S. territory, during a period and in a location that are the subject of a determination of a public health emergency under section 319 of the Public Health Service Act and such travel is necessary to obtain medical care for an illness, injury, or medical condition that cannot be adequately addressed in that location at that time. For purposes of this section, the term "U.S. territory" means Guam, the Commonwealth of

Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, or the Trust Territory of the Pacific Islands.

SEC. 221. The Department of Health and Human Services may accept donations from the private sector, nongovernmental organizations, and other groups independent of the Federal Government for the care of unaccompanied alien children (as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))) in the care of the Office of Refugee Resettlement of the Administration for Children and Families, including monetary donations, medical goods, and services, which may include early childhood developmental screenings, school supplies, toys, clothing, and any other items and services intended to promote the wellbeing of such children.

SEC. 222. None of the funds made available in this Act under the heading "Department of Health and Human Services—Administration for Children and Families—Refugee and Entrant Assistance" may be obligated to a grantee or contractor to house unaccompanied alien children (as such term is defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))) in any facility that is not State-licensed for the care of unaccompanied alien children, except in the case that the Secretary determines that housing unaccompanied alien children in such a facility is necessary on a temporary basis due to an influx of such children or an emergency, provided that—

(1) the terms of the grant or contract for the operations of any such facility that remains in operation for more than six consecutive months shall require compliance with—

(A) the same requirements as licensed placements, as listed in Exhibit 1 of the Flores Settlement Agreement that the Secretary determines are applicable to non-State licensed facilities; and

(B) staffing ratios of one (1) on-duty Youth Care Worker for every eight (8) children or youth during waking hours, one (1) on-duty Youth Care Worker for every sixteen (16) children or youth during sleeping hours, and clinician ratios to children (including mental health providers) as required in grantee cooperative agreements;

(2) the Secretary may grant a 60-day waiver for a contractor's or grantee's non-compliance with paragraph (1) if the Secretary certifies and provides a report to Congress on the contractor's or grantee's good-faith efforts and progress towards compliance;

(3) not more than four consecutive waivers under paragraph (2) may be granted to a contractor or grantee with respect to a specific facility;

(4) ORR shall ensure full adherence to the monitoring requirements set forth in section 5.5 of its Policies and Procedures Guide as of May 15, 2019;

(5) for any such unlicensed facility in operation for more than three consecutive months, ORR shall conduct a minimum of one comprehensive monitoring visit during the first three months of operation, with quarterly monitoring visits thereafter; and

(6) not later than 60 days after the date of enactment of this Act, ORR shall brief the Committees on Appropriations of the House of Representatives and the Senate outlining the requirements of ORR for influx facilities including any requirement listed in paragraph (1)(A) that the Secretary has determined are not applicable to non-State licensed facilities.

SEC. 223. In addition to the existing Congressional notification for formal site assessments of potential influx facilities, the Secretary shall notify the Committees on Appropriations of the House of Representatives and the Senate at least 15 days before operationalizing an unlicensed facility, and shall (1) specify whether the facility is hard-sided or soft-sided, and (2) provide analysis that indicates that, in the absence of the influx facility, the likely outcome is that unaccompanied alien children will remain in the custody of the Department of Homeland Security for longer than 72 hours or that unaccompanied alien children will be otherwise placed in danger. Within 60 days of bringing such a facility online, and monthly thereafter, the Secretary shall provide to the Committees on Appropriations of the House of Representatives and the Senate a report detailing the total number of children in care at the facility, the average length of stay and average length of care of children at the facility, and, for any child that has been at the facility for more than 60 days, their length of stay and reason for delay in release.

SEC. 224. None of the funds made available in this Act may be used to prevent a United States Senator or Member of the House of Representatives from entering, for the purpose of conducting oversight, any facility in the United States used for the purpose of maintaining custody of, or otherwise housing, unaccompanied alien children (as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))), provided that such Senator or Member has coordinated the oversight visit with the Office of Refugee Resettlement not less than two business days in advance to ensure that such visit would not interfere with the operations (including child welfare and child safety operations) of such facility.

SEC. 225. Funds appropriated in this Act that are available for salaries and expenses of employees of the Centers for Disease Control and Prevention shall also be available for the primary and secondary schooling of eligible dependents of personnel stationed in a U.S. territory as defined in section 229 of this Act at costs not in excess of those paid for or reimbursed by the Department of Defense.

SEC. 226. Of the unobligated balances in the "Nonrecurring Expenses Fund" established in section 223 of division G of Public Law 110–161, $500,000,000 are hereby permanently cancelled not later than September 30, 2025.

SEC. 227. Funds made available to the Centers for Disease Control and Prevention in this or any other Act, or any prior Act, that are available for construction or renovation of facilities for the Centers for Disease Control and Prevention shall be available for such purposes on property leased by the United States Government in Fort Collins, Colorado.

SEC. 228. An Operating or Staff Division in HHS may enter into a reimbursable agreement with another major organizational unit within HHS or of another agency under which the ordering agency or unit delegates to the servicing agency or unit the authority and funding to issue a grant or cooperative agreement on its behalf: Provided, That the head of the ordering agency or

unit must certify that amounts are available and that the order is in the best interests of the United States Government: Provided further, That funding may be provided by way of advance or reimbursement, as deemed appropriate by the ordering agency or unit, with proper adjustments of estimated amounts provided in advance to be made based on actual costs: Provided further, That an agreement made under this section obligates an appropriation of the ordering agency or unit, including for costs to administer such grant or cooperative agreement, and such obligation shall be deemed to be an obligation for any purpose of law: Provided further, That an agreement made under this section may be performed for a period that extends beyond the current fiscal year.

SEC. 229. (a) The Secretary may reserve not more than 0.25 percent from each appropriation made available in this Act to the accounts of the Administration of Children and Families identified in subsection (b) in order to carry out evaluations of any of the programs or activities that are funded under such accounts: Provided, That funds reserved under this subsection may be transferred to the "Children and Families Services Programs" account for use by the Assistant Secretary for the Administration for Children and Families and shall remain available until expended: Provided further, That such transferred funds shall only be available if the Assistant Secretary submits a plan to the Committees on Appropriations of the House of Representatives and the Senate describing the evaluations to be carried out 15 days in advance of any such transfer.

(b) The accounts referred to in subsection (a) are: "Low Income Home Energy Assistance, Refugee and Entrant Assistance", "Payments to States for the Child Care and Development Block Grant", and "Children and Families Services Programs".

SEC. 230. Amounts made available to the Department of Health and Human Services in this or any other Act under the heading "Administration for Children and Families--Refugee and Entrant Assistance" may in this fiscal year and hereafter be used to provide, including through grants, contracts, or cooperative agreements, mental health and other supportive services, including access to legal services, to children, parents, and legal guardians who were separated at the United States-Mexico border between January 20, 2017 and January 20, 2021: Provided, That such services shall also be available to immediate family members of such individuals if such family members are in the United States and in the same household: Provided further, That amounts made available to the Department of Health and Human Services for refugee and entrant assistance activities in any other provision of law may be used to carry out the purposes of this section: Provided further, That the Secretary of Health and Human Services may identify the children, parents, and legal guardians eligible to receive mental health and other supportive services described under this section through reference to the identified members of the classes, and their minor children, in the class-action lawsuits Ms. J.P. v. Barr and Ms. L. v. ICE: Provided further, That the Secretary has sole discretion to identify the individuals who will receive services under this section due to their status as immediate family members residing in the same household of class members or class members' minor children, and such identification shall not be subject to judicial review.

SEC. 231. (a) PREMIUM PAY AUTHORITY. If services performed by a Department employee during a public health emergency declared under section 319 of the Public Health Service Act

are determined by the Secretary of Health and Human Services to be primarily related to preparation for, prevention of, or response to such public health emergency, any premium pay that is provided for such services shall be exempted from the aggregate of basic pay and premium pay calculated under section 5547(a) of title 5, United States Code, and any other provision of law limiting the aggregate amount of premium pay payable on a biweekly or calendar year basis.

(b) OVERTIME AUTHORITY. Any overtime that is provided for such services described in subsection (a) shall be exempted from any annual limit on the amount of overtime payable in a calendar or fiscal year.

(c) APPLICABILITY OF AGGREGATE LIMITATION ON PAY. In determining, for purposes of section 5307 of title 5, United States Code, whether an employees total pay exceeds the annual rate payable under such section, the Secretary of Health and Human Services shall not include pay exempted under this section.

(d) LIMITATION OF PAY AUTHORITY. Pay exempted from otherwise applicable limits under subsection (a) shall not cause the aggregate pay earned for the calendar year in which the exempted pay is earned to exceed the rate of basic pay payable for a position at level II of the Executive Schedule under section 5313 of title 5, United States Code.

(e) DANGER PAY FOR SERVICE IN PUBLIC HEALTH EMERGENCIES The Secretary of Health and Human Services may grant a danger pay allowance under section 5928 of title 5, United States Code, without regard to the limitations in the first sentence of such section, for work that is performed by a Department employee during a public health emergency declared under section 319 of the Public Health Service Act that the Secretary determines is primarily related to preparation for, prevention of, or response to such public health emergency and is performed under conditions that threaten physical harm or imminent danger to the health or well-being of the employee.

(f) EFFECTIVE DATE. Subsections (a), (b), (c), and (d) of this section shall take effect as if enacted on September 30, 2021, and subsection (e) of this section shall take effect as if enacted on September 30, 2022.

SEC. 232. Section 317G of the Public Health Service Act (42 U.S.C. 247b-8) is amended by adding at the end the following: "The Secretary may, no later than 120 days after the end of an individual's participation in such a fellowship or training program, and without regard to those provisions of title 5 of the United States Code governing appointments in the competitive service, appoint a participant in such a fellowship or training program to a term or permanent position in the Centers for Disease Control and Prevention.".

SEC. 233. For purposes of any transfer to appropriations under the heading "Department of Health and Human Services--Office of the Secretary--Public Health and Social Services Emergency Fund", section 204 of this Act shall be applied by substituting "10 percent" for "3 percent".

SEC. 234. Section 402A(d) of the Public Health Service Act (42 U.S.C. 282a(d)) is amended—

(1) in the first sentence by striking "under subsection (a)" and inserting "to carry out this title"; and
(2) in the second sentence by striking "account under subsection (a)(1)".

SEC. 235. Section 2813 of the Public Health Service Act (42 U.S.C. 300hh-15) is amended—

(1) by redesignating subsection (i) as subsection (j); and

(2) by inserting after subsection (h) the following new subsection:

"(i) TORT CLAIMS AND WORK INJURY COMPENSATION COVERAGE FOR CORPS VOLUNTEERS.—

"(1) IN GENERAL. If under section 223 and regulations pursuant to such section, and through an agreement entered into in accordance with such regulations, the Secretary accepts, from an individual in the Corps, services for a specified period that are volunteer and without compensation other than reasonable reimbursement or allowance for expenses actually incurred, such individual shall, during such period, have the coverages described in paragraphs (2) and (3).

"(2) FEDERAL TORT CLAIMS ACT COVERAGE. Such individual shall, while performing such services during such period—

"(A) be deemed to be an employee of the Department of Health and Human Services, for purposes of claims under sections 1346(b) and 2672 of title 28, United States Code, for money damages for personal injury, including death, resulting from performance of functions under such agreement; and

"(B) be deemed to be an employee of the Public Health Service performing medical, surgical, dental, or related functions, for purposes of having the remedy provided by such sections of title 28 be exclusive of any other civil action or proceeding by reason of the same subject matter against such individual or against the estate of such individual.

"(3) COMPENSATION FOR WORK INJURIES. Such individual shall, while performing such services during such period, be deemed to be an employee of the Department of Health and Human Services, and an injury sustained by such an individual shall be deemed 'in the performance of duty', for purposes of chapter 81 of title 5, United States Code, pertaining to compensation for work injuries.".

SEC. 236. (a) The Public Health Service Act (42 U.S.C. 201 et seq.), the Controlled Substances Act (21 U.S.C. 801 et seq.), the Comprehensive Smoking Education Act (15 U.S.C. 1331 et seq.), the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198), the Drug Abuse Prevention, Treatment, and Rehabilitation Act (21 U.S.C. 1101 et seq.), the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10101 et seq.), and title 5 of the United States Code are each amended—

(1) by striking "National Institute on Drug Abuse" each place it appears and inserting "National Institute on Drugs and Addiction"; and

(2) by striking "National Advisory Council on Drug Abuse" each place it appears and inserting "National Advisory Council on Drugs and Addiction".

(b) Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended

(1) in section 464H(b)(5), by striking "National Institute of Drug Abuse" and inserting "National Institute on Drugs and Addiction";

(2) in sections 464L, 464M(a), 464O, and 494A, by striking "drug abuse" each place it appears and inserting "drug use";

(3) in section 464L(a), by striking "treatment of drug abusers" and inserting "treatment of drug addiction";

(4) in section 464M(a), by striking "prevention of such abuse" and inserting "prevention of such use";

(5) in section 464N—

(A) in the section heading, by striking "DRUG ABUSE RESEARCH CENTERS" and inserting "DRUGS AND ADDICTION RESEARCH CENTERS";

(B) in subsection (a)—

(i) in the matter preceding paragraph (1), by striking "National Drug Abuse Research Centers" and inserting "National Drugs and Addiction Research Centers"; and

(ii) in paragraph (1)(C), by striking "treatment of drug abuse" and inserting "treatment of drug addiction"; and

(C) in subsection (c)

(i) by striking "DRUG ABUSE AND ADDICTION RESEARCH" and inserting "DRUGS AND ADDICTION RESEARCH CENTERS";

(ii) in paragraph (1), by striking "National Drug Abuse Treatment Clinical Trials Network" and inserting "National Drug Addiction Treatment Clinical Trials Network"; and

(iii) in paragraph (2)(H), by striking "reasons that individuals abuse drugs, or refrain from abusing drugs" and inserting "reasons that individuals use drugs or refrain from using drugs"; and

(6) in section 464P

(A) in subsection (a)

(i) in paragraph (1), by striking "drug abuse treatments" and inserting "drug addiction treatments"; and

(ii) in paragraph (6), by striking "treatment of drug abuse" and inserting "treatment of drug addiction"; and

(B) in subsection (d)

(i) by striking "disease of drug abuse" and inserting "disease of drug addiction";

(ii) by striking "abused drugs" each place it appears and inserting "addictive drugs"; and

(iii) by striking "drugs of abuse" and inserting "drugs of addiction".

(c) Section 464N of the Public Health Service Act (42 U.S.C. 285o-2), as amended by subsection (b)(5), is further amended by striking "drug abuse" each place it appears and inserting "drug use".

(d) Any reference in any law, regulation, map, document, paper, or other record of the United States to the National Institute on Drug Abuse shall be considered to be a reference to the National Institute on Drugs and Addiction.

SEC. 237. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) and the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (42 U.S.C. 4541 et seq.) are each amended—

(1) by striking "National Institute on Alcohol Abuse and Alcoholism" each place it appears and inserting "National Institute on Alcohol Effects and Alcohol-Associated Disorders"; and

(2) by striking "National Advisory Council on Alcohol Abuse and Alcoholism" each place it appears and inserting "National Advisory Council on Alcohol Effects and Alcohol-Associated Disorders".

(b) Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(1) in section 464H—

(A) in subsection (a)—

(i) by striking "prevention of alcohol abuse" and inserting "prevention of alcohol misuse"; and

(ii) by striking "treatment of alcoholism" and inserting "treatment of alcohol- associated disorders"; and

(B) in subsection (b)—

(i) in paragraph (3)—

(I) in subparagraph (A), by striking "alcohol abuse and domestic violence" and inserting "alcohol misuse and domestic violence";

(II) in subparagraph (D), by striking "abuse of alcohol" and inserting "misuse of alcohol";

(III) by striking subparagraph (E) and inserting the following:

"(E) the effect of social pressures, legal requirements regarding the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages on the incidence of alcohol misuse, alcohol use disorder, and other alcohol-associated disorders,"; and

(ii) in paragraph (5), by striking "impact of alcohol abuse" and inserting "impact of alcohol misuse";

(2) in sections 464H(b), 464I, and 494A, by striking "alcohol abuse and alcoholism" each place it appears and inserting "alcohol misuse, alcohol use disorder, and other alcohol-associated disorders";

(3) in sections 464H(b) and 464J(a), by striking "alcoholism and alcohol abuse" each place it appears and inserting "alcohol misuse, alcohol use disorder, and other alcohol-associated disorders"; and

(4) in section 464J(a)—

(A) by striking "alcoholism and other alcohol problems" each place it appears and inserting "alcohol misuse, alcohol use disorder, and other alcohol-associated disorders";

(B) in the matter preceding paragraph (1), by striking "interdisciplinary research related to alcoholism" and inserting "interdisciplinary research related to alcohol-associated disorders"; and

(C) in paragraph (1)(E), by striking "alcohol problems" each place it appears and inserting "alcohol misuse, alcohol use disorder, and other alcohol-associated disorders".

(c) Any reference in any law, regulation, map, document, paper, or other record of the United States to the National Institute on Alcohol Abuse and Alcoholism shall be considered to be a reference to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.

SEC. 238. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration";

(2) by striking "Center for Substance Abuse Treatment" each place it appears and inserting "Center for Substance Use Services"; and

(3) by striking "Center for Substance Abuse Prevention" each place it appears and inserting "Center for Substance Use Prevention Services".

(b) Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) in the title heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION";

(2) in section 501—

(A) in the section heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION"; and

(B) in subsection (a), by striking "(hereafter referred to in this title as the Administration)" and inserting "(hereafter referred to in this title as SAMHSA or the Administration)";

(3) in section 507, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES";

(4) in section 513(a), in the subsection heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES"; and

(5) in section 515, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(c) Section 1932(b)(3) of the Public Health Service Act (42 U.S.C. 300x-32(b)(3)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(d) Section 1935(b)(2) of the Public Health Service Act (42 U.S.C. 300x-35(b)(2)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(e) The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.) is amended by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(f) The Social Security Act is amended in sections 1861, 1866F, and 1945 (42 U.S.C. 1395x, 1395cc-6, 1396w-4) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(g) Section 105(a)(7)(C)(i)(III) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)(7)(C)(i)(III)) is amended by striking "Substance Abuse and Mental Health Services Administration" and inserting "Substance use And Mental Health Services Administration".

(h) (1) Except as provided in paragraph (2), any reference in any law, regulation, map, document, paper, or other record of the United States to the Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Treatment of such Administration, or the Center for Substance Abuse Prevention of such Administration shall be considered to be a reference to the Substance use And Mental Health Services Administration, the Center for Substance Use Services of such Administration, or the Center for Substance Use Prevention Services of such Administration, respectively.

(2) Paragraph (1) shall not be construed to alter or affect section 6001(d) of the 21st Century Cures Act (42 U.S.C. 290aa note), providing that a reference to the Administrator of the

Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.

SEC. 239. Funds made available to the Secretary of Health and Human Services in this or any other Act or prior Acts that are available for acquisition of real property or for construction or improvement of facilities may be used to make improvements on property owned or leased by the Federal Government and property located directly adjacent to or within one mile from such property, provided that the primary benefit of such improvements accrues to the Department or the component thereof funding such improvements.

SEC. 240. Of the unobligated balances from amounts made available under the heading "Department of Health and Human Services—Administration for Children and Families—Children and Families Services Programs" for grants to States for adoption and legal guardianship incentives payments, as defined by section 473A of the Social Security Act in fiscal year 2024 or before, $71,000,000 is hereby permanently cancelled.

Title V General Provisions

SEC. 501. The Secretaries of Labor, Health and Human Services, and Education are authorized to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations provided in this Act. Such transferred balances shall be used for the same purpose, and for the same periods of time, for which they were originally appropriated.

SEC. 502. No part of any appropriation contained in this Act shall remain available for obligation beyond the current fiscal year unless expressly so provided herein.

SEC. 503. (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships and State-local relationships for presentation to any State or local legislature or legislative body itself, or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

SEC. 505. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state—

(1) the percentage of the total costs of the program or project which will be financed with Federal money;

(2) the dollar amount of Federal funds for the project or program; and

(3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

SEC. 506. (a) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

(b) In this section, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

SEC. 507. (a) None of the funds made available in this Act may be used for—

(1) the creation of a human embryo or embryos for research purposes; or
(2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(b) For purposes of this section, the term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

SEC. 508. (a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

(b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

SEC. 509. None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual's capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard.

SEC. 512. (a) None of the funds made available in this Act may be used to request that a candidate for appointment to a Federal scientific advisory committee disclose the political affiliation or voting history of the candidate or the position that the candidate holds with respect to political issues not directly related to and necessary for the work of the committee involved.

(b) None of the funds made available in this Act may be used to disseminate information that is deliberately false or misleading.

SEC. 515. (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

SEC. 516. Of amounts deposited in the Child Enrollment Contingency Fund under section 2104(n)(2) of the Social Security Act and the income derived from investment of those funds pursuant to section 2104(n)(2)(C) of that Act, $21,380,812,919 shall not be available for obligation in this fiscal year.

SEC. 517. (a) This section applies to: (1) the Office of the Assistant Secretary for Planning and Evaluation within the Office of the Secretary and the Administration for Children and Families in the Department of Health and Human Services; and (2) the Chief Evaluation Office and the

statistical-related cooperative and interagency agreements and contracting activities of the Bureau of Labor Statistics in the Department of Labor.

(b) Amounts made available under this or any other Act which are either appropriated, allocated, advanced on a reimbursable basis, or transferred to the functions and organizations identified in subsection (a) for research, evaluation, or statistical purposes shall be available for obligation through September 30, 2029: Provided, That when an office referenced in subsection (a) receives research and evaluation funding from multiple appropriations, such offices may use a single Treasury account for such activities, with funding advanced on a reimbursable basis.

(c) Amounts referenced in subsection (b) that are unexpended at the time of completion of a contract, grant, or cooperative agreement may be deobligated and shall immediately become available and may be reobligated in that fiscal year or the subsequent fiscal year for the research, evaluation, or statistical purposes for which such amounts are available.

SEC. 518. Of the unobligated balances made available for purposes of carrying out section 2105(a)(3) of the Social Security Act, $12,550,000,0000 shall not be available for obligation in this fiscal year.

SEC. 519. Of the unobligated balances made available by section 301(b)(3) of Public Law 114–10, $3,185,187,091 are hereby permanently cancelled.

SEC. 520. Of the unobligated balances made available by section 3002(b)(2) of Public Law 115–120, $4,240,000,000 are hereby permanently cancelled.