

FY 2019 General Departmental Management
Congressional Justification

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APPROPRIATIONS LANGUAGE

GENERAL DEPARTMENTAL MANAGEMENT

For necessary expenses, not otherwise provided for general departmental management, including hire of [six] passenger motor vehicles, and for carrying out titles III, XVII, XXI, and section 229 of the PHS Act, the United States-Mexico Border Health Commission Act, and research studies under section 1110 of the Social Security Act, [\$457,501,000]\$289,545,000 together with [\$64,388,000]\$53,445,000 from the amounts available under section 241 of the PHS Act to carry out national health or human services research and evaluation activities: [Provided further, That of the funds made available under this heading, \$10,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance (defined as voluntarily refraining from non-marital sexual activity): Provided further, That funding for such competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity: Provided further, That no more than 10 percent of the funding for such competitive grants for sexual risk avoidance shall be available for technical assistance and administrative costs of such programs:] 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).

LANGUAGE ANALYSIS

Language Provision

[That of the funds made available under this heading, \$10,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance...]

Explanation

The President's budget does not request amounts available for sexual risk avoidance activities in FY 2019.

AUTHORIZING LEGISLATION

(Dollars in Thousands)

Details	2018 Authorized	2018 Annualized CR	2019 Authorized	2019 President's Budget
General Departmental Management: except account below:	Indefinite	178,920	Indefinite	171,438
Reorganization Plan No. 1 of 1953	-	-	-	-
Office of the Assistant Secretary for Health: Public Health Service Act	-	-	-	-
Title III, Section 301	Indefinite	175,905	Indefinite	22,208
Title, II Section 229 (OWH)	1	31,922	1	28,454
Title XVII Section 1701 (ODPHP)	2	6,680	2	6,726
Title XVII, Section 1707 (OMH)	3	56,285	3	53,956
Title XVII, Section 1708 (OAH)	4	1,432	4	200
Title XXI, Section 2101 (NVPO)	5	6,357	5	6,400
<i>Subtotal</i>	-	<i>278,581</i>	-	<i>117,944</i>
Total GDM Appropriation	-	457,501	-	289,545

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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. Reauthorization will be proposed.
 - 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. Reauthorization will be proposed

AMOUNTS AVAILABLE FOR OBLIGATION

Detail	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Annual appropriation	\$460,629,000	\$460,629,000	\$289,545,000
Rescission ¹	-	-\$3,128,132	-
Transfer of Funds to ACF ²	-\$1,050,000	-	-
Subtotal, adjusted budget authority	\$459,579,000	\$457,500,868	\$289,545,000
Total Obligations	\$459,579,000	\$456,782,983	\$289,545,000

¹ Continuing Appropriations Act, 2018 (Division D of P.L. 115-56)

² Consolidated Appropriations Act, 2017 (Division H of P.L. 115-31)

SUMMARY OF CHANGES

(Dollars in Thousands)

Budget Year and Type of Authority	Dollars	FTE
FY 2018 Annualized CR	457,501	992
Total Adjusted Budget Authority	457,501	992
FY 2019 Current Request	289,545	1,005
Total Estimated Budget Authority	289,545	1,005
Net Changes	-167,956	+13

Increases	FY 2018 Annualized CR	FY 2019 Request Change from Base
Immediate Office of the Secretary	13,210	+90
Assistant Secretary for Public Affairs	8,351	+57
Assistant Secretary for Legislation	4,072	+28
ASFR, Financial Systems Integration	30,237	+206
Assistant Secretary for Administration	17,339	+119
Office of Intergovernmental and External Affairs	10,553	+72
Center for Faith Based Neighborhood Partnerships	1,290	+36
Office of the General Counsel	30,889	+211
Departmental Appeals Board	10,925	+7,075
Office of Global Affairs	5,985	+41
Rent	15,980	+109
Shared Operating Services - Enterprise IT, SSF Payments	11,466	+1,096
Office of the Assistant Secretary for Health*	34,102	+396
Embryo Adoption Awareness Campaign	993	+7
Total	195,392	+9,543

*OASH includes increases in the Immediate Office, OHAIDP, ODPHP, PCFSN, OHRP, NVP, and PHR

Decreases	FY 2018 Annualized CR	FY 2019 Request Change from Base
Secretary's Initiative/Innovations	1,986	-986
Acquisition Reform	1,738	-738
Office of the Assistant Secretary for Health – OAH	1,432	-1,232
Teen Pregnancy Prevention	100,314	-100,314
Office of Minority Health	56,285	-2,329
Office on Women's Health	31,922	-3,468
Sexual Risk Avoidance	14,898	-14,898
Minority HIV/AIDS	53,534	-53,534
Total	262,109	-177,499

Total Changes	FY 2018 Annualized CR	FY 2018 FTE	FY 2018 Request Change from Base	FY 2019 FTE Change from Base
Total Increase Changes	195,392	-	9,543	+13
Total Decrease Changes	262,109	-	-177,499	
Total	457,501	992	-167,956	1,005

BUDGET AUTHORITY BY ACTIVITY - DIRECT

(Dollars in Thousands)

Activity	FY 2017 FTE	FY 2017 Final	FY 2018 FTE	FY 2018 Annualized CR	FY 2019 FTE	FY 2019 President's Budget
Immediate Office of the Secretary	79	13,300	79	13,210	79	13,300
Secretarial Initiatives and Innovations	-	1,765	-	1,986	-	1,000
Assistant Secretary for Administration	114	17,458	114	17,339	114	17,458
Assistant Secretary for Financial Resources	149	30,444	149	30,237	149	30,444
Acquisition Reform	1	1,750	1	1,738	1	1,000
Assistant Secretary for Legislation	27	4,100	27	4,072	27	4,100
Assistant Secretary for Public Affairs	56	8,408	56	8,351	56	8,408
Office of the General Counsel	143	31,100	143	30,889	143	31,100
Departmental Appeals Board	70	11,000	70	10,925	103	18,000
Office of Global Affairs	22	6,026	22	5,985	22	6,026
Office of Intergovernmental and External Affairs	68	10,625	68	10,553	68	10,625
Center for Faith-Based and Neighborhood Partnerships	7	1,299	7	1,290	7	1,326
Office of the Assistant Secretary for Health	255	225,154	255	224,054	236	116,944
Embryo Adoption Awareness Campaign	-	998	-	993	-	1,000
HIV-AIDS in Minority Communities	1	53,777	1	53,534	-	-
Shared Operating Expenses	-	11,544	-	11,466	-	12,725
Rent, Operations, Maintenance and Related Services	-	15,866	-	15,980	-	16,089
Sexual Risk Avoidance	-	14,966	-	14,898	-	-
Total, Budget Authority	992	459,579	992	457,501	1,005	289,545

BUDGET AUTHORITY BY OBJECT CLASS – DIRECT

(Dollars in Thousands)

Object Class Table	Description	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
11.1	Full-time permanent	86,475	87,035	88,625	+1,590
11.3	Other than full-time permanent	9,626	9,672	9,732	+60
11.5	Other personnel compensation	1,958	1,973	1,984	+11
11.7	Military personnel	2,742	2,679	2,660	-19
Subtotal	Personnel Compensation	100,802	101,359	103,001	+1,642
12.1	Civilian personnel benefits	28,448	28,632	29,377	+745
12.2	Military benefits	1,280	1,267	1,278	+11
13.0	Benefits for former personnel	-	-	-	-
Total	Pay Costs	130,530	131,258	133,656	+2,398
21.0	Travel and transportation of persons	4,293	4,232	3,789	-443
22.0	Transportation of things	187	187	189	+2
23.1	Rental payments to GSA	15,724	15,831	15,623	-208
23.3	Communications, utilities, and misc. charges	2,164	2,173	2,186	+13
24.0	Printing and reproduction	811	816	805	-11
25.1	Advisory and assistance services	22,137	21,951	15,701	-6,250
25.2	Other services from non-Federal sources	45,645	45,055	28,081	-16,974
25.3	Other goods and services from Federal sources	69,045	67,105	31,023	-36,082
25.4	Operation and maintenance of facilities	5,484	5,536	5,595	+59
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	4,981	4,781	5,238	+457
25.8	Subsistence and support of persons	109	109	109	-
26.0	Supplies and materials	2,560	2,562	2,624	+62
31.0	Equipment	453	454	425	-29
32.0	Land and Structures	-	-	-	-
41.0	Grants, subsidies, and contributions	155,456	155,449	44,499	-110,950
42.0	Insurance claims and indemnities	-	-	-	-
44.0	Refunds	-	-	-	-
Total	Non-Pay Costs	329,049	326,242	155,889	-170,354
Total	Budget Authority by Object Class	459,579	457,500	289,545	-167,955

BUDGET AUTHORITY BY OBJECT CLASS – REIMBURSABLE

(Dollars in Thousands)

Object Class Code	Description	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
11.1	Full-time permanent	57,403	56,016	52,495	-3,520
11.3	Other than full-time permanent	3,296	3,278	3,278	-
11.5	Other personnel compensation	788	787	784	-3
11.7	Military personnel	1,675	1,691	1,691	-
Subtotal	Personnel Compensation	63,162	61,772	58,249	-3,523
12.1	Civilian personnel benefits	19,096	18,604	18,610	+6
12.2	Military benefits	557	557	557	-
13.0	Benefits for former personnel	-	-	-	-
Total	Pay Costs	82,815	80,933	77,415	-3,517
21.0	Travel and transportation of persons	1,114	1,125	1,125	-
22.0	Transportation of things	100	100	100	-
23.1	Rental payments to GSA	6,411	6,494	6,516	+22
23.3	Communications, utilities, and misc. charges	146	147	147	-
24.0	Printing and reproduction	34	34	34	-
25.1	Advisory and assistance services	29,251	28,610	27,902	-708
25.2	Other services from non-Federal sources	25,677	18,824	18,809	-15
25.3	Other goods and services from Federal sources	103,678	112,508	98,614	-13,893
25.4	Operation and maintenance of facilities	2,613	2,619	5,619	+3,000
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	4,485	4,489	4,489	-
25.8	Subsistence and support of persons	-	-	-	-
26.0	Supplies and materials	396	396	388	-8
31.0	Equipment	311	312	315	+3
32.0	Land and Structures	56	56	56	-
41.0	Grants, subsidies, and contributions	3,172	3,172	3,172	-
42.0	Insurance claims and indemnities	-	-	-	-
44.0	Refunds	-	-	-	-
Total	Non-Pay Costs	177,444	178,886	167,287	-11,600
Total	Budget Authority by Object Class	260,259	259,819	244,702	-15,117

SALARY & EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
11.1	Full-time permanent	86,475	87,035	88,625	+1,590
11.3	Other than full-time permanent	9,626	9,672	9,732	+60
11.5	Other personnel compensation	1,958	1,973	1,984	+11
11.7	CC personnel	2,742	2,679	2,660	-19
Subtotal	Personnel Compensation	100,802	101,359	103,001	+1,642
12.1	Civilian personnel benefits	28,448	28,632	29,377	+745
12.2	CC benefits	1,280	1,267	1,278	+11
13.0	Benefits for former personnel	-	-	-	-
Total	Pay Costs	130,530	131,258	133,656	+2,398
21.0	Travel and transportation of persons	4,293	4,232	3,789	-443
22.0	Transportation of things	187	187	189	+2
23.3	Communications, utilities, and misc. charges	2,164	2,173	2,186	+13
24.0	Printing and reproduction	811	816	805	-11
25.1	Advisory and assistance services	22,137	21,951	15,701	-6,250
25.2	Other services from non-Federal sources	45,645	45,055	28,081	-16,974
25.3	Other goods and services from Federal sources	69,045	67,105	31,023	-36,082
25.4	Operation and maintenance of facilities	5,484	5,536	5,595	+59
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	4,981	4,781	5,238	+457
25.8	Subsistence and support of persons	109	109	109	-
Subtotal	Other Contractual Services	154,856	151,946	92,717	-59,229
26.0	Supplies and materials	2,560	2,562	2,624	+62
Subtotal	Non-Pay Costs	157,416	154,508	95,342	-59,166
Total	Salary and Expenses	287,946	285,766	228,998	-56,768
23.1	Rental payments to GSA	15,724	15,831	15,623	-208
Total	Salaries, Expenses, and Rent	303,670	301,597	244,621	-56,976
Total	Direct FTE	992	992	1,005	+13

APPROPRIATION HISTORY TABLE

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2009	-	-	-	-
Appropriation	\$374,013,000	\$361,825,000	\$361,764,000	\$391,496,000
Transfers	-	-\$1,000,000	-\$1,000,000	-\$2,571,000
Trust Funds	\$5,851,000	\$5,851,000	\$5,851,000	\$5,851,000
2010	-	-	-	-
Appropriation	\$403,698,000	\$397,601,000	\$477,928,000	\$493,377,000
Transfers	-	-\$1,000,000	-\$1,000,000	-\$1,074,000
Trust Funds	\$5,851,000	\$5,851,000	\$5,851,000	\$5,851,000
2011	-	-	-	-
Appropriation	\$490,439,000	\$651,786,000	-	\$651,786,000
Rescission	-	-\$1,315,000	-	-\$1,316,000
Transfers	-	-\$176,551,000	-	-\$176,551,000
Trust Funds	-	\$5,851,000	-	\$5,851,000
2012	-	-	-	-
Appropriation	\$363,644,000	\$343,280,000	\$476,221,000	\$475,221,000
Rescission	-	-	-	-\$898,000
Transfers	-	-	-	-\$70,000
2013	-	-	-	-
Appropriation	\$306,320,000	-	\$466,428,000	\$474,323,000
Rescission	-	-	-	-\$949,000
Sequestration	-	-	-	-\$23,861,000
Transfers	-	-	-	-\$2,112,000
2014	-	-	-	-
Appropriation	\$301,435,000	-	\$477,208,000	\$458,056,000
Transfers	-	-	-	-\$1,344,000
2015	-	-	-	-
Appropriation	\$278,800,000	-	\$442,698,000	\$448,034,000
2016	-	-	-	-
Appropriation	\$286,204,000	\$361,394,000	\$301,500,000	\$456,009,000
Transfer	-	-	-	-\$516,000
2017	-	-	-	-
Appropriation	\$478,812,000	\$365,009,000	\$444,919,000	\$460,629,000
Transfers	-	-	-	-\$1,050,000
2018	-	-	-	-
Appropriation	\$304,501,000	\$292,881,000	\$470,629,000	-
Rescission	-	-	-	-\$3,128,000

General Departmental Management All Purpose Table

(Dollars in Thousands)

GDM	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	459,579	457,501	289,545	-167,956

Related Funding				
PHS Evaluation Set-Aside – Public Health Service Act	64,828	64,388	53,445	-10,943
Pregnancy Assistance Fund P.L. 111-148 ¹	23,275	23,350	25,000	+1,650
HCFAC ²	7,000	7,000	10,000	+3,000
Proposed Mandatory Funding (DAB) ³	-	-	\$2,000	+\$2,000
Proposed User Fee Collections (DAB) ⁶			\$1,457	+\$1,457
Base Program Level	554,682	552,239	381,447	-170,792
FTE	1,169	1,157	1,184	+27

¹ The Pregnancy Assistance Fund (PAF) is authorized and appropriated by the Patient Protection and Affordable Care Act (ACA) Public Law 111-148.

² The reimbursable program (HCFAC) in the General Department Management (GDM) account reflects estimates of the allocation account for 2019. Actual allocation will be determined annually.

³ The proposed mandatory funding has a legislative proposal in place to transfer funds from the Federal Hospital Insurance and General Supplementary Medical Insurance Trust Funds to the Departmental Appeals Board.

⁶ The proposed user fee collections for OMHA and DAB represent a proposal that creates a post-adjudication user fee applied to all unfavorable appeals (other than beneficiary appeals) at the 3rd and 4th level of appeals.

GENERAL DEPARTMENTAL MANAGEMENT

Overview of Performance

The 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 FY 2019 President's Budget reflects decisions to streamline performance reporting and improve HHS performance-based management. 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 focus on key HHS activities, and includes performance measures that link to

the HHS Strategic Plan for three GDM offices. They are: Immediate Office of the Secretary (IOS), Office of the Assistant Secretary for Administration (ASA), and OASH.

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

This Justification includes individual program narratives that describe accomplishments, for all of the GDM components.

OVERVIEW OF BUDGET REQUEST

The FY 2019 President's Budget for General Departmental Management (GDM) includes \$289,545,000 in appropriated funds and 1,005 full-time equivalent (FTE) positions. This request is -\$167,956 below the FY 2018 Annualized CR.

The GDM appropriation supports those activities associated with the Secretary's roles as chief policy officer and general manager of the Department. This justification includes narrative sections describing the activities of each STAFFDIV funded under the GDM account, including the Rent and Common Expenses accounts. This justification also includes selected performance information.

Secretary's Initiatives and Innovation (-\$986,000) – The FY 2019 President's Budget allows the Secretary to continue implementation of programs intended to improve and ensure the health and welfare of Americans.

Acquisition Reform (-\$738,000) – The FY 2019 President's Budget includes funding to continue improvements to acquisition practices and performance by maximizing competition and value, minimizing risk, and review of the acquisition workforce to develop, manage, and oversee acquisitions appropriately.

Departmental Appeals Board (+\$10,532,000) – The increase is composed of \$18,000,000 in discretionary budget authority and \$2,000,000 in proposed mandatory funding, and \$1,457,000 in proposed user fee collections. The request supports DAB's efforts, providing funding for additional employees needed to address the backlog of Medicare appeals.

Office of Adolescent Health (-\$1,232,000) – The FY 2019 President's Budget proposes eliminating this office and provides for funding to close out the program office.

Teen Pregnancy Prevention (-\$100,314,000) – The FY 2019 President's Budget does not include funds for this program.

Minority Health (-\$2,329,000) – The FY 2019 President's Budget enables OMH to continue to provide leadership in coordinating policies, programs, and resources to support implementation and monitoring of both the HHS Disparities Action Plan and the National Partnership for Action to End Health Disparities.

Women's Health (-\$3,468,000) – The FY 2019 President's Budget allows OWH to continue the coordination of policies, programs, and information across HHS to support the OWH strategic plan.

Sexual Risk Avoidance (-\$14,898,000) – The FY 2019 President's Budget does not include funds for this program.

Minority HIV/AIDS Initiative (-\$53,900,000) – The FY 2019 President's Budget does not include funds for this program.

IMMEDIATE OFFICE OF THE SECRETARY

Budget Summary (Dollars in Thousands)

Immediate Office of the Secretary	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	13,300	13,210	13,300	+90
FTE	79	79	79	-

Authorizing Legislation.....Title III of the PHS Act
 FY 2018 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The Immediate Office of the Secretary (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 nucleus for all HHS activities and shepherds the Department’s mission of enhancing the health and well-being of Americans.

The IOS mission involves coordinating all HHS documents, developing regulations requiring Secretarial action, mediating issues among Departmental components, communicating Secretarial decisions, and ensuring the implementation of those decisions. IOS achieves these objectives by ensuring key issues are brought to the Department’s attention in a timely manner, and facilitating discussions on policy issues. Documents requiring Secretarial action are reviewed for policy consistency with that of the Secretary and the Administration. IOS works with other Departments to coordinate analysis of, and input on, healthcare policy decisions impacting all HHS activities. IOS supports efforts to reform health care across HHS by improving the quality of the health care system and lowering its costs, computerizing all medical records, and protecting the privacy of patients.

The Chief Technology Officer (CTO) drives and sustains innovation efforts at HHS, enabling Operating and Staff Divisions to deliver more efficient and effective services to the American people. CTO does this by establishing internal innovation programs and external partnerships to identify cross-cutting program, process or technology issues at HHS and providing direction and technical support in solving these issues. CTO applies proven private sector techniques like design thinking, user-centered design, and lean and agile approaches. This approach has empowered HHS agencies to test and develop ideas in an entrepreneurial environment that minimizes risk and improves performance. For example, these efforts have resulted in service improvements at HHS ranging from automating HRSA’s organ procurement and transplant process to enabling CMS to accelerate its clinical quality measures process from a 3-5 year timeframe to 1 year.

Along with other HHS officials, the CTO serves as a liaison to the White House Office of American Innovation, and represents the Department by engaging with public and private stakeholder organizations on efforts to modernize HHS by use of technology and accelerate IT innovation in the healthcare sector.

The CTO also advises agencies on key technology policies and programs, open government practices, and applications of data to improve health and health care. The CTO collaborates with various HHS

agencies responsible for developing health information technology policy in order to coordinate a cohesive IT strategy on behalf of the Department.

The IOS Executive Secretariat works with pertinent components to develop comprehensive briefing documents, facilitates discussions among staff and operating divisions, and ensures final products reflect HHS policy decisions. IOS provides assistance, direction, and coordination to the White House and other Cabinet agencies regarding HHS issues.

IOS sets the HHS regulatory agenda and reviews all new regulations and regulatory changes to be issued by the Secretary and/or the various components of the Department. The Executive Secretariat performs on-going reviews of regulations which have already been published, with particular emphasis on reducing regulatory burden.

Funding History

Fiscal Year	Amount
FY 2014	\$10,995,000
FY 2015	\$13,300,000
FY 2016	\$13,300,000
FY 2017	\$13,300,000
FY 2018 Annualized CR	\$13,210,000

Budget Request

The FY 2019 President's Budget request for IOS is \$13,300,000; an increase of \$90,000 over the FY 2018 annualized CR level of \$13,210,000. The increase will partially support pay and non-pay inflationary costs.

Funding will support personnel costs and maintain innovation initiatives and other services to achieve the Department's Health Care, Human Services, Scientific Research, Health Data, Health Reform, and Workforce Development Strategic Goals. The funding will assist with development of tracking and coordination of Departmental correspondence and inquiries at a strategic level in regards to implementation and review of new and proposed laws.

The request will allow the CTO to support the Secretary's priorities for improving the efficiency, effectiveness, and accountability of HHS programs and services to meet requirements of Executive Order on a Comprehensive Plan for Reorganizing the Executive Branch (EO 13781) and OMB Memorandum M-17-22.

CTO will continue its stakeholder engagement activities, providing guidance on HHS data and modernization priorities, establishing public/private partnerships to advance Secretarial priorities, and piloting new innovative health solutions with state and local governments.

Along with other HHS officials, CTO will coordinate and harmonize health information technology strategy with various agencies within HHS and across the federal government to advance health and healthcare priority areas. Activities include reviewing policy and coordinating cross government feedback to ensure timely and effective IT policy. CTO will advance internal innovation programs and external partnerships to identify cross-cutting process or technology issues at HHS and will provide direction and technical support in solving those issues. These programs will train HHS staff in employing

user-centered design, design thinking and user-centered design techniques to improve services to the American public.

Immediate Office of the Secretary - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result/Target for Recent Result (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
1.1 Increase the number of strategically relevant data sets published across the Department as part of the Health Data Initiative	FY 2017: 3000 Target: 3000 (Target Met)	2025	2300	+275
1.2 Increase the number of opportunities for the public to co-create solutions through open innovation	FY 2017: 28 Target: 25 (Target Exceeded)	20	24	+4
1.3 Increase the number of innovation solutions developed across the Department in collaboration with the HHS Chief Technology Officer	FY 2017: 131 Target: 90 (Target Exceeded)	180	200	+20
1.4 Expand Access to the Results of Scientific Research funded by HHS	FY 2017: 4.5 Million Target: 4.5 Million (Target Met)	4.5 million	4.5 million	0
1.5 Increase the number of innovative solutions supported across the Department in collaboration with the HHS Office of the Chief Technology Officer	N/A	N/A	44	+44

Performance Analysis

1.1 Increase number of strategically relevant data sets published across the Department as part of the Health Data Initiative

In 2016, HHS continued executing its Health Data Initiative Strategy & Execution plan which directs the liberation of more data as well as multiple activities that communicate the data’s availability and value for innovations across health care and social service delivery, consistent with HHS’s legal obligations to protect the confidentiality and security of identifiable data. An important area of activity this year include the implementation of the Digital Accountability and Transparency Act (DATA) of 2014 which is providing more detailed public insights into federal spending. HHS is working to increase the availability of machine-readable data sources and enabling use of linked datasets through the uses of Application

Programming (APIs) interfaces. The APIs support machine-to-machine interactions that automate the supply of data to analytic tools, consumer platforms, and other forms electronic commerce and health care. These technology solutions and other advocacy efforts have led to an increase in number of datasets in 2016 at a faster rate of growth than previously imagined.

Data inputs to healthdata.gov have steadily increased during this fiscal year. As of July 2016, there are 2,818 data sets from HHS and federated sources. Two examples of new resources include enhanced numbers of biomedical research databases published by the National Institutes of Health, and an online, cloud-based, portal developed by the Food and Drug Administration that will allow scientists from industry, academia, government, and other partners to come together to foster innovation and develop the science behind a method of “reading” DNA known as next-generation sequencing. In April 2017, HHS hosted the eighth Health Datapalooza, to showcase new products and services being developed with HHS data. HHS continues to expand its health data outreach efforts, particularly with its international partners.

1.2 Increase the number of opportunities for the public to co-create solutions through open innovation

HHS has used innovation in a wide array of business areas and research fields to spur new ideas and concepts to be tested. HHS sees positive benefits to its education, training, and mentoring programs to help build a cadre of challenge managers across the operating divisions. HHS launched a \$20 Million prize challenge for addressing antimicrobial resistance – a key problem that is in need of new solutions.

1.3 Increase the number of innovative solutions identified across the Department in collaboration with the Chief Technology Officer

CTO continued to encourage the development of innovative solutions across the Department during FY 2016. A primary focus used to enhance outreach capabilities and increase knowledge of programs across the Department.

In FY 2017, CTO launched two rounds of the Ignite Accelerator program. In FY 2017, it also received 203 submissions through this program, of which 43 were selected for piloting and participated in the training “boot camp.” Two HHS operating divisions (HRSA and CDC) started their own incubator programs aimed at expanding the scope of the early stage solution development phase of innovation allowing more participants to learn.

1.4 Expand Access to the Results of Scientific Research

In February 2015, HHS released the HHS Public Access Plans, which provide an outline of the Department’s efforts to increase access to the results of its scientific research, as appropriate. These plans now apply to research funded by six of its key scientific agencies: NIH, CDC, FDA, AHRQ, ACL, and ASPR. The HHS public access plans build on an existing infrastructure, the NIH’s National Library of Medicine’s (NLM) Pub Med Central, for the storing and sharing of publications of publications with the public.

Thus far, NLM’s PubMed Central Database includes over 3.8 million journal articles. The rate of growth of the number of publications submitted since 2016 will continue to grow as the CDC, FDA, AHRQ and ASPR begin to include their funded journal articles in the PubMed Repository. As the contents of the

database grow and diversify, HHS anticipates that it will create yet more opportunities for new connections to be made among disparate fields of scientific inquiry, and new types of knowledge and insights that can benefit health and healthcare. HHS expects it will allow for faster dissemination of research results into products, services and clinical practices that can improve healthcare.

1.5 Increase the number of innovative solutions supported across the Department in collaboration with the HHS Office of the Chief Technology Officer

This measure represents the number of projects developed at HHS that the CTO supports through dedicated staff time. This can include projects where CTO support was initiated in previous fiscal years and whose support continues in the fiscal year of question. This does not include projects that are captured in Measure 1.2 “opportunities for the public to co-create solutions through open innovation.”

SECRETARIAL INITIATIVES AND INNOVATIONS

Budget Summary (Dollars in Thousands)

Secretarial Initiatives and Innovations	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	1,765	1,986	1,000	-986
FTE	-	-	-	-

Authorizing Legislation:Title III of the PHS Act
 FY 2018 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The Secretarial Initiatives and Innovations request supports the Secretary in effectively responding to emerging Administration priorities, while supporting the missions of HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs). The funding allows the Secretary the necessary flexibility to identify, refine, and implement programmatic and organizational goals in response to evolving business needs and legislative requirements. Secretarial Initiatives and Innovations allows the Secretary to promote and foster innovative, high-impact, collaborative, and sustainable initiatives that target HHS priorities and address intradepartmental gaps.

Funding History

Fiscal Year	Amount
FY 2014	\$2,735,000
FY 2015	\$2,629,000
FY 2016	\$2,000,000
FY 2017	\$1,765,000
FY 2018 Annualized CR	\$1,986,000

Budget Request

The FY 2018 President's Budget request of \$1,000,000 is \$986,000 below the FY 2018 Annualized CR level of \$1,986,000.

The FY 2019 request will allow the Secretary to proactively respond to the needs of the Office of the Secretary as it continues 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 are implemented and monitored judiciously. The impact of these resources will be monitored based on the Secretary's stated goals and objectives for their use.

ASSISTANT SECRETARY FOR ADMINISTRATION

Budget Summary (Dollars in Thousands)

Assistant Secretary for Administration	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	17,458	17,339	17,458	+119
FTE	114	114	114	-

Authorizing Legislation.....Title III of the PHS Act
 FY2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The Office of the Assistant Secretary for Administration (ASA) advises the Secretary on all aspects of administration; provides leadership, policy, oversight, supervision, and coordination of long and short-range planning for HHS with respect to internal administration; and supports the agency's strategic goals and objectives. ASA also provides critical Departmental policy and oversight in the following major areas through eight ASA components; five are GDM funded entities, and include the Immediate Office of the Assistant Secretary, Office of Human Resources, Equal Employment Opportunity Compliance and Operations Division, Office of the Chief Information Officer and the Office of Business Management and Transformation. The Office of Security and Strategic Information, which has been moved from ASA to the IOS, and the Program Support Center are funded through other sources and are not included in this request.

Office of Human Resources (OHR)

OHR provides leadership in the planning and development of personnel policies and human resource programs that support and enhance the Department's mission. OHR also provides technical assistance to the HHS Operating Divisions (OPDIVs) to accomplish each OPDIV's mission 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 at HHS. OHR works proactively to enhance the employment of women, minorities, veterans, and people with disabilities, consistent with the law, through efforts that include policy development, oversight, complaint prevention, investigations and processing, outreach, commemorative events, and standardized education and training programs.

Equal Employment Opportunity Compliance and Operations Division (EEOCO)

EEOCO provides services to every HHS employee and applicant, ensuring equal access to EEO services and timely resolution of complaints, as well as equitable remedies. The Compliance Team provides leadership, oversight, technical guidance and engages in policy development for the complaint processing units in the HHS OPDIV EEO Offices including processing Remands, Appeals, and Conflict Cases. In addition, the team writes Commission Corp decisions, Final Orders, and Final Agency Decisions. Further, EEOCO serves as HHS's liaison with lead agencies such as Equal Employment Opportunity Commission, Merit Systems Protection Board (MSPB), and Office of Personnel Management (OPM) in matters involving EEO complaint processing.

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 internal use of technology-supported business process reengineering, investment analysis and performance measurement, while managing strategic development and application of information systems and infrastructure in compliance with the Clinger-Cohen Act. OCIO promulgates internal HHS IT policies supporting enterprise architecture, capital planning and project management, and security.

OCIO coordinates the implementation of IT policy from the Office of Management and Budget and guidance from the Government Accountability Office throughout HHS, 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 consolidation; cloud computing; information management, sharing, and dissemination; and shared services.

OCIO is responsible for compliance, service level agreement management, delivery of services, service and access optimization, technology refreshment, interoperability and migration of new 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 Business Management and Transformation (OBMT)

OBMT 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. OBMT also oversees Department-wide multi-sector workforce management activities. OBMT provides business process reengineering services, including the coordination of the review and approval process for reorganization and delegation of authority proposals that require the Secretary or designees' signature. Finally, OBMT leads Departmental and cross-government initiatives that promote innovation or implement effective management practices within the Department.

Funding History

Fiscal Year	Amount
FY 2014	\$17,958,000
FY 2015	\$17,458,000
FY 2016	\$17,458,000
FY 2017	\$17,458,000
FY 2018 Annualized CR	\$17,339,000

Budget Request

The FY 2019 President's Budget request for ASA is \$17,458,000; an increase of \$119,000 over the FY 2018 Annualized CR level of \$17,339,000. The request will partially support pay and non-pay inflationary increases; maintain current staffing levels; and continue its established mission of policy and oversight.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
1.1 Increase the percent employees on telework or AWS (Output)	FY 2016: 68.0% Target: 44.0% (Target Exceeded)	44.0%	44.0%	Maintain
1.2: Reduce HHS fleet emissions	FY 2016: 1,598 Gasoline Gallon Equivalent (GGE) Target: 1,602 GGE	1,570 Gasoline Gallon Equivalent (GGE)	1,537 Gasoline Gallon Equivalent (GGE)	33 Gasoline Gallon Equivalent (GGE)
1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops and monitors	FY 2016: 100.0% Target: 100.0% (Target Met)	100%	100%	N/A
2.5 Increase the top talent at HHS through recruitment, training, and retention	FY 2016: 52% of supervisors and managers Target: 51% of supervisors and managers (Target Exceeded)	52% of supervisors and managers	53% of supervisors and managers	"+1" of supervisors and managers
2.6 Increase HHS Employee Engagement	FY 2016: 70% of employee engagement index Target: 68% of employee engagement index (Target Exceeded)	69% of employee engagement index	70% of employee engagement index	"+1" employee engagement index
2.7 Attract, hire, develop, and retain a diverse and inclusive HHS workforce	FY 2016: 71% of employees Target: 70% of employees (Target Exceeded)	71% of employees	72% of employees	"+1" of employees

Performance Analysis

1.1: Increase the percent employees on telework or on Alternative Work Schedule

This goal supports the implementation of the HHS Strategic Sustainability Performance Plan (SSPP) prepared under Executive Order (EO) 13514. This EO requires HHS to reduce greenhouse gas (GHG) emissions by technological, programmatic, and behavioral changes. This measure tracks progress towards increasing the percentage of employees who use an alternative work schedule (AWS) and/or regularly scheduled telework to avoid commuting at least 4 days per pay period.

This goal was established in Fiscal Year 2010. When the measure was first established, it aimed to capture both employees who regularly teleworked at least 4 days per pay period as well as those who were on an Alternative Work Schedule and therefore saved fuel by commuting fewer days per pay period. The values for 2011 and 2012 were reported according to the original measure description; however, when it was discovered that the measurement process double counted some employees who were both AWS and teleworked regularly, ASA decided that reporting for future years would exclude AWS and only capture regular teleworkers. Unfortunately, due to confusion surrounding the impact of this switch in reporting, the value reported for 2013 included not just employees teleworking at least 4 days regularly per pay period, but *all* employees regularly teleworking at least 1 day per pay period (and the goals for FY2014 and FY2015 were thus adjusted significantly upwards). This reporting problem was identified during the FY2014 collection process, and the FY 2014 value represents the correct value,

percentage of employees regularly teleworking at least 4 days per pay period. Goals for the upcoming fiscal years have thus been adjusted appropriately for this metric.

Increasing the percentage of teleworking/AWS employees reduces vehicle miles traveled. Widespread telework/AWS coupled with office sharing and swing space can reduce overall facilities costs in rents, waste removal, wastewater treatment, and energy use.

1.2: Reduce HHS fleet emissions

HHS is committed to replacing gasoline-powered vehicles with alternative fuel vehicles (AFV) in accordance with GSA acquisition guidelines. As a result, the fleet's petroleum consumption will decrease, as will the amount of carbon dioxide the fleet releases into the atmosphere.

HHS is aiming to reduce fleet emissions by 2% annually. This measure uses Million Metric Tons of Carbon Dioxide equivalents, or MTCO_{2e}, a standard measure of greenhouse gas emissions. In 2013, primarily through reducing its gasoline fuel use, HHS reduced its CO_{2e} emissions substantially, bringing the number under the 2013 target, and 2014 saw another improvement in emissions levels. HHS CO_{2e} emissions are expected to improve going forward.

1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops and monitors

HHS IT contracts have been revised to include power-saving configuration requirements. HHS is measuring the percentage of eligible computers, laptops, and monitors with power management, including power-saving protocols in the standard configuration for employee workstations. Consistent application of power management will decrease the electricity use of HHS facilities. This initiative supports the HHS strategic initiative to be a good steward of energy resources.

The target for this measure is for 100% of HHS eligible computers, laptops, and monitors to have power management. HHS set aggressive goals to move from the 2010 level of 32% of devices with power management enabled to 100% of devices with power management by 2013 and to maintain that level continuing through 2015. In 2011, 85% of eligible devices were reported in compliance across the department, while in 2012 this increased to 94%. In 2013, an improved Department-wide surveying showed that 97% of HHS laptops and computers had power management enabled (108,805 of 112,311 devices), while 89% of monitors were enabled across the Department (621,290 of 697,592 devices), for a total of 90% of devices covered by power management. The 2014 Electronic Stewardship Report showed this value increased to 99% with a breakdown of 98.44% or 107,622 eligible PCs & Laptops on power management, and 99.78% or 116,208 monitors on power management. HHS remains committed to meeting its power management target, and these numbers should continue to rise as HHS improves coordination between OCIO and OPDIV IT teams.

2.5: Increase the top talent at HHS through recruitment, training, and retention

This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. HHS is committed to recruiting and retaining top talent to meet America's health and human service needs, and this metric allows measurement of progress towards this goal. This metric will be measured through responses to OPM Annual Employee Viewpoint survey of all full-time and part-time federal employees. Analysis will be conducted on the responses of HHS managers and supervisors to the question "My work unit is able to recruit people with the right skills." The percentage will be tracked and reported annually. In FY 2014 49% of supervisors and managers answered the recruitment question positively.

2.6: Increase HHS Employee Engagement

This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. Improving employee engagement within HHS is a vital method for promoting new and dynamic solutions to challenges facing the organization. This metric will be tracked using the employee engagement index, calculated from OPM Annual Employee Viewpoint survey. Specifically, the metric is derived from questions related to leadership, supervisor behaviors, and intrinsic experience. A successful agency fosters an engaged working environment to ensure each employee can reach their full potential and contribute to the success of their agency and the entire Federal Government.

Historically, HHS has performed above the government norm, and future targets reflect HHS continuing efforts to improve employee engagement. In FY 2014, the HHS-wide employee engagement index was 66%, while the government-wide result was 63%. By increasing employee engagement, HHS can help create a workforce that is encouraged to provide for the health of all Americans.

2.7 Attract, hire, develop, and retain a diverse and inclusive HHS workforce

This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. HHS strives to have a workforce that reflects the population that it serves. A diverse workforce also introduces new and useful perspectives to issues that HHS must address. In order to gauge its success at hiring, developing, and retaining a diverse and inclusive workforce, HHS, in addition to using hiring and retention data, will look at the most recent results from OPM Annual Employee Viewpoint survey. Specifically, HHS will track the percentage of employees who positively report, "My supervisor is committed to a workforce representative of all segments of society." In 2014, 68% of HHS respondents indicated their supervisors were committed to a diverse workforce. An analysis of this data as well as applicant and employee churn ratio analysis (not reported in this performance measure) will enable HHS leadership to drive further success in this area.

ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary (Dollars in Thousands)

Assistant Secretary for Financial Resources	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	30,444	30,238	30,444	+206
FTE	149	149	149	-

Authorizing Legislation:Title III of the PHS Act
 FY 2017 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

Office of Budget (OB) – 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; serves as the HHS appropriations liaison; and manages HHS apportionment activities, which provide funding to the HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs). OB coordinates, oversees, and convenes resource managers and financial accountability officials within OS to update, share, and implement related HHS-wide policies, procedures, operations, rules, regulations, recommendations, and priorities. Additionally, OB leads the Service and Supply Fund by providing budget process, formulation, and execution support, including budget analysis and presentation, account reconciliations, reporting, status of funds tracking, and certification of funds availability. OB manages the implementation of the Government Performance and Results Modernization Act and all phases of HHS performance budget improvement activities.

Office of Finance (OF) – OF provides financial management leadership to the Secretary through the CFO and the Departmental CFO Community. The OF leads the HHS-wide financial management efforts and prepares the Secretary to present the HHS Agency Financial Report to OMB, Treasury, GAO, Congressional committees, and the public, in coordination with HHS OPDIVs and STAFFDIVs. OF manages and directs the development and implementation of financial policies, standards, and internal control practices; and prepares the HHS annual consolidated financial and grant statements and audits, in accordance with the CFO Act, OMB Circulars, Federal Managers Financial Integrity Act, and the Federal Accounting Standards Advisory Board. OF provides Department-wide leadership to implement new financial management requirements and other mandated reporting. OF oversees the HHS financial management systems portfolio, and is the business and systems owner of such systems.

OF prepares the Agency Financial Report which includes the Department’s consolidated financial statements, the auditor’s opinion and other statutorily required annual financial reporting. For many years, HHS has earned an unmodified or “clean” opinion on the HHS audited Consolidated Balance Sheet, and Statements of Net Cost and Changes in Net Position, and Combined Statement of Budgetary Resources. OF successfully produced the Agency Financial Report on time in compliance with Federal requirements, and for the fourth year in a row, earned the prestigious Certificate of Excellence in Accountability Reporting Award for the FY 2016 HHS Agency Financial Report.

OF leads the Department’s Enterprise Risk Management initiative. This work includes supporting the HHS ERM Council, to collaboratively identify, assess, and manage HHS’s risks. This also involves collaboratively engaging the OPDIVs and STAFFDIVs to establish, communicate, and implement HHS’s ERM vision, strategy, culture, and framework.

OF manages HHS's entire financial management systems environment, including projects to standardize financial accounting across the Department, implement government-wide financial management requirements, address security and control weaknesses, and develop Financial Business Intelligence System to enhance Department-wide analytic capabilities and support decision making. OF continues to progress on its strategic roadmap, manage programs to enhance system security, reliability, and availability; increase effectiveness and efficiency; and improve access to accurate, reliable, and timely information.

Office of Grants and Acquisition Policy and Accountability (OGAPA) – OGAPA provides HHS-wide leadership, management, and strategy in grants, acquisitions, small business policy development, performance measurement, and oversight and workforce training. OGAPA also fosters collaboration, innovation, and accountability in the administration and management of the grants, acquisition, and small business functions throughout HHS. OGAPA also fulfills the HHS role as managing partner of GRANTS.gov, and supports the financial accountability and transparency initiatives such as those associated with the Federal Funding Accountability and Transparency Act, the DATA Act, and Open Government Directive, by maintaining and operating HHS Tracking Accountability in Government Grants System and Departmental Contract Information System.

Since FY 2013, HHS has served as the co-Chair for the Council on Financial Assistance Reform and OGAPA supported government-wide grants policy initiatives through the Counsel on Financial Assistance Reform, including the development and implementation of the new uniform grants guidance at 2 CFR 200; the development and publication of HHS implementing regulation at 45 CFR 75; and the updating of internal policy guidance within the Grants Policy Statement and Grants Policy Administration Manual.

OGAPA also led an initiative to update the HHS Acquisition Regulation; participated in acquisition rule making; made improvements to the HHS acquisition workforce training and certification programs; and began efforts to reform the HHS acquisition lifecycle framework to improve program management and acquisition outcomes across-HHS. OGAPA established and monitored appropriate grant and acquisition related internal controls and performance measures; provided technical assistance and oversight to foster stewardship, transparency, and accountability in HHS grants and acquisition programs; responded to grants or acquisition-oriented GAO and IG audits; and led the Department's Strategic Sourcing, Green Procurement, and Government Purchase Card programs.

OGAPA ensured that small businesses were given a fair opportunity to compete for HHS contracts; managed and tracked small business goal achievements; provided technical assistance and Small Business Program training to HHS contracting and program officials; conducted outreach and provided guidance to small businesses on doing business with HHS; and developed and implemented a new online tool to produce and publish HHS procurement forecast.

Digital Accountability and Transparency (Data) Act Project Management Office - The Digital Accountability and Transparency Act of 2014 (DATA Act) expands the Federal Funding Accountability and Transparency Act in an effort to improve the transparency of Federal spending. The HHS DATA Act Program Management Office is responsible for leading implementation of the DATA Act within HHS, and has been designated by OMB as the executing agent for the grants activities to be carried out under Section 5 of the statute. The Section 5 Pilot Program generated recommendations to standardize reporting elements, eliminate duplication and unnecessary reports, and reduce recipient compliance costs that were reported through OMB to Congress in August 2017.

Funding History

Fiscal Year	Amount
FY 2014	\$28,974,000
FY 2015	\$30,444,000
FY 2016	\$30,444,000
FY 2017	\$30,444,000
FY 2018 Annualized CR	\$30,238,000

Budget Request

The FY 2019 President's Budget request of \$30,444,000 is \$206,000 above the FY 2018 Annualized CR level of \$30,238,000. The increase will partially support inflation costs and maintain ASFR responsibilities associated with financial management; program integrity; budget and performance analysis and support; grants and acquisition policies; grant transparency; acquisition workforce development; improving the use of program, performance, and financial data to inform business decisions and to offset salary increases.

The Office of Budget will continue to meet its responsibilities for providing financial management leadership including preparation of HHS annual performance budget; production of budget and related policy analyses, options, and recommendations; management and support of program performance reviews, annual strategic plans, and agency priority goals; and development and implementation related to accountability and transparency priorities.

The Office of Finance will continue to meet its responsibilities for providing financial management leadership including management, development, and implementation of HHS financial policies, standards and internal control practices; and preparing financial statements, financial audits, and other financial reports. OF will continue to modernize Department-wide financial systems by enabling new functionality, standardizing and simplifying financial systems environment, strengthening internal controls, and improving financial reporting. This multi-year modernization initiative will standardize financial management across HHS, modernize financial reporting to provide timely, reliable, and accurate information about HHS finances and enhance, standardize and simplify financial systems.

OGAPA will continue to lead HHS to ensure that appropriate grant and acquisition related internal controls and policies are followed, provide technical assistance, policy advice, and training to HHS OPDIVs and STAFFDIVs to ensure stewardship of HHS grants, financial assistance, acquisition, and small business programs.

The DATA Act PMO is expected to terminate operations on September 30, 2018. Funding is not requested in FY 2019.

ACQUISITION REFORM

Budget Summary (Dollars in Thousands)

Acquisition Reform	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	1,750	1,738	1,000	-738
FTE	1	1	1	-

Authorizing Legislation:.....Title 41 Public Contracts, Section 1703
 FY 2017 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

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. Guidance from the Office of Management and Budget, *Improving Government Acquisition*, and *Guidance for Specialized information Technology Acquisition Cadres*, directed agencies to strengthen acquisition workforce and increase civilian agency workforce, to more effectively manage acquisition performance.

Successful acquisition outcomes are the direct result of having the appropriate personnel with the requisite skills managing various aspects of the acquisition process. The federal acquisition workforce includes contract specialists, procurement analysts, program and project managers, and contracting officer representatives. This funding will be used to mitigate the risks associated with gaps in the capacity and capability of the acquisition workforce Department-wide, enhance suspension and debarment program, increase contracting activities oversight, increase contract funding compliance, and improve the effectiveness of that workforce, in order to maximize value in HHS contracting.

Funding History

Fiscal Year	Amount
FY 2014	\$1,750,000
FY 2015	\$1,750,000
FY 2016	\$1,750,000
FY 2017	\$1,750,000
FY 2018 Annualized CR	\$1,738,000

Budget Request

The FY 2019 President's Budget request of \$1,000,000 is \$738,000 below the FY 2018 Annualized CR level of \$1,738,000. The requested resources will be used to develop the capabilities and capacity of HHS Acquisition workforce through rotational and mentor programs, training and certification initiatives to close competency gaps, and refinements to HHS acquisition regulation, policies, directives, guidance, instructions, and systems. Additionally, funds will be used to enhance the level of oversight of HHS acquisition lifecycle, building the framework required to drive improvements for program/project management, requisite business practices, compliant contracting activities, and performance management.

ASSISTANT SECRETARY FOR LEGISLATION

Budget Summary (Dollars in Thousands)

Assistant Secretary for Legislation	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	4,100	4,072	4,100	+28
FTE	27	27	27	-

Authorizing Legislation:.....Title III of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The Office of the Assistant Secretary for Legislation (ASL), a staff division within the Office of the Secretary, serves as the principal advocate before Congress for the Administration's health and human services initiatives; serves as chief HHS legislative liaison and principal advisor to the Secretary and the Department on Congressional activities; and maintains communications with executive officials of the White House, OMB, and other Executive Branch Departments on legislative matters, as well as with Members of Congress and their staffs, and the Government Accountability Office (GAO).

ASL informs the Congress of the Department's views, priorities, actions, grants, contracts, and provides information and briefings that support the Administration's priorities and the substantive informational needs of the Congress.

Immediate Office of the Assistant Secretary for Legislation - Serves as principal advisor to the Secretary with respect to all aspects of the Department's legislative agenda and Congressional liaison activities. Examples of ASL activities include: working closely with the White House to advance Presidential initiatives relating to health and human services; managing the Senate confirmation process for the Secretary and the 19 other Presidential appointees requiring Senate confirmation; transmitting the Administration's proposed legislation to the Congress; and working with Members of Congress and staff on legislation for consideration by appropriate Committees and by the full House and Senate.

Office of Health Legislation - Assists in the legislative agenda and liaison for mandatory and discretionary health programs. This portfolio includes: health-science-oriented operating divisions, including SAMHSA, FDA, NIH, AHRQ, and CDC; medical literacy, quality, patient safety, privacy; bio-defense and public health preparedness and response; health services and health care financing operating divisions, including CMS; Medicare, Medicaid, and the Children's Health Insurance Program (CHIP); private sector insurance; Continuity of Operations (COOP) activities.

Office of Human Services Legislation - Assists in the legislative agenda and liaison for human services and income security policy. This portfolio includes: ACF, ACL, IHS, HRSA, and ONC; health IT; cyber security.

These three offices develop and work to enact the Department's legislative and administrative agenda, coordinating meetings and communications of the Secretary and other Department officials with Members of Congress, and preparing witnesses and testimony for Congressional hearings.

Congressional Liaison Office (CLO) – Assists in the legislative agenda and special projects. The office is the primary liaison to Members of Congress and serves as a clearing house for Member and

Congressional staff questions and requests. This office maintains the Department’s program grant and contract notification system to inform Members of Congress and is responsible for notifying and coordinating with Congress regarding the Secretary’s travel and event schedule. Nearly 100,000 grant notifications are sent to Members of Congress annually. CLO is also responsible for processing correspondence from Members of Congress to the Assistant Secretary for Legislation and the Secretary. CLO provides staff support for the Assistant Secretary for Legislation, coordinating responsibilities to the HHS regional offices, and works with ASFR to coordinate budget distribution, briefings and hearings.

Office of Oversight and Investigations (O&I) - Responsible for all matters related to Congressional audit and investigations of Departmental programs, including those performed by the Government Accountability Office (GAO). O&I serves as the central point of contact for the Department in handling congressional requests for oversight interviews, briefings, and documents; developing responses with agencies within the Department; consulting with other Executive Branch entities; and negotiating with congressional and GAO staff regarding investigations. HHS receives hundreds of oversight letters from Congressional Oversight Committees. HHS has received hundreds of new audit inquiries and over 400 recommendations that require corrective actions.

Funding History

Fiscal Year	Amount
FY 2014	\$3,791,000
FY 2015	\$3,643,000
FY 2016	\$4,100,000
FY 2017	\$4,100,000
FY 2018 Annualized CR	\$4,072,000

Budget Request

The FY 2019 President’s Budget request for ASL is \$4,100,000; an increase of \$28,000 over the FY 2018 Annualized CR level of \$4,072,000. The Budget will allow ASL to continue to provide mission critical support to the legislative healthcare and human services agenda and continue to meet Congressional inquiries related to the broad range of HHS programs.

In FY 2019, ASL will continue to facilitate the Secretary’s commitment to safeguard the health and well-being of the American people, and advance positive changes to our health care system to improve its affordability, accessibility, quality, and responsiveness.

The request for ASL will facilitate communication between the Department and Congress. This requires continued work on several mission critical areas with Members of Congress, Congressional Committees and staff, including: managing the Senate confirmation process for Department nominees; preparing witnesses and testimony for Congressional hearings; coordinating Department response to Congressional oversight and investigations as well as coordinating responses to GAO inquiries; improving Congressional awareness of issues relating to the programs and priorities of the Administration and advising Congress on the status of key HHS priority areas.

ASSISTANT SECRETARY FOR PUBLIC AFFAIRS

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Public Affairs	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	8,408	8,351	8,408	+57
FTE	56	56	56	-

Authorizing Legislation:.....Title III of the PHS Act
 FY 2018 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The Office of the Assistant Secretary for Public Affairs (ASPA) serves as the Health and Human Services (HHS) principal Public Affairs office, leading HHS efforts to promote transparency, accountability, and access to critical public health and human services information for the American people. ASPA is also responsible for communicating the HHS mission, Secretarial initiatives, and other activities to the general public through various channels of communication. ASPA plays an important role by:

- Overseeing efforts to expand HHS’s transparency and public accountability efforts through new and innovative communications tools and technology.
- Providing timely, accurate, consistent and comprehensive public health information to the public, and ensuring the information is easy to find and understand.
- Advising and preparing the Secretary for public communications, including communicating HHS strategic plans.
- Coordinating public health and medical communications across all levels of government and with international and domestic partners.
- Developing and managing strategic risk communications plans in response to national public health emergencies.
- Serving as the central HHS press office handling media requests, developing press releases, and managing news issues that cut across HHS.
- Overseeing the HHS flagship website, HHS.gov.
- Developing Departmental protocols and strategies to utilize social media and the web.
- Supporting 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.
- Writing speeches, statements, articles, and related material for the Secretary, Deputy Secretary, Chief of Staff, and other senior HHS officials.
- Overseeing HHS-wide FOIA and Privacy Act program policy, implementation, compliance, and operations.

Funding History

Fiscal Year	Amount
FY 2014	\$8,749,000
FY 2015	\$8,408,000
FY 2016	\$8,408,000
FY 2017	\$8,408,000
FY 2018 Annualized CR	\$8,351,000

Budget Request

The FY 2019 President's Budget request for ASPA is \$8,408,000; an increase of \$57,000 over the FY 2018 Annualized CR level of \$8,351,000. The increase will partially support pay and non-pay inflationary costs.

ASPA utilizes all methods of mass communication to accomplish its mission of ensuring the American public has access to critical information in a timely and transparent manner. The FY 2019 request will be used to provide citizens, in the most transparent and accessible manner possible, with the critical information they need about health and human services programs designed to help them achieve economic and health security.

ASPA will conduct Department-wide public affairs programs; support the rollout of new programs and laws; synchronize Departmental policy and activities with communications; and oversee the planning, management and execution of communication activities throughout HHS. ASPA will continue efforts geared toward increased public awareness of HHS tools, resources, and health education initiatives; increase public access to information; enhance transparency and accountability. On behalf of the Department, ASPA also will continue to oversee, and monitor program implementation and operations, and ensure compliance with the requirements of the Freedom of Information Act (FOIA) and Privacy Act. These initiatives will require the full complement of requested staffing and services to support these activities; however, ASPA will continue to explore opportunities to minimize contract and other support costs.

OFFICE OF THE GENERAL COUNSEL

Budget Summary

(Dollars in Thousands)

Office of the General Counsel	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	31,100	30,889	31,100	+211
FTE	143	143	143	-

Authorizing Legislation:.....Title III of the PHS Act
 FY 2018 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The Office of the General Counsel (OGC), with a team of over 400 attorneys and a comprehensive support staff, is one of the largest, most diverse, and talented law offices in the United States. It provides client agencies throughout HHS with representation and legal advice on a wide range of highly visible national issues. OGC's goal is to support the strategic goals and initiatives of the Office of the Secretary of Health and Human Services, and HHS, by providing high quality legal services, including sound and timely legal advice and counsel.

Accomplishments:

- OGC has been working with the Department of Justice (DOJ) to defend litigation challenging the Secretary's handling of the backlog of Medicare appeals pending before the Office of Medicare Hearings and Appeals (OMHA). HHS generally prevailed in such suits, as claimants have a right to escalate their claims when OMHA is not within statutory timelines, until the D.C. Circuit Court of Appeals overturned one such case brought by the American Hospital Association and remanded it to the District Court. On remand, the District Court issued a writ of mandamus requiring the Secretary to eliminate the backlog of Medicare claims appeals pending at OMHA on a fixed timetable to be cleared by December 31, 2020. The D.C. Circuit subsequently vacated the mandamus order and remanded the case back to the District Court to evaluate the merits of the Secretary's claim that lawful compliance with the mandamus order's timetable would be impossible. Following a brief discovery period during which plaintiffs deposed two HHS employees and the Secretary produced a limited number of documents, the parties are currently finishing summary judgment briefing before the District Court.
- OGC's Centers for Medicare & Medicaid Services Division (CMSD) provided advice on numerous legal issues that arose in launching the Medicare Quality Payment Program (QPP). The QPP is at the heart of the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repeal of the much criticized sustainable growth rate formula for Medicare physician payment. The highly complex system of QPP provisions that took effect in FY 2017 permanently impacts Medicare physician payment. OGC helped the Centers for Medicare & Medicaid Services (CMS) to craft flexibility in the type and timing of clinician reporting for the Medicare Incentive Payment System (MIPS) and to maximize recognition of clinician participation in Alternative Payment Models (APMs), playing an instrumental role in achieving agency goals to substantially reduce burdens on clinicians while meeting statutory requirements. OGC also successfully defended cases challenging Medicare reimbursement to hospitals, helping to preserve the Medicare Trust Fund.
- OGC's General Law Division (GLD) has been instrumental in advising CMS regarding the administration of its core programs, including advising policy makers regarding relevant fiscal and

procurement laws. In addition, GLD continues to have a lead role in providing advice regarding the Federal Advisory Committee Act (FACA), as well as providing advice on the disclosure, retention, and withholding of information requested through various mechanisms. Finally, GLD has provided employment and labor law advice to senior policy makers, and has represented the Department in related litigation matters.

- OGC’s Public Health Division (PHD) spearheaded the efforts to resolve over \$2 billion in contract support costs claims stemming from the multi-year Indian Self-Determination and Education Assistance Act (ISDEAA) contract litigation against the Indian Health Service. This effort has resulted in settling \$1.8 billion in claims for \$807 million, a savings of over \$977 million. Additionally, PHD coordinated the Department's legal response to the Zika virus disease outbreak response on complex matters such as: ensuring that the department properly issued an assurance of confidentiality issued under section 308(d) of the PHS Act; advising on environmental and related issues associated with aerial spraying for mosquitoes; advising on the distribution of medical devices and preparedness kits to the population; negotiating the terms of multiple agreements for receiving and sharing Zika virus samples in a manner that allowed for widespread distribution of therapeutics, vaccines, and related products consistent with other countries’ intellectual property rights and related rights; and use of the Strategic National Stockpile.

Funding History

Fiscal Year	Amount
FY 2014	\$39,226,000
FY 2015	\$31,100,000
FY 2016	\$31,100,000
FY 2017	\$31,100,000
FY 2018 Annualized CR	\$30,899,000

Budget Request

The FY 2019 President’s Budget request for the Office of the General Counsel (OGC) is \$31,100,000; an increase of \$211,000 over the FY 2018 Annualized CR level of \$30,899,000. The FY 2019 request of \$31,100,000 will partially support pay and non-pay inflationary costs incurred by OGC as a result of providing HHS with legal representation on key social, economic, and healthcare issues.

In FY 2019, OGC will provide legal advice pertaining to fiscal law, grants, and procurements. OGC attorneys will be highly involved in rulemaking and will continue to assist and support CMS in its mission of making health insurance available, transforming the health care delivery system and the Medicaid program, and reducing fraud, waste and abuse in the federal health care systems.

OGC will provide legal advice to clients seeking to revise and update regulations, such as those for the Health Resources Administration’s (HRSA) health professional shortage designation, Substance Abuse Mental Health Services Administration’s (SAMHSA) confidentiality of substance abuse patient records, and the 340B Drug Program. OGC will also advise and assist the National Institutes of Health (NIH) on many important and complex matters, including the agency’s large research grants portfolio, intellectual property, technology transfer, third-party reimbursement at NIH’s Clinical Center, genomic data sharing, biodefense research, and diversity initiatives.

OGC will advise on multiagency preparedness efforts related to pandemic influenza, MERS-CoV and other chemical, biological, radiological, and nuclear threats. OGC will also coordinate and ensure

consistency in the negotiation of over 300 Indian Self-Determination and Education Assistance Act (ISDEAA) contracts and compacts, which transfer \$2 billion annually to Tribes, and will handle approximately 1,500 contract dispute claims under ISDEAA.

OGC will also be involved in the implementation of the 2007 Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance. OGC will continue to assist in the finalization of major rulemaking efforts by the Office of Child Support Enforcement (OCSE) and the Office of Child Care. In addition, OGC will continue to provide defense of litigation challenging Designation Renewal System rules and re-competition decisions for the Head Start program.

DEPARTMENTAL APPEALS BOARD

Budget Summary

(Dollars in Thousands)

Departmental Appeals Board	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	11,000	10,925	18,000	+7,075
Mandatory Funding	-	-	2,000	+2,000
Proposed User Fee Collections	-	-	1,457	+1,457
Total DAB Funding Level	11,000	10,925	21,457	+10,532
FTE	70	70	117	+47

* The FY 2019 President's Budget provides \$10,000,000 from Recovery Audit collections to address Medicare Appeals at OMHA and DAB. This amount is not displayed in this table.

Authorizing Legislation.....Title III of the PHS Act
 FY 2018 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

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 under more than 60 statutory provisions governing HHS programs. The DAB's mission is to provide high-quality adjudication and other conflict resolution services in administrative disputes involving HHS, and to maintain efficient and responsive business practices. Cases are initiated by outside parties who disagree with a determination made by an HHS agency or its contractor. Outside parties include states, universities, Head Start grantees, nursing homes, clinical laboratories, doctors, medical equipment suppliers, and Medicare beneficiaries. Disputes heard by the DAB may involve over \$1 billion in federal funds 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 is organized into four Divisions:

Board Members – Appellate Division

The Secretary appoints the DAB Board Members, including the Board Chair who serves as the executive for the DAB. Board Members, acting in panels of three, issue decisions 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 components, including ACF, CMS, HRSA, SAMHSA, ONC, and PSC, involving discretionary and mandatory grants and cooperative agreements. Board review ensures consistency of administrative decisions, as well as adequacy of the record and legal analysis before court review. For example, Board decisions in cases involving grant awards promote uniform application of OMB cost principles. Board decisions are posted on the DAB Website and provide precedential guidance on ambiguous or complex requirements.

In FY 2017, the Board/Appellate Division received 126 cases; and closed 134 cases, of which 92 were by decision.

Administrative Law Judges – Civil Remedies Division (CRD)

CRD staff support DAB Administrative Law Judges (ALJs) who conduct adversarial hearings and issue decisions on the record in a wide variety of proceedings that are critical to HHS healthcare program integrity efforts to combat fraud, as well as quality of care concerns. Hearings in these cases may last a week or more. Cases may raise complex medical or clinical issues. Some cases require presentation of evidence to prove allegations of complicated fraudulent schemes. Cases may also raise legal issues of first impression, such as appeals of enforcement cases.

DAB ALJs hear cases appealed from CMS or OIG determinations which exclude providers, suppliers, or other healthcare practitioners from participating in Medicare, Medicaid, and other Federal healthcare programs, or impose civil monetary penalties (CMPs) for fraud and abuse in such programs. CRD jurisdiction also includes appeals from Medicare providers or suppliers, including cases under the Clinical Laboratory Improvement Amendments of 1988 (CLIA). Expedited hearings are provided when requested in certain types of proceedings, such as provider terminations and certain nursing home penalty cases. These cases typically involve important quality of care issues. ALJs also hear cases which may require challenging testimony from independent medical/scientific experts (e.g., in appeals of Medicare Local Coverage Determinations (LCDs) or issues of research misconduct for the purposes of fraudulently obtaining federal grants in cases brought forth by the Office of Research Integrity (ORI)).

Through reimbursable inter-agency agreements, ALJs conduct hearings on CMPs imposed by the Inspector General of the Social Security Administration (SSA) and on certain debt collection cases brought by the SSA. ALJs also conduct hearings in certain regulatory actions brought by the Food and Drug Administration (FDA), including CMP determinations, No Tobacco Sale Orders (NTSOs), clinical investigator disqualifications, and other adverse actions.

In FY 2017, CRD received 7,970 new cases and closed 7,514 (94%), 1,861 by decision.

Medicare Appeals Council – Medicare Operations Division (MOD)

The MOD provides staff support to the Administrative Appeals Judges (AAJs) and Appeals Officers (AOs) on the Medicare Appeals Council (Council). The Council provides the final administrative review within HHS of claims for entitlement to Medicare and individual claims for Medicare coverage and payment filed by beneficiaries or health care providers/suppliers. Council decisions are based on a *de novo* review of decisions issued by ALJs in the Office of Medicare Hearings and Appeals (OMHA). CMS (or one of its contractors) and SSA may also refer ALJ decisions to the Council for own-motion review. In the majority of cases, the Council has a statutorily imposed 90-day deadline by which it must issue a final decision.

An appellant may file a request with the Council to escalate an appeal from the ALJ level because the ALJ has not completed his or her action on the request for hearing within the adjudication deadline. MOD has been receiving a greater number of these escalations as the caseload has been increasing at the OMHA level. The Council also reviews cases remanded back to the Secretary from Federal court; related to this workload, MOD is responsible for preparing and certifying administrative records to Federal court.

Cases may involve complex issues of law, such as appeals arising from overpayment determinations, non-sample audits, or statistical sampling extrapolations involving thousands of claims and high monetary amounts. Some cases, particularly those filed by enrollees in a Medicare Advantage plan, require an expedited review due to the pre-service nature of the benefits at issue (e.g., pre-service authorization for services or procedures or authorization for prescription drugs).

Beginning in FY 2015, through a reimbursable agreement with CMS, MOD began adjudicating appeals filed under a CMS demonstration project with the state of New York. The demonstration project, called “Fully Integrated Duals Advantage” Plan (FIDA), offers an estimated 170,000 Medicare-Medicaid enrollees in New York an opportunity for more coordinated care. FIDA will provide a streamlined appeals process which gives beneficiaries the opportunity to address denials of items and services through a unified system that includes all Medicare and Medicaid protections. These new FIDA cases are not included in the MOD workload Chart C below. DAB will incorporate them into its future workload projections after gaining an experience base from which to project annual FIDA case closures.

In FY 2017, MOD received 9,396 appeals and closed 2,545. Note that case closures include 215 cases dismissed pursuant to administrative settlement agreements with certain hospitals for partial payment for eligible claims in exchange for withdrawing the associated appeals.

Alternative Dispute Resolution (ADR) - Alternative Dispute Resolution Division

The ADR Division provides services in DAB cases and supports the Chair as the HHS Dispute Resolution Specialist. The ADR Division provides mediation in DAB cases; provides or arranges for mediation services in other HHS cases (including workplace disputes and claims of employment discrimination filed under the HHS Equal Employment Opportunity program); and provides policy guidance, training, and information on ADR techniques (including negotiated rulemaking – a collaborative process for developing regulations with interested stakeholders).

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, such as mediation, that are alternatives to adjudication or litigation. 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 (e.g., between program offices and grantees, or among program staff).

In FY 2017, the ADR Division received 112 requests for ADR services, and closed 114, and conducted 12 conflict resolution seminars.

Workload Statistics:

Board Members – Appellate Division

Chart A shows total historical and projected caseload data for the Appellate Division. FY 2018 and FY 2019 data are based on (1) CRD’s projections of the number of ALJ decisions to be issued in FYs 2018 and 2019 in both non-FDA and FDA cases, and (2) the following assumptions:

- Changes in Appellate staff, including retirement of long-time Division Director in August 2017 and hiring one additional attorney in FY 2019; and
- Increases in the number of appeals of ALJ decisions issued in FDA cases in FY 2018 and increases in the number of appeals of ALJ decisions issued in non-FDA cases in FY 2019.

APPELLATE DIVISION CASES – Chart A

Cases	FY 2017	FY 2018	FY 2019
Open/start of FY	78	70	80
Received	126	135	150
Decisions	92	90	100
Total Closed	134	125	125
Open/end of FY	70	80	105

Administrative Law Judges – Civil Remedies Division

Chart B shows caseload data for CRD. FY 2018 and FY 2019 data are projected based on historical trends and certain assumptions, including:

- The extension of the inter-agency agreements in FY 2017 to hear FDA cases, an increase in the number of CMP complaints and NTSOs in 2017, and no significant changes in the number of CMP complaints and NTSOs in FYs 2018 and 2019;
- CMS’s increased use of data analysis techniques to detect provider/supplier fraud and noncompliance;
- A continued 20% increase each year in the number of provider/supplier cases (including a 20% increase in revocations each year resulting from a 2014 change in regulations governing revocations and a 35% increase in effective date cases each year resulting from 2016 changes in CMS program integrity policies);
- New types of hearing requests, such as appeals pursuant to agreements under the Medicare Coverage Gap Discount Program;
- The Inspector General’s increased focus on exclusion cases;
- No major regulatory changes; and
- Increases in personnel in FY 2019, including one ALJ, and three attorneys.

CIVIL REMEDIES DIVISION CASES – Chart B

Cases	FY 2017		FY 2018		FY 2019	
	Non-FDA	FDA	Non-FDA	FDA	Non-FDA	FDA
Open/start of FY	420	808	669	1,015	1,182	1,195
Received	1,210	6,760	2,117	7,200	2,117	7,200
Decisions	221	1,640	221	1,800	300	1,800
Total Closed	961	6,553	1,604	7,020	2,176	7,020
Open/end of FY	669	1,015	1,182	1,195	1,123	1,375

The data in the preceding chart separates the FDA cases and non-FDA cases, which is CRD’s core work.

Medicare Appeals Council – Medicare Operations Division

Chart C contains historical and projected caseload data for MOD. FY 2018 and FY 2019 data are based on information from the HHS Dashboard Report and Long-Term Projections Report.

Assumptions on which the data are based include:

- In FY 2019, pursuant to the proposed legislation, change in the standard of review from “de novo” to “material error of law” and “substantial evidence,” increasing the Council’s current adjudicative capacity by approximately 30%;

- An additional 16,000 cases closed in FY 2018 pursuant to administrative settlements;
- Increased case receipts in FY 2018 as OMHA’s disposition capacity increases with new ALJ teams and resources;
- Increased overpayment cases (including Recovery Audit (RA) and statistical sampling cases);
- Increased CMS demonstration projects across the country;
- Participation in Department-wide administrative initiatives to improve efficiency within the Medicare appeals process and address appeals as early as possible; and
- Increased requests for certified administrative records in cases appealed to Federal court.

MEDICARE OPERATIONS DIVISION CASES – Chart C

Cases	FY 2017	FY 2018	FY 2019
Open/start of FY	23,469	30,320	29,044
Received	9,396	17,044	26,412
Cases Closed	2,330	2,320	6,240
Administrative Settlements	215	16,000	--
Open/end of FY	30,320	29,044	49,216

Funding History

Fiscal Year	Amount
FY 2014	\$10,450,000
FY 2015	\$11,000,000
FY 2016	\$11,000,000
FY 2017	\$11,000,000
FY 2018 Annualized CR	\$10,925,000

Budget Request

The FY 2019 President’s Budget discretionary request for the DAB is \$18,000,000; an increase of \$9,075,000 over the FY 2018 annualized CR level of \$10,925,000. The request also includes \$2,000,000 in proposed mandatory funding, and \$1,457,000 in proposed user fee collections. The budget increases will provide new funding above the FY 2018 level for 47 additional employees needed to address the backlog of Medicare appeals and to replenish staffing in all other Divisions.

Since FY 2010, the Medicare Operations Division of the DAB has experienced a significant increase in the number of annual appeals. Because resources have remained relatively constant over this same period of time, the increase in appeals has led to a backlog of cases and an increase in average case processing times. With case receipts continuing to outpace staff resources, the backlog will continue to grow and hamper overall productivity. In addition, intensified efforts to increase the disposition of OMHA’s appeals backlog will result in an increase of appeals flowing to the DAB, further exacerbating the rate of increase in the MOD backlog. In addition to the increased volume of receipts, MOD faces a greater percentage of technically complex statistical sampling cases and multi-claim overpayment cases. Further, MOD cases often generate voluminous administrative record; when cases are appealed to Federal court, MOD staff must prepare and certify the accuracy of the record for the court. The caseload data presented here fully justifies the DAB request.

The Budget will allow the MOD to add 4 AAJs, 24 attorneys, and 3 legal support positions, increasing MOD’s overall staff size from 29 to 60. This increase, along with the proposed legislative change to the

Council's standard of review (addressed in detail below), would increase the Council's adjudicative capacity to 6,240 cases, representing a 169% increase over the projected FY 2018 level adjudication capacity of 2,320 cases.

As a result of the Medicare Appeals backlog, the DAB has had to shift resources to MOD from other Divisions. The Budget will right-size staffing across DAB as well as address the increase in Civil Remedies Division pending appeals. One new attorney would be assigned to the Appellate Division, one to the ADR Division, and three to the CRD Division.

Currently, all DAB policy, adjudicative oversight, and administrative operations are consolidated in the Immediate Office of the Chair and the Operations Division. This structure allows judges and legal staff to focus solely on legal work, ensuring maximum productivity. The FY 2019 request would allow the DAB to increase administrative efficiency, improve oversight in the DAB's adjudicatory divisions, and focus more attention on organizational improvement and myriad operational challenges, driven by growing demands and a lack of specialized personnel dedicated to administrative support and IT development. Accordingly, the Immediate Office would add 5 new staff and the Operations Division would add 5 new staff.

Legislative Proposal – Improving the Medicare Appeals Process

As part of the Department's FY 2019 budget process, the DAB submitted a legislative proposal to change the Medicare Appeals Council's (Council) standard of review under Section 1869(d)(2)(B) of the Social Security Act from de novo to an appellate-level standard of review. Under the proposed standard of review, the Council would be able to grant a request for review of a decision by an ALJ or other adjudicator of Medicare claims if: (1) there is an abuse of discretion; (2) there is an error of law material to the outcome of the case; (3) the findings of fact are not supported by substantial evidence; or (4) there is a need to clarify an important question of law, policy, or fact. The proposal would also clarify that the Council may deny a request for review.

DAB - Outputs and Outcomes Table

Measure	Year and Most Recent Result/Target for Recent Result (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Request +/- FY 2018
1.1.1 Percentage of Board Decisions with net case age of six months or less	2017: 70% Target: 66% (Target Exceeded)	50%	50%	Maintain
1.2.1 Percentage of Board decisions meeting applicable statutory and regulatory deadlines for issuance of decisions.	FY 2017: 100% Target: 100% (Target Met)	90%	100%	+10%
1.3.1 Percentage of decisions issued within 60 days of the close of the record in HHS OIG enforcement, fraud and exclusion cases.	FY 2017: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.3.2 Percentage of decisions issued within 60 days of the close of the record in SSA OIG CMP cases and other SSA OIG enforcement cases.	FY 2017: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.3.3 Percentage of decisions issued within 180 days from the date appeal was filed in provider/supplier enrollment cases.	FY 2017: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.4.1 Cases closed in a fiscal year as a percentage of total cases open in the fiscal year.	FY 2017: 81% Target: 50% (Target Exceeded)	50%	50%	Maintain
1.5.1 Number of conflict resolution seminars conducted for HHS employees.	FY 2017 12 Sessions Target: 12 Sessions (Target Met)	10	10	Maintain
1.5.2 Number of DAB cases (those logged into ADR Division database) requesting facilitative ADR interventions prior to more directive adjudicative processes.	FY 2017: 112 Target: 110 (Target Exceeded)	110	110	Maintain
1.6.1 Average time to complete action on Requests for Review measured from receipt of the claim file.	FY 2017: 605 days Target: 576 days (Target Not Met)	1,229 days	798 days	-431 days
1.7.1 Number of dispositions	FY 2017: 2,330 +215 (CMS settlements) Target: 2,320 (Target Exceeded)	2,320	6,240	+3,920

Performance Analysis

DAB has made measurable progress in the strategic management of human capital by reengineering its operations and improving its case management techniques. The DAB shifts resources across its Divisions as needed to meet changing caseloads, and targets mediation services to reduce pending workloads.

Appellate Division

In FY 2017, 70% of Appellate Division decisions had a net case age of six months or less, exceeding the Measure 1.1.1 target of 66%. In FY 2018 and FY 2019, the target for Measure 1.1.1 is reduced to 50%, due to the loss of productivity while the DAB fills the vacancy caused by the retirement of its long-time Division Director in August 2017, and due to an increase in the number of appeals. The Appellate Division expects to meet the targets for Measure 1.1.1 in both fiscal years.

In FY 2017, the Appellate Division met the target for Measure 1.2.1 by issuing decisions in 100% of appeals having a statutory or regulatory deadline. In FY 2018, the target for Measure 1.2.1 will decrease from 100% to 90% for the same reasons as for the reduction stated above. In FY 2019, the target will return to 100% as productivity normalizes and as a result of hiring one additional staff attorney. The Appellate Division expects to meet the target levels for Measure 1.2.1 in both FY 2018 and FY 2019.

Civil Remedies Division

For FY 2017, Measures 1.3.1, 1.3.2, and 1.3.3 relate to the percentage of cases in which CRD ALJs met the statutory or regulatory deadlines for rendering final decisions in particular types of cases (60 days from record closed date for OIG and SSA enforcement, fraud, or exclusion cases; 180 days for CMS provider/supplier enrollment cases). CRD exceeded its targets in all three Measures in FY 2017.

For FY 2018 and FY 2019, the DAB proposes consolidating prior Measures 1.3.1, 1.3.2, and 1.3.3 into a single new Measure 1.3.1, which will track the percentage of all CRD decisions issued within all applicable statutory and regulatory deadlines. The target for Measure 1.3.1 will remain the same in FY 2018 and FY 2019, and CRD expects to meet that target in both fiscal years.

Measure 1.4.1 tracks cases closed as a percentage of all cases open during the fiscal year. CRD exceeded its FY 2017 target by closing 81% of open cases. CRD closed 59% of non-FDA cases and 86% of FDA cases. The FY 2018 and FY 2019 targets remain unchanged because non-FDA cases are more complex, resulting in longer adjudication times, and because CRD projects the same number of receipts of FDA CMPs and NTSOs. CRD expects to meet Measure 1.4.1 in both of those years, but will be challenged to do so if it receives a significant increase in the number of FDA cases and new types of appeals through reimbursable inter-agency agreements.

Medicare Operations Division

Target 1.6.1 measures how long it takes to close a case after MOD receives the claim file. However, the DAB does not request the claim file until staff is available to work on the case. Therefore, 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 the DAB 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. The average case age is projected to increase from 605 days in FY 2017 to 1,229 days in FY 2018, but decrease to 798 days in FY 2019. While the focus on closing high priority cases, including Part C and D pre-service cases and beneficiary appeals, is designed to reduce the average case age, this effort is negated in FY 2018 by the consistent rate of

growth of the Medicare appeals backlog. New staff, as well as the proposed legislative change in the standard of review, will increase the DAB's ability to address that trend in FY 2019.

Measure 1.7.1 tracks case closures, which are directly proportional to staffing. Case closures will remain relatively constant in FY 2018, and are expected to increase in FY 2019 due to an increase in staff.

Alternative Dispute Resolution (ADR) Division

In FY 2017, ADR met Measure 1.5.1 and exceeded Measure 1.5.2 by leveraging resources through a variety of means, including: using video conferencing technology to replace in-person mediations, thereby reducing staff-time otherwise needed for travel; using interagency partnerships to share scarce ADR training and mediation resources across Agency lines; and using unpaid legal interns. In FY 2017, caseload receipts increased modestly due to the FY 2016 initiatives to mediate Equal Employment Opportunity cases for the Office of the Secretary's EEO Compliance and Operations Division and the Indian Health Service's EEO Compliance and Operations Division.

ADR projects no additional case increases for FY 2018 or FY 2019. ADR anticipates meeting its targets for Measures 1.5.1 and 1.5.2 in FY 2018 and FY 2019 by continuing to leverage resources through technology, interagency partnerships, and unpaid interns. ADR also plans to address backlogging by redirecting resources from conflict resolution seminars to mediations (decreasing Measure 1.5.1 from 12 to 10 seminars), and by increasing the number of cases mediated by free Federal Sharing Neutrals program mediators.

OFFICE OF GLOBAL AFFAIRS

Budget Summary

(Dollars in Thousands)

Office of Global Affairs	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	6,026	5,985	6,026	+41
FTE	22	22	22	-

Authorizing Legislation.....Title III of the PHS Act
 Authorization Status.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The Office of Global Affairs (OGA) promotes and protects the health of US citizens, and works to improve global health and safety. It does so by advancing HHS's global strategies and partnerships, and by working with HHS divisions and other US Government (USG) agencies in the coordination of global health policy and international engagement. OGA develops policy recommendations and provides staff support to the Secretary and other HHS leaders on global health and social services issues. OGA coordinates these matters within HHS, across the government, and at multilateral institutions working on major crosscutting global health initiatives.

OGA provides global health expertise on a range of policy issues, and identifies and uses capacities present in HHS to address needs and opportunities overseas, while providing knowledge and analysis of international developments for the benefit of the Secretary and HHS as a whole. Priority areas include global health security, antimicrobial resistance, infectious disease preparedness and response, multilateral and bilateral diplomacy and negotiations, international HIV/AIDS control through the President's Emergency Plan for AIDS Relief (PEPFAR), health aspects of trade interests, polio eradication, increasing access to safe and effective medicines, and reducing barriers to care.

HHS has a range of relationships with other USG departments as well as more than 190 national Ministries of Health. Multilateral partners include the World Health Organization (WHO); the Pan American Health Organization (PAHO) and other regional offices of the WHO; the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); the UN Joint Program on HIV/AIDS (UNAIDS); the Organization for Economic Cooperation and Development (OECD); and the GAVI Alliance.

Significant accomplishments include:

- Led the Secretary's effort to strengthen HHS's and the USG's critical strategic commitments to global health security and the Global Health Security Agenda, HHS work overseas, and strengthening the WHO.
- Provided leadership on interagency team to identify and overcome obstacles within China to facilitate the sharing of Influenza H7N9 samples with National Influenza Collaborating Centers to support the US decision to produce an updated H7N9 vaccine.
- Represented HHS equities in trade negotiations, served as a lead technical resource for the USG on all health-related trade issues, including bilateral trade issues, and represented the government in multilateral negotiations and meetings related to health and trade.
- Led government efforts in multilateral negotiations at WHO, PAHO, the Global Fund, and UNAIDS convenings, advancing many US global health priorities, and ensuring the world is better prepared

to prevent, detect, and respond to, global infectious disease threats, protecting the people of the US and the world, and protecting and strengthening global health security.

- Represented HHS at high-level diplomatic forums globally, including bilateral health dialogues, government missions to address urgent global health issues (e.g., Zika, MERS, and Ebola)
- Led USG engagement on health in the Group of Seven and Group of Twenty, Arctic Council, and OECD.
- Collaborated with CDC, ASPR and other partners to advance Zika collaborations on the U.S. – Mexico border through binational case investigations, expansion of mosquito surveillance, and communications protocols.

Funding History

Fiscal Year	Amount
FY 2014	\$6,270,000
FY 2015	\$6,270,000
FY 2016	\$6,026,000
FY 2017	\$6,026,000
FY 2018 Annualized CR	\$5,985,000

Budget Request

The FY 2019 President’s Budget request for the Office of Global Affairs (OGA) is \$6,026,000; an increase of \$41,000 over the FY 2018 annualized CR level of \$5,985,000. At this level, OGA will continue efforts to ensure the health and well-being of Americans, and to improve health and safety across the globe, through leadership and collaboration with multilateral organizations including the World Health Organization, the Group of Seven (G7) and Group of Twenty (G20), the Food and Agriculture Organization, and the Organization for Animal Health, among others, and through efforts to coordinate government policy and programs for HHS through political and diplomatic channels. OGA will continue to coordinate and facilitate the involvement of OPDIVs and STAFFDIVs with these entities. OGA will maintain a leadership role on Global Health Security Agenda coordination for the US Government, and focus efforts on political, diplomatic, and coordination issues.

OGA will champion efforts to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant bacteria. It will coordinate with government and international partners to implement measures to mitigate the emergence and spread of antibiotic resistance and ensure the continued availability of therapeutics for the treatment of bacterial infections. OGA will lead the Department’s negotiations on issues where trade and health intersect, ensuring that the Secretary’s directives are carried out, and representing HHS equities in health and trade settings where these issues arise.

In South Africa, Brazil, China, India, Switzerland, and Mexico, OGA health attachés will continue to represent HHS as they work with other government agencies, NGOs, and industry on research, regulation, information sharing, and multilateral issues – important to pandemic preparedness, safety of products, intellectual property and clinical trials, among many other objectives.

OGA will continue its oversight of the Border Health Commission’s work, in partnership with Mexican counterparts, to identify critical health problems affecting states along the United States’ southern border with Mexico, and identify opportunities for collaboration to address these problems.

Office of Global Affairs - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result (Summary of Result)	FY 2018	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
1.1 USMBHC development and implementation of strategies that are directly related to HHS and/or Secretary's priorities	Measure Being Reevaluated	N/A	N/A	-
1.2 The implementation of USMBHC priorities (which are linked to the Department's priorities)	Measure Being Reevaluated	53,500	N/A	-
2.1 Lead USG and international partners to promote global health security among multisectoral stakeholders	New FY17 (result): More than 40 nations endorsed extension of GHSA to 2024, recognizing the need to accelerate progress to enhance health security capacities	The GHSA 2.0 Framework completed and presented to the GHSA membership	GHSA 2.0 launched by the new GHSA Steering Group	0
2.2 Coordinate with USG and international partners to enhance sustainable investments in global health security	New FY17 (result): Launched discussions with international partners, including the World Bank, on enhancing sustainable investments in global health security	GHSA task force on mutual accountability developed	Mutual accountability strategy developed to ensure tracking of commitments, progress, and impact of GHSA efforts	0

*Measures number 1.1 and 1.2 are being reevaluated because there have been issues with data validity. Specifically, we're unable to determine whether stakeholders were counted more than once given that data was submitted by most states per activity/event rather than overall.

Performance Analysis

Measures number 1.1 and 1.2 are being reevaluated because there have been issues with data validity. Specifically, OGA is unable to determine whether stakeholders were counted more than once, given that data was submitted by most states per activity/event rather than overall.

Grants

Grants (whole dollars)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	4	4	4
Average Award	\$275,500	\$275,500	\$275,500
Range of Awards	\$223,000 - \$352,000	\$223,000 - \$352,000	\$223,000 - \$352,000

OFFICE OF INTERGOVERNMENTAL AND EXTERNAL AFFAIRS

Budget Summary (Dollars in Thousands)

Office of Intergovernmental and External Affairs	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY2018
Budget Authority	10,625	10,553	10,625	+72
FTE	68	68	68	-

Authorizing Legislation:.....Title III of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The Office of Intergovernmental and External Affairs (IEA) serves the Secretary as the primary link between the HHS and state, local, territorial and tribal governments and non-governmental organizations. Its mission is to facilitate communication related to HHS initiatives with these stakeholders. IEA not only communicates HHS positions to the stakeholders, but brings information back to the Secretary for use in the HHS policymaking process.

The IEA is composed of a headquarters team that works on policy matters within HHS Operating and Staff Divisions. In addition to the Headquarters team, IEA has ten regional offices which include the Secretary's Regional Directors, Executive Officer, Outreach Specialist and Intergovernmental Affairs Specialists responsible for public affairs, business outreach and media activities. The Regional Directors (RDs) coordinate the HHS Regional Offices in planning, development, and implementation of HHS policy. The Office of Tribal Affairs, in IEA, coordinates and manages tribal and native policy issues, assists tribes in navigating through HHS programs and services, and coordinates the Secretary's policy development for Tribes and national Native American organizations.

IEA is actively involved in leading the educational outreach and stakeholder engagement on the Secretary priorities related to Opioids Abuse, Childhood Obesity, and Serious Mental Illness initiatives. IEA efforts significantly increased 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. These efforts have proven to be hugely successful in improving the communication, and ultimately the relationships with stakeholders across the country.

IEA accomplished the following goals in supporting the Secretary as the Department's Chief Policy Officer:

- Formulated and executed Secretary's engagement with a broad spectrum of stakeholders
- Provided strategy, expert technical advice, and guidance on implications of policy options
- Reviewed and analyzed draft regulations, releases, and policy documents to ensure stakeholder views/concerns/are considered
- Promoted HHS announcements and releases to stakeholders
- Supported WH initiatives- State Days, Tribal Leaders, Opioid listening sessions
- Helped execute on RFIs, Executive Orders, and Roll-outs
- Instituted quarterly meeting of external intergovernmental partners (NGA, ASTHO, NACo, NCSL, NASAD, NLC) to share information on priorities
- Instituted quarterly meetings of HHS colleagues with intergovernmental and external affairs responsibilities to share information and maximize effectiveness

- Instituted weekly workgroup consisting of CMS, ASFR, ASL and ASPA to coordinate on waivers
 - Kept senior management informed of trends, evolving issues, controversial, and highly sensitive issues and recommended solutions/responses
 - Partnership Center’s goals, strategy, personnel, website was redirected to reflect current Administration’s priorities
1. Supported the Secretary’s Initiatives in the following manner:
Formulated & executed the Secretary's engagement on:
 - healthcare reform
 - 3 clinical priorities (childhood obesity, serious mental illness and opioids) formulated corresponding workgroups
 - drug pricing
 - regulatory reform
 - quarterly STAC, Indian Country travel
 - issued RFI to removing barriers for religious and faith-based organizations to participate in HHS programs
 - responded to public health emergency declarations for hurricanes and wildfires by proactive outreach to affected Governors, Mayors, State Legislators and County Commissioners
 - hosted 3 faith-based/community focused webinars and a livestream event with subject matter experts and tools for addressing the opioid epidemic
 2. Supported ReImagine
 - Regional participation- Management & Stewardship Team
 - HQ participation- Transformation Lead; Healthcare System Team
 - Optimizing Regional Performance

Funding History

Fiscal Year	Amount
FY 2014	\$9,576,000
FY 2015	\$10,625,000
FY 2016	\$10,625,000
FY 2017	\$10,625,000
FY 2018 Annualized CR	\$10,553,000

Budget Request

The FY 2019 President’s Budget request for IEA of \$10,625,000 is \$72,000 over the FY 2018 Annualized CR level of \$10,553,000. The increase will partially support pay and non-pay inflationary costs, continue coordination of a wide range of outreach activities, and facilitate cross-cutting initiatives.

IEA will continue mission critical activities via personnel who are knowledgeable about the complexity and sensitivity of various HHS programs, including health insurance marketplace, consumer/population distinctions, governmental organizations and external organizations, to ensure successful communication and coordination of healthcare and human services policy issues and other priority initiatives of the Department, Secretary and the Administration. IEA will continue to utilize electronic avenues to reduce travel costs, improve communication, timeliness, and relationships with stakeholders across the country.

CENTER FOR FAITH-BASED AND NEIGHBORHOOD PARTNERSHIPS

Budget Summary

(Dollars in Thousands)

Center for Faith-Based and Neighborhood Partnerships	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	1,299	1,290	1,326	+36
FTE	7	7	7	-

FY 2019 Authorization.....Title III of the PHS Act
Allocation Method.....Direct Federal

Program Description and Accomplishments:

Established in 2001, the Center for Faith-based and Neighborhood Partnerships (HHS Partnership Center) supports the efforts of faith and community organizations in addressing national public health and human services issues. Additionally, the HHS Partnership Center is committed to the clinical priorities of the Secretary and the Administration, and the Secretary's priority of finding, exposing, and removing every barrier to full and active engagement of the faith-based community in the work of HHS.

While not a grant-making office, the HHS Partnership Center is positioned to advance the Secretary's priorities in faith-based and community organizations through outreach, education, capacity building, and aligning community health and human services assets.

In 2014, the HHS Partnership Center was realigned within the Office of Intergovernmental and External Affairs (IEA), and now receives executive leadership and management direction from IEA. The HHS Partnership Center supports faith and community engagement with the public health and human services priorities of the Secretary and HHS by:

- Serving as an open door for faith and community-based partners to connect with and learn about the priorities of the Secretary and HHS,
- Building and strengthening relationships between diverse sector partners,
- Aligning community-based resources and existing efforts toward shared goals,
- Leveraging subject matter expertise of the agency and developing educational opportunities for community-level health leaders,
- Building regional and national coalitions of external stakeholders that advance HHS priorities, and
- Communicating key messages, resources, grant opportunities and awards relevant to faith and community partners.

Accomplishments in 2017 include:

1. Supported the Secretary as the Department's Chief Policy Officer
 - Formulated and executed Secretary's engagement with a broad spectrum of stakeholders
 - Promoted HHS announcements and releases to stakeholders
 - Helped execute on RFIs, Executive Orders, and Roll-outs
 - Kept senior management informed of trends, evolving issues, controversial, and highly sensitive issues and recommended solutions/responses
 - Aligned Partnership Center's goals, strategy, personnel, and website to reflect current Administration's priorities

2. Supported the Secretary's Initiatives

Formulated & executed the Secretary's engagement on:

- healthcare reform
- 3 clinical priorities (childhood obesity, serious mental illness and opioids) engagement with corresponding workgroups
- removing barriers for religious and faith-based organizations to participate in HHS programs
- responding to public health emergency declarations for hurricanes and wildfires by proactive outreach to faith-based and community organizations
- hosting 4 faith-based/community focused webinars and a livestream event with subject matter experts and tools for addressing the opioid epidemic

Funding History

Fiscal Year	Amount
FY 2014	\$1,299,000
FY 2015	\$1,299,000
FY 2016	\$1,299,000
FY 2017	\$1,299,000
FY 2018 Annualized CR	\$1,290,000

Budget Request

The FY 2019 President's Budget request for CFBNP is \$1,326,000; an increase of \$36,000 over the FY 2018 Annualized CR level of \$1,290,000. The budget increase will continue support for CFBNP's mission to effectively administer federal programs that promote the economic and social well-being of families, children, individuals, and communities.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(Dollars in Thousands)

Office of the Assistant Secretary for Health	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2018 +/- FY 2017
Budget Authority	279,929	278,581	117,944	-160,637
FTE	256	256	236	-20

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 for public health and science to the Secretary, and coordinates public health policy and programs across the Staff and Operating Divisions of HHS. OASH is charged with leadership in development of policy recommendations on population-based public health and science, and coordination of public health issues and initiatives that cut across the Staff and Operating Divisions of HHS. OASH provides leadership on population-based public health and clinical preventive services, ensuring the health and well-being of all Americans.

The mission of the Office of the Assistant Secretary for Health (OASH) is “to optimize the nation's investment in health and science to advance health equity and improve the health of all people.”

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

- 12 core public health offices – including the Office of the Surgeon General, U.S. Public Health Service Commissioned Corps, and 10 Regional Health Administrators
- 15 Presidential and Secretarial advisory committees

OASH SUMMARY TABLE - DIRECT

(Dollars in Thousands)

Office	FY 2017 FTE	FY 2017 Final	FY 2018 FTE	FY 2018 Annualized CR	FY 2019 FTE	FY 2019 President's Budget
Immediate Office of the Assistant Secretary for Health	50	11,678	50	11,599	50	11,678
Office of HIV AIDS and Infectious Disease Policy	6	1,402	6	1,392	6	1,402
Office of Disease Prevention and Health Promotion	23	6,726	23	6,680	23	6,726
President's Council on Fitness, Sports and Nutrition	6	1,168	6	1,160	6	1,168
Office for Human Research Protections	31	6,493	31	6,449	31	6,493
National Vaccine Program Office	17	6,400	17	6,357	17	6,400
Office of Adolescent Health	4	1,442	4	1,432	1	200
Public Health Reports	2	467	2	464	2	467
Teen Pregnancy Prevention	16	100,770	16	100,314	-	-
Office of Minority Health	57	56,541	57	56,285	57	53,956
Office on Women's Health	43	32,067	43	31,922	43	28,454
<i>Office of Research Integrity (Non-Add)</i>	28	8,558	28	8,558	28	8,558
HIV-AIDS in Minority Communities	1	53,777	1	53,534	-	-
Embryo Adoption Awareness Campaign	-	998	-	993	-	1,000
Subtotal, GDM	256	279,929	256	278,581	236	117,944
	-	-	-	-	-	-
PHS Evaluation Set-Aside	-	-	-	-	-	-
OASH	-	4,285	-	4,256	-	4,285
Teen Pregnancy Prevention Initiative	-	6,800	-	6,754	-	-
Subtotal, PHS Evaluations	-	11,085	-	11,010	-	4,285
	-	-	-	-	-	-
TOTAL OASH PROGRAM LEVEL	256	291,014	256	289,591	236	122,229

IMMEDIATE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(Dollars in Thousands)

Immediate Office of the Assistant Secretary for Health	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	11,678	11,599	11,678	+79
FTE	50	50	50	-

Authorizing Legislation.....Title III of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal, contracts

Program Description and Accomplishments

The Assistant Secretary for Health (ASH) and the Immediate Office of the Assistant Secretary for Health (OASH) serve in an advisory role to the Secretary on issues of public health and science. The Immediate Office of the ASH drives the OASH mission, “mobilizing leadership in science and prevention for a healthier Nation,” by providing leadership and coordination across the Department in public health and science, and advice and counsel to the Secretary and Administration on various priority initiatives such as the opioid epidemic and related behavioral health issues, immunization policy, autism, and emerging public health challenges related to infectious disease.

OASH oversees 12 core public health offices — including the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps — as well as 10 regional health offices across the nation and 15 presidential and secretarial advisory committees.

Senior public health officials within the Immediate Office work to ensure a public health and prevention perspective is addressed in Secretarial and Presidential priorities through effective networks, coalitions, working groups, and partnerships that identify public health concerns and undertake innovative projects.

Three key priorities provide a framework for addressing public health needs:

- Creating Better Systems of Prevention
- Eliminating Health Disparities & Achieving Health Equity
- Making Healthy People Come Alive for All Americans.

Creating Better Systems of Prevention

Over the last 100 years, people in the US have gained another 30 years of life, with 25 of those years attributable to advances made in public health. The work of the Department and the public health system has expanded in that time, moving from basic public health initiatives to a focus on core functions of assessment, policy development, and assurances, as well as responding to challenges such as newly emerging infectious diseases, behavioral health, and non-communicable diseases.

OASH is addressing the enormous challenges presented by the opioid epidemic, which touches so many Americans, but especially those in rural and underserved populations. These challenges include opioid prescribing practices, increased rates of suicide and accidental opioid overdose, and persistent needs for comprehensive and science-based pain treatment approaches. The first-ever *Surgeon General’s Report on Alcohol, Drugs, and Health* was released in 2016 and reviews what is known about substance misuse and how to use that knowledge to address it and related challenges. Through its support, along with the

Substance Abuse and Mental Health Services Administration (SAMHSA) on the Behavioral Health Coordinating Council, the work of the Surgeon General with health care providers, and coordination with OASH offices such as Women’s Health, Minority Health, and Office of HIV/AIDS and Infectious Disease Policy, this epidemic remains a priority issue for OASH and the entire Department.

In addition, the Surgeon General (SG) provides Americans with practical scientific information on how to improve their health and reduce the risk of illness and injury. Recent priorities of the SG include activities around healthy aging, mental and emotional well-being, and healthy eating.

Eliminating Health Disparities and Achieving Health Equity

The Immediate Office of the ASH provides leadership in the area of health equity by raising awareness and improving the health care and health system experience for populations disproportionately affected by health disparities. The Empowered Communities for a Healthier Nation Initiative supports the Secretary’s priority on addressing serious mental illness. Additionally, OASH relies on research and evaluation outcomes to further policy in adolescent health, addressing care and prevention across the life span, and using health information technology to reduce health disparities.

Making Healthy People Come Alive for All Americans

Healthy People 2020 established health goals for the nation, tracks progress toward meeting targets, and aligns national efforts to guide action for public health. In addition to continuing support for *Healthy People 2020*, OASH continues the Leading Health Indicators (LHI) initiative which identifies critical health priorities for the Nation. The LHI initiative also serves as an effective policy framework for policymakers and public health professionals at the local, state, and national level for tracking progress toward meeting key national health goals. LHIs assist in focusing efforts to reduce some of the leading causes of preventable deaths and major illnesses.

OASH also has ten regional offices, led by Regional Health Administrators (RHAs). The RHAs serve as the lead federal official for public health and science in each region. Using their regional expertise and networks, RHAs catalyze public health action to impact leading health indicators by serving as extensions and spokespersons for OASH, as well as fostering coordination and collaboration around HHS priorities across Federal departments. The RHAs ensure that the priorities of the Department and OASH are better incorporated at the local, state, and national level.

Funding History

Fiscal Year	Amount
FY 2014	\$12,151,000
FY 2015	\$11,678,000
FY 2016	\$11,678,000
FY 2017	\$11,678,000
FY 2018 Annualized CR	\$11,599,000

Budget Request

The FY 2019 President’s Budget request for the Immediate Office of the Assistant Secretary for Health is \$11,678,000; an increase of \$79,000 over the FY 2018 Annualized CR level of \$11,599,000. The increase will partially support pay and non-pay inflationary increases. The FY 2019 request will maintain OASH’s baseline leadership in the Immediate Office of the ASH, the Office of the Surgeon General, and the

regions. The Immediate Office line item will support Administration and Department initiatives, including reducing childhood obesity, addressing the Nation's opioid epidemic and the misuse of pain medication, and re-imagining OASH efforts.

U.S. Public Health Service Commissioned Corps

The United States Public Health Service Commissioned Corps (Corps), which consists of over 6,500 uniformed public health professionals who work alongside their equivalent civilian counterparts performing the same day jobs but often receiving higher total compensation. The Commissioned Corps receives military-like benefits, but has not been incorporated into the Armed Forces since 1952 and generally does not meet DOD's criteria for the military compensation system. Further, the Corps' mission assignments and functions have not evolved in step with the public health needs of the Nation. It is time for that to change. HHS is committed to providing the best public health services and emergency response at the lowest cost, and is undertaking a comprehensive look at how the Commissioned Corps is structured. The specific recommendations and plans resulting from this analysis will be released in the months to come, and could range from phasing out unnecessary Corps functions to reinventing the Corps into a smaller, more targeted cadre focused on providing the most vital public health services and emergency response. The goal of this proposal is to modernize how the Government employs public health professionals and how HHS responds to public health emergencies, saving Federal funds and reducing duplication while safeguarding the well-being of the Nation.

Immediate Office - Outputs and Outcomes Table

Long Term Objective: Creating Better Systems of Prevention

Performance measures reflect previous administration priorities and will be updated for FY 2019 in the fall.

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
<p>1.a: Shape policy at the local, State, national and international levels (Outcome) Measure 1: The number of communities, state and local agencies, Federal entities, NGOs or international organizations that adopt (or incorporate into programs) policies and recommendations generated or promoted by OASH through reports, committees, etc.</p>	<p>FY 2015: 881 Target: 312 (Target Exceeded)</p>	530	530	--
<p>1.b: Communicate strategically (Outcome) Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: Number of regional/national workshops/conferences, community based events, consultations with professional and institutional associations; Measure 3: new, targeted educational materials/campaigns; Measure 4: media coverage of OASH-supported prevention efforts (including public affairs events).</p>	<p>FY 2015: 46,339,946 Target: 24,770,771 (Target Exceeded)</p>	27,400,000	27,400,000	--
<p>1.c: Promote effective partnerships (Outcome) Measure 1: Number of formal IAAs, MOUs, contracts, cooperative agreements, and community implementation grants with governmental and non-governmental organizations that lead to prevention-oriented changes in their agendas/efforts.</p>	<p>FY 2015: 759 Target: 355 (Target Exceeded)</p>	330	330	--

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
1.d: Strengthen the science base (Outcome) Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: the number of promising practices identified by research, demonstrations, evaluation, or other studies.	FY 2015: 221 Target: 68 (Target Exceeded)	80	80	--
1.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) Measure 1: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OASH; Measure 2: Number of outcomes from efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	FY 2015: 326 Target: 120 (Target Exceeded)	220	220	--

Long Term Objective: Eliminating Health Disparities and Achieving Health Equity

Program/Measure	Most Recent Result	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
2.a: Shape policy at the local, State, national and international levels (Outcome) Measure 1: The number of communities, NGOs, state and local agencies, or Federal entities, that adopt (or incorporate into initiatives) policies and recommendations targeting health disparities that are generated or promoted by OASH through reports, committees, etc.	FY 2015: 444 Target: 152 (Target Exceeded)	300	300	--
2.b: Communicate strategically¹ (Outcome) Measure 1: The number of visitors to Websites and inquiries to	FY 2015: 6,146,660 Target: 1,494,114 (Target Exceeded)	2,800,000	2,800,000	--

clearinghouses; Measure 2: number of regional/national workshops/conferences or community based events; Measure 3: new, targeted educational materials/campaigns; Measure 4: media coverage of OASH-supported disparities efforts (including public affairs events); and estimated number of broadcast media outlets airing Closing the Health Gap messages.				
2.c: Promote Effective Partnerships (Outcome) Measure 1: Number of formal IAAs, MOUs, contracts, cooperative agreements and community implementation grants with governmental and non-governmental organizations that lead to changes in their agendas/efforts to address health disparities.	FY 2015: 786 Target: 241 (Target Exceeded)	250	250	--
2.d: Strengthen the science base (Outcome) Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: number of promising practices identified in research, demonstration, evaluation, or other studies.	FY 2015: 188 Target: 39 (Target Exceeded)	50	50	--
2.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) Measure 1: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OASH; Measure 2: Number of outcomes from efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc.	FY 2015: 186 Target: 61 (Target Exceeded)	140	140	--

Long Term Objective: Making *Healthy People* Come Alive for All Americans

Program/Measure	Most Recent Result	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
<p>3.a: Shape policy at the local, State, national and international levels (Outcome) Measure 1: The number of communities, NGOs, state and local agencies, Federal entities, or research organization that adopt (or incorporate into programs) policies, laws, regulations and recommendations promoted or overseen by OASH.</p>	<p>FY 2015: 365 Target: 153 (Target Exceeded)</p>	220	220	--
<p>3.b: Communicate strategically (Outcome) Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: number of regional/national workshops/conferences, community based events, and consultations with professional and institutional associations; Measure 3: new, targeted educational materials/campaigns.</p>	<p>FY 2015: 7,661,388 Target: 3,550,397 (Target Exceeded)</p>	3,500,000	3,500,000	--
<p>3.c: Promote Effective Partnerships (Outcome) Measure 1: Number of formal IAAs, MOUs, contracts, cooperative agreements and community implementation grants with governmental and non-governmental organizations that lead to changes in their agendas/efforts related to the public health or research infrastructure.</p>	<p>FY 2015: 239 Target: 91 (Target Exceeded)</p>	100	100	--
<p>3.d: Strengthen the science base (Outcome) Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: number of public health data enhancements (e.g. filling developmental objectives or select population cells; development of state and community data) attributable to OASH leadership.</p>	<p>FY 2015: 68 Target: 67 (Target Exceeded)</p>	55	55	--
<p>3.e: Lead and coordinate key initiatives within and on behalf of the Department</p>	<p>FY 2015:64,679 Target: 6,436</p>	6,400	6,400	--

(Outcome) Measure 1: Number of relevant initiatives/entities within HHS, across Federal agencies, and with private organizations that are convened, chaired, or staffed by OASH; Measure 2: specific outcomes of the efforts in measure 1 that represent unique contributions, as measured by non-duplicative programs, reports, services, events, etc. [OSG] M\4: # Officers trained	(Target Exceeded)			
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FY2016-FY2017: Agency Priority Goal

Program/Measure	Most Recent Result	FY 2018 Target	FY 2019 Target*	FY 2019 Target +/- FY 2018 Target
1.5 Reduce the annual adult combustible tobacco consumption in the United States (cigarette equivalents per capita)	FY 2014: 1,216 (Target Not Met but Improved)	1,145	--	--

* New priority goals will be established for FY 2018-FY 2019

Performance Analysis

The OASH performance measures represent an aggregate of the functions and programs carried out through the OASH program offices, as well as the OASH-led strategic plans. Each measure supports the efforts in accomplishing the objectives and strategies as outlined in the OASH Overview of Performance. Over the past fiscal year, OASH has made significant progress in executing the identified strategies.

Moving forward, OASH will continue progress in targeted key measures related to the implementation of the HHS strategic plan and OASH priorities, such as *Healthy People 2020* and reducing health disparities, while maintaining and strategically reducing others to maximize budget resources. Significant investments will continue to shape policy at the state, local, and national level through OASH policies, regulations, and recommendations. Simultaneously, OASH will streamline efforts in the production of peer-reviewed texts, demonstration or evaluation findings, and public health data enhancements to optimize budget resources while continuing to strengthen the science base.

In those cases where performance targets have not been met, OASH has actively engaged to improve performance. In future fiscal years, OASH will re-evaluate targets to set ambitious and achievable performance results.

OFFICE OF HIV/AIDS AND INFECTIOUS DISEASE POLICY

Budget Summary

(Dollars in Thousands)

Office of HIV/AIDS and Infectious Disease Policy	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	1,402	1,392	1,402	+10
FTE	6	6	6	-

Authorizing Legislation.....Title III of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal, Contracts

Program Description and Accomplishments

The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) is responsible for coordinating, integrating, and directing the HHS policies, programs, and activities related to infectious diseases of public health significance as delegated by the Secretary to the Assistant Secretary for Health (ASH). Currently the portfolio includes projects focused on HIV/AIDS, viral hepatitis, blood and tissue safety and availability (which are affected by infectious diseases), and tick-borne diseases. OHAIDP supports these subject areas by undertaking department-wide planning, internal assessments, and policy evaluations which identify opportunities to maximize collaboration, eliminate redundancy, and enhance resource alignment to address strategic priorities.

OHAIDP develops and shares policy information and analyses with HHS OPDIVs and STAFFDIVs, and ensures that senior Department officials are fully briefed on ongoing and emerging issues pertaining to HIV/AIDS, viral hepatitis, and blood and tissue safety and availability. OHAIDP is in close communication with other federal and non-federal stakeholders, community leaders, service providers, and other experts. OHAIDP maintains a high level of transparency by disseminating information about federal domestic programs, resources, and policies pertaining to HIV/AIDS and viral hepatitis on HIV.gov. OHAIDP manages three federal advisory committees:

- Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) – provides advice and recommendations directly to the Secretary on issues pertaining to blood and tissue safety and availability as well as infectious disease concerns related to organ transplantation.
- Presidential Advisory Council on HIV/AIDS (PACHA) – provides advice, information, and recommendations to the Secretary regarding programs, policies, and research to promote effective treatment, prevention and cure of HIV disease and AIDS, including considering common co-morbidities of those infected with HIV. Throughout FY 2018, PACHA will continue to discuss critical issues such as HIV and the opioid epidemic, HIV incidence, HIV/AIDS research, and health outcomes and disparities.
- Tick-Borne Disease Working Group – provides advice and recommendations directly to the Secretary on how to improve the federal response to addressing tick-borne diseases; coordinates among federal agencies, researchers, health care providers, and patient organizations to identify gaps in federal activities and research priorities; and helps ensure interagency coordination and minimize overlap (new in FY 2017).

HIV/AIDS

Following the release of the National HIV/AIDS Strategy (NHAS) in 2010 and the updated NHAS in 2015, OHAIDP was delegated the responsibility for coordinating the response to NHAS across HHS and other federal departments. Up until January 2017, OHAIDP co-chaired the federal interagency workgroup

with the Director of the Office of the National AIDS Policy (ONAP). Since then, OHAIDP has been leading the efforts on the federal interagency workgroup (FIW). These efforts have focused on implementing and expanding efficient and effective efforts across the federal government to prevent new HIV infections, improve the health of people living with HIV, and reduce HIV-related disparities. Further, OHAIDP continued to support the monitoring and reporting of the NHAS by developing, in collaboration with the FIW, the 2017 NHAS Progress Report, which will be disseminated in early 2018.

OHAIDP's efforts to improve coordination of HIV/AIDS programs across HHS include hosting regular meetings of senior HIV/AIDS leadership to discuss HIV/AIDS-related activities and policies; reviewing all HIV/AIDS funding opportunity announcements for consistency with the goals/strategies of the NHAS; and technical consultations on strategic issues related to NHAS implementation. Throughout FY 2017, OHAIDP led a cross-HHS effort to review evidence on the prevention benefit of HIV treatment and viral suppression, and to ensure that the findings are communicated consistently and accurately. In addition, in FY 2017, OHAIDP continued its series of quarterly training webinars for federal staff and the public to increase their ability to share and implement best practices and scientific advances in HIV prevention, care, and treatment. In FY 2018, OHAIDP plans to engage the Regional Resource Coordinators to adapt and implement the HIV pre-exposure prophylaxis (PrEP) Framework across the HHS Regions as a resource to aid in scaling up PrEP. OHAIDP also plans to host, in collaboration with federal and non-federal stakeholders, a workshop on improving outcomes along the HIV care continuum across the lifespan.

AIDS.gov, the federal government's leading source of information about HIV prevention and care and information on federal HIV policies, programs, and resources, was visited by more than 6 million users in 2016. In June 2017, AIDS.gov was rebranded to HIV.gov to reflect the advances in medical science and treatment of HIV, and to further improve the user experience through easier navigation to related content, enhanced search functionality, and ability to share specific pieces of content.

In 2017, HIV.gov increased its use of Facebook Live to broadcast messages from senior leaders at key HIV-related conferences. HIV.gov conducted 15 Facebook Live broadcasts, reaching about 50,000 confirmed users. Facebook Live is more cost efficient than producing video and allows for a greater reach to audiences who are unable to attend conferences in person. For World AIDS Day 2017, HIV.gov worked with the youth-focused social media channel Snapchat to create a featured Snapchat story in observance of World AIDS Day and to encourage increased HIV testing by using the HIV.gov HIV Testing Sites and Care Services Locator, an interagency tool that compiles information from several HHS agencies and federal departments. Visits to the Locator increased by 600% on World AIDS Day – the highest single day usage in the Locator's 9-year history. According to metrics provided by Snapchat, OHAIDP reached between 1 to 2 million Snapchat users who opened the story, and that it was one of the most popular news stories of the year for Snapchat. OHAIDP enhanced its digital assistance efforts with new in-depth and comprehensive blog posts on HIV.gov to align with the President's May 2017 Executive Order on Technology.

OHAIDP is responsible for overseeing and monitoring activities supported by the Secretary's Minority AIDS Initiative Fund (SMAIF).

In FY 2017, OHAIDP supported 30 projects that promote innovation, collaboration, and systems transformation across HHS to strengthen HIV prevention, care, and treatment among racial and ethnic minorities. Key FY 2017 projects included:

- *THRIVE*, a four year collaboration between OHAIDP and CDC, invested approximately \$50 million to support innovative comprehensive models of HIV prevention and care for men who have sex with men (MSM) of color.
- A molecular surveillance and data-to-care project for Hispanic/Latino MSM to envelop those networks in a combination of high-impact public health prevention efforts such as the use of PrEP.
- HIV.gov (formerly AIDS.gov), the federal government's leading source of information about HIV prevention and care, is visited by more than 865,000 visitors each month. In the spring of FY 2017, AIDS.gov launched a major redesign and rebrand to HIV.gov to further improve users' experiences, to optimize for a mobile environment, and to provide an even greater focus on racial and ethnic minorities and other populations at greatest risk for HIV.
- A network of regional health advisors working in ten public health service regions to promote HIV prevention and the continuum of care, access to comprehensive PrEP services for high-risk racial and ethnic minorities, and the Viral Hepatitis Action Plan.
- A three-year project, which leverages existing community health workers to link and retain racial and ethnic minorities living with HIV to HIV medical care so that they can access antiretroviral treatment to improve health outcomes and reduce the risk of HIV transmission to others.
- A three-year demonstration project to diagnose and cure hepatitis C virus (HCV) infection in Ryan White clinics servicing large numbers of racial and ethnic minorities living with HIV.

In an effort to increase awareness of the impact of HIV and AIDS on women and girls, in FY 2017, OHAIDP conducted an internal quality review assessment of the content and messages on HIV.gov that are specific to women and girls. The updated content will include effective prevention and care strategies that best reflect the science, experiences, and needs, of women and girls. Further, OHAIDP has partnered with the Office on Women's Health (OWH) to develop Positive Spin Women, a digital tool that uses the power of personal storytelling to raise awareness of the HIV care continuum and encourage women living with HIV to get into treatment and achieve the goal of viral suppression. Positive Spin-Women will be released on HIV.gov in early 2018, and will be promoted extensively through all HIV.gov social media tools.

Viral Hepatitis

OHAIDP has the lead role in coordinating national efforts and informing policies to prevent, diagnose, and treat viral hepatitis in the United States. The office convenes the Viral Hepatitis Implementation Group, which is comprised of representatives from more than 20 federal agencies and offices spanning the Departments of Health and Human Services, Housing and Urban Development, Justice, and Veterans Affairs. OHAIDP efforts include:

- Leading the Group in developing and implementing the National Viral Hepatitis Action Plan, 2017 – 2020, which details four ambitious goals supported by strategies and recommended actions that could put the U.S. on a path to elimination of viral hepatitis, as well as 17 indicators that will be used to track progress and improve transparency and accountability for achieving results. The Action Plan is a framework for strengthening the collective national response to hepatitis B and C.
- Convening a Hepatitis C Medicaid Affinity Group in collaboration with federal partners (CDC, CMS, HRSA, OMH and SAMHSA) and state Medicaid programs (nine states, IN, KY, LA, MA, MD, NY, VT, WA, WI). This groups aims to increase the number and percentage of Medicaid patients diagnosed with hepatitis C that are successfully treated and cured by identifying state-led

solutions and sharing promising strategies from states to encourage continuous quality improvement among participating states.

- Providing technical information about the Action Plan, progress, policies, programs, and consultation within and outside of HHS on viral hepatitis prevention and treatment.
- Developing and managing the viral hepatitis website at hhs.gov/hepatitis and supporting complementary efforts of partners outside of the federal government, including states, counties, cities, and nonprofit organizations.

Blood and Tissue Policy

OHAIDP provides internal coordination of policies, programs, and resources, related to blood, organs, and tissues, through the Blood Organ and Tissue Senior Executive Council (BOTSEC), a cross-departmental council comprising representatives from CDC, FDA, NIH, CMS, HRSA, ASPR, and ASPE. OHAIDP actively participates in the Department’s preparedness and response activities addressing the safety and availability of blood and tissues during national emergencies.

In response to the emerging threat of Zika in 2016, OHAIDP continues to monitor issues related to vector-borne diseases, and works to ensure that safe blood and tissue products remain available in the United States and its territories. Most blood collection centers are financially unstable. This creates an enterprise rise to the blood supply system. Financial instability could lead to shortages across wide swaths of the country – and could result in localized shortages and force cancellations of elective surgeries, and reduced ability to respond to disasters. OHAIDP is leading the stress test efforts with FDA and ASPR to address the crisis in the sustainability of the U.S. Blood System. OHAIDP is responsible for coordinating cross-governmental efforts to collect vital policy information such as recovery, distribution, and utilization, of allograft tissue from deceased and living donors. Additionally, OHAIDP is coordinating development of an emergency disaster plan with the American Association of Tissue Banks Emergency Preparedness Task Force with input from key HHS OpDivs and StaffDivs and the American Burn Association. Tissue products provide needed wound coverage for patients with thermal and chemical burns. OHAIDP’s blood and tissue portfolio is funded through a joint funding agreement with multiple HHS agencies (CDC, FDA, HRSA, NIH and CMS).

Tick-Borne Disease

In June 2017, OHAIDP created the Tick-Borne Disease Working Group, required by the 21st Century Cures Act. OHAIDP established the charter, and recruited and recommended voting members for final selection by the acting ASH and the Secretary. Of the 14 voting members, seven are federal employees representing CDC, NIH, FDA, and OASH. The seven remaining seats are public members representing diverse stakeholders, including physicians and other health care providers, researchers, people living with tick-borne disease, and their families. The first two meetings of the working group were held in December 2017. Work is underway for the group to begin preparation of the Report to Congress required by the Act.

Funding History

Fiscal Year	Amount
FY 2014	\$1,459,000
FY 2015	\$1,402,000
FY 2016	\$1,402,000
FY 2017	\$1,402,000
FY 2018 Annualized CR	\$1,392,000

Budget Request

The FY 2019 President's Budget request for OHAIDP is \$1,402,000, an increase of \$10,000 above the FY 2018 Annualized CR level of \$1,392,000. The increase will allow OHAIDP to continue operations for HIV, blood and tissue policy, viral hepatitis policy activities, and the PACHA.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

Budget Summary

(Dollars in Thousands)

Office of Disease Prevention and Health Promotion	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	6,726	6,680	6,726	+46
FTE	23	23	23	-

Authorizing Legislation:.....Title XVII, Section 1701 of the PHS Act
 FY 2019 Authorization.....Expired
 Allocation Method.....Direct Federal, Contract, Cooperative Agreement

Program Description and Accomplishments

The Office of Disease Prevention and Health Promotion (ODPHP) provides leadership for a healthier America by initiating, coordinating, and supporting, disease prevention, health promotion, and healthcare quality activities, programs, policies, and information through collaboration with HHS and other federal agencies.

Healthy People

ODPHP meets its Congressional mandate to establish health goals for the Nation by leading the development and implementation of *Healthy People*. *Healthy People* provides science-based, ten-year national objectives for improving the health of all Americans at all stages of life, underpins HHS priorities and strategic initiatives, and provides a framework for prevention and wellness programs for a diverse array of federal and non-federal stakeholders. In addition, many state and local health departments draw on *Healthy People* to develop their own health plans. The fourth iteration of the *Healthy People* objectives was released in 2010, as *Healthy People 2020*.

In FY 2017, ODPHP continued to improve and expand the reach of its award winning *Healthy People 2020* website (<http://www.HealthyPeople.gov>), which makes *Healthy People 2020* information widely available and easily accessible. ODPHP continued its collaboration with the National Center for Health Statistics (NCHS) and other partners in updating a user-centered, web-based resource that expands the usefulness of the objectives' data. This innovative web tool gives users a platform from which to learn, collaborate, plan, and implement objectives. Partnering with NCHS and the HHS Office of Minority Health, ODPHP increased accessibility and uptake of a disparities tool that allows users to easily see where disparities exist among population groups, and target their resources accordingly.

In FY 2017, ODPHP continued a series of monthly public webinar-based progress reviews of the *Healthy People 2020* objectives and Leading Health Indicators (a subset of objectives representing high-priority health issues), which allowed the Office of the Assistant Secretary for Health, in collaboration with the NCHS, the federal agencies that manage specific objectives, and community-based organizations, to demonstrate progress toward achieving the ten-year targets and identify areas needing additional work. On average, more than 1,000 sites registered to attend each webinar.

In FY 2017, ODPHP, in partnership with NCHS, released a mid-course review of progress in achieving the *Healthy People 2020* objectives. In FY 2017, ODPHP continued the development of the next decade's nation health objectives with the convening of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030, which are expected to be released in 2020.

Dietary Guidelines for Americans

ODPHP coordinates, on behalf of HHS, the development, review, and promotion of the recommendations of the *Dietary Guidelines for Americans* (DGA) as required by Congress (P.L. 101-445). Published jointly every five years by HHS and the Department of Agriculture (USDA), the DGA is the basis of federal nutrition policy, programs, standards, and education for the general public. It also serves as the basis of the nutrition and food safety objectives in the Healthy People 2020.

The process to develop the ninth edition began in FY2017 with much of the costs borne by USDA, the administrative lead for this next edition. Congress mandated in the 2014 Agricultural Act that the next, and future editions, of the DGA expand to provide guidance for children from birth to 2 years and for women who are pregnant. ODPHP leads the Federal Data Consortium on Pregnancy and Birth to 24 Months that currently has three projects: two adding to the National Health and Nutrition Examination Survey and one on the human milk composition database.

Physical Activity Guidelines for Americans

ODPHP, in collaboration with the President's Council on Fitness, Sports, and Nutrition, NIH and CDC, led the Department's development and release, in 2008, of the first federal *Physical Activity Guidelines for Americans* (PAG), a set of evidence-based recommendations for physical activity for individuals six years and older to improve health and reduce disease. The PAG served as the primary basis for physical activity recommendations of the 2010 and 2015 DGA, and the physical activity objectives in Healthy People 2020.

In FY 2016, a Physical Activity Guidelines Advisory Committee (PAGAC) was established to provide the scientific basis for the development of the next iteration of the PAG. ODPHP convened five meetings of the PAGAC in FY 2016, FY 2017, and FY 2018. The PAGAC's report of recommendations is expected in February 2018, with release of the 2018 PAG in the first quarter of FY2019.

healthfinder.gov

ODPHP fulfills its congressional mandate to provide reliable prevention and wellness information to the public primarily with healthfinder.gov. Since 1997, healthfinder.gov has been a key resource for finding the best governmental and non-profit online health information. The healthfinder.gov website provides over 100 featured topics and tools that use everyday language and examples to explain how taking small steps to improve health can lead to big benefits. The website also includes the myhealthfinder tool, developed in a joint effort with Agency on Health Research Quality, to provide personalized recommendations for clinical preventive services.

In FY 2017, healthfinder.gov continued to extend the reach of actionable prevention information by disseminating content via the website, Facebook and Twitter, email newsletters, widgets, e-cards, content syndication, and an Application Programming Interface (API). In addition, healthfinder.gov partnered with the American Academy of Family Physicians to explore ways family physicians can help: (1) provide feedback regarding how healthfinder.gov can be used to improve the patient's experience and (2) encourage the use of healthfinder.gov's personalized tool, myhealthfinder, to increase the use of recommended clinical preventive services. An outcomes study to answer this question is in the planning stage.

Health Literacy

ODPHP continues to play a leadership role in improving health literacy. In FY 2016, the HHS Health Literacy Workgroup established measures with targets for its biennial Health Literacy Action Plan. In FY

2017, each agency in the workgroup collected sample health communication products which they will evaluate, using one of two HHS-developed health communication evaluation tools. The results will inform the Second Health Literacy Action Plan. In FY 2017, FDA replaced CDC as co-lead, along with ODPHP, of the workgroup.

Funding History

Fiscal Year	Amount
FY 2014	\$6,999,000
FY 2015	\$6,726,000
FY 2016	\$6,726,000
FY 2017	\$6,726,000
FY 2018 Annualized CR	\$6,680,000

Budget Request

The FY 2019 President’s Budget request for ODPHP is \$6,726,000 an increase of \$46,000 above the FY 2018 Annualized CR level of \$6,680,000. The request will allow ODPHP to continue support for disease prevention and health promotion activities through: *Healthy People*, Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, health literacy, and healthfinder.gov.

Healthy People

The FY 2019 request will support the development of the next decade’s objectives, Healthy People 2030, drawing on the input from the Secretary’s Advisory Committee for Health Promotion and Disease Prevention Objectives for 2030 and public comment. The development of Healthy People 2030 will be guided also by Departmental priorities to ensure alignment with key initiatives and to leverage existing resources.

Additionally, the FY 2019 request will maintain the healthypeople.gov interactive tools and resources to facilitate communities’ use of evidence-based practices to help move the nation toward achievement of the Healthy People 2020 goals and objectives. These activities will be supported through an ongoing collaboration with NCHS, other HHS agencies, and other federal Departments that manage Healthy People, including the Departments of Agriculture and Education.

Dietary Guidelines for Americans

Funds in FY 2019 will provide support the 2020 Dietary Guidelines Advisory Committee in its review of the scientific literature and development of its report of recommendations for the next edition of the DGA. In addition, ODPHP will enhance its communication of the current (2015) DGAs to help ensure Americans have the information they need to maintain a healthful diet.

Physical Activity Guidelines for Americans

Funds in FY 2019 will be used for the release of the second edition of the Physical Activity Guidelines for Americans and an accompanying public information campaign with an icon and targeted messages for consumers. The campaign will leverage partnerships to raise awareness of and encourage consumers to meet the recommendations in the PAG.

Healthfinder.gov and Health Literacy

ODPHP will use FY 2019 funds to continue to implement its congressional mandate to provide health information to professionals and the public. ODPHP also will continue to improve its ability to translate

evidence-based health information into clear and actionable prevention guidance in English and in Spanish. Additionally, ODPHP will continue its outreach and partnership building around use of healthfinder.gov’s content syndication and API tools, making its content available to use for free.

ODPHP - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
I.b Visits to ODPHP-supported websites (Output)	FY 2017:10.35 Million Target: 7.28 Million (Target Exceeded)	7.28 Million	10.5 Million	+3.22 Million
II.a Percentage of States that use the national disease prevention and health promotion objectives in their health planning process (Outcome)	FY 2017: 94% Target: 90% (Target Exceeded)	90%	94%	4%

Performance Analysis

ODPHP has a congressional mandate to provide health information to professionals and the public alike. ODPHP continues to consolidate and move a substantial amount of program activities online, enhancing the value to the public and professionals. Healthy People, once a paper-based initiative, is now essentially an online resource with multiple interactive tools for tracking and implementing national health objectives (HealthyPeople.gov). The Physical Activity Guidelines for Americans has established an online community for stakeholders. Outreach for the Dietary Guidelines for Americans is primarily web-based as well. Healthfinder.gov, once a general health information portal, has been redesigned to provide prevention and wellness information. As the data reflect, ODPHP is increasing its reach and engagement with Americans and exceeding performance targets. As a result, the public and professionals have more evidence-based tools, resources, and support for their prevention and wellness activities.

ODPHP expects to continue to grow its online presence. The initiative will allow Americans to be more productive in their prevention and wellness activities by offering social media, interactive learning technologies, data visualization tools, content syndication of prevention and wellness information, and forums that have proven to increase public and professional engagement. It also allows ODPHP to continue developing user-centered information and websites 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. ODPHP will continue to offer online professional training, with free continuing education credit, to help participants explore the challenges, successes, and processes involved in creating and sustaining healthier people and communities.

ODPHP expects State use of the national disease prevention and health promotion objectives to mirror the uptake seen with the previous decade’s objectives—*Healthy People 2010*. By the end of the last decade, 100% of states used Healthy People 2010 to inform their health planning processes.

The FY 2019 request allows ODPHP to improve the resources provided to users of *Healthy People 2020*, provided primarily online via healthypeople.gov, and through other social media and electronic means. The online presence of Healthy People will provide real-time access to the latest data for the more than 1,200 national health objectives, making demographic data collected via surveys and surveillance systems from across the Department and other agencies understandable and relevant to a larger number of users. It will also provide a relational database, integrating objectives with evidence-based practices and demographic data, which will make implementation significantly more targeted and actionable.

PRESIDENT’S COUNCIL ON FITNESS, SPORTS AND NUTRITION

Budget Summary (Dollars in Thousands)

President’s Council on Fitness, Sports and Nutrition	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President’s Budget	FY 2019 +/- FY 2018
Budget Authority	1,168	1,160	1,168	+8
FTE	6	6	6	-

Authorizing Legislation:.....Title III of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The President’s Council on Fitness, Sports and Nutrition (The Council) (PCFSN) was originally established as the President’s Council on Youth Fitness by President Eisenhower, under Executive Order 13545 in 1956. PCFSN’s mission is to engage, educate, and empower Americans of all ages, socio-economic backgrounds and abilities to adopt a healthy lifestyle that includes regular physical activity and good nutrition. The Council is a federal advisory committee of up to 25 volunteer citizens who serve at the discretion of the President.

PCFSN advises the President, through the Secretary of Health and Human Services (HHS), on programs, partnerships and initiatives that increase access to opportunities for all Americans to lead active, healthy lives. PCFSN coordinates programmatic and health communication activities in consultation with offices within HHS and across the Federal government, as well as the private and non-profit sectors to educate the public about the health benefits associated with regular physical activity and healthy eating.

PCFSN activities include:

- *I Can Do It, You Can Do It!*
- Presidential Active Lifestyle Award
- Sport for All Initiative
- Physical Activity Guidelines for Americans

In FY 2017, PCFSN collaborated with the HHS Office on Women’s Health to increase opportunities for girls and women with disabilities to be active and eat healthy through *I Can Do It, You Can Do It!*. This collaboration will undertake a process and impact evaluation of *I Can Do It, You Can Do It!* to determine how the program influences girls and women with disabilities to engage in physical activity and healthy eating behaviors and knowledge. PCFSN also initiated a collaboration with the HHS Regional Health Administrators in FY 2017, to expand the program’s reach to every state in the nation by May 2018.

Funding History

Fiscal Year	Amount
FY 2014	\$1,215,000
FY 2015	\$1,168,000
FY 2016	\$1,168,000
FY 2017	\$1,168,000
FY 2018 Annualized CR	\$1,160,000

Budget Request

The FY 2019 President's Budget request for PCFSN of \$1,168,000 is an increase of \$8,000 over the FY 2018 Annualized CR level of \$1,160,000. The FY 2019 request will enable PCFSN to continue promoting national programs and initiatives that serve all Americans. The FY 2019 request will also enable PCFSN to support the secretary's priority on Childhood Obesity Prevention.

Childhood Obesity Prevention Programs/Initiatives

The FY 2019 request will support PCFSN's efforts to reduce childhood obesity, in particular, through the enhancement and promotion of new and existing physical activity and nutrition programs, including: Presidential Youth Fitness Program (PYFP); *I Can Do It, You Can Do It!* (ICDI); the Sport for All Initiative; Presidential Active Lifestyle Award (PALA+); and Presidential Champions. In FY 2019, PCFSN will continue its efforts to educate, engage, and empower all Americans, especially youth in the school and community settings, to lead an active, healthy lifestyle. Below are some of the Council's obesity prevention efforts underway:

- *I Can Do It, You Can Do It!* (ICDI) is a health promotion program that partners with K-12 schools and school districts, colleges and universities, and community-based organizations to provide access and opportunities for children and adults with disabilities to be healthy and active.
- Sport for All Initiative is PCFSN's national engagement effort to educate all Americans on the social and health benefits associated with sport participation. This effort emphasizes the core theme, "sport for all, play for life" by: (1) encouraging people of all ages, genders, ability levels and backgrounds to participate in sports; (2) uplifting the benefits associated with sports participation; and (3) sharing strategies that can help increase access to sports for youth. In FY 2019, the focus of this initiative will be on youth participation in sports, especially in distressed communities. PCFSN will also increase its partnerships with federal and non-federal stakeholders to develop educational tools and resources targeting youth athletes, parents/caregivers, coaches, educators, and other key audiences about important safety and injury prevention protocols and practices.
- Presidential Active Lifestyle Award (PALA+) is an eight-week physical activity and nutrition program for anyone age 6 and older who wants to establish healthy habits and earn Presidential recognition at the end of the program. Participation in PALA+ is one way to move toward the recommendations in HHS's [Physical Activity Guidelines for Americans](#) and [Dietary Guidelines for Americans](#).

Public Engagement Activities

In FY 2019, PCFSN will continue to deploy Council members to events across the nation and utilize traditional and social media to amplify childhood obesity prevention efforts undertaken by the Council and across the Department. In addition, PCFSN will support local, state and regional efforts to create active, healthy communities.

Physical Activity Guidelines for Americans

PCFSN will continue to serve on the Federal Steering Committee with the Office of Disease Prevention and Health Promotion and the Centers for Disease Control and Prevention to support the development of the second edition of the Physical Activity Guidelines for Americans (PAG). There will also be a national public engagement campaign will include the development and execution of a communication strategy to promote the PAG, which will include the promotion of a physical activity icon to accompany the Guidelines report and collateral materials. PCFSN will encourage the wide-spread adoption of the PAG when released in later 2018 through its various communication channels, and will leverage Council members as message multipliers to reach target audiences.

PCFSN - Outputs and Outcomes Table

Program/Measure	FY 2017 Target	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
1.1 Number of partners supporting <i>I Can Do It, You Can Do It!</i>	FY17: 131 Target: 140 (Target Not Met)	150	155	+5
1.2 Number of website visits to the PAG or PAG Midcourse Report including downloads of collateral material	FY17: 380,534 Target: 300,000 (Target Exceeded)	400,000	450,000	+50,000
1.3 Number of social media impressions promoting the PAG or PAG Midcourse Report (e.g., Twitter)	FY17: 1 million Target: 1 million (Target Met)*	1.1 million	1.3 million	+200,000

Performance Analysis

Measure 1.1 enables PCFSN to accurately capture its level of engagement in improving access and opportunities for children and adults with disability to be healthy and active through the ICDI program. ICDI is the only federal initiative that facilitates physical activity and sports participation, through public and private partnerships, for Americans with disabilities. The FY 2019 target represents an increase of 5 sites over the FY 2018 target of 150 sites nationwide.

Measures 1.2 and 1.3 track the national engagement strategy to promote and ensure the widespread adoption of HHS's Physical Activity Guidelines for Americans (PAG). The target increases to measures 1.2 and 1.3 represent the expectation that website visits and social media impressions will increase during the development of, and following the release of, the 2018 PAG.

OFFICE OF HUMAN RESEARCH PROTECTIONS

Budget Summary

(Dollars in Thousands)

Office of Human Research Protections	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	6,493	6,449	6,493	+44
FTE	31	31	31	-

Authorizing Legislation.....Title III of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal, Contracts

Program Description and Accomplishments

The Office for Human Research Protections (OHRP) was created in June 2000 to lead the Department of Health and Human Services' (HHS) 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). In June 2000, HHS established the National Human Research Protections Advisory Committee (NHRPAC) to provide HHS with expert advice and recommendations on human subject protections matters.

Located in HHS's Office of the Assistant Secretary for Health (OASH), OHRP provides clarification and guidance, develops educational programs and materials, maintains regulatory oversight through compliance activities, provides advice on ethical and regulatory issues in biomedical and behavioral research, and administers assurance of compliance and Institutional Review Board (IRB) registration programs. OHRP also supports the Secretary's Advisory Committee on Human Research Protections (SACHRP), which advises the HHS Secretary on issues related to protecting human subjects in research. (SACHRP replaced NHRPAC on January 3, 2003 with similar responsibilities.) OHRP has oversight over more than 13,000 institutions in the United States and worldwide that conduct HHS-supported non-exempt human subjects research (Authorizing Legislation Sections 491 and 492A of the Public Health Service Act),

- Policy and Guidance Development – 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). These documents address topics that the research community has indicated warrant additional clarification, an alternative regulatory interpretation, or regulatory change. The key goal of the policy and guidance documents are to help ensure that human research subjects are appropriately protected from harm, and to reduce unnecessary regulatory burden. Critical to meeting these goals is an active partnership with the Food and Drug Administration, the HHS agencies that conduct or support human subject research, and the other federal departments and agencies that have adopted the Common Rule. In FY 2017, DPA coordinated the finalization of the revised Common Rule, and produced two guidance documents jointly with FDA.
- OHRP's Division of Education and Development (DED) conducts outreach events and works with institutions around the United States to co-sponsor conferences and workshops to educate and support IRB members and administrators, investigators, institutional officials, and others, in

their efforts to protect human subjects in research. The OHRP Research Community Forum (RCF) is the flagship DED education and outreach activity. RCFs are collaboratively planned events that typically have a one-day workshop focused on applying the HHS regulations followed by a one-day conference with keynote, plenary, and break-out sessions around one or more themes related to research and human subjects protections. DED sponsors approximately three RCFs a year. DED also accepts between three to six institutional requests a year to support full or half-day Educational Workshops. Furthermore, DED develops online educational materials including videos, webinars and infographics, for both the general public to educate them about research participation, and the research community to educate them about regulatory protections of human research subjects. In FY 2019, OHRP plans to sponsor up to three RCFs, co-host six one-day educational workshops, host one exploratory workshop, and speak at numerous events, successfully reaching as many as 6,800 participants in person. In addition, OHRP plans to conduct webcast presentations to various groups in the regulated community as needed. OHRP plans to post at least five new educational webinars and videos in FY 2019. So far in FY 2018, OHRP has conducted 3 OHRP-sponsored full day educational workshops in University Park, IL, Memphis, TN, and Baltimore, MD; sent staff to speak at six different meetings, including the Fellowship Course on Comparative Effectiveness Research hosted by the Association of Health Care Journalists, and the annual conference of the Public Responsibility in Medicine and Research (PRIM&R), reaching as many as 3,000 attendees. OHRP's public outreach website, *About Research Participation*, officially launched on January 9, 2017, and OHRP has added an educational video on Randomization and a set of infographics providing general information on how participants are protected in research. All materials were created in both English and Spanish. Since October 1, 2017, OHRP has posted 4 additional education videos for the research community on OHRP's website.

- For-Cause Compliance Evaluations – OHRP's Division of Compliance Oversight (DCO) conducts inquiries and investigations into alleged noncompliance with HHS regulations for the protection of human subjects. These activities include conducting compliance inquiries, investigations, and preparing investigative reports, making determinations of noncompliance when appropriate, and requiring or recommending remedial or corrective action plans, as necessary.
- Not-for-Cause Compliance Site Visits - DCO conducts a program of not-for-cause surveillance evaluations of institutions. These evaluations, when conducted on site by several OHRP staff and expert consultants, involve an extensive review of IRB records and resources, review of a sample of IRB-approved protocols, and interviews with institutional officials, IRB administrators or human subject protections administrators, IRB members, IRB staff, and investigators. In FY 2017, DCO has opened one not-for-cause evaluation, and opened three investigations.
- Incident report review and follow-up – DCO reviews incident reports submitted by institutions, and acknowledges or requests additional information from institutions, when needed. HHS regulations, at 45 CFR § 46.103(a) and (b)(5), require that institutions engaged in HHS-conducted or -supported human subjects research have written procedures, to ensure that they promptly submit, to OHRP, reports on incidents related to unanticipated problems involving risks to subjects or others, any serious or continuing noncompliance with HHS regulations or IRB determinations, or any suspension or termination of an IRB approval. In 2017, DCO reviewed and processed 223 incident reports. So far in FY 2018, DCO has reviewed and processed 200 incident reports.

- Secretary’s Advisory Committee on Human Research Protections (SACHRP) - SACHRP consists of eleven members that provide expert advice and recommendations to the Secretary and the ASH on issues relating to the protection of human research subjects, with particular emphasis on special populations, such as neonates and children, prisoners and the decisionally impaired; pregnant women, embryos, and fetuses; individuals and populations in international studies; populations in which there are individually identifiable samples, data, or information; and investigator conflicts of interest. Examples of recent issues discussed include the expedited review list under the Revised Final Rule; and exemption § 104(d)(4)(iii), the “HIPAA Exemption,” under the Revised Final Rule. To date SACHRP has approved ten sets of recommendations.
- Assurances of Compliance and Registering Institutional Review Boards – DPA administers the assurances of compliance with HHS protection of human subjects regulations and registrations of institutional review boards (IRB). These activities include processing more than 4,000 Federal-wide Assurances (FWA) and more than 3,000 IRB registrations each fiscal year. In FY 2017, DPA processed 3,786 FWA approvals, and 3,286 IRB registrations. So far in FY 2018, DPA has processed 791 FWA approvals, and 732 IRB registrations.
- The HHS Strategic Plan highlights how HHS “works closely with...international partners to coordinate its efforts to ensure the maximum impact for the public.” To this end, OHRP maintains oversight responsibility for over 3,800 institutions located outside the United States which conduct HHS-funded research. In support of this responsibility, OHRP publishes the International Compilation of Human Research Standards, coordinates a federal-wide International Working Group, serves as a resource to other federal agencies and to researchers conducting research in other countries, provides technical advice on draft international documents, and hosts international delegations.

Key Priority - In January 2017, HHS and 15 other Common Rule departments and agencies published a final revised Common Rule. The revised final rule becomes effective on July 19, 2018, represents the first major change to the human subjects protection system in over 20 years. OHRP will be developing new guidance and educational materials for the regulated community.

OHRP supports the OASH/HHS strategic goals by contributing to the following measures:

- Increase the number of local, state, and national health policies, programs, and services that strengthen the public health infrastructure, and the number of policies in research institutions that improve the research enterprise.
- Increase the reach and impact of OASH communications related to strengthening the public health and research infrastructures.
- Increase the number of substantive commitments to strengthening the public health and research infrastructure on the part of governmental and non-governmental organizations.
- Increase knowledge about the public health and research infrastructure, including research needs, and improve data collection needed to support public health decisions.

Funding History

Fiscal Year	Amount
FY 2014	\$6,756,000
FY 2015	\$6,493,000
FY 2016	\$6,493,000
FY 2017	\$6,493,000
FY 2018 Annualized CR	\$6,449,000

Budget Request

The FY 2019 request of \$6,493,000 is \$44,000 above the FY 2018 Annualized CR of \$6,449,000.

FY 2019 activities include:

- Developing policies on the revised Common Rule, updating existing guidance and developing new guidance on the new regulations.
- Sponsoring up to three OHRP-sponsored Research Community Forums (a 2-day event that incorporates a one day Educational Workshop and a 1-day Conference) and one annual OHRP meeting; traveling support for staff to attend approximately 10 speaking invitations and OHRP co-sponsored education activities, workshops and participation in other speaking invitations; support for program data analysis and reporting; development and maintenance of 508-compliant online education and information resources including the development of transcripts for webinars and video recordings that are 508-compliant and ready for online posting, recording and release of up to six 508-compliant webinars online, video-recording and release of up to six 508-compliant lectures online, and the maintenance of a suitable webinar platform with a capacity for 1,000 participants together with service for live captioning, for conducting six or more educational webinars and update of the education webpages on the HHS/OHRP website.
- Supporting the processing of more than 3,200 Institutional Review Board Registrations and approving over 3,700 Federal wide Assurances of Compliance.
- Issuing up to two Guidance documents.
- Opening four (one per quarter) Division of Compliance Oversight not-for-cause evaluations of institutions' human subject protections programs, evaluating submitted complaints or allegations of noncompliance, and processing 600 to 800 incident reports from institutions, which include reports of any unanticipated problems involving risks to subjects or others, any serious or continuing noncompliance with the regulations or the requirements or determinations of the IRB, and any suspension or termination of IRB approval.
- Supporting three SACHRP meetings and three to four joint meetings of SACHRP's subcommittees.

NATIONAL VACCINE PROGRAM OFFICE

Budget Summary

(Dollars in Thousands)

National Vaccine Program Office	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	6,400	6,357	6,400	+43
FTE	17	17	17	-

Authorizing Legislation:.....Title XXI of the Public Health Service Act
 FY 2019 Authorization.....Expired
 Allocation Method.....Direct Federal; Contracts

Program Description and Accomplishments

In 1987, Congress created the National Vaccine Program Office (NVPO) to provide policy leadership and coordination on vaccine and immunization-related activities among federal agencies and non-federal stakeholders (state and local government, non-governmental health groups, healthcare providers, health insurers, vaccine manufacturers and the public). This work is critical as it contributes to the control, and potential elimination, of vaccine-preventable diseases, and improves the lives of many Americans – by reducing premature deaths, preventing illnesses, hospitalizations, and the long-term consequences of these diseases, as well as curtailing lost work and school days in the United States and around the world – contributing to the nation’s productivity.

One of NVPO’s core functions is to advance Departmental priorities on disease prevention – in this case by promoting health and wellness through immunization and optimization of the vaccine and immunization enterprise in the United States to accomplish that goal. NVPO leads the coordination of federal immunization activities to ensure they are carried out in an efficient and consistent manner, and also works with non-federal stakeholders—domestic and international—to achieve the goals outlined in the 2010 National Vaccine Plan (NVP), that provides the framework—goals, objectives, and strategies—for pursuing the prevention of infectious diseases through immunizations. This includes federal government efforts towards vaccine research and development, vaccine safety, immunization coverage, supply, financing, education and communications, and global vaccine and immunization initiatives. NVPO also works with non-federal partners to develop and implement strategies for achieving the highest reasonably possible level of prevention of vaccine-preventable diseases. NVPO ensures coordination by taking a cross-cutting view to identify and bridge research gaps in immunization activities through various projects.

Manage National Vaccine Advisory Committee (NVAC)

NVPO serves as Executive Secretariat for NVAC, which advises and makes vaccine-related recommendations to the Assistant Secretary for Health (ASH), in his capacity as the Director of the National Vaccine Program. NVAC was established in 1987 to comply with Title XXI of the Public Health Service Act (P.L. 99-660) (Section 2105). Specifically, the Committee was chartered with four main responsibilities:

1. Study and recommend ways to encourage the availability of an adequate supply of safe and effective vaccination products in the U.S.;
2. Recommend research priorities and other measures that should be taken to enhance the safety and efficacy of vaccines;

3. Advise the Assistant Secretary for Health (ASH) on the implementation of the National Vaccine Program's (NVP's) responsibilities and the National Vaccine Plan, a coordinated, strategic framework established to achieve the vision of the NVP; and
4. Identify the most important areas of government and nongovernment cooperation that should be considered in implementing the NVP's responsibilities and the National Vaccine Plan.

In the last year, NVPO convened two NVAC meetings, brought on a new Designated Federal Official (DFO), appointed 11 new voting members, and released one NVAC report. The report, published in the June 2017 issue of Public Health Reports, is called, [Evaluation of the 2010 National Vaccine Plan Mid-course Review: Recommendations from the National Vaccine Advisory Committee](#). This report provides the NVAC conclusions and recommendations to evaluate the progress on the goals of the National Vaccine Plan, and develop recommendations for consideration by the ASH. This NVAC review considers the findings of a parallel, separate mid-course review of the status of the National Vaccine Plan commissioned by the National Vaccine Program Office (NVPO) in August 2015 that included a broad stakeholder engagement process. This report provides NVAC's conclusions and recommendations, outlines their independent assessment of what would constitute near-term success, and identifies indicators to use to measure success and monitor progress on the established target goals.

Encouraging Adult Immunization

Reducing vaccine-preventable diseases in adults is a national health priority. Adult vaccination coverage rates remain low for most routinely recommended vaccines, and fall well below Healthy People 2020 targets. NVPO led the development of the *National Adult Immunization Plan (NAIP)*, the nation's first strategic plan focused on improving the use of vaccines by adults. The plan identifies four priority areas for program efforts and established baselines and targets for performance indicators to measure progress over time for each of these goals:

- (1) Strengthen the Adult Immunization Infrastructure.
- (2) Improve Access to Adult Vaccines.
- (3) Increase Community Demand for Adult Immunizations.
- (4) Foster Innovation in Adult Vaccine Development and Vaccination Related Technologies

In 2017, NVPO released a Path to Implementation for the NAIP, which focuses the efforts of federal and non-federal partners in addressing the highest priority recommendations of the Plan. This plan operationalizes the NAIP and outlines discrete activities with measurable milestones to monitor progress on improving adult immunization. The plan also includes metrics and the priorities that will focus on areas with the greatest impact on improving adult immunization, such as improving the immunization information systems that are currently in use.

Since 2012, NVPO has been co-leading the NAIIS with CDC and the Immunization Action Coalition (IAC). This summit is dedicated to addressing and resolving adult and influenza immunization issues, and improving the use of vaccines recommended by CDC's Advisory Committee on Immunization Practices. The NAIIS consists of over 700 partners, representing more than 130 public and private organizations. NVPO supports each of the NAIIS working groups, and leads the NAIIS quality and performance measure working group with the Indian Health Service and other non-federal partners. In 2017, the group hosted a successful three-day meeting, and planning is underway for a day-long meeting in 2018.

Spurring Vaccine Innovation

Vaccine research and development, as well as the implementation of effective vaccine delivery programs, has led to the eradication and elimination of several once-common serious infectious diseases. With further innovation and continued development, new and improved vaccines may have an even greater benefit to society. In the last year, NVPO has worked with partners to encourage vaccine innovation in the following ways:

21st Century Cures Act Report on Vaccine Innovation

NVPO has led the interagency effort on behalf of the HHS Secretary, to coordinate the development of a congressional report on vaccine innovation and development, in compliance with the *21st Century Cures Act* mandate. This report, *Encouraging Vaccine Innovation: Promoting the Development of Vaccines that Minimize the Burden of Infectious Diseases in the 21st Century*, examines U.S. vaccine development and innovation including the current landscape, existing challenges, and drivers and levers to incentivize development.

In December 2017, the report was delivered to Congress, and with the summary finding that the “U.S. vaccine enterprise is well established and has been successful at bringing innovative and new and improved vaccines to the market. However, the vaccine enterprise is at a turning point as challenges to innovation have increased for remaining infectious disease targets. Currently, HHS leads concerted and targeted efforts to address many of these challenges, spur continued innovation, and improve public health.”

SMART Vaccines Software Tool

In an effort to support the prioritization of new vaccine targets, NVPO undertook the initiative to create the Strategic Multi-Attribute Ranking Tool for vaccines (SMART Vaccines tool). As part of this effort, NVPO initiated and supported a multi-phase study by the Institute of Medicine (IOM), now called the National Academies of Sciences, Engineering, and Medicine and the Fogarty International Center at NIH. The SMART Vaccines tool ranks vaccines in order of priority taking into consideration the most important attributes needed for a potential life-saving preventive intervention. This decision-support software tool is now publically available and can be downloaded for free; it had been previously only available in a testing phase.

NVPO and NIH have recently focused on ensuring that the tool is adaptable and responsive for the intended decision-making support, and to do so, advanced the project to an upgraded prototype for use in a real-world setting this year with the Ugandan National Immunization Technical Advisory Group (UNITAG). This group was tasked by the Ugandan Ministry of Health to prioritize five vaccines to implement in country, and used the SMART Vaccines tool to organize the potential vaccines of interest into a prioritization list. The UNITAG pilot project served to initiate an important dialogue among members when deciding what attributes to consider in their decision making and provided an additional layer of transparency to the data used to arrive at the final ranking.

Funding History

Fiscal Year	Amount
FY 2014	\$6,659,000
FY 2015	\$6,400,000
FY 2016	\$6,400,000
FY 2017	\$6,400,000
FY 2018 Annualized CR	\$6,357,000

Budget Request

The FY 2019 President’s Budget request for NVPO is \$6,400,000; an increase of \$43,000 above the FY 2018 Annualized CR level of \$6,357,000. The FY 2019 budget request allows NVPO to continue to maximize the impact of vaccines on the health of the United States population, address gaps with a particular focus on high-priority strategies, as identified in the 21st Century Cures Act Report on Vaccine Innovation, and meet the objectives of the HHS Strategic Plan to reduce the occurrence of infectious diseases, which include vaccine-preventable diseases.

In FY 2019, NVPO’s planned activities include projects to improve uptake of flu vaccine, improve uptake of all ACIP recommended vaccinations in adults, increase coverage rates of HPV vaccination among adolescents and young adults, create opportunities to expand vaccine innovation efforts, and reduce racial and ethnic disparities in immunization coverage rates.

The Budget does not include funding for new grants in the National Vaccine Program Office.

OFFICE OF ADOLESCENT HEALTH

Budget Summary

(Dollars in Thousands)

Office of Adolescent Health	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	1,442	1,432	200	-1,232
FTE	4	4	1	-3

Authorizing Legislation:Section 1708 of the Public Health Service Act
 FY 2019 Authorization.....Expired
 Allocation Method.....Direct Federal, Competitive Grants, Contracts

Program Description and Accomplishments

The Office of Adolescent Health (OAH) is dedicated to improving the health and well-being of adolescents. OAH leads through promoting strength-based approaches, bolstering multi-sector engagement, and bringing in youth voices to support healthy development and transitions to productive adulthood. Authorized by the Public Health Service Act, OAH supports research, services, prevention and health promotion activities, training, education, partnership engagement, national planning, and information dissemination activities.

OAH engages national partners from health care, public health, education, workforce development, community and out-of-school time programs, faith-based groups, and the social services sector in efforts to put adolescent health firmly on the nation’s agenda, to prevent risky behavior and disease, and to promote health and healthy development.

OAH’s Strategic Plan for FY 2016 – 2021 identifies strategies to improve adolescents’ health and well-being, and continues work with professionals and communities serving young people. The strategic framework informs decisions to ensure talents and resources are aligned to achieve OAH’s mission.

OAH administers the Pregnancy Assistance Fund (PAF) and the Teen Pregnancy Prevention Program (TPP). PAF is a grant program that funds states and Tribal entities to provide a seamless network of support services to expectant and parenting teens, women, fathers, and their families. TPP is a national, evidence-based grant program that funds diverse organizations that work to prevent teen pregnancy across the nation.

In 2015, OAH launched its call to action, **Adolescent Health: Think, Act, Grow®** (TAG), which provides a framework for youth-serving professionals and organizations, families, and teens to promote the healthy and healthy development of young people. TAG provides free tools and resources – including the TAG Playbook, successful program strategies, research reviews, social media content, webinars, and videos featuring adolescent health experts – on the OAH website and through multiple communications and dissemination channels.

OAH also leads the HHS Adolescent Health Work Group, which brings together representatives from across the Department to strategically plan across adolescent health and related programs, and participates in the federal Interagency Working Group on Youth Programs.

Funding History

Fiscal Year	Amount
FY 2014	\$1,500,000
FY 2015	\$1,442,000
FY 2016	\$1,442,000
FY 2017	\$1,442,000
FY 2018 Annualized CR	\$1,432,000

Budget Request

The FY 2019 President's Budget request for OAH of \$200,000 is \$1,232,000 below the FY 2018 Annualized CR level of \$1,432,000. This level will support close out of OAH program office activities no longer needed to support the Teen Pregnancy Prevention Program.

PUBLIC HEALTH REPORTS

Budget Summary

(Dollars in Thousands)

Public Health Reports	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	467	464	467	+3
FTE	2	2	2	-

Authorizing Legislation:.....Title III of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal Contract; Cooperative Agreement

Program Description and Accomplishments

Public Health Reports (PHR) is the official, peer-reviewed scientific journal of the Office of the U.S. Surgeon General and U.S. Public Health Service. PHR is the only general public health journal in the federal government. It has been published since 1878, making it one of the oldest journals of public health in the U.S. The journal is published through an official agreement with the Associations of Schools and Programs of Public Health (ASPPH) and SAGE, one of the largest scholarly publishing houses in the world, through an agreement with ASPPH.

PHR has been a key resource for those working in the field of public health. PHR is published bi-monthly with a minimum of six regular print and online issues, plus three or four topic-specific supplement issues annually. All are published electronically and in print, and are widely distributed through several scholarly channels. The entire set of *PHR* journal articles from 1878 has been digitized and is available at: <http://www.ncbi.nlm.nih.gov/pmc/journals/333/>. The journal's impact factor has significantly increased in the last few years; its 2016 impact factor is 1.867.

PHR offers articles in three main areas: public health practice, research, and viewpoints/commentaries. PHR's mission is:

- To facilitate the movement of science into public health practice and policy, to positively affect the health and wellness of the American public.
- To publish scholarly manuscripts that describe new and innovative ways to deliver essential services, leading to improved quality, enhanced efficiency, and reduced costs.
- To publish evaluations of public health programs that describe models of practice that can be replicated by others and that describe lessons learned.

The target audience for PHR is the broad public health community, including public health practitioners at the local, state, federal, and international levels, practice-based academia, and policy makers at all levels of the government. Examples of topics PHR publishes on include addiction, tobacco control, infectious diseases, disease surveillance, teenage violence, occupational disease and injury, immunization, drug policy, lead screening, health disparities, and many other key and emerging public health issues. The types of articles published by PHR include original research, public health evaluation, case study/practice, brief report, reports and recommendations, systematic review, Surgeon General's perspective, and HHS Executive perspective.

In 2016-2017, PHR published 12 regular issues and four supplements.

- Content includes 140 research articles, 19 commentaries, 18 brief reports, 11 spotlights on Veterans Health, 13 “Law and Public Health” series articles, 8 public health evaluations, 9 articles in the series “From Schools and Programs of Public Health,” 12 articles in the series “NCHS Dataline,” 13 case studies, 12 Executive perspectives, 6 Surgeon General perspectives, 8 public health methodology articles, 5 reports and recommendations, and 2 systematic reviews.
- A series of articles on opioid addiction, including state responses, targeted overdose prevention using ER visit data, opioids and regulatory reform, and a case study of data sharing on overdose among state agencies.
- Guidelines and policy perspectives from HHS and OASH, including recommendations from the National Vaccine Advisory Committee, U.S. PHS Recommendations for Fluoride Concentration in Drinking Water, the HHS Oral Health Strategic Framework, and perspectives from the Surgeon General and OASH and HHS OPDIV leaders.
- Supplements include Georgia ShapeSyndromic surveillance, routine HIV screening, and Hepatitis testing.
- PHR webinars: publishing in journals, HHS oral health framework, Hepatitis B/C testing.

Other accomplishments include:

- Modernized the journal’s publishing platform by switching to SAGE, the third largest scholarly publisher in the world.
- Extraordinary effectiveness of the “public-private partnership” that publishes PHR in the face of a budget that is only about one-third to one-sixth of what is normally needed to publish a journal. The use of a public-private partnership reduces federal costs, and yields an extraordinary return on the investment. PHR could easily be the one of the most cost-effective journals in the world.
- PHR’s 2016 impact factor (IF) is 1.867, which has been steadily increasing for the last 5 years.
- The first and second annual in-person PHR Partners Meetings (hosted by the Association of Schools and Programs of Public Health - ASPPH) that brought together the PHR Editorial Board and leadership from ASPPH, CDC, and OSG. (March 2016; March 2017)
- Developed strategic partnerships with the Council for State and Territorial Epidemiologist (CSTE) and the Association of Public Health Laboratories (APHL).

Funding History

Fiscal Year	Amount
FY 2014	\$486,000
FY 2015	\$467,000
FY 2016	\$467,000
FY 2017	\$467,000
FY 2018 Annualized CR	\$464,000

Budget Request

The FY 2019 President's Budget request for Public Health Reports is \$467,000, an increase of \$3,000 over the FY 2018 Annualized CR level of \$464,000.

TEEN PREGNANCY PREVENTION

Budget Summary (Dollars in Thousands)

Teen Pregnancy Prevention	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	100,770	100,314	-	-100,314
FTE	16	16	-	-16

Authorizing Legislation:Division H, Title II of the Consolidated Appropriations Act, 2016
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct federal, Contract, Grants

Program Description and Accomplishments

The Teen Pregnancy Prevention (TPP) program is a discretionary grant program to support evidence-based and innovative approaches to teen pregnancy prevention. It is administered by the Office of Adolescent Health (OAH) within the Office of the Assistant Secretary for Health. OAH leads coordination of program activities focused on adolescent health among the Department of Health and Human Services (HHS) offices and operating divisions.

OAH provides ongoing training and technical assistance to its TPP grantees to ensure programming and evaluation.

Funding History

Fiscal Year	Amount
FY 2014	\$100,762,000
FY 2015	\$101,000,000
FY 2016	\$101,000,000
FY 2017	\$101,000,000
FY 2018 Annualized CR	\$100,314,000

Budget Request

The FY 2019 President's Budget request does not include funds for this program. Teenage pregnancy rates have declined precipitously over recent decades. The pregnancy rate for 15-19 year-olds has declined by nearly two thirds from its peak rate in 1990¹. This trend in declining pregnancy rates existed before the TPP program. TPP does not appear to have been a major driver in teenage pregnancy reductions. TPP serves less than one percent of teenagers in the United States.

¹ Guttmacher Institute: National and State Trends by Age, Race and Ethnicity. September 2017. <https://www.guttmacher.org/report/us-adolescent-pregnancy-trends-2013#figure1>

OFFICE OF MINORITY HEALTH

Budget Summary

(Dollars in Thousands)

Office of Minority Health	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	56,541	56,285	53,956	-2,329
FTE	57	57	57	-

Authorizing Legislation.....Title XVII, Section 1707 of the PHS Act

FY 2019 Authorization.....P.L. 111-148

Allocation Method.....Direct federal, Competitive Grant and Cooperative Agreement, Contract

Program Description and Accomplishments

The Office of Minority Health (OMH) was created in 1986, as one of the most significant outcomes of the 1985 *Secretary's Task Force Report on Black and Minority Health*. OMH was subsequently established in statute by the Disadvantaged Minority Health Improvement Act of 1990 (PL 101-527), re-authorized under the Health Professions Education Partnerships Act of 1998 (PL 105-392), and most recently re-authorized under the Affordable Care Act of 2010 (PL 111-148). OMH's statutory authority requires that OMH work to improve the health of racial and ethnic minority groups including through coordination of the Department's work in this area; supporting research, demonstrations and evaluations to test new and innovative models; increasing knowledge, information dissemination, education, prevention and service delivery to individuals from disadvantaged backgrounds; entering into contracts to increase access to primary health services providers for individuals who lack proficiency in English; and supporting a national minority health resource center.

OMH Mission and Vision

- OMH's mission is to improve the health of racial and ethnic minority populations through the development of policies and programs that help eliminate disparities.
- OMH's vision is to improve the health of racial and ethnic minority communities by focusing on prevention, putting people and communities at the center of its work, leadership that strengthens coordination and impact of HHS programs and actions of communities of stakeholders across the United States, and through partnerships with community- and faith-based organizations.

OMH serves as the lead agency for coordinating efforts across the government to address and to eliminate health disparities. OMH convenes, and provides guidance to, HHS operating and staff divisions and other Federal departments, to identify health disparity and health equity policy and programmatic actions. This targeted leadership improves performance through better coordination on cross-cutting initiatives, minimizes programmatic duplication, and leverages funds to reduce health disparities.

OMH Strategic Priorities

OMH focuses on translating core minority health and health disparity programs into strategic activities and policies at the federal, state, tribal, territorial, and local levels. OMH's three strategic priorities are:

- Lead implementation of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities;
- Coordinate the National Partnership for Action to End Health Disparities (NPA); Support Departmental initiatives and programs that provide access to quality health care; and
- The Department's strategic priorities: the opioid epidemic; childhood obesity; and serious mental illness.

In addition, OMH plays a critical role in helping the Department respond effectively to public health crises, which often disproportionately affect OMH's statutorily mandated populations of focus. OMH plays a critical role in supporting and implementing initiatives and programs that provide access to quality health care, address health disparities, and improve equity. Racial and ethnic minorities are less likely to receive preventive care, have higher rates of many chronic conditions, have fewer treatment options, have the highest rates of uninsured, and are less likely to receive quality health care. OMH does this through educational outreach and collaboration with strategic partners and stakeholders to increase these populations' understanding of health coverage, health care, and how to effectively and efficiently use the health care system to improve their health.

OMH also leads and coordinates the implementation of the National Partnership for Action to End Health Disparities (NPA), whose mission is to increase the effectiveness of programs that target the elimination of health disparities through the coordination of partners, leaders, and stakeholders committed to action. The NPA promotes cross-cutting, multi-sector, and systems-oriented approaches to eliminate health disparities by coordinating the efforts of the four NPA implementation arms: the Federal Interagency Health Equity Team (FIHET); the 10 Regional Health Equity Councils (RHECs); the State and Territorial Offices of Minority Health; and National Partners. These implementation partners provide the leadership, community connection, and cross-sector representation necessary to address health disparities. OMH provides guidance and technical assistance for the activities of the implementation partners to maximize their effectiveness and ensure alignment with the goals outlined in the Department's *National Stakeholder Strategy for Achieving Health Equity*.

FY 2017 Key Accomplishments

OMH promotes integrated approaches, evidence-based programs, and best practices to reduce health disparities. FY 2017 accomplishments support the Secretarial strategic goals as well as illustrate OMH's commitment to enhancing and assessing the impact of all policies and programs on racial and ethnic health disparities.

Strategic Goal 1: Strengthen Health Care

Key accomplishments in FY 2017 include:

- **OMH's Center for Linguistic and Cultural Competency in Health Care (CLCCHC)** supported:
 - Continued monitoring and promotion of the e-learning programs on the Think Cultural Health website (disaster preparedness and crisis response personnel, nurses, oral health professionals, physicians, and other providers and allied health professionals). Approximately 73,000 new participants registered and participants were awarded approximately 362,000 continuing education credits and participation statements towards their continuing education licensure requirements.
 - Continued development of a new e-learning program for behavioral health professionals, including holding focus groups, convening an advisory committee, drafting curriculum content, and creating a test website.
- OMH furthered the adoption, implementation, and evaluation of the **National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards)** Key accomplishments include:
 - Established six evaluation and data projects to assess awareness, adoption, and implementation of the National CLAS Standards among diverse stakeholders, which includes the development of a toolkit to assist physicians to integrate and utilize the National CLAS Standards in private practice.
 - Enhanced and implemented training activities for the U.S. Public Health Service

Commissioned Corps personnel on culturally and linguistically appropriate services, using the National CLAS Standards.

- Continued discussions with three additional national organizations to form partnerships for promoting and adopting the National CLAS Standards.

Strategic Goal 2: Advance Scientific Knowledge and Innovation

Key accomplishments in FY 2017 include:

- Continued partnership between OMH and the National Center for Health Statistics (NCHS) for a Native Hawaiian and Pacific Islander (NHPI) National Health Interview Survey (NHIS) project to address the persistent lack of data for this hard to reach population. Data from this project were released to the public in March 2017.
- **NPA** recognized as a model to achieve health equity, by the Robert Wood Johnson Foundation report – *What is Health Equity? And What Difference Does a Definition Make?* The report references the Federal Interagency Health Equity Team (FIHET) Data Compendium and the NPA as a resource for practitioners and decision-makers looking for tools to help them design, implement, and evaluate initiatives to achieve health equity. (May 2017).
- In conjunction with representatives from HHS operating divisions and staff divisions, including the Indian Health Service, provided coordination and support for the **HHS American Indian and Alaska Native (AI/AN) Health Research Advisory Council (HRAC)**, which include:
 - Developed an Annual Health Research Report that includes summaries of various HHS research projects focusing on AI/ANs, used as a resource to share research findings, topics, and available federal programs with tribes;
 - HRAC held a session at NIH's Tribal Public Health Summit in Anchorage, Alaska, to discuss the Navajo Nation BRFSS survey conducted by the Navajo TEC, provide an overview of the HRAC mission and vision, and call attention to the nomination process for open HRAC positions;
 - Developed strategic priority areas for FY 2018, including:
 - Development of an HHS-wide umbrella policy for conducting AI/AN research;
 - Recommendation that HHS agencies include AI/AN culture-specific modes of intervention and indigenous practices in funding proposal requests;
 - Encourage a stronger focus on social determinants of health among tribal and HHS policymakers and health practitioners and a strong focus on social determinants of health research;
 - Advance specific initiatives in Indian Country that are designed to build local capacity to use research data to inform public health practice;
 - Creation of a web-based, searchable AI/AN health research and reference collection with links to university and government libraries that encourages voluntary submissions of scholarly articles and projects;
 - Creation of an AI/AN-specific Institutional Review Board (IRB) point of contact list published in the Federal Register annually;
 - Develop a tribal best practices and evidence base; and
 - Focus on behavioral health.
 - Participated in the Alaska Native Tribal Health Consortium, describing innovation to addressing rising incidence of Hepatitis C and HIV in rural Alaska.
 - Developed a logic model to establish specific short-, medium-, and long-term goals to enhance research and scientific knowledge in AI/AN communities.

- Identified areas for research opportunities and concerns, including strategies to address them, during the quarterly meetings.

Strategic Goal 3: Advance the Health, Safety, and Well-Being of the American People

Key accomplishments in FY 2017 include:

- Developed the Empowered Communities for a Healthier Nation Initiative, designed to reduce significant health disparities impacting racial and ethnic minorities and/or disadvantaged populations through implementing evidence-based strategies with the greatest potential for impact. The program is intended to serve residents in communities disproportionately impacted by the opioid epidemic; childhood/adolescent obesity; and serious mental illness.
- Developed and presented Zika education and awareness information to the public in both English and Spanish, including:
 - OMH web pages on Zika that are linked to all federal and state resources on Zika, which received over 10,000 hits; and
 - A Zika community event in Puerto Rico in which public health leaders and community based organizations shared best practices for public awareness, prevention and treatment.
- Implemented various technical assistance and capacity building activities directed at community-based organizations, health departments and institutions of higher education through OMH’s Resource Center (OMH is statutorily mandated to support a national minority health resource center).
- Developed and implemented social marketing campaigns aimed at increasing awareness of hepatitis and HIV in communities of color. Twelve nonprofits covering the five racial and ethnic groups developed culturally tailored programming to increase awareness, and testing, of HIV and hepatitis, reaching an audience of more than 35.7 million people through 667 public service announcements; testing more than 12,000 individuals for HIV; and testing more than 10,000 individuals for hepatitis C.
- Developed and implemented Spanish language curriculum for community health workers, to enhance awareness and educate communities about overall health issues.
- Trained nonprofit health professionals in the Pacific Island territories to aid in the reduction of both infectious and non-communicable diseases. In FY 2017, a health information campaign on HIV/AIDS awareness reached more than 98,000 individuals, through 62 community events and 15 public service announcements. Through this campaign, more than 650 individuals were tested for HIV.
- Developed public health awareness campaigns to inform the public about health disparities and efforts to address them, through social media and online communication channels, reaching an estimated audience of more than 182 million individuals.

The National Partnership for Action to End Health Disparities (NPA):

- The **Federal Interagency Health Equity Team (FIHET)**, comprised of 12 different federal agencies plus 18 HHS StaffDivs and OpDivs:
 - Published a Compendium of Publicly Available Datasets and Other Data-Related Resources, a free resource of publicly available data relevant to research and programs aiming to reduce health disparities. It compiles descriptions of and links to 132 public datasets and resources that include information about health conditions and other factors that impact the health of minority populations.
 - Conducted a series of webinars as part of its “Equity in All Policies” series, featuring innovative state and local programs nationwide that participants can adapt for their own

states and communities. Participants included practitioners at all levels of government, as well as non-profit, academia and community- and faith-based organizations.

The Regional Health Equity Councils (RHEC):

- Expanded RHEC activities and products. For example, RHEC II developed a report highlighting the need to expand the collection and reporting of USVI health data. RHEC III administered the second phase of its CLAS/Cultural Competency Survey. RHEC IV partnered with various stakeholders and the NPA cross-RHEC Oral Health workgroup on an Oral Health Needs Index Project. RHEC V led the cross-RHEC Community Health Worker Coalition.
- Developed formal partnerships with external organizations to expand the RHECs' reach. For example, RHEC VII has partnered with the HRSA Region VII Midwestern Public Health Training Center. This partnership will focus on workforce training, public health, rural health and chronic disease management, particularly in the area of diabetes. Also, a new partnership with the National Rural Health Association (NRHA) is addressing the needs of minority communities in rural areas, with a special focus on tribal communities. The NRHA will now integrate health equity and eliminating health disparities as an organizational priority.
- Developed regional blueprints for action and health equity report cards that highlight key health disparities issues affecting populations across several regions.

The Youth Health Equity Model of Practice (YHEMOP) program:

- Established a 2017 summer cohort of 31 Health Equity Fellows with approximately 800 student applications received. The FY 2018 cohort will include approximately 25 Health Equity Fellows. Fellows are matched to health equity projects in organizations nationwide including federal agencies, state and county health departments, Regional Health Equity Councils, professional associations, FQHCs, and academic institutions. Fellows participate in a number of activities (e.g. webinars with Federal leaders, development of tailored Health Equity Impact Statements), and each present their work to OMH at the conclusion of the placement period.

Strategic Goal 4: Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

OMH supports this goal by maintaining and strengthening OMH's internal performance improvement and management system and evaluating implementation of the HHS Disparities Action Plan and the National CLAS Standards. Key accomplishments in FY 2017 include:

- **OMH's Performance Improvement and Management System (PIMS)** provides support to OMH and OMH grantees through the Evaluation Technical Assistance Center (ETAC) and the Performance Data System (PDS). The ETAC provides tailored evaluation support for OMH grantees. The PDS tracks OMH grantees on a common set of program performance measures.
- **OMH's leadership of implementation of the HHS Disparities Action Plan** included:
 - Evaluated health disparity impact statements for policies and programs.
 - Evaluated and assessed the development of a multifaceted health disparities data collection strategy across HHS, as outlined in the HHS Disparities Action Plan.
 - Initial development of a framework for the long-term evaluation of National CLAS Standards. OMH completed an evaluation project in 2017 to systematically describe and examine the awareness, knowledge, adoption, and implementation of the National CLAS Standards.

OMH's coordination of the **NPA** included:

- Developed the fourth comprehensive NPA evaluation report and is using the information to identify accomplishments and make adjustments in NPA implementation to maximize

impact.

Funding History

Fiscal Year	Amount
FY 2014	\$56,516,000
FY 2015	\$56,670,000
FY 2016	\$56,670,000
FY 2017	\$56,541,000
FY 2018 Annualized CR	\$56,285,000

Budget Request

The FY 2019 President's Budget request for OMH of \$53,956,000 is \$2,320,000 below the FY 2018 Annualized CR level of \$56,285,000. The FY 2019 request enables OMH to continue to provide leadership in coordinating policies, programs, and resources to support implementation and monitoring of both the HHS Disparities Action Plan and the NPA. OMH will continue coordination of HHS health disparity programs and activities; assessing policy and programmatic activities for health disparity implications; building awareness of issues impacting the health of racial and ethnic minorities; developing guidance and policy documents; collaborating and partnering with agencies within HHS, across the federal government, and with other public and private entities; funding demonstration programs; and supporting projects of national significance. At the reduced funding level, OMH will restructure or discontinue contracts, in order to fund the highest priorities and most effective approaches.

Additionally, OMH will continue to serve in a critical leadership role within HHS in outreach and education of racial and ethnic minorities on access to quality health care through its many national, regional, state and territorial, tribal, and community-based partnerships and networks across the nation.

The Budget does not include funding for new grants in the Office of Minority Health.

In FY 2019, OMH will continue to support program activities through leadership of workgroups and committees, grants, contracts, and strategic use of interagency agreements to achieve coordination of federal efforts related to health disparities such as:

- **American Indian/Alaska Native Health Equity Initiative (AI/AN HQI)** will support projects that enhance the capacity to assess and implement culturally and linguistically appropriate intervention models addressing complex trauma, including behavioral health needs (e.g., mental health issues and substance use disorders) of AI/AN populations. In FY 2018, Tribes, Tribal Organizations, and Alaska Native-Serving Organizations will form collaborative partnerships and alliances to improve access to quality health and human services and reach 500 youth, families, and community members. OMH supports four tribes and tribal organizations with awards that average \$325,000 each annually for a total of \$1,310,000 per year, for a five-year period of performance that began FY 2017. Grants funded are expected to improve select AI/AN Health Equity Core Outcomes, such as improved resiliency among youth served.
- **Communities Addressing Childhood Trauma (ACT)** is a multidisciplinary initiative to address unhealthy behaviors in minority and/or disadvantaged minority youth, ages 5 to 15 years at the start of the five-year program, and provide them with opportunities to learn coping skills and gain experiences that contribute to more positive lifestyles and enhance their capacity to make healthier

life choices. ACT grantees serve high-risk minority and disadvantaged youth or adolescents and their families living in communities with significant rates of violence, homicides, suicides, substance use and misuse, depressive episodes, and incarceration/legal detention. FY 2017 ACT grantees reached approximately 17,000 youth, adolescents or families from minority and disadvantaged populations through community-based, community-focused intervention programs. Grants funded are expected to improve select ACT Core Outcomes, such as improved resiliency, consumption of healthy foods, and physical activity. OMH awarded ACT grants that average \$300,000 each annually to seven community-based agencies, for a total of \$2.1 million annually for a five-year period of performance.

- **Re-Entry Community Linkages (RE-LINK)** program aims to improve coordination and linkages among criminal justice, public health, social service and private entities, to ensure health care access of the reentry population; reduce health disparities experienced by the reentry and justice-involved population; increased access to needed public health, behavioral health, health care, coverage and/or social services; and reduced recidivism. In FY 2017, RELINK provided services to nearly 3,000 individuals to improve select Re-Link Core Outcomes, such as health insurance coverage, identified unmet health needs, having regular source of care, enrollment in school or job training, living in stable housing, stable employment, and rate of re-arrests. OMH supports eight grantee organizations with an average grant of \$310,000 each, for a total of \$2.5 million annually, for a five-year project period, beginning FY 2016.
- **National Lupus Outreach and Clinical Trial Education Program (Lupus Program)** seeks to reduce lupus related health disparities among racial and ethnic minority populations disproportionately affected by this disease by (1) implementing a national health education program on lupus (Priority A); and (2) developing, piloting and assessing clinical trial education interventions for health care providers and paraprofessionals focusing on improving recruitment and retention rates in clinical trials for minority populations affected by lupus (Priority B). In FY 2017, OMH awarded three Priority A grants that average \$315,000 annually and two Priority B grants at \$525,000 each annually, for a total of \$2 million for a one-year project period. The Lupus Program grantees reached approximately 3,800 persons affected by lupus and health care providers/paraprofessionals that serve racial and ethnic minorities living with lupus. Grants funded are expected to improve select Lupus Program Core Outcomes, such as (1) knowledge and skill in the diagnosis and treatment of lupus and knowledge and expertise in the signs and symptoms of lupus, treatment adherence, and screening among primary care providers (PCPs); (2) awareness of lupus symptoms and warning signs in minority populations; (3) dissemination of culturally and linguistically appropriate information to lupus patients and families; (4) implementation of the lupus outreach and health education program using rigorous tests to show improvements in project outcomes. The Lupus Program grants will also identify and test education program models that result in improvements in PCPs' and other health care providers' and paraprofessionals' knowledge, attitudes, and intentions in (1) how to provide culturally and linguistically appropriate health care, and (2) educate, recruit, and, where appropriate, refer minority populations into clinical trials in a culturally and linguistically appropriate manner. OMH anticipates a similar one-year program to reduce lupus-related health disparities in FY 2018.
- The **State Partnership Initiative (SPI) to Improve Health** supports State-level partnerships to improve health outcomes in one to three leading health indicator topics in selected geographical hotspots throughout the state or territory. Leading health indicators being addressed by the states include childhood obesity. The state agencies such as departments of health and state offices of minority health will produce: (1) health disparities report cards, (2) implementation plans, (3) updated health disparities reports each year of the program showing progress, and (4) published results/articles that provide state-level reports of improved health outcomes. The SPI directly

impacted approximately 30,800 individuals in FY 2017, and supported 21 states and tribes with awards that average \$200,000 each annually, for a total of \$4.2 million annually, for a five-year project period beginning FY 2015. Grants funded under the SPI address a broad range of health promotion activities and outcomes tailored to the leading health indicators selected by each grantee, such as smoking cessation, obesity prevention, management of chronic health conditions, reduced infant mortality, and increased breast feeding.

- The **National Workforce Diversity Pipeline (NWDP) Program** supports projects that develop innovative strategies to identify promising students in their first year of high school and provide them with a foundation through their first year of college to pursue a successful career in a health profession. It is anticipated the NWDP will expand the diversity of health professional pipelines. In FY 2017, this program impacted approximately 14,525 minority and/or disadvantaged youth. NWDP awards average \$425,000 each annually, for a total of \$6.4 million each year, for a five-year project period beginning FY 2015. Grants funded under the NWDP are expected to increase awareness and pursuit of careers in health care including behavioral health, and to increase the availability of science, technology, engineering and mathematics (STEM) education programs.
- The **Minority Youth Violence Prevention II** program supports innovative approaches to significantly reduce the prevalence and impact of youth violence among racial and ethnic minority and/or disadvantaged at-risk youth. MYVP II funds project interventions tailored to at-risk racial and ethnic minority and/or disadvantaged youth (ages 12-18 years at the start of the project), and requires a coordinated, multi-discipline approach, including a public health agency, a local school and/or school district, a law enforcement agency, and an institution of higher education. These approaches are designed to address: public health, education, and public safety concerns; disparities in access to public health services; social determinants of health; and risk and protective factors; and will serve the project participants and comparison group members over a four year grant period. OMH awarded 10 grants to academic institutions, community-based organizations, and a state health department that average \$410,000 each annually, for a total of \$4.1 million annually, for a four-year project period beginning FY2017. MYVP II is expected to serve 1,200 youth and their families in year two. Projects funded are expected to improve select MYVP II Core Outcomes, such as: (1) increasing cultural competency and skills among those working with or serving at-risk youth; (2) improving academic outcomes among MYVP II participants; (3) reducing law enforcement/justice encounters such as arrests and court referrals; (4) reducing crimes perpetrated by and against minority and/or disadvantaged youth; (5) reducing homicide and non-fatal shooting incidents; (6) reducing stress and improvement in behavioral health; and (7) strengthening family engagement to create a positive and healthier home/community environment.
- The **Partnerships to Achieve Health Equity (Partnership)** program is designed to demonstrate that multi-partner collaborations that address social determinants of health and have a nationwide or regional reach, focus or impact can efficiently and effectively do one of the following: (1) improve access to, and utilization of, care by racial and ethnic minority and/or disadvantaged populations; (2) increase the diversity of the health workforce through programs at the high school or undergraduate level that focus on racial and ethnic health disparities and health equity and which include mentoring as a core component; or (3) increase data availability and utilization of data that increases the knowledge base regarding health disparities and facilitates the development, implementation and assessment of health equity activities. The Partnership program supports six organizations with awards that average \$390,000 each annually, for a total of \$2.3 million annually for a five-year project period, beginning FY 2017. The Partnership program is expected to reach approximately 1,200 minorities and minority serving professionals in 2018. Projects funded are expected to improve select Partnership Core Outcomes, based on the project focus, such as (1) improvements in health measures (e.g., BMI, glucose, blood pressure, substance misuse, etc.); (2)

increase in proportion of youth completing advanced placement science and math courses; and (3) increase in submission of manuscripts to peer review journals.

- The **Empowered Communities for a Healthier Nation Initiative (ECI)** will support minority and/or disadvantaged communities disproportionately impacted by the opioid epidemic, childhood/adolescent obesity, or serious mental illness. ECI seeks to prevent opioid abuse, increase access to opioid treatment and recovery services, and reduce the health consequences of opioid abuse; reduce obesity prevalence and disparities in weight status among children and adolescents; and reduce the impact of serious mental illness and improve screening for serious mental illness at the primary care level. OMH will award up to 16 cooperative agreements that average \$350,000 each annually for \$5 million total, for each one-year period of performance, for a project period of three years beginning in FY 2017. The ECI is expected to impact approximately 2,000 individuals in year one and 3,000 individuals in year two. Projects funded are expected to improve select ECI Core Outcomes, such as: (1) an increased number of persons receiving opioid overdose education and naloxone administration training designed to reduce opioid misuse and overdoses and reverse opioid overdoses; number of primary care providers trained in screening and diagnosis of opioid misuse and use disorder; number of primary care providers trained in motivational interviewing techniques to engage people in treatment, including medication-assisted treatment, and number of community-based pharmacies or other community-based organizations with standing orders to dispense naloxone that are expected to result in a significant increase in the proportion of persons screened for opioid misuse and use disorder; significant increase in the proportion of persons with opioid use disorder entering evidence-based treatment; identify and implement the most effective strategies to reach, engage, and retain people who inject drugs in substance abuse treatment, including medication-assisted treatment for opioid use disorder, and identify innovative strategies to provide comprehensive services to people who inject drugs, including overdose reversal strategies; (2) an increased number of families with children ages 2-19 years enrolled in obesity prevention programs that are expected to result in significant increases in consumption of fruits and vegetables, significant decrease in consumption of simple carbohydrates, and significant decrease in BMI among obese and overweight children ages 2-19 years; (3) increased number of primary care providers trained to screen and diagnosis serious mental illness and/or trained in use of evidence-based protocols for the proactive management of diagnosed mental disorders and increased number of persons diagnosed with serious mental illness participating in self-management programs in communities with HPSA scores of 16 and higher which is expected to result in significant increase in the number of persons screened for serious mental illness and higher and significant reduction of symptoms among persons diagnosed with SMI in communities with HPSA scores of 16 and higher.
- The **Office of Minority Health Resource Center (OMHRC)** will realign program priorities to address key issues of opioid abuse, mental health, and childhood obesity in communities of color. The resource center will host webinars and virtual workshops for a variety of external stakeholders including community based organizations (CBOs) on diseases and other issues that align with the strategic priorities of HHS; provide capacity building to institutions of higher education including minority serving institutions and CBOs; create campaigns to support initiatives and programs that promote health equity and the National Partnership for Action to End Health Disparities (NPA); increase the outreach of the Preconception Peer Health Educators (PPE) infant mortality prevention campaign; provide website development and support for OMH initiatives; support the development of content and manage OMH social media portals; increase digital access to the Knowledge Center library catalog; distribute electronic information and limited print publications; expand awareness of OMHRC programs and services by managing conference exhibits and other outreach activities; and support other OMH and HHS initiatives.

- The **implementation of the National Partnership for Action to End Health Disparities (NPA)** includes three contracts:
 - **Core Implementation** of the NPA includes monitoring and updating the implementation strategy for the NPA; supporting and sustaining implementation at the state, territorial, regional, national, and federal levels; coordinating and streamlining the implementation-related activities of OMH; documenting and sharing implementation successes, challenges, and lessons learned.
 - **Logistical** support is provided throughout the year in the form of telephone and webinar conference coordination to increase efficiency as well as logistical technical support for the Federal Interagency Health Equity Team (FIHET).
 - **Core Evaluation** includes evaluation planning, data collection, and reporting on the impact of the National Partnership for Action to End Health Disparities (NPA). Activities include collecting survey and qualitative data from NPA stakeholders to determine overall NPA functioning, accomplishments, and key challenges. Evaluation data assist OMH to track NPA progress, needed improvements, and best practices to inform strategies to increase impact.
- The **Center for Linguistic and Cultural Competency in Health Care (CLCCHC)** has increased the support, promotion, and evaluation of its cultural and linguistic competency free e-learning programs for physicians, nurses, disaster preparedness and crisis response personnel, oral health professionals, and allied health professionals with updates, additional on-line resources, and expanded reach of each program. Health professionals may obtain continued education units for continued licensure through these programs, free of charge. CLCCHC has also continued supporting the development of new cultural and linguistic competency e-learning programs and resources, including webinars, for other health professionals such as those in behavioral health professions. CLCCHC has continued developing partnerships with strategic organizations such as the U.S. Public Health Service. These types of activities serve to increase awareness of health disparities and the work of OMH. They also help ensure that health professionals are equipped to address issues of cultural competence and health disparities.

OMH - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target+/- FY 2018 Target
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 2017: 50% Target: 25% (Target Exceeded)	15%	20% (over 2018 target) or credits	+5% (+credits)
4.3.1 Increased average number of persons participating in OMH grant programs per \$1 million in OMH grant support (Efficiency)	FY 2017: 5,759 Target: 13,715 (Target not met)	14,126	14,136	+10 per million
4.3.2 Increased average number of OMH grant program participants per \$1 million in OMH grant support through partnerships established by grantees to implement funded interventions. (Efficiency)	FY 2017: 4,325 Target: 4,809 (Target not met)	4,953	4,963	+10 per million
4.4.1 Unique visitors to OMH-supported websites (Output)	FY 2017: 1,196,653 Target: 650,000 (Target Exceeded)	750,000	850,000	+100,000
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 2017:42 % Target: 47% (Target not met)	47%	49% (28/59)	+2%
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 2017: 40% Target: 37% (Target Exceeded)	40%	45%	+5%

Performance Analysis

4.2.1: Think Cultural Health (TCH) houses a suite of continuing education e-learning programs dedicated to advancing health equity at every point of contact. The focus is on increasing provider awareness and, over time, changed beliefs and attitudes that will translate into better health care. With the addition of new e-learning programs and resources for more health care and public health professionals and service providers, and sustained focus on the promotion and adoption of the *National CLAS Standards*, OMH expects to see a 30% increase in the number of continuing education (CE) credits earned or awarded to enrollees who complete at least one or more of OMH's accredited Think Cultural Health e-learning programs in their respective fields.

4.3.1 and 4.3.2: OMH provides grant funds to State Offices of Minority Health, community and faith-based organizations, Tribes and tribal organizations, national organizations, and institutions of higher education. These grants play a critical role in supporting the HHS Disparities Action Plan and the Department's priority goal to eliminate health disparities and achieve health equity. In FY 2019, OMH will continue a number of grant programs that address health disparities. OMH's new and recent grant programs are designed to intensify and concentrate efforts in reducing health disparities, and, thus, OMH expects to see a 1% increase in the average number of people participating in OMH grant programs per \$1 million.

4.4.1: OMH's main website, www.minorityhealth.hhs.gov, is administered by the OMH Resource Center. The website includes access to the OMH Knowledge Center collection, which is a database comprised of 60,000 documents and more than 72% of the content is in digital format. The database contains minority health and health disparities data and literature, information on national and local minority health organizations, as well as resources for community- and faith-based organizations and institutions of higher education (including minority-serving institutions), and information about OMH.

- The website supports community organizations and health disparities researchers in assembling accurate and comprehensive information and articles for use in program development and grant writing. The website serves as an information dissemination tool for the HHS Disparities Action Plan, the National Partnership for Action to End Disparities (NPA) (www.minorityhealth.hhs.gov/npa), and facilitates educational outreach to Black/African American, Hispanic/Latino, American Indian, Alaskan Native, Asian American, Native Hawaiian, and Pacific Islander communities. OMH expects to see at least 1,850,000 unique visitors to its main website in FY 2019. This increased number over its previously established target of 750,000 unique visitors reflects additional viewers brought in via OMH's burgeoning social media accounts on Twitter, Facebook, YouTube and Instagram, and continual improvement of website content and features.
- The NPA toolkit, which is housed on the revamped NPA website (https://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf) and is aimed at helping community organizations, has been viewed 1.7 million times since it was unveiled. OMHRC keeps NPA partners connected through its web page, electronic newsletter, blog, and related media.
- Social Media has been a growing outlet for the dissemination of health information from OMH and its stakeholders. OMH has nearly 60,000 followers on its English Twitter handle with an extended outreach to more than 1+ million individuals and organizations. The OMH Facebook and Instagram pages, and Spanish Twitter handle are growing in followers.

4.5.1: OMH builds strategic partnerships and provides leadership and coordination for State and Territorial Offices of Minority Health/Health Equity. OMH expects to see a 3.5% increase in the percentage of these entities 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.

4.6.1: OMH is charged with advising the Secretary and the Department on the effectiveness of community-based programs and policies impacting health disparities and to support research, demonstrations and evaluations to test new and innovative models. OMH funds demonstration grants to develop, test, and implement interventions to reduce health disparities. Results from these demonstration programs play a critical role in supporting the HHS Disparities Action Plan and the Department priority goal to eliminate health disparities and achieve health equity. Additionally, OMH is charged with ensuring on-the-ground implementation of initiatives and programs that provide access to quality health care and HHS Disparities Action Plan strategies. OMH expects to see a 1% increase in the percentage of promising approaches, models, and evidence-based practices produced by OMH-funded grantees and cooperative agreement partners per year. The expected performance of this measure is in line with the FY 2019 funding level.

Grants

Grants (whole dollars)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	101	101	101
Average Award	\$333,824	\$341,748	\$344,851
Range of Awards	\$175,000 - \$525,000	\$175,000 - \$525,000	\$175,000 - \$525,000

Program Data Chart

Activity	FY 2017 Final	FY 2018 Annualized CR ¹	FY 2019 President's Budget
Contracts			
OMH Resource Center	4,610,000	4,610,000	3,800,000
Logistical Support Contract	2,030,000	2,030,000	1,800,000
National Partnership for Action to End Health Disparities	1,734,000	1,734,000	1,134,000
Center for Linguistic and Cultural Competency in Health Care	1,766,000	1,766,000	1,566,000
HHS Action Plan to Reduce Racial and Ethnic Health Disparities	600,000	600,000	600,000
Evaluation	900,000	900,000	900,000
Disparities Health Prevention	426,000	426,000	226,000
Secretary support Unaccompanied Children	129,000	0	0
Subtotal, Contracts	12,195,000	12,066,000	10,026,000
Grants/Cooperative Agreements			

State Partnership Programs	4,150,105	4,150,105	4,150,105
American Indian/Alaska Native Partnership	1,310,500	1,310,500	1,200,000
Specified Project – Lupus	2,000,000	2,000,000	2,000,000
Minority Youth Violence Prevention (MYVP)	0	0	0
Communities Addressing Childhood Trauma (ACT) ²	2,082,400	2,792,269	2,792,269
Re-entry Community Linkages (RE-LINK) ³	2,482,880	2,482,880	2,482,880
Multiple Chronic Condition Management (MCC)	0	0	0
HIV/AIDS Initiative for Minority Men (AIMM)	0	0	0
National Workforce Diversity Pipeline Program (NWDP)	6,360,745	6,360,745	6,360,745
Partnership to Achieve Health Equity	2,327,277	2,327,277	2,327,277
Minority Youth Violence Prevention II: Social Determinants of Health Collaborative Network	4,103,500	4,103,500	4,103,500
Empowered Communities for a Healthier Nation Initiative (ECI) ⁴	5,000,000	5,000,000	5,000,000
Subtotal, Grants/Coop	29,817,407	30,527,276	30,416,776
Inter-Agency Agreements (IAAs)	650,000	615,000	400,000
Operating Costs	13,878,593	13,076,724	13,113,224
Total	56,541,000	56,285,000	53,956,000

¹ FY 2018 column displays comparable adjustments to reflect FY 2017 policy priority.

² ACT FY2017 Notice of Awards (NOAs) noted the new funds (\$2,082,400) and the carryover amounts (unobligated amount from FY2016 \$709,870) to maintain the planned award amount 2017 and level funding FY2016 (\$2,792,269).

³RELINK FY2017 NOAs listed the new funds (\$2,482,879) and the carryover amounts (unobligated amount from FY2016 \$279,262) to maintain the planned award amount 2017 and level funding FY2016 (\$2,762,141).

⁴ ECI is a competitive cooperative agreement program initiated in FY 2017, which seeks to reduce the impact of and disparities in opioid abuse, childhood obesity, and serious mental illness, among racial and ethnic minority and/or other disadvantaged populations. The awards are planned for level funding in FY2018 and FY2019.

OFFICE ON WOMEN'S HEALTH

Budget Summary

(Dollars in Thousands)

Office on Women's Health	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	32,067	31,922	28,454	-3,468
FTE	43	43	43	-

Authorizing Legislation:.....Title II Section 229 of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal, Competitive Grants, Contracts

Program Description and Accomplishments

The Office on Women's Health (OWH) was established in 1991 and statutorily authorized by the Patient Protection and Affordable Care Act (ACA) of 2010. The mission of OWH is to provide national leadership to improve the health of women and girls through policy, education, and innovative programs. OWH seeks to impact policy and produce educational and innovative programs that providers, communities, agencies, and other stakeholders across the country can replicate and expand. To achieve these goals, the office works with many partners, including federal agencies; nonprofit organizations; consumer groups; associations of health care professionals; tribal organizations; and state, county, and local governments.

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.

- The HHS Coordinating Committee on Women's Health, chaired by OWH, advises the Assistant Secretary for Health on current and planned activities across HHS that safeguard and improve the health of women and girls. Accomplishments in FY 2017 include:
 - Collaborated on activities with agencies not traditionally focusing on women's health, including HHS's Office of the Assistant Secretary for Preparedness and Response, the Veterans Health Administration, and the Department of Transportation.
 - Coordinated with the various partner agencies on educational presentations regarding the opioids crisis and its impact on women, childhood obesity, older women's health care needs, suicide in women and girls, effects of childhood trauma, and addressing special health needs of American Indian and Alaska Native women through the Indian Health Service.
- OWH co-chairs the HHS Violence against Women (VAW) Steering Committee along with the Administration for Children and Families (ACF). The mission is to lead HHS in developing a blueprint for communities free from violence against women and girls, and to integrate the work of each HHS agency into its implementation. FY 2017 accomplishments include:
 - Sponsored a joint federal panel presentation at the National Conference on Health and Domestic Violence where federal partners highlighted innovative approaches to education and partnership for health care providers and domestic violence and sexual assault victim advocacy organizations.
- The Chronic Fatigue Syndrome Advisory Committee (CFSAC), which OWH manages, is composed of non-federal researchers, clinicians, patient representatives, and federal ex-officio representatives. This committee meets semi-annually and makes recommendations to the Secretary on a broad range of topics including research, clinical care, and quality of life for

patients with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). Examples of 2017 activities include:

- Appointed new members from the Veterans Health Administration and patient/advocacy groups, as well as a new Chairperson.
- Received the first recommendations from the Pediatric Workgroup, which included participation from the Department of Education, an interagency partner.
- OWH leads the Department in addressing the ongoing impact of the opioid epidemic on women's health. Through this work, OWH has examined the prevention, treatment, and recovery issues for women who misuse, have use disorders, and/or overdose on opioids. Examples of accomplishments in FY 2017 include:
 - Released the *Final Report: Opioid Use, Misuse, and Overdose in Women*, which provides a comprehensive overview of the impact of the epidemic on women's health and will serve as a stepping-off point for further activities on opioids and women.
 - Funded 20 cooperative agreements via the *Prevention of Opioid Misuse in Women: Office on Women's Health Prevention Awards*, which support primary and secondary prevention activities.
 - Collaborated with CDC on the first Public Health Grand Rounds on *Addressing the Unique Challenges of Opioid Use Disorder among Women*.
- OWH coordinates a federal working group with 11 other HHS offices and agencies to facilitate collaboration and information sharing around federal efforts addressing maternal mental health. Examples of accomplishments in FY 2017 include:
 - Funded a public awareness campaign to educate women and their loved ones of the risks of postpartum depression.

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

OWH supports activities and programs aimed at gathering evidence on effective strategies to help women and girls of all ages live healthier lives. OWH programs also focus on advancing the science on effective women's health interventions.

For example, in FY 2017, OWH completed activities and the evaluation for the Intimate Partner Violence (IPV) Provider Network, which researches system changes for integrating intimate partner violence assessment and intervention into basic care, as well as evaluates collaboration models between healthcare providers and IPV programs. This initiative involves seven states: Arizona, California, Massachusetts, Minnesota, North Carolina, Texas, and West Virginia.

- During FY 2017, grantees focused on finalizing efforts to reach recruitment goals; continued activities for the implementation phase of their intervention research; maintained partnerships with primary care clinics, health centers, hospital/university-based clinics, domestic violence agencies, behavioral health specialists, and legal aid agencies interventions; and collected evaluation measures for their individual evaluation projects, as well as for OWH's cross-site evaluation project.
- OWH is conducting a cross-site evaluation to determine what system-level factors support the integration of IPV service into clinical service, the barriers and facilitators to referring IPV victims to the appropriate referral services, and outcomes such as the patterns for the rate of screening, referrals, follow-up, and services provided by the partner agencies.

In FY 2018, OWH will finish the final year of activities related to the Female Genital Cutting (FGC) Community-Centered Health Care and Prevention Projects, community-based efforts to address the health care needs of women and girls in the U.S. affected by, or at risk of undergoing, FGC.

- Activities in FY 2017 included work on developing or expanding existing culturally and linguistically sensitive health care services for women who have undergone FGC; building community dialogues, voices, and platforms for stressing the medical harms of the practice and the need for prevention; and developing community prevention toolkits designed for usability by other communities wanting to address FGC in the U.S.

In FY 2018, OWH will fund the final year of the College Sexual Assault Policy and Prevention Initiative, which supports grantee organizations in their work with colleges and universities to develop and implement sexual assault prevention programs and improve campus policies.

- In FY 2017, efforts were focused on the establishment of Technical Advisory Groups and organizational partnerships that provided assistance to campus partners in establishing new prevention programs and reviewing their campus policies, as well as campus taskforces for prevention, leading to an increase in the number and reach of prevention programs that include a bystander intervention component.
- Efforts were also made to encourage grantees to develop gender-based prevention programming that focused on addressing the issue on sexual assault on campuses.
- Additional activities included the establishment of campus Sexual Assault Response Teams, fielding campus climate surveys, and conducting reviews of campus sexual misconduct policies.

Education and Collaboration on Women's and Girls' Health

OWH uses a mix of websites, webinars, written materials, Grand Round lectures, social media, partnership outreach, and interactive training modules to increase consumer and health professional knowledge of health issues, research, practices, programs, and policies that affect the health of women and girls. Examples include:

- In FY 2017, OWH began developing trainings for health professionals to address the prevention and treatment of obesity in girls and young women. Based on needs assessments and identified gaps in training, OWH is developing educational materials that can be delivered via Web or in-person. Focus areas for this topic may include a comparison of effectiveness of screening and brief counseling modalities or the use of decision aids that encourage provider-patient engagement and behavior change. FY 2019 marks the final year for this project.
- OWH administers the National Women's Health Information Center, which utilizes websites, social media, print materials, and a telephone helpline to provide 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.
- OWH continues its collaborative projects with the ACF Office on Trafficking in Persons. OWH provides funds to expand efforts to educate health care providers and social service workers about how to effectively identify and respond to victims of human trafficking, and to strengthen the health care and social service response. Additionally, OWH and ACF have partnered to evaluate the training project to educate health providers and social service workers.
- In FY 2018, OWH funded the creation of a communication campaign to educate women and their loved ones of the risks of postpartum depression. The campaign will create PSAs, social media content, and written materials designed to destigmatize the disorder and promote treatment seeking in pregnant women and new mothers.
- In FY 2017, OWH updated the *Your Guide to Breastfeeding* booklet. This high demand, easy-to-read publication features information and resources women need to promote breastfeeding through a child's first birthday (as recommended by the American Academy of Pediatrics). The booklet was reprinted to be distributed by non-profit women's health partnership organizations,

and is also available online. OWH extends the reach of the content of this publication by hosting educational webinars for consumers and health professionals.

- In an effort to raise awareness of the significant health needs that women veterans face, and the federal resources that are available to help them, OWH partnered with the U.S. Department of Veterans Affairs (VA) to develop an educational webinar series. The first event of the series was a Facebook Live event held in FY 2017, which focused on mental health for women veterans. This event was viewed more than 1,200 times. Future topics include: suicide prevention, utilizing health benefits, and living with Post Traumatic Stress Disorder.
- In response to a Senate report request, OWH launched a new campaign in FY 2017 to inform women about their options for breast reconstruction after a mastectomy. OWH partnered with the National Cancer Institute (NCI), Office of Minority Health (OMH), Centers for Medicaid & Medicare Services (CMS), CDC, and Health Resources and Services Administration (HRSA) to target breast cancer survivors and health care providers with messages about patient rights to receive breast reconstruction or prostheses after a medically necessary mastectomy. The campaign continues to create and disseminate consumer and health professional education activities to increase awareness of this health benefit.
- Each year, OWH organizes the nationwide observance of National Women and Girls HIV/AIDS Awareness Day; this observance is designed to share information and empower women and girls to learn the importance of HIV and AIDS prevention, care, and treatment. Special efforts are made to reach African American and Latino women to raise awareness of their increased risk for HIV.
- National Women’s Health Week is the second major observance that OWH leads. Held every May, this event encourages women to prioritize their health and take five simple steps improve their health at any age.

Funding History

Fiscal Year	Amount
FY 2014	\$33,958,000
FY 2015	\$32,140,000
FY 2016	\$32,140,000
FY 2017	\$32,067,000
FY 2018 Annualized CR	\$31,922,000

Budget Request

The FY 2019 President’s Budget request for OWH is \$28,454,000, a decrease of \$3,468,000 below the FY 2018 Annualized CR level of \$31,922,000. OWH will reduce its Health Communications contract as part of this decrease.

At the FY 2019 request level, OWH will continue to coordinate policies, programs, and information across HHS to support the implementation of the OWH Strategic Plan.

The Budget does not include funding for new grants in the Office on Women’s Health.

In FY 2019, OWH’s projects will focus on one or more of OWH’s strategic areas, with a particular emphasis on preventing opioid misuse among women and girls, reducing childhood obesity, addressing

mental health issues, reducing health disparities, promoting the health of women and girls across the lifespan, and supporting health care services for women. Detailed OWH activities for FY 2019 include:

Regional Women's Health

- OWH will support regional and national projects to promote women's health through prevention initiatives and/or women's health information dissemination.

Communications and Logistics

- **Health Communications:** OWH's health communications activities help the office 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, which utilizes websites, social media, print materials, and a telephone helpline to provide 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.

Evaluation and Assessment

OWH will routinely incorporate formal evaluation methods earlier in the program planning process.

- **OWH Program Evaluation:** OWH will continue to support comprehensive evaluation and analysis of new and existing data to inform women's health programs, policy, and outreach.
- **Health Information Gateway (formerly: Quick Health Data Online):** In response to a Congressional mandate, OWH will continue to partner with the HHS Idea Lab to maintain its Health Information Gateway.

Trauma/Violence against Women

- **Addressing Violence against Women in High-Risk Communities:** OWH will fund awards for communities at most risk for perpetuating violence against women. The project will build upon the previously funded IPV Provider Network, which focused on integrating interpersonal violence assessment and intervention into basic care, as well as encouraging collaborations between healthcare providers, public health programs, and IPV programs. Using the knowledge gained from the Network, grantees will fill gaps in healthcare services for high-risk women and bolster prevention efforts in communities where abusive practices persist at increased rates.
- **Data Policy Project on the Health of Incarcerated Women:** In FY 2019, OWH will partner with the National Academies of Science, Engineering, and Medicine to develop recommendations that will improve the health care service delivery and response for women who are incarcerated and often experience violence. Funding will support research and development activities.

Women's Health across the Lifespan

- **Federal Maternal Depression Workgroup:** OWH coordinates a federal workgroup with other HHS offices and agencies to facilitate collaboration and information sharing around federal efforts addressing maternal mental health. Based on the information exchange and needs identified from this initiative, OWH plans to develop and support efforts to address maternal depression.
- **Paid Family Leave Policy Research:** In FY 2019, OWH is funding year two of a three year research study in partnership with the Office of the Assistant Secretary for Planning and Evaluation to identify potential health outcomes associated with extending paid family leave.

Education and Collaboration on Women's and Girls' Health

- **Postpartum Depression Destigmatization and Treatment Campaign:** In FY 2019, OWH will continue to fund the creation of a communications campaign designed to educate women and their loved ones of the risks of postpartum depression. The campaign will create PSAs, social media content, and written materials designed to destigmatize the disorder and promote treatment seeking in pregnant women and new mothers.
- **Breastfeeding and Childhood Obesity:** In FY 2019, OWH will continue its efforts around the evidence-based association between breastfeeding and childhood obesity.

Health Disparities in Women

- **Health Disparities Initiative:** OWH will continue to partner with agencies to increase the focus and/or collection of data on women's health issues. Potential activities include the addition of specific women's health questions to existing surveys and co-funding grants/contracts.
- **Women and HIV/AIDS:** In FY 2019, OWH will partner with the Office of HIV/AIDS and Infectious Disease Policy to further raise awareness and support action on emerging issues in HIV/AIDS and viral hepatitis issues affecting the health of women and girls. OWH will review and analyze research to ensure a gender focus, while leveraging the expertise of both offices.

Health Care Services for Women

- **Prevention of Opioid Misuse in Women: Office on Women's Health Prevention Awards (OWHPA):** In FY 2019, OWH will continue to support 20 cooperative agreements which fund primary or secondary prevention efforts to prevent the misuse of opioids by women across their lifespans. Selected regional, state, local, and community organizations will achieve this goal through: program development and implementation, health education targeting health professionals and/or women directly, or policy efforts. These grants are slated to be funded through FY 2019.
- **Model Programs for States to Address Serious Mental Illness in Women and Girls:** OWH will award grants or cooperative agreements to fund model programs to address state-level gaps that impact women's mental health in selected states based on their serious mental illness prevalence, access to care ranking, or treatment spending level.
- **Health Professional Training to Reduce Childhood Obesity:** OWH will continue to fund the creation of two new training modules on the obesity prevention and promotion of physical activity among girls.

Office on Women’s Health - Outputs and Outcomes Table

Program/Measure	FY 2017 Results Target (Summary of Result)	FY 2018 Target	FY 2019 Target	FY 2019 Target +/- FY 2018 Target
5.2.1 Number of users of OWH’s social media channels. (Output)	FY 2017: 8,500,000 Target: 1,500,000 (Target Exceeded)	1,500,000	1,750,000	+250,000
5.3.1 Number of users of OWH communication resources (Output)	FY 2017: 13,221,536 Target: 20,000,000 (Target Not Met)	20,000,000	21,500,000	+1,500,000
5.4.1 Number of girls ages 9-17 and women ages 18-85+ that participate in OWH-funded programs (e.g., information sessions, web sites, and outreach) per million dollars spent annually. (Efficiency)	FY 2017: 619,856 Target: 1,000,000 (Target Not Met)	1,000,000	1,500,000	+500,000

Performance Analysis

OWH's outreach efforts will ensure the availability of a central source of reliable women's health information to the public. Data from national surveys indicate that women are more likely than men to search for health information online and that women are more likely to look for online health information on behalf of loved ones (Fox, 2013: <http://www.pewinternet.org/2013/01/15/health-online-2013/>). Metrics used to guide and support OWH’s outreach activities include data on the number of user sessions to the OWH websites, the number of users of OWH’s social media channels, call center and email subscriptions; and the number of women and girls served by OWH programs and initiatives.

OWH's continued social media efforts will ensure that scientifically accurate women’s health information is available to the public in the most accessible and widely used formats (e.g., desktop, mobile, or tablet). Data from the Pew Research Center shows that 80% of women use social media in a typical day. As of FY 2017, more than 1.8 million users subscribed to OWH social media channels, and OWH is ranked as the #2 (@womenshealth) most popular Twitter channel at HHS and the @womenshealth OWH Twitter channel is in the Top Ten of all Federal Twitter channels for number of followers.

Grants

Grants (whole dollars)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President’s Budget
Number of Awards	42	37	36
Average Award	\$234,785	\$166,903	\$152,777
Range of Awards	\$96,840 - \$1,028,115	\$98,893 – \$333,333	\$98,893 – \$250,000

Program Data Chart

Activity	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Contracts			
Program Evaluation	1,626,698	1,821,786	1,753,450
Health Communications	5,310,000	5,700,000	5,350,252
Women's Health Across the Lifespan	731,018	1,500,000	1,000,000
Trauma/Violence Against Women	260,167	260,167	195,000
Health Disparities in Women	0	1,200,000	1,200,000
Health Care Services for Women	0	300,000	300,000
Education and Collaboration on Women's and Girls' Health	350,310	550,310	500,000
Subtotal, Contracts	8,278,193	11,332,263	10,298,702
Grants/Cooperative Agreements			
Health Care Services for Women	1,993,893	1,993,893	3,500,000
Health Disparities in Women	2,019,704	2,019,704	0
Trauma/Violence Against Women	5,847,375	2,161,818	1,850,000
Education and Collaboration on Women's and Girls' Health	0	0	0
Subtotal, Grants/Cooperative Agreements	9,860,971	6,175,415	5,350,000
Inter-Agency Agreements (IAAs)	3,669,782 ⁸	3,802,521	1,628,162
Operating Costs	10,258,054	10,611,801	11,177,136
Total	32,067,000	31,922,000	28,454,000

OFFICE OF RESEARCH INTEGRITY

Budget Summary

(Dollars in Thousands)

Office of Research Integrity	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	8,558	8,558	8,558	-
FTE	28	28	28	-

Authorizing Legislation.....Section 493 of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct federal, Contracts, Grants

Program Description and Accomplishments

Since its inception in 1992, the mission of the Office of Research Integrity (ORI) has been 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 the Department's goal to lead in 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. Recipients of PHS funds are required by federal regulation to foster an environment that promotes the responsible conduct of research, implement policies and procedures to respond to 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 Investigative Oversight (DIO) handles allegations of research misconduct and monitors institutional research misconduct processes. The Division of Education and Integrity (DEI) manages programs to ensure that PHS-funded institutions have policies and procedures in place for handling allegations of research misconduct and provides educational resources to help institutions in promoting research integrity.

ORI leads or collaborates in cross-departmental training and oversight activities involving HHS's Office for Human Research Protections (OHRP) and Office of Inspector General. ORI convenes periodic meetings with representatives from other departments and agencies responsible for handling allegations of research misconduct, including the National Science Foundation, Veterans Administration, Department of the Interior, Environmental Protection Agency, and Department of Defense and, within HHS, National Institutes of Health. As needed, ORI consults with individual departments and agencies when their funding may be involved in specific cases under review.

ORI's determinations usually take 1-2 years, reflecting the deep analysis conducted on each case by ORI's science investigators. Findings lead to HHS administrative actions that are publicly disclosed via the *Federal Register*, including mandated supervision over submission of research grants and papers, ban from serving on review panels, and debarment from federal funds (typically for 3 years, but spanning from 1 year to a lifetime). The purpose of these administrative actions is to stop the misuse of PHS funds, pursuant to the 2005 regulation. Nearly all ORI findings are adjudicated through a settlement process. If the respondent declines to enter into a settlement agreement, the case proceeds to the HHS Departmental Appeals Board where an Administrative Law Judge (ALJ) may hear the case. ORI currently

has three significant cases before the DAB; one was heard in 2017, with determination anticipated in 2018.

Scientists, graduate students, university administrators, and others regularly contact ORI with concerns about potential misconduct. In addition, ORI's assurance process allows funded institutions to report allegations, inquiries, and investigations related to their funding. The accessions from the direct-contact and assurance databases often do not align because of the timing and sources of the contacts with ORI. Nonetheless, over the past five years, ORI typically has handled 200-450 accessions each year, opening 25-40 cases per year, and closing 20-45. Currently ORI has 131 active accessions and 36 active cases.

ORI funds research grants on social and behavioral factors associated with research misconduct, and to develop tools to better detect research misconduct. ORI also funds grants to institutions to provide a forum for discussion and production of tangible outcomes related to at least one of several themes related to ORI's mission: (1) training on responsible conduct of research; (2) fostering an environment that promotes research integrity; (3) prevention of research misconduct; (4) handling of research misconduct allegations; (5) whistleblowing; (6) international issues in research integrity; or (7) other topics clearly linked to research integrity and compliance with 42 C.F.R. Part 93. To date, ORI grants have yielded over 200 peer-reviewed publications.

ORI's accomplishments in FY 2017 have furthered the goal of promoting research integrity as follows:

- Responded to 220 allegations (accessions); 26 of these became formal ORI cases in 2017, though 24 of the 26 were from previous years.
- Administratively closed 24 accessions, 14 of which were received in 2017.
- Closed 23 cases, including 5 with findings of research misconduct.
- Maintained the assurance database that tracks annual reports from the nearly 5,000 institutions worldwide that receive PHS funds for research, and ensured that they implement policies for handling allegations of research misconduct.
- Managed 30 Freedom of Information Act (FOIA) requests.
- Received over 100 website visits from each of more than 125 countries.
- Produced web-based materials to promote research integrity in basic and clinical research including a number of "infographics" that were viewed more than 50,000 times.
- ORI hosted conferences and workshops on research integrity, including:
 - a. Two Research Integrity Officer (RIO) Boot Camps for institutional officials (November 2016 and June 2017);
 - b. Two Responsible Conduct of Research Instructor Workshops (April and September 2017);
 - c. Sequestration of Evidence Workshop (August 2017), a pilot session for a topic critical to quality institutional investigations; and
 - d. Quest for Research Excellence Conference (August 2017).
- ORI published semi-annual newsletters and offered regular social media and blog postings throughout the year.
- ORI disseminated two new grant Funding Opportunity Announcements seeking meritorious applications for conducting research on, and convening conferences related to, research integrity and completed OASH peer review process.

Funding History

Fiscal Year	Amount
FY 2014	\$8,558,000
FY 2015	\$8,558,000
FY 2016	\$8,558,000
FY 2017	\$8,558,000
FY 2018 Annualized CR	\$8,558,000

Budget Request

The FY 2019 President's Budget request for ORI is \$8,558,000, the same as the FY 2018 Annualized CR. The budget will support pay and non-pay inflationary costs. At this level, ORI maintains staff needed to conduct investigative and educational activities. This includes managing contracts and grants that are needed to support the dissemination of educational information regarding research integrity, and training activities aimed at increasing awareness and technical skill in conducting research misconduct proceedings at PHS-funded research institutions. ORI's plans for the use of FY 2019 funds include:

ORI will address DIO staff vacancies and enhance internal case handling processes. ORI staff spends significant time via email and telephone, providing technical assistance to RIOs who are responsible for investigating allegations at their respective institutions. ORI's findings are dependent on quality investigations. ORI also participates in NIH regional conferences, and provides presentations for NIH grants management staff.

ORI supports database and website development, including updating and enhancing the ORI website (<https://ori.hhs.gov/>) and developing a robust intranet portal and tracking system. Digital/web-based communication is a critical tool for ORI to accomplish program goals and support program activities. The ORI website receives over 2,000,000 page views per year from users around the world, seeking information about ORI, misconduct cases, research education, and policies and procedures, including a secure *Ask ORI* mailbox to receive allegations of research misconduct. This mailbox is monitored daily, with ORI experts providing timely response.

ORI uses a secure on-line email program on a monthly basis to communicate with the biomedical research and research integrity communities. The ORI website requires intensive maintenance to ensure compliance with Federal Web Policies and HHS Web Communications and New Media Policies and Standards. Finally, the ORI Intranet Portal contains a Case Tracking System, used by the ORI investigative division to monitor and document the progress of research misconduct allegations and cases. ORI plans to conduct an expert assessment of its data needs and systems in 2018, ahead of awarding a new contract for this activity in FY 2019.

ORI will support two Boot Camps designed to provide formalized training for RIOs and their legal counsel. ORI maintains a waiting list for RIOs and institutional counsel interested in this program, which helps institutions comply with 42 C.F.R. 93. When the process is mismanaged at the institutional level, whether domestically or abroad, ORI is unable to fulfil its regulatory mandate by making research misconduct findings against respondents. Attesting to the national importance of this training program, the Boot Camps have led to the creation of an independent professional association, the Association for Research Integrity Officers (ARIO), to provide a forum for RIOs across the country to convene. ORI experts provide lectures and technical consultation at the ARIO meetings.

ORI will support two Workshops designed to provide formal training for Responsible Conduct of Research (RCR) instructors, in order to fulfill our regulatory requirement to promote research integrity at PHS-funded institutions.

To build upon momentum generated during previous meetings, and ensure compliance with 42 C.F.R. 93 on behalf of PHS-funded institutions, ORI will host a bi-annual global conference on research integrity in 2019. The conference will emphasize two themes: (1) Research Misconduct; and (2) Promoting Research Integrity. ORI anticipates at least 300 participants.

ORI has reviewed hundreds of institutional research misconduct cases. Based on this experience and in-depth conversations with RIOs, several topics arise as particular challenges to RIOs and institutions: correctly interviewing respondents, sequestering data, and understanding “intent” when assessing whether misconduct has occurred. ORI plans to offer a senior institutional leadership workshop or meeting in 2018, which may serve as a pilot for a 2019 offering. As a result of the sequestration workshop in 2017, that effort will be expanded in 2018 to a 3-day interactive workshop for RIOs to demonstrate and role-play appropriate handling of evidence. ORI expects to offer these or similar topics in two sessions in 2019.

ORI plans to support twelve new grant awards for exploration of critical questions related to the promotion of research integrity and the proper stewardship of PHS research funds.

Grants

Grants (whole dollars)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President’s Budget
Number of Continuations	2	3	-
Average Continuation Award	\$262,500	\$157,000	
Range of Continuation Awards	\$245,976	\$261,762	
Number of New Awards	9	8	12
Average New Award	\$109,722	\$100,000	\$100,000
Range of New Awards	\$49,393-\$135,763	\$50,000-\$150,000	\$50,000-\$150,000
Total Number of Awards	11	11	12

EMBRYO ADOPTION AWARENESS CAMPAIGN

Budget Summary

(Dollars in Thousands)

Embryo Adoption Awareness Campaign	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	998	993	1,000	+7
FTE	-	-	-	-

Authorizing Legislation.....Section 1704 of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Grants, Cooperative agreement, contracts

Program Description and Accomplishments

The purpose of the embryo donation/adoption awareness campaign is to educate the American public about the existence of frozen embryos created through in-vitro fertilization (IVF) that could be available for adoption by infertile individuals or couples. The program is also authorized to support medical or administrative services for people seeking to use embryo adoption as a method of family building.

In the course of treatments for infertility, people usually produce more embryos than they can use. These supernumerary embryos are generally frozen while the couple who created them decides about their ultimate disposition. This freezing process is known as cryo-preservation. The latest data suggest that there are more than 620,000 cryo-preserved embryos in the United States. However, it is likely that the vast majority of these cryo-preserved embryos are still being considered for use in the family-building efforts of the couples who created them. Nevertheless, it is thought that 10% of those frozen embryos could potentially be made available for embryo donation/adoption (i.e., the transfer of the embryo to the uterus of a woman who intends to bear the child and to be that child's parent). The ultimate purpose of the program is to promote the use of embryo donation as a family-building option.

In fiscal years 2002, and 2004 – 2017, funds were appropriated for an embryo adoption public awareness campaign. The purpose is to educate Americans about the existence of frozen embryos (resulting from in-vitro fertilization), which may be available for donation/adoption for family building. In general, three to five grants have been awarded each year through a competitive process. The grants generally have a two year life-span. In 2011, survey research conducted through an inter-agency agreement with the National Center for Health Statistics (NCHS), suggested that nearly two-thirds of women of child-bearing age had heard of this method of family building. An interagency agreement with NCHS will support research starting in 2018 that investigates the public's sources of information about frozen embryo adoption.

Funding History

Fiscal Year	Amount
FY 2014	\$1,000,000
FY 2015	\$1,000,000
FY 2016	\$1,000,000
FY 2017	\$1,000,000
FY 2018 Annualized CR	\$993,000

Budget Request

The FY 2019 President's Budget request for Embryo Adoption Awareness Campaign of \$1,000,000 is \$7,000 over the FY 2018 Annualized CR level of \$993,000. The request will be used to pursue projects that increase public awareness about the availability of embryo donation/adoption, or which provide medical or administrative services that help couples to use embryo donation as a method of family building.

Grants (whole dollars)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Level
Number of Awards	3	2	3
Average Award	\$230,000	\$269,000	\$250,000
Range of Awards	\$150,000 - \$299,000	\$239,000 - \$299,000	\$150,000 - \$300,000

SEXUAL RISK AVOIDANCE

Budget Summary (Dollars in Thousands)

Sexual Risk Avoidance	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +5% Initiative Level +/- FY 2018 President's Budget
Budget Authority	14,966	14,898	-	-14,898
FTE	-	-	-	-

Authorizing Legislation:..... P.L. 115-31 FY 2017
 Authorization.....Annual Appropriation
 Allocation Method.....Direct Federal, Grants

Program Description and Accomplishments

The Sexual Risk Avoidance program consists of competitive, discretionary grants to provide 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. In FY 2016, 21 Sexual Risk Avoidance Education (SRAE) grantees were awarded \$8.9 million. SRAE grantees are projected to serve over 16,000 youth in FY 2017.

Funding History

Fiscal Year	Amount
FY 2014	\$5,000,000
FY 2015	\$5,000,000
FY 2016	\$10,000,000
FY 2017	\$15,000,000
FY 2018 Annualized CR	\$14,898,000

Budget Request

The FY 2019 President's Budget does not request funds for this program.

MINORITY HIV/AIDS INITIATIVE

Budget Summary (Dollars in Thousands)

Minority HIV/AIDS Initiative	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	53,777	53,534	-	-53,534
FTE	1	1	-	-1

Authorizing Legislation:.....Title III Section 301 of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal, Grants, Cooperative Agreements, Contracts

Program Description and Accomplishments

The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) administers the Secretary’s Minority HIV/AIDS Initiative Fund (SMAIF) on behalf of the Office of the Assistant Secretary for Health (OASH). The SMAIF is funded through the Minority AIDS Initiative (MAI). The principal goals of the MAI are to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and reduce HIV-related health disparities.

SMAIF funds are used to support cross-agency demonstration initiatives, and are competitively awarded to HHS agencies and offices. SMAIF improves HIV prevention, care, and treatment for racial and ethnic minorities through innovation, systems change, and strategic partnerships and collaboration. SMAIF supports 33 projects in 40 states, D.C., Puerto Rico, and Guam that are conducted by more than 200 health departments, health centers, and community organizations. The awards are approved and made by the Assistant Secretary for Health.

To effectively target resources to better serve racial and ethnic minorities, the SMAIF designates three priority project areas: capacity development in support of MAI prevention and treatment strategies; population needs assessment, program assessment, and specialized evaluation; and public health systems transformation and implementation of successful models of HIV prevention and care.

Funding History

Fiscal Year	Amount
FY 2014	\$52,082,000
FY 2015	\$52,224,000
FY 2016	\$53,900,000
FY 2017	\$53,777,000
FY 2018 Annualized CR	\$53,534,000

Budget Request

The FY 2019 President’s Budget request does not include funds for this program.

RENT, OPERATION, MAINTENANCE AND RELATED SERVICES

Budget Summary (Dollars in Thousands)

Rent, Operation, and Maintenance and Related Services	FY 2017 Operating Level	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- 2018
Budget Authority	15,866	15,980	16,089	+109
FTE	-	-	-	-

Authorizing Legislation:.....Title III of the PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct Federal

Program Description and Accomplishments

The Rent/Operation and Maintenance (O&M) and Related Services account funds 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) include funds to cover the rental costs of office space, non-office space, and parking facilities in GSA-controlled buildings.
- *O&M* includes funds to cover the operation, maintenance, and repair of buildings for which GSA has delegated management authority to HHS; this includes the HHS headquarters, the Hubert H. Humphrey Building (HHH).
- *Related Services* include funds to cover non-Rent activities in GSA-controlled buildings (e.g., space management, events management, guard services, other security, and building repairs and renovations).

Funding History

Fiscal Year	Amount
FY 2014	\$16,429,000
FY 2015	\$15,798,000
FY 2016	\$16,089,000
FY 2017	\$15,866,000
FY 2018 Annualized CR	\$15,980,000

Budget Request

The FY 2019 President's Budget request for Rent, Operations Maintenance and Related Services of \$16,089,000 is \$109,000 above the FY 2018 Annualized CR level of \$15,980,000. The increase will partially support pay and non-pay inflationary increases.

SHARED OPERATING EXPENSES

Budget Summary
(Dollars in Thousands)

Shared Operating Expenses	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Request	FY 2019 +/- FY 2018
Budget Authority	11,544	11,466	12,562	+1,096
FTE	-	-	-	-

Common Expenses/ Service and Supply Fund (SSF) Payment

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., voice-mail and data networking)
- Unified Financial Management System (UFMS) Operations and Maintenance

FY 2018 HHS Enterprise Information Technology and Government-Wide E-Gov Initiatives

The Budget includes \$178,415 to support government-wide E-Government initiatives.

FY 2018 E-Gov Initiatives and Line of Business*	Original Amount	Revised Amount
Budget Formulation and Execution Line of Business	\$2,400	\$2,400
Disaster Assistance Improvement Plan	\$1,418	\$1,418
E-Rulemaking (moved from FFS)	\$21,815	\$21,815
Federal Architecture	\$50,654	\$50,654
Financial Management Line of Business	\$5,031	\$5,031
Geospatial Line of Business	\$1,091	\$1,091
Benefits.gov	\$9,506	\$9,506
Human Resources Management Line of Business	\$2,988	\$2,988
Integrated Acquisition Environment	\$81,771	\$81,771
Performance Management	\$1,741	\$1,741
FY 2018 E-GOV Initiatives Total	\$178,415	\$178,415

* Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

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.

Funding History

Fiscal Year	Amount
FY 2014	\$13,982,000
FY 2015	\$13,369,000
FY 2016	\$11,924,000
FY 2017	\$11,544,000
FY 2018 Annualized CR	\$11,466,000

Budget Request

The FY 2019 President's Budget request for Shared Operating Expenses of \$12,562,000 is \$1,096,000 above the FY 2018 Annualized CR. The FY 2019 request of \$12,562,000 includes an inflation factor for overhead costs and additional Service and Supply Fund charges and other shared expenses.

PHS EVALUATION SET-ASIDE

Budget Summary (Dollars in Thousands)

PHS Evaluation Set-Aside	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
ASPE	41,243	40,963	43,243	+2,280
Health Care Evaluation	12,005	11,920	5,422	-6,498
ASFR	495	495	495	-
OASH	4,285	4,256	4,285	+29
Teen Pregnancy Prevention Initiative	6,800	6,754	-	-6,754
Total	64,828	64,388	53,445	-10,943
FTE	141	129	129	-

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

Budget Summary (Dollars in Thousands)

Assistant Secretary for Planning and Evaluation	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
PHS Evaluation	41,243	40,963	43,243	+2,280
FTE	141	124	124	-

Authorizing Legislation:.....43 U.S.C. 241 Public Health Service Act
 FY 2018 Authorization.....Indefinite
 Allocation Method.....Direct Federal/Intramural, Contracts; Competitive Grants,
 Cooperative Agreement; Other (Salaries and Expenses, etc.)

Program Description and Accomplishments

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of HHS on policy development, and is responsible for major activities in policy coordination, legislative development, strategic planning, policy research, evaluation, and economic analysis. ASPE consists of a diverse group of professionals, including economists, statisticians, epidemiologists, lawyers, sociologists, scientists, psychologists and physicians who conduct quick turnaround and longer term policy research and analysis to support leadership decision-making. ASPE also leads special initiatives on behalf of the Secretary, convenes work groups across the Department, conducts Congressionally mandated studies and evaluations, staffs certain Congressionally mandated federal advisory committees, and leads the Department's legislative development process.

In recent years, ASPE led the development and coordinated the implementation of a Department-wide initiative to address the opioid epidemic, and currently serves as the HHS lead to coordinate the implementation of the National Action Plan to Combating Antibiotic-Resistant Bacteria – an Administration-wide initiative. ASPE also has a central role in behavioral health and works with Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute of Mental Health, and other stakeholders to address serious mental illness. ASPE also leads significant mental health initiatives required by Congress in the 21st Century Cures Act. During a public health emergency or infectious disease outbreak, ASPE participates in efforts led by the Assistant Secretary for

Preparedness and Response (ASPR), to ensure that HHS and Administration policies are implemented efficiently and effectively. ASPE works closely with the Administration for Children and Families to identify and test strategies that advance the health, safety, and well-being of Americans, and is coordinating HHS welfare reform efforts to promote employment, personal responsibility, and economic independence. ASPE research on access to prescription drugs and spending across HHS programs, and international comparisons with other developed countries, is supporting efforts to develop policy options to encourage access, affordability, and innovation. ASPE research has played a central role in HHS efforts to assure that all Americans have access to quality, affordable health care and insurance coverage that works for them and meets their needs. ASPE analyses of regulatory burden have played a central role in the Department's efforts to reduce burden, put patients first, and increase state flexibility in health insurance markets.

ASPE also maintains a diverse portfolio of intramural and extramural research and evaluation to inform policy formulation and decision-making regarding the full portfolio of HHS programs. In addition, ASPE maintains a number of simulation models, databases, actuarial support, and other resources to support timely policy analysis and development. In developing research priorities, ASPE consults widely within the Department and the Administration so that it focuses on work that is central to Department priorities. Emphasis is placed on identifying areas for which ASPE work will add value to existing agency efforts and/or fill gaps, and where ASPE's contributions will be meaningful. Agencies often request that ASPE undertake specific projects to support HHS priorities. Examples include numerous CMS requests on topics such as Medicare post-acute bundled payments, insurance market simulation models, evaluation of new interventions (like assisted outpatient treatment) to serve people with serious mental illness, and conducting demonstrations to test new models of serving older individuals in home and community-based settings.

ASPE works across the Department, with the Office of Management and Budget, agencies throughout the federal government, and other stakeholders to develop analytic capacity to evaluate federal investments and support evidence-informed policies. ASPE's work in these areas is enhanced by participation at all levels in interagency collaborations, and ASPE convenes many operating and staff divisions which provide input on HHS priorities.

ASPE also coordinates the development of the quadrennial HHS Strategic Plan. A strategic plan is one of three main elements required by the Government Performance and Results Act (GPRA) of 1993 (P.L. 103-62) and the GPRA Modernization Act of 2010 (P.L. 111-352). An agency's strategic plan defines its mission, goals, and the means by which it will measure its progress in addressing specific national problems over a four-year period.

The following outlines ASPE's programs and goals in FY 2019.

Advance Scientific Knowledge and Innovation

In FY 2019, ASPE will continue to use the Strategic Planning System to track progress on the Department's implementation of the 21st Century Cures Act, as well as other Secretarial priorities. In addition to coordinating and engaging with HHS operating and staff divisions to implement the Act, ASPE will continue to respond to requests from Congress, and develop an overall strategy to evaluate HHS programs that serve people with serious mental illness and other behavioral health needs. Other priority projects under this goal include research and analysis to support regulatory risk assessment and management; the translation of biomedical research into every day health and health care practice; the development and adoption of innovation in health care; and food, drug, and medical

product safety and availability. ASPE will build on an existing collaboration with the Food and Drug Administration (FDA), which is characterizing the activities and costs associated with validating new biomarkers for use in drug development. Information gleaned from this project may be useful to inform efforts to encourage biomarker validation, with the goal of facilitating the speed and efficiency of drug development so new therapies reach patients sooner. ASPE is also partnering with FDA on research to assess the costs of clinical trials, with a goal to identify policy interventions to improve the efficiency of the clinical trial process and encourage innovation.

ASPE coordinates an HHS-wide initiative to build data capacity for patient-centered research. ASPE convenes agency leaders, researchers, data experts, and research networks to collect, link, and analyze real world data for research on a wide spectrum of issues. FY 2019 projects will address Secretarial priorities and may include the opioid epidemic, childhood obesity, serious mental illness, and emergency preparedness.

Coordination of efforts to build data capacity across HHS strengthens its research, analyses, and public reporting programs, while simultaneously reducing unnecessary duplication, inefficiencies, and reporting burdens on patients or health care providers.

ASPE leads an HHS-wide Analytics Team to provide recommendations for strengthening regulatory analysis, and provides technical assistance on regulatory impact analysis development to HHS agencies and offices. ASPE works in close partnership with HHS operating divisions on regulatory priorities and regulatory reform, and with the White House, the Office of Management and Budget, and the Federal Trade Commission to continue efforts to introduce more experimental evidence into decision making in the design of regulations. For example, ASPE has developed guidelines for HHS on analyzing the impact of regulations to improve the transparency and quality of regulatory decision making, and is leveraging the Analytics Team to provide thought leadership on regulatory costs and benefits under the rubric of Regulatory Reform, as newly required by Executive Orders 13771 and 13777.

Finally, ASPE convenes and works collaboratively with other HHS operating and staff divisions, and statistical centers, such as Office of National Coordinator for Health Information Technology (ONC), Food and Drug Administration (FDA), Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control's (CDC) National Center for Health Statistics (NCHS) to advance the goal of an electronic, nationwide interoperable healthcare system. This includes crafting health IT policies that support the development and use of standardized data to improve patient safety. Two examples of this type of work are ASPE's contributions to development of FDA's unique device identifier for tracking medical devices, and the evaluation and development of comparability ratios when converting to new standard data classifications (ICD9-ICD10) in NCHS national surveys for tracking population health.

Advance the Health, Safety and Well-being of the American People

ASPE's priorities are to provide actionable research to advance the health, safety, and well-being of Americans through self-sufficiency and work that supports personal responsibility, independence, economic mobility, and – most importantly – family stability. Support for parents to work and care for their children is reflected in ASPE's efforts to support workforce development, to examine the barriers in the welfare system to find and keep unsubsidized employment, and improve access to child care. In addition, ASPE evaluates methods to improve access to healthcare, promote the healthy development of children, and increase opportunities for learning and school success. When more help is needed with families at risk, ASPE provides for the study of strategies to improve the safety and well-being of children involved in the child welfare system, refugee and homeless families, families affected by

incarceration, and child support enforcement. ASPE is a leading support for the on-going research and study of poverty and youth programs.

ASPE conducts research on improving access to health care, including researching any economic burdens of the Affordable Care Act, and researching alternatives that will increase choice and competition, as required by Executive Orders 13765 and 13813.

ASPE also is examining residential care alternatives for the aged, caregiver support, evidence-based clinical and community-based preventive services, mental health and substance use disorder programs, and disparities in health. During public health emergencies and infectious disease outbreaks, ASPE will provide technical and analytic support for policy decision-making to support ASPR and the Secretary on behalf of individuals, families, and communities.

ASPE assembles evidence that is critical to the design of departmental programs, and makes policy and program decisions based on the best available evidence, using data and analysis about the behavior of program participants, what interventions work, for whom, and under what circumstances. In the absence of direct evidence, ASPE uses the evidence-informed methods (such as well calibrated simulation models) to expand approaches that work and fine-tune programs and interventions that may have mixed results. Staff work to anticipate potential outcomes of policy actions, what programs and interventions work, improve upon what does not, and understand what actions to take when programs do not demonstrate improvement. In this context, analyses involve a range of information sources including survey data and analyses, program evaluation, analytical models and methods, as well as performance data and scientific evidence generated at multiple levels of study. ASPE's goal is to work with HHS operating and staff divisions to create a culture of learning to ensure evidence-based decision-making is the norm throughout HHS.

ASPE also will conduct research and evaluation for important initiatives, such as reducing childhood obesity, increasing economic independence, behavioral health (including early psychosis intervention), and addressing the opioid epidemic. ASPE intends to establish a coordinating function for the Department's initiative on childhood obesity similar to that which had been established for the opioid epidemic.

ASPE coordinates behavioral health parity implementation across HHS and other federal agencies working on parity, notably the Departments of Labor and Treasury. A number of ASPE-identified action steps were included in the 21st Century Cures legislation, including that the Secretary of HHS host a public meeting on behavioral health parity. ASPE hosted this tri-Department listening session last summer and will complete an Action Plan this coming year based on the listening session.

ASPE leads the Administration's efforts to combat Alzheimer's disease and related dementias, including operating the National Advisory Council on Alzheimer's Research, Care, and Services, which involves all HHS leaders engaged in dementia-related work, as well as 12 national experts from the private sector. The group produces and updates an annual National Alzheimer's Plan. At the end of last year, ASPE coordinated Departmental stakeholders, the Advisory Council, outside experts and contractors to convene a national summit on dementia care research on the NIH campus. In the coming year, ASPE will pursue follow up activities from the summit.

ASPE also chairs the Interagency Working Group on Youth Programs, established by Executive Order 13459. The Working Group coordinates the activities of 20 federal agencies and offices in order to

improve youth outcomes, promote positive youth development and successful transition to adulthood, disseminate evidence-based practices, and strengthen youth engagement and youth/adult partnerships. Many of these goals are accomplished through the website www.youth.gov, a one-stop shop for federal information and resources about youth.

ASPE participates in interagency workgroups to support the alignment and public reporting of quality measures across HHS programs. One workgroup focuses on public reporting across HHS agencies. A second workgroup focuses on quality measure endorsement and input on the National Quality Strategy. ASPE has partnered with SAMHSA, CMS, and NIMH over the past few years to develop additional quality measures for behavioral health care. The measures address important issues regarding follow-up after inpatient and emergency room treatment, screening and care for co-morbid conditions, screening for risk of suicide or other violent behavior, and fidelity to evidence-based treatments. ASPE has worked together to develop and promote these measures for use in various programs throughout the Department including the meaningful use measures used by the ONC and the reporting requirements used by CMS for the inpatient psychiatric facility prospective payment system in Medicare. In addition, ASPE has worked together to sponsor a study by the Institute of Medicine on developing quality standards for psychosocial interventions.

Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

Specific projects in FY 2019 under this goal include developing metrics for performance measurement, understanding needs of individuals with disabilities, research addressing the new Medicare quality payment program for physicians, and evaluating the impact of social risk factors in Medicare's quality and resource use measures in value based purchasing programs. ASPE will coordinate HHS data collection and analysis activities; ensure effective long-range planning for surveys and other investments in major data collection; and will proactively identify opportunities for transparency, data sharing, and dissemination through electronic posting of datasets on healthdata.gov and other means.

ASPE maintains several databases, which allow for short-term monitoring and evaluation of existing and newly-implemented policies. It also extensively uses unique data sets, acquired from private vendors, to better monitor, evaluate, and track trends in important areas such as prescription drug policies; and employer sponsored health insurance.

Additionally, ASPE maintains a small team focused on improving evaluation and the use of evidence across the Department through collaboration, coordination, and consultation with staff and leadership in operating and staff divisions. ASPE provides a number of data products and services that advance these goals in multiple programs.

ASPE will continue to lead efforts to leverage HHS administrative data for research, policy, statistical, program and performance management and evidence building purposes. For example, ASPE is conducting a review to identify and document the major privacy issues or other limitations in accessing, using, and sharing administrative data for other purposes. Identification of limitations is a first step in the ability to reform policies, guidance, and procedures for linking administrative data for use in research, evaluation, or program improvement; disseminating results; and making available data sets for public use. This work will support the development of guidance to navigate potential limitations and increase access to administrative data.

ASPE also supports the Department in its goals to enhance internal and external information sharing in accordance with privacy and civil liberties policies. ASPE reviews and advises on privacy policy involving

the protection of individually identifiable information. Our goals are to ensure fairness and confidentiality while ensuring data is available for research, administration, and policy decision making.

Funding History

Fiscal Year	Amount
FY 2014	\$53,993,000
FY 2015	\$53,743,000
FY 2016	\$53,743,000
FY 2017	\$41,243,000
FY 2018 Annualized CR	\$40,963,000

Budget Request

The FY 2019 President’s Budget for ASPE of \$43,243,000 is \$2,280,000 above the FY 2018 Annualized CR. The increase will support the economic analysis and reports on drug pricing, including international drug prices.

ASPE anticipates continuing its role in coordinating departmental implementation of the 21st Century Cures Act, given the cross-cutting nature of the law’s provisions. ASPE plays an important role in providing coordination and department involvement in critical policy decisions related to authorities and mandates affecting HHS agencies with a focus on expediting the discovery, development and delivery of new therapies, making significant reforms to the mental health system, and increasing health care choice, access and quality.

ASPE will continue support for a cooperative agreement to address public policy challenges with negative consequences for children, families, and communities. ASPE awards \$1,600,000 per year to an academically based poverty research center to provide timely access to high-quality, reliable research on the causes and consequences of poverty as well as policies and programs to remediate and alleviate poverty and its effects. This cooperative agreement, awarded to one university, harnesses the expertise of over 200 poverty scholars across the U.S. through creation and leadership of poverty research collaborative with other universities. The poverty center program conducts a broad range of research to describe and analyze national, regional, and state environments (e.g., economics, demographics) and policies affecting the poor, particularly families with children who are poor or at risk of being poor. For example, recent work identifies the social determinants of childhood obesity and interventions to reduce it. The Center also focuses on expanding ASPE’s understanding of the causes, consequences, and effects of poverty in local geographic areas, especially in states or regions with high concentrations of poverty such as rural areas, and on improving its understanding of how labor markets as well as family structure and function affect the health and well-being of children, adults, families, and communities. It also develops and mentors social science researchers whose work focuses on these issues. The Center also hosts regular Learning Exchanges in which HHS leadership discusses implications of the latest policy research with leading research experts.

Grants

Grants (whole dollars)	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Number of Awards	1	1	1
Average Award	\$1,600,000	\$1,600,000	\$1,600,000
Range of Awards	\$1,600,000	\$1,600,000	\$1,600,000

PHS EVALUATION HEALTH CARE EVALUATION

Budget Summary (Dollars in Thousands)

Health Care Evaluation	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	12,005	11,923	5,422	-6,501
FTE	5	5	5	-

Authorizing Legislation:Section 241 PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct federal, Contracts

Program Description and Accomplishments

The Immediate Office of the Secretary provides leadership, direction, policy, and management guidance to HHS and establishes Department priorities for evaluation of Public Health Service programs. These priorities include evaluating health care program effectiveness across HHS to improve the quality of public health and human service programs.

This funding allows the Secretary the necessary flexibility to identify, refine, and implement programmatic and organization goals in response to evolving needs. Findings from the studies supported with these funds serve HHS and the Administration decision makers, as well as state and local government, private sector public health research, education, and practice communities by providing valuable information on the factors contributing to the determinations of how well programs are working.

A key priority of the Secretary is to evaluate the effectiveness of HHS investments in data collection and management. Diverse sets of data assets include administrative, research, and public health data, all of which have the potential for tremendous value for program design to HHS and external organizations. These funds would support program review by the Office of the Chief Technology Officer to evaluate the effectiveness of HHS efforts to ensure uniform collection, storage and optimized use of HHS data assets. This effort enables HHS to make the best use of its wealth of data to identify, evaluate, and improve program performance, to prioritize investments, and to improve how HHS measures associated impact.

Strengthen Health Care

Priority projects for health care evaluation include providing analysis and developing data to measure, monitor, and evaluate the Department's efforts to stabilize the individual and small group health insurance markets, respect and promote the patient-doctor relationship, empower patients and promote consumer choice, enhance affordability, return regulatory authority to the states, and reduce unwarranted regulatory and economic burden. The Secretary is also encouraging state innovation to develop patient-centered reforms to health care delivery, improving health care and nursing home quality, developing innovative payment and delivery systems, analyzing the performance of safety net and workforce distribution programs, identifying the best ways to serve individuals who are dually eligible for Medicare and Medicaid, modernizing Medicare and Medicaid, and improving care delivery in the Indian Health Service.

The Secretary will identify key strategies to promote high-value, consumer-driven, effective care that lowers total health care cost growth. Priority projects will produce and/or streamline the measures, data, tools, and evidence that health care providers, insurers, purchasers, consumers, and policymakers need to improve the value and affordability of health care and to reduce disparities in costs and quality between population groups and regions. These projects include research required under the IMPACT ACT to determine the relationship between social risk (socioeconomic) factors and quality measures used in Medicare’s value based purchasing programs; research to support the implementation of new physician payment approaches under The Medicare Access and CHIP Reauthorization Act of 2015; and research to support development of post-acute care payment models required by the IMPACT ACT.

Funding History

Fiscal Year	Amount
FY 2014	\$0
FY 2015	\$0
FY 2016	\$0
FY 2017	\$12,005,000
FY 2018 Annualized CR	\$11,923,000

Budget Request

The FY 2019 Presidents Budget request for Health Care Evaluation is \$5,422,000, a decrease of \$6,501,000 below the FY 2018 Annualized CR level of \$11,923,000.

In FY 2019, the Secretary will proactively respond to the needs of the HHS, as it improves programs and services of the U.S. Public Health Service by evaluating the implementation and effectiveness of these programs, to ensure the return on the investment of program funding through meaningfully leveraging data to enable new insights for targeted interventions and programmatic improvement.

The CTO will establish an enterprise level model to operationalize data for Departmental agencies and external stakeholders. Services will include the creation of a data supply chain built on a hybrid data platform – to move, manage, and utilize the ever growing types and amounts of HHS data. CTO will also consolidate and integrate cross-HHS analytic, visualization, and reporting tools for efficiency, cost control and faster insights, facilitate user training and provide technical assistance on data access and use, enable on-demand access to data for HHS programs and the private sector, and establish mechanisms that simplify access to databases and data analytics capabilities.

The CTO will provide HHS-wide governance to drive a coherent strategy to consolidate data, reduce duplication, and link data assets, to strengthen program evaluation and performance. Use cases such as the Opioid Epidemic will be leveraged to develop best practices and applications for current needs. In coordination with other HHS offices, the CTO will also establish agency-wide data standards for interoperability, continuous cataloging, and standardized data use agreements.

PHS EVALUATION ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary (Dollars in Thousands)

PHS Evaluation – Assistant Secretary for Financial Resources	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President’s Budget	FY 2019 +/- FY 2018
Budget Authority	495	495	495	-
FTE	-	-	-	-

Authorizing Legislation:Section 241 PHS Act
 FY 2018 Authorization.....Indefinite
 Allocation Method.....Direct federal, Contracts

Program Description and Accomplishments

Office of Budget (OB) – 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 (GPRAMA) and all phases of HHS performance budget improvement activities.

Funding History

Fiscal Year	Amount
FY 2014	\$0
FY 2015	\$0
FY 2016	\$0
FY 2017	\$495,000
FY 2018 Annualized CR	\$495,000

Budget Request

The FY 2019 President’s Budget request of \$495,000 is the same as the FY 2018 Annualized CR of \$495,000.

The FY 2019 request will be used to fund program evaluation activities within the ASFR Office of Budget. The Office of Budget manages the implementation of the Government Performance and Results Modernization Act (GPRMA) and all phases of HHS performance budget improvement activities. These funds will cover staff costs focused on program evaluation activities in the preparation of performance reports for OMB, the Congress, and the public. Funds will also go towards the continued development and operation of the electronic Program Performance Tracking System.

PHS EVALUATION OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary (Dollars in Thousands)

PHS Evaluation – Office of the Assistant Secretary for Health	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	4,285	4,256	4,285	+29
FTE	-	-	-	-

Authorizing Legislation:Section 241 PHS Act
 FY 2019 Authorization.....Indefinite
 Allocation Method.....Direct federal, Contracts

Program Description and Accomplishments

The Office of Assistant Secretary for Health (OASH) performs an essential role in the Public Health Evaluation Set-Aside program at HHS. Within OASH, the Immediate Office of the Assistant Secretary for Health (ASH) coordinates the Evaluation Set-Aside program for the ASH. Each fiscal year, OASH program offices submit proposals in an effort to improve and evaluate programs and services of the U.S. Public Health Service, and identify ways to improve their effectiveness. Studies supported by these Set-Aside funds serve decision makers in federal, state, and local government, and the private sector of the public health research, education, and practice communities by providing valuable information about how well programs and services are working. Projects that were approved for FY 2017 evaluation funds are listed below:

- Evaluation of "Pathways to Safer Opioid Use," an interactive training tool that promotes the safe and effective use of opioids - Demonstrate the effectiveness of the multi-modal, team based approach to promoting the appropriate, safe and effective use of opioids to manage chronic pain; assess the impact of the training tool on prescribing behaviors and patient engagement; and identify opportunities to improve the training tool.
- Healthy People 2020: Monitoring and Assessing Progress in Achieving National Objectives – Assess progress in achieving the Healthy People 2020 (HP2020) targets. Identify population health disparities and gaps in data collection. Identify and communicate evidence-based practices and programs that support achievement of the HP2020 objectives and address health disparities and social determinants of health.
- Developing Healthy People 2030 – continue to initiate the Healthy People 2030 development process by evaluating past iterations of the national objectives and current public health priorities. Establish, convene, and manage the Secretary's Advisory Committee on National Health Objectives for 2030, charged with advising the Secretary on the context and scope of Healthy People 2030. Garner public input on scope of the next decade's objectives.
- Evaluation of the National Viral Hepatitis Action Plan - Monitor and evaluate the implementation activities by federal partners and others, as described in the Action Plan, and the intersections with the health care delivery system and the opioid abuse epidemic.
- Physical Activity Guidelines for Americans 2018 (Phase 2) – Evaluate and coordinate development of Phase 2 of the Physical Activity Guidelines, a multi-year project spanning FYs 2015 to 2019. Assess past research and establish future evaluative criteria.
- U.S. Blood Inventory Network Analysis (BINA) Evaluation - Collect real-time inventory levels of U.S. blood products throughout the distribution cycle, and collect and analyze day-to-day pricing

of blood products. Results will inform policy related to the industry-wide financial crisis occurring in the U.S. blood community.

- Organizational Modifications Associated with Improved Care and Health Outcomes for Minority Men with HIV/AIDS - Assess the impact of the HIV/AIDS Initiative for Minority Men (AIMM) on care and health outcomes for minority men and identify modifications in organizational characteristics, practices, and service delivery protocols associated with improved health care delivery and health outcomes.
- Evaluation of myhealthfinder - Assess the impact of a personalized preventive service recommendation program (myhealthfinder) for rural primary care patients on the recommended preventive services, and measure performance improvements in preventive services in participating rural practices.
- Healthy Aging Summit: State of the Science - Convene national (and, potentially, international experts) to evaluate the current science related to healthy aging that will contribute to the understanding of established evidence-based strategies to support healthy aging. Evaluation will also identify strategies that require additional research to evaluate their effectiveness and inform future federal activities to integrate resources to advance healthy aging.

Funding History

Fiscal Year	Amount
FY 2014	\$4,664,000
FY 2015	\$4,285,000
FY 2016	\$4,285,000
FY 2017	\$4,285,000
FY 2018 Annualized CR	\$4,256,000

Budget Request

The FY 2019 President’s Budget request for Office of the Assistant Secretary – PHS Evaluation Set-Aside is \$4,285,000, an increase of \$29,000 over the FY 2018 Annualized CR level of \$4,256,000. The increase will enable OASH to invest in additional program evaluations. In FY 2019, OASH program offices will submit proposals to improve and evaluate public health programs and identify ways to improve their effectiveness. The evaluation projects will continue to serve decision makers in federal, state, and local government, as well as support OASH priorities and the HHS Strategic Plan.

PHS EVALUATION TEEN PREGNANCY PREVENTION

Budget Summary (Dollars in Thousands)

PHS Evaluation - Teen Pregnancy Prevention	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	6,800	6,754	-	-6,754
FTE	-	-	-	-

Authorizing Legislation:Section 241 of the PHS Act
 FY 2019 Authorization.....Indefinite
 Method.....Direct Federal; Contracts; Grants

Program Description and Accomplishments

The Office of Adolescent Health (OAH) supports several evaluation activities to build the evidence base to prevent teenage pregnancy and to support expectant and parenting youth and their families. OAH supports projects that make a significant contribution to these fields including Federal program evaluations, economic evaluations, the provision of rigorous training and technical assistance to evaluation grantees. Additionally, OAH funds research grants and collects and analyzes performance measures.

Funding History

Fiscal Year	Amount
FY 2014	\$8,455,000
FY 2015	\$6,800,000
FY 2016	\$6,800,000
FY 2017	\$6,800,000
FY 2018 Annualized CR	\$6,754,000

Budget Request

The FY 2019 request does not include funds for the Teen Pregnancy Prevention program. As a result, evaluation funds are not requested.

PREGNANCY ASSISTANCE FUND

Budget Summary

(Dollars in Thousands)

Pregnancy Assistance Fund	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget	FY 2019 +/- FY 2018
Budget Authority	23,275	23,350	25,000	+1,650
FTE	2	2	2	-

Authorizing Legislation:Patient Protection and Affordable Care Act, Section 10214
 FY 2019 Authorization.....FY 2019
 Allocation Method.....Direct Federal; Competitive Contracts; Grants

Program Description and Accomplishments

The Office of Adolescent Health (OAH) is responsible for administering the Pregnancy Assistance Fund (PAF), a competitive grant program for States and Indian Tribes to develop and implement projects to assist expectant and parenting teens, women, fathers and their families. PAF is authorized by Sections 10211-10214 of the Affordable Care Act (Public Law 111-148). The Act appropriates \$25,000,000 for each of fiscal years 2010 through 2019 and authorizes the Secretary of the Department of Health and Human Services (HHS), in collaboration and coordination with the Secretary of Education (as appropriate), to establish and administer the PAF program.

PAF aims to strengthen access to, and completion of, education (secondary and postsecondary); improve child and maternal health outcomes; increase parenting skills for mothers, fathers, and families; strengthen co-parenting relationships and marriage where appropriate; increase positive paternal involvement; improve services for pregnant women who are victims of domestic violence, sexual violence or assault, and stalking; and raise awareness of available resources.

OAH manages a performance measurement system for all PAF grantees. The most recent data available, collected from August 2016 through July 2017, show that PAF grantees served almost 15,000 participants during the year and partnered with over 1,300 organizations. Of the participants served by PAF grantees, 55% were expectant or parenting mothers, 9% were expecting or parenting fathers, and 36% were children. The majority of participants were 15-19 years of age – 38% were 17 years or under, 24% were 18-19 years, 19% were 20-24 years, and 19% were 25 or older. Overall, 47% of the participants were Hispanic. Almost half (48%) of the participants were white; 32% were Black or African American, 10% were American Indian and Alaska Native, 3% were Asian, and 6% were more than one race. The services most commonly provided were education services, parenting skills, case management, and concrete supports such as food, housing, and clothing.

In FY 2017, OAH continued three grants first awarded in FY 2015 for an additional one year project period. Also, in FY 2017, OAH competitively awarded 16 new grants for a one-year project period. In FY 2018, OAH will award a new cohort of competitive grants to States and Tribes for a two-year project period. These new grants are expected to begin in summer 2018. FY 2019 funds will support the second and final year of these new FY 2018 grants. The additional \$1.650 million in FY 2019 dollars will be used to fund 2-3 new grantees.

Funding History

Fiscal Year	Amount
FY 2014	\$23,200,000
FY 2015	\$23,175,000
FY 2016	\$23,300,000
FY 2017	\$23,275,000
FY 2018 Annualized CR	\$23,350,000

Budget Request

The FY 2019 President's Budget request for PAF of \$25,000,000 is \$1,650,000 over the FY 2018 Annualized CR level of \$23,275,000. FY 2019 funds will be used to support the second and final year of a new cohort of competitive grants to States and Tribes that will be awarded in summer 2018 for a two-year project period. The additional \$1,725,000 represents amounts to be sequestered in FY 2019. The FY 2019 level will continue to support project management, training, and technical assistance for the PAF grantees. The FY 2019 budget request also supports a portion of the OAH Strategic Communications contract to maintain the general OAH portions, as well as the PAF portion of the OAH website.

**Department of Health and Human Services
Office of the Assistant Secretary for Health
FY 2019 Discretionary State Grants
Pregnancy Assistance Fund (PAF)**

State/Territory	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Level	FY 2019 President's Level +/- FY 2018 Annualized CR
California Department of Public Health	\$1,360,939.61	-	-	-
Children's Trust Fund of South Carolina	\$1,360,939.61	-	-	-
Executive Office of the State of New Jersey	\$1,360,939.61	-	-	-
Health Research, Inc. (New York)	\$1,304,608.61	-	-	-
Iowa Department of Public Health	\$1,350,591.96	-	-	-
Kansas Department of Health and Environment	\$1,153,249.11	-	-	-
Massachusetts Department of Public Health	\$1,360,939.61	-	-	-
Michigan Department of Health and Human Services	\$1,360,939.61	-	-	-
Minnesota Department of Health	\$1,360,938.69	-	-	-
Mississippi State Department of Health	\$636,825.79	-	-	-
Missouri Department of Elementary and Secondary Education	\$637,888.00	-	-	-
New Hampshire Department of Education	\$381,731.00	-	-	-
Oklahoma State Health Department	\$1,360,938.69	-	-	-
Oregon Department of Human Services	\$1,360,938.69	-	-	-
Pennsylvania Department of Health	\$811,152.42	-	-	-
Riverside-San Bernardino County Indian Health	\$709,547.77	-	-	-
Virginia State Board of Health	\$1,360,398.59	-	-	-
Washington State Department of Health	\$1,360,938.69	-	-	-
Wisconsin Department of Public Instruction	\$1,360,938.69	-	-	-
New Grant Awards – TBD		\$23,350,000	\$25,000,000	-
Subtotal States/Tribes	\$21,955,384.75	\$23,350,000	\$25,000,000	-

**SUPPORTING EXHIBITS
DETAIL OF POSITIONS¹**

Detail	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Executive level I	1	1	1
Executive level II	-	-	-
Executive level III	-	-	-
Executive level IV	1	1	1
Executive level V	-	-	-
Subtotal, Positions	2	2	2
Total, Salaries	\$355,000	\$355,000	\$356,686
-	-	-	-
Executive Service ²	107	107	107
Administrative Appeal Judge	8	8	8
Subtotal, Positions	115	115	115
Total, Salaries	\$20,015,656	\$20,015,656	\$20,110,730
-	-	-	-
GS-15	344	344	344
GS-14	384	384	370
GS-13	202	190	176
GS-12	172	172	183
GS-11	119	119	124
GS-10	14	14	14
GS-9	83	83	83
GS-8	33	33	33
GS-7	28	28	28
GS-6	4	4	4
GS-5	4	4	4
GS-4	2	2	2
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal, Positions	1,389	1,377	1,365
Total, Salaries	\$139,175,378	\$138,390,083	\$136,798,913
TOTAL, Positions	1,506	1,494	1,482
Average ES level	ES 00	ES 00	ES 00
Average ES salary	\$2,501,957	\$2,501,957	\$2,513,841
Average GS grade	13.2	13.2	13.2
Average GS salary	\$100,198	\$100,501	\$100,219

¹ Table does not include Commissioned Corps.

² Executive Service includes all Senior Level positions except as noted in table.

DETAIL OF FULL-TIME EQUIVALENT (FTE) EMPLOYMENT

Detail	FY 2017 Final Civilian	FY 2017 Final Military	FY 2017 Final Total	FY 2018 Estimate Civilian	FY 2018 Estimate Military	FY 2018 Estimate Total	FY 2019 Estimate Civilian	FY 2019 Estimate Military	FY 2019 Estimate Total
Direct	965	27	992	965	27	992	978	27	1,005
Reimbursable	541	24	565	529	24	553	504	24	528
Total FTE	1,506	51	1,557	1,494	51	1,545	1,482	51	1,533
-	-	-	-	-	-	-	-	-	-
Average GS Grade¹	13.2	-	-	-	-	-	-	-	-
FY 2015	13.2	-	-	-	-	-	-	-	-
FY 2016	13.2	-	-	-	-	-	-	-	-
FY 2017	13.2	-	-	-	-	-	-	-	-
FY 2018	13.2	-	-	-	-	-	-	-	-

¹ FY 2015, GS average based on calculation of direct budget authority salary only. FY 2016 through present, GS average based on calculation of direct and reimbursable salary and benefits combined.

FTEs Funded by the Affordable Care Act

(Dollars in Thousands)

Program	Section	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Pregnancy Assistance Fund Discretionary P.L. (111-148)	Section 10214	25,000	25,000	25,000	22,825	23,200	23,275	23,300	23,275	23,350	25,000
Full Time Equivalents	-	2	2	2	2	2	2	2	2	2	2

STATEMENT OF PERSONNEL RESOURCES
Total Full-Time Equivalents

Detail	FY 2017 Target	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
Direct Ceiling FTE	1,036	992	992	1,005
Reimbursable Ceiling FTE	565	565	553	528
Total Ceiling FTE	1,601	1,557	1,545	1,533
Total Civilian FTE	1,550	1,506	1,494	1,482
Total CC FTE	51	51	51	51

RENT AND COMMON EXPENSES

(Dollars in Thousands)

Details	FY 2017 Final	FY 2017 Annualized CR	FY 2018 President's Budget	FY 2019 +/- FY 2018
Rent	-	-	-	-
GDM ¹	8,703	8,792	8,792	-
OGA	505	505	505	-
OGC	2,100	2,100	2,100	-
OASH	4,416	4,434	4,226	-208
Subtotal	15,724	15,831	15,623	-208
Operations and Maintenance	-	-	-	-
GDM ²	3,681	3,777	3,793	+16
ASA	268	271	271	-
ASFR	299	299	299	-
DAB	41	41	63	+22
OGA	218	177	218	+41
OGC	1,412	1,412	1,412	-
OASH	1,728	1,732	1,725	-7
Subtotal	7,647	7,709	7,781	+72
Service and Supply Fund	-	-	-	-
GDM Shared Services	7,210	7,161	7,210	+49
GDM ³	3,482	3,411	3,504	+93
ASA	2,120	2,226	2,337	+111
ASFR	5,436	5,708	5,993	+285
DAB	1,113	1,168	1,227	+58
OGA	965	1,014	1,064	+51
OGC	6,972	7,321	7,687	+366
OASH	7,527	7,903	8,299	+395
Subtotal	27,615	28,751	30,111	+1,360

¹ GDM Rent covers expenses for STAFFDIVs except as noted in the tables.

² GDM Rent covers expenses for STAFFDIVs except as noted in the tables.

³ GDM Rent covers expenses for STAFFDIVs except as noted in the tables.

PHYSICIANS' COMPARABILITY ALLOWANCE (PCA)

Office of the Assistant Secretary for Planning and Evaluation

Physician Categories	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
1) Number of Physicians Receiving PCAs	1	1	1
2) Number of Physicians with One-Year PCA Agreements	0	0	0
3) Number of Physicians with Multi-Year PCA Agreements	1	1	1
4) Average Annual PCA Physician Pay (without PCA payment)	160,300	160,300	160,300
5) Average Annual PCA Payment	30,000	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	1	1	1
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	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-B Health and Medical Admin.	0	0	0

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) offers physicians filling the Category II Research positions the maximum of \$30,000 per employee. This physician provides expert medical advice and analysis on ASPE topics relating to medical care, informatics, and the management of chronic conditions and access of HHS data. The qualifications of this medical expert provide an exceptional level of skill, expertise and experience necessary to support the ASPE office's initiatives.

ASPE has traditionally had difficulty in recruitment of research and informatics physicians. The last recruitment in ASPE resulted in only three candidates; most were not a good fit. ASPE has had to pursue other avenues for physicians such as short term Intergovernmental Personnel Act (IPA) employees through universities which often result in higher costs. Recruiting physicians at the GS salary schedule would prove to be challenging without the ability to offer the PCA incentive, which assists in obtaining the qualifications and expertise useful to ASPE's efforts.

PHYSICIANS' COMPARABILITY ALLOWANCE (PCA) - OASH

Office of the Assistant Secretary for Health

Physician Categories	FY 2017 Final	FY 2018 Annualized CR	FY 2019 President's Budget
1) Number of Physicians Receiving PCAs	9	15	15
2) Number of Physicians with One-Year PCA Agreements	1	2	2
3) Number of Physicians with Multi-Year PCA Agreements	8	13	13
4) Average Annual PCA Physician Pay (without PCA payment)	160,300	163,185	166,122
5) Average Annual PCA Payment	24,022	24,014	24,014
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	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-B Health and Medical Admin.	9	15	15

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., Zika, immunization, disease prevention, as well as a host of presidential and secretarial federal advisory committees to focus on health disparities, opioid addiction, chronic fatigue, 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. OASH typically loses 2 plus highly qualified physicians per year due to competing offers from the private sector. Most positions go unencumbered for a period of not less than 6 months. OASH averages about 2 accessions (medical officers) per year. 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.

Grants.Gov

The following is presented pursuant to Sections 737(b) and (d) of the Consolidated Appropriations Act of 2008 (P.L. 110-161).

The Assistant Secretary for Financial Resources (ASFR) manages the Grants.gov program on behalf of the 26 federal grant-making agencies. Grants.gov is the Federal government's hub for grant applications and information on over 1,000 grant programs and approximately \$120 billion awarded by the agencies and other organizations. The program enables federal agencies to publish grant funding opportunities and application packages online, while allowing the grant community of over one million organizations (state, local, and tribal governments, education and research organizations, non-profit organizations, public housing agencies, and individuals) to search for opportunities, and download, complete, and electronically submit applications.

Through the use of Grants.gov, the agencies are able to provide the public with increased access to government grant programs, and are able to reduce operating costs associated with online posting and application of grants. Additionally, agencies are able to improve their operational effectiveness through the use of Grants.gov, by increasing data accuracy and reducing processing cycle times.

The initiative provides benefits to the following agencies:

- Department of Agriculture
- Department of Commerce
- Department of Defense
- Department of Education
- Department of Energy
- Department of Health and Human Services
- Department of Homeland Security
- Department of Housing and Urban Development
- Department of the Interior
- Department of Justice
- Department of Labor
- Department of State
- U.S. Agency for International Development
- Department of Transportation
- Department of the Treasury
- Department of Veterans Affairs
- Environmental Protection Agency
- National Aeronautical and Space Administration
- National Archives and Records Administration
- National Science Foundation
- Small Business Administration
- Social Security Administration
- Corporation for National Community Service
- Institute of Museum and Library Services
- National Endowment for the Arts

- National Endowment for the Humanities

From its inception in 2003, Grants.gov has transformed the federal grants environment by streamlining and standardizing public-facing grant processes, thus facilitating an easier application submission process for our applicants. The Grants.gov Program Management Office (PMO) works with agencies on system adoption, utilization, and customer satisfaction.

RISK MANAGEMENT OVERVIEW: Risks are categorized and prioritized to facilitate and focus risk management activities. Risk categories are aligned with OMB risk management guidance, ensuring comprehensive consideration of possible risks and simplifying program reporting. Risk prioritization is based on the probability of occurrence and potential impact, and focuses project resources where they are most needed.

All risks are tracked in the Grants.gov Risk Management Database, from identification through resolution. This online database is accessible to all Grants.gov team members and is updated regularly, in keeping with a continuous risk management process. Although physically separate, the Risk Management Database is considered an integral part of the Grants.gov Risk Management Plan.

Risks are categorized to facilitate analysis and reporting. The Grants.gov risk categories are aligned with Office of Management and Budget (OMB) guidance on risk assessment and mitigation. The risk category describes potentially affected areas of the program, and helps put individual risks into context when assessing their severity. The categories are also used to drive risk identification: the lack of identified risks in a given category may indicate overlooked risks. The following risks have been identified to OMB:

Risk 1: The global financial crisis of 2008 has dramatically reduced federal revenues and increased the federal deficit. Widespread calls to reduce federal spending could result in decreased funding for Grants.gov. The Grants.gov PMO operations, funded entirely by agency contributions, include: salaries and expenses for full-time staff, and support contracts for system integration, hardware platforms, upgrades, software licenses, Independent Verification and Validation, outreach and liaison, contact center, performance metrics monitoring, and office support. If the PMO does not receive sufficient funding, or if the agency contributions are not provided in a timely manner, the PMO would have to limit or stop providing the services it offers to its stakeholders.

Risk mitigation response: Grants.gov risk mitigation is a multifaceted approach that includes internal actions as well as external entities. Internally, the PMO times the majority of its contract actions toward the third and fourth quarters of the fiscal year, to accommodate the speed of incoming contributions. Additionally, if sufficient funding is not available, the PMO can reduce the scope of its contracts, reprioritize contract awards, and/or postpone awarding of contracts. All contract actions and award decisions are made in the context of ensuring full, reliable functionality of the Grants.gov system. The PMO closely monitors contract expenditures, and PMO activities such as training and travel expenditures, to ensure the available budget will cover the actual expense. By the end of the first quarter, the PMO develops and sends documentation to each funding agency to initiate funding transfers and then reports (monthly) the status of agency contributions to the Financial Assistance Committee for E-Government (FACE), and OMB.

Risk 2: A fundamental concept of electronic commerce is the standardization of a common set of terms to be used by trading partners during business communications. Grants.gov requires common data

processes in order to function. The inability to define common data and processes could impede program goals.

Risk mitigation response: The Grants.gov system was developed in accordance with the electronic standards for core grants data, Transaction Set 194, which were developed by the Inter-Agency Electronic Grants Committee (IAEGC). The Grants.gov PMO worked with the PL 106-107 workgroup and IAEGC to build consensus, and continues to work to minimize the required changes to agency and applicant processes. Agencies are being encouraged to simplify their forms and, if possible, develop a common set of forms and data definitions. To meet that goal, Grants.gov is consolidating already existing forms and working with Agencies for adoption to avoid duplicate forms used across the agencies. Grants.gov is also working to ensure compliance with DATA Act and Uniform Guidance requirements as they are finalized.

FUNDING: The total development cost of the Grants.gov initiative by fiscal year -- including costs to date, estimated costs to complete development to full operational capability, and estimated annual operations and maintenance costs -- are included in the table below. Also included are the sources and distribution of funding by agency, showing contributions to date and estimated future contributions through FY 2019.

GRANTS.GOV

FY 2017 to FY 2019 Agency Contributions

Agency	Total FY 2017	Total FY 2018	Total FY 2019
CNCS	32,271	38,725	31,320
DHS	213,357	165,519	202,102
DOC	283,833	307,784	342,232
DOD	704,902	736,560	755,095
DOE	446,964	354,285	410,979
DOI	1,750,200	1,848,290	1,933,644
DOL	191,911	151,052	152,190
DOS	377,976	452,184	451,018
DOT	226,825	187,918	216,587
ED	427,881	391,690	321,448
EPA	217,262	307,283	275,652
HHS	6,073,905	6,193,979	6,315,818
HUD	172,882	119,797	201,977
IMLS	81,723	94,664	96,506
NARA	37,443	37,005	38,792
NASA	107,516	146,187	103,383
NEA	232,436	278,923	324,578
NEH	216,601	259,921	256,841
NSF	263,279	263,798	233,849
SBA	66,497	61,413	63,924
SSA	25,000	30,000	25,895
USAID	230,637	192,847	139,162
USDA	516,493	493,961	473,087
USDOJ	440,794	467,787	458,850
USDOT	76,462	83,806	91,396
VA	82,518	99,022	118,826
Grand Total	13,497,568	13,764,400	14,035,151

Centrally Managed Projects

The GDM Staff Divisions are responsible for administering certain centrally managed 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 in proportion to the estimated benefit to be derived.

Project	Description	FY 2018 Funding
The Digital Accountability and Transparency Act	The funds will focus on developing a strategy and laying the groundwork to begin incorporating agreed upon standards into the Department of Health and Human Services' policies, processes and systems to ensure full compliance with the Digital Accountability and Transparency Act.	\$1,950,000
Department-wide CFO Audit of Financial Statements	These funds cover the costs of auditing the HHS financial statements annually (as required by the CFO Act of 1990), and stand-alone audit of CMS, producing Department-wide financial statements, and coordinating the HHS audit process, including costs for FISMA.	\$15,711,756
Bilateral and Multilateral International Health Activities	These funds support activities by the Office of Global Affairs in leading the U.S. government's participation in policy debates at multi-lateral organizations on health, science, and social welfare policies and advancing HHS's global strategies and partnerships, and working with USG agencies in the coordination of global health policy and setting priorities for international engagements.	\$6,603,001
Regional Health Administrators	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 RHAs 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
National Science Advisory Board for Bio-Security (NSABB)	Funds will be used by the NSABB for providing guidance on ways to enhance the culture of responsibility among researchers, developing strategies for enhancing interdisciplinary bio-security, recommending outreach strategies, engaging journal editors on policies for review, continuing international engagement, and develop Federal policy for oversight of life sciences research at the local level based on recommendations of the NSABBs.	\$2,672,000
Tick-Borne Disease Working Group	The Tick-Borne Disease Working Group requires Department-wide responsibility across Agencies with an interest in relevant aspects of Tick-Borne Diseases. The Office of the Assistant Secretary for Health (OASH) shall establish, convene, coordinate, and support the Tick-Borne Federal Advisory Committee for ongoing tick-borne	\$600,000

	research, programs, and policies, including those related to causes, prevention, treatment, surveillance, diagnosis, diagnostics, duration of illness, and intervention of individuals with tick-borne diseases. The Working Group is an established requirement of the 21 st Century Cures Act.	
Secretary's Advisory Committee on Blood Safety and Availability	The Committee advises the Secretary on a broad range of public health, ethical and legal issues related to blood transfusion and transplantation safety. Such issues require coordination across many of the Operating Divisions. Funds support Committee meetings, workshops, staff, and subject matter experts.	\$1,500,000
President's Commission for the Study of Bioethical Issues	The Commission, created by Executive Order 13521 on November 24, 2009, replaced the President's Council on Bioethics. Its purpose is to advise the President on bioethical issues that may emerge as a consequence of advances in biomedicine and related areas of science and technology. Funding for the Council comes entirely from HHS.	\$3,000,000
Pain Management Interagency Task Force	The Comprehensive Addiction and Recovery Act, P.L. 114-198, charges the HHS, in cooperation with VA, DOD, and the DEA, to coordinate and lead the establishment of a Pain Management Best Practices Interagency Task Force. The Task Force shall review gaps in or inconsistencies between best practices for pain management (including chronic and acute pain); and propose updates, as necessary.	850,000
NIH Negotiation of Indirect Cost Rates	At the request of Operating Divisions, NIH has expanded its capacity to negotiate indirect cost rates with commercial (for-profit) organizations that receive HHS contract and/or grant awards, to ensure that such indirect costs are reasonable, allowable, and allocable.	\$1,203,000
Intradepartmental Council on Native American Affairs	These funds will be used for continued support of HHS-wide tribal consultation; support new initiatives such as tribal emergency preparedness, suicide prevention and the HHS American and Alaska Native Health Research Advisory Council, and to continue to serve as the HHS focal point for Native American Health and Human Services.	\$383,183
Chronic Fatigue Syndrome Advisory Committee (CFSAC)	CFSAC provides expertise in biomedical research in the area of CFS, health care delivery services, insurers and voluntary organizations concerned with the problems of individuals with CFS. They meet on research, patient care, education, and quality of life for persons with CFS.	\$100,000
HHS Biosafety and Biosecurity Coordinating Council	The work of the Council will support HHS efforts to confront threats posed by the accidental or deliberate release of high-consequence biological agents or toxins, and aligns with the principles articulated in the <i>National Health Security Strategy</i> ; the <i>National Strategy for Countering Biological Threats</i> , and Executive Order 13546 (<i>Optimizing the Security of Select Agents and Toxins</i>).	\$317,476

President's Advisory Council on Combating Antibiotic-Resistant Bacteria	Executive Order 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 also 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 general public and human and animal healthcare providers.	\$1,125,000
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SIGNIFICANT ITEMS IN HOUSE, AND SENATE APPROPRIATIONS COMMITTEES REPORTS

House Report 115-244

Breastfeeding

The Committee recognizes the importance of breast milk in improving health outcomes for babies and mothers and requests HHS to report to the Committee on the impact of recommended breastfeeding rates on health outcomes and healthcare costs. The report should examine the impact of clinically recommended breastfeeding rates on associated Medicaid expenditures, urgent care costs, and direct and indirect medical costs, including workplace productivity and employee retention. The Committee also directs the Secretary to ensure that pregnant women have access to guidance on nutritional advice based on the latest scientific research on the health and cost benefits of human milk.

Action taken or to be taken

The Department of Health and Human Services (HHS) continues to support efforts to promote access to nutritional guidance on the benefits of breastfeeding on health outcomes. The HHS Office on Women's Health (OWH) recently worked with Department agencies, including the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ) to conduct a systematic review and report on breastfeeding outcomes for mothers. They examine the most recent literature on the topic, with a specific focus on maternal outcomes related to breastfeeding, and programs and policies in highly and very highly developed countries designed to improve the rate and duration of breastfeeding. The premise of this research review and report is to build on current research and study which indicates that breastfeeding improves health outcomes for mothers and babies. The review and report focused on programs and strategies which documented best practices in breastfeeding and encourage women to start and continue breastfeeding their babies. The draft report, *Breastfeeding Programs and Policies, Breastfeeding Uptake, and Maternal Health Outcomes in Developed Countries*, published by AHRQ describes the findings from this systematic review. The report was posted online for public comment ending in January 2018. AHRQ will review the comments received. OWH anticipates that the review will be finalized, and the report will be published late Spring 2018.

The Department also continues to promote *Supporting Nursing Moms at Work: Employer Solutions*, an initiative designed to provide information, education, and resources to employers, to help them provide time and space solutions and support for lactating mothers upon their return to the workplace. Managed by OWH, this comprehensive online solutions-based project includes a compendium of successful model programs that demonstrate how employers in various industry groups utilize innovative and creative methods and strategies to overcome barriers and provide breastfeeding support particularly for workers in non-traditional, non-office worksite settings. Examples of these non-traditional worksite settings include manufacturing, retail, restaurants, and agriculture.

Finally, OWH maintains a national breastfeeding helpline call center. The Call Center refers and provides information and resources to individuals in need of health-related advice, as well as providers, practitioners, and organizational representatives looking to obtain information. The Call Center currently receives approximately 5,000 calls per year referring callers with targeted information and resources on breastfeeding and a range of other women's health issues.

Senate Report 115-150

Combating Antibiotic Resistant Bacteria (CARB)

The Committee supports the CARB initiative that strengthens efforts to prevent, detect, and control illness and deaths related to infections caused by antibiotic resistant bacteria. The Committee directs the Department to continue to work with DOD, USDA, VA, and FDA to broaden and expand efforts to track and store both antibiotic resistant bacteria genes and the mobile genetic elements from antibiotic resistant bacteria along with metadata. The Committee also recognizes the importance of basic and applied research toward the development of new vaccines as a way to prevent future antibiotic resistance through infection prevention and control. The Committee encourages the Secretary to prioritize this research as part of its strategy to combat antibiotic resistance. The Committee also urges the Secretary to consider the use of existing vaccines in antibiotic stewardship efforts to help mitigate new resistance development. The Department shall include in the fiscal year 2019 Congressional Justification a detailed update on the progress being made to implement the CARB national strategy.

Action taken or to be taken

Antibiotic resistance poses a significant threat to our Nation's public health. Many advances in medical treatment—like our ability to effectively treat patients with sepsis, cancer, organ transplants, burns, or trauma— and our ability to treat patients exposed to CBRN agents depend on the use of antibiotics to fight infections. To coordinate and enhance the public health response to the AR threat, the U.S. Government developed the National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB). The CARB Task Force is co-chaired by HHS, the U.S. Department of Agriculture, and the U.S. Department of Defense. In the past two years, the U.S. made significant progress toward improving antibiotic use in human health, preventing the spread of resistant infections, and slowing the emergence of resistant bacteria through improving antibiotic stewardship, surveillance, and research.

The National Action Plan on Combating Antibiotic-Resistant Bacteria (CARB) provides a five-year roadmap to guide the nation in reducing the prevalence of antibiotic-resistant bacteria by:

- Slowing the emergence of resistant bacteria and preventing the spread of resistant infections.
- Strengthening national surveillance efforts to combat resistance.
- Advancing development and use of rapid and innovative diagnostic tests for identification of resistant bacteria.
- Accelerating research and development for new antibiotics, other therapeutics, and preventive strategies, including vaccines.

- Improving international collaboration and capacities for antibiotic-resistance prevention, surveillance, control and antibiotic research and development.

The federal government has been working diligently to implement the Plan since its release in 2015. As part of U.S. Antibiotic Awareness Week, November 13-19, 2017, HHS, on behalf of the Interagency CARB Task Force, has released a Progress Report to detail the significant progress made during the first two years of implementation of the National Action Plan.

Highlights of the Progress Report include:

- The percentage of U.S. hospitals reporting antibiotic stewardship programs using CDC's Core Elements for Stewardship rose to 64 percent in 2016, up from 46 percent in 2015. The goal is to reach 100 percent by 2020.
- Methicillin-resistant Staphylococcus aureus (MRSA) in acute care hospitals declined by 13 percent between 2011 and 2014, and by a further 5 percent by 2016. C. difficile infections declined in acute care hospitals by 8 percent between 2011 and 2014, and by a further 7 percent by 2016.
- CDC established the Antibiotic Resistance Laboratory Network, enhancing lab capacity to better detect, respond to, and contain, resistance and resistant infections. CDC has invested in labs in all 50 states, five large cities and Puerto Rico to detect and respond to CRE, "the nightmare bacteria." CDC has also established seven regional labs to detect and support response to resistant organisms recovered from human samples.
- Since the National Action Plan was released in March 2015, NIH has provided support to investigators through multiple funding opportunities and access to a wide array of preclinical resources designed to facilitate new drug development. These efforts are greatly expanding the pipeline of new drug candidates, at various stages of development, to treat antibiotic-resistant infections. In particular, the NIH-supported Antibacterial Resistance Leadership Group is pioneering an innovative clinical research agenda on antibacterial resistance.
- As of April 2017, USDA's Animal and Plant Health Inspection Service for the first time has begun conducting antibiotic use monitoring, resistance surveillance, and antimicrobial use surveys of beef feedlots and swine farms. These data are critical to understanding the relationships between antibiotic use and resistance in animals and humans.
- In the past two years, FDA approved, cleared or granted marketing authorization for marketing several new diagnostic devices that may significantly enhance detection or prevention of antibiotic resistance.
- Last year, NIH and the Biomedical Advanced Research and Development Authority (BARDA), in the Office of the Assistant Secretary for Preparedness and Response (ASPR), launched the Antimicrobial Resistance Diagnostic Challenge, which seeks tests that identify antibiotic-resistant bacteria or that distinguish between viral and bacterial infections to reduce unnecessary use of antibiotics.
- The Multidrug-Resistant Organism Repository and Surveillance Network at the Walter Reed Army Institute of Research offers an almost unprecedented 48-hour turn-around time to all DOD hospitals for next generation sequencing to support outbreak investigations and has similar services available to non-DOD institutions.
- In July of 2016, ASPR/BARDA launched CARB-X, a five-year, \$450 million public-private partnership between BARDA, NIH, and the Wellcome Trust aimed at bolstering

innovation in antibacterial product development. As of November 2017, CARB-X had granted awards to 23 biotech companies and research teams for drug discovery and development projects to tackle antibiotic resistance.

Diabetes

The Committee urges the Secretary to convene a commission comprised of healthcare providers, patient advocates and Federal agencies that operate programs that impact the care of people with pre-diabetes and diabetes. The goal of such a commission would be to make recommendations about developing improved clinical resources and tools, innovative care models, quality measures and registries, diabetes screening programs and other prevention activities.

Action taken or to be taken

The Department of Health and Human Services (HHS) takes seriously the care of clinical resources and care available to individuals impacted by pre-diabetes and diabetes. The HHS Office of the Assistant Secretary of Health will establish a commission to make recommendations to the Secretary about developing improved clinical resources and tools, innovative care models, quality measures and registries, diabetes screening programs and other prevention activities. The Department anticipates convening the first meeting of the new commission in summer or fall of 2018. The Office of Disease Prevention and Health Promotion (ODPHP) is the lead organization overseeing this effort. Within ODPHP, the Division of Healthcare Quality promotes prevention of hypoglycemia due to diabetes agents through its collaboration with other HHS agencies on surveillance, research, and incentives and oversight of Adverse Drug Events. It oversees national measures and targets for hypoglycemia prevention in both inpatient and outpatient settings providing diabetes care.

Making Eye Health a Population Health Imperative: Vision for Tomorrow

The Committee commends the National Academies of Sciences, Engineering, and Medicine for the September 2016 release of its report "Making Eye Health a Population Health Imperative: Vision for Tomorrow" which includes recommendations regarding continued leadership by HHS to reduce the burden of vision impairment. The Committee requests an update from the Secretary regarding HHS' progress in implementing these recommendations in the fiscal year 2019 Congressional Justification.

Action taken or to be taken

At the 2017 annual meeting of the Association for Research in Vision and Ophthalmology, the largest and most respected eye and vision research organization in the world, the National Eye Institute (NEI) sponsored a broad public special interest group discussion on the National Academies of Sciences, Engineering, and Medicine (NASSEM) report, at which panelists addressed the context of the report and its implications, as well as potential collaborations. An HHS working group, led by NEI and the Centers for Disease Control and Prevention (CDC), meets regularly to discuss and prioritize potential initiatives based on their potential public health impact and on available resources.

The report recommends a coordinated public awareness campaign to promote eye and vision health across the lifespan. This aligns with the NEI-run National Eye Health Education Program (NEHEP).¹ NEHEP oversees public and professional education programs and public awareness campaigns designed to (1) reach populations at higher risk for eye disease and vision loss, (2) to reduce health disparities, and (3) to promote the use of vision rehabilitation services. The NEHEP Partnership is made up of 65 national organizations, including CDC and other HHS agencies, non-profit organizations, professional societies, and health providers. Consistent with the NASEM recommendation, NEI aims to encourage consumers to engage in preventative behaviors and to recognize vision as a health priority. NEI will conduct research to inform the development of messaging, products, tools, and dissemination strategies to help broaden awareness of eye health. The messages and other resources developed in this effort will be shared with government agencies, vision research funders and advocacy groups.

NIH is committed to improving public health by translating vision-saving research into improved health outcomes for patients. In recent years, NIH research has made significant strides in early detection and treatment of many chronic eye diseases, such as glaucoma, diabetic retinopathy, and macular degeneration. In January 2018, NEI initiated a planning process to engage the vision community in developing a new research agenda, including in the areas of population health and vision health disparities research. Working groups of the National Advisory Eye Council will meet to identify research needs, gaps and opportunities. Furthermore, NEI is initiating a collaboration with the Department of Defense Vision Research Program to fund a project that meets the vision needs of special populations such as military personnel and veterans.

HIV Community-Based Testing Programs

The Committee recognizes that several community-based programs have encouraged individuals at risk for HIV/AIDS to utilize FDA-approved homebased HIV testing technology to monitor their HIV status. The Committee continues to urge the OMH to consider a pilot or demonstration program within existing resources to gauge the effectiveness of this approach.

Action taken or to be taken

The Department takes seriously the need for individuals to know their HIV status. The Office of Minority Health (OMH) within the Office of the Assistant Secretary for Health, will work to collaborate across the Department to review the feasibility for a pilot or demonstration program within existing resources to gauge the effectiveness of the FDA-approved home-based HIV testing technology to monitor the HIV status of individuals at risk for HIV/AIDS. OMH will continue to support and promote HHS efforts to increase the number of individuals who know their HIV status, particularly in racial and ethnic minority communities.

¹ <https://nei.nih.gov/nehep>

HIV/AIDS and Hepatitis C

The Committee continues to be concerned about the HIV/AIDS epidemic in the African American community, and is aware of the concurrent high rates of co-infection with Hepatitis C as outlined by the HHS 2015 Forum on Hepatitis C in African American Communities. The Committee encourages OMH to work aggressively to address opportunities to reduce the burden of HIV/AIDS and Hepatitis C by exploring partnerships for screening and implementing community engagement programs.

Action taken or to be taken

The Office of Minority Health (OMH) co-sponsored a study by the National Academies of Sciences, Engineering, and Medicine (second phase released March 2017) on eliminating viral hepatitis in the United States. The report, *Eliminating the Public Health Problem of Hepatitis B and C in the United States*, provides a U.S. strategy for eliminating hepatitis B and hepatitis C virus infection and the disease and mortality caused by these agents as public health threats by 2030.

OMH partners with HHS's Office of HIV/AIDS and Infectious Disease Policy (OHAIDP), CDC, and others, to implement the National HIV/AIDS Strategy and the National Viral Hepatitis Action Plan, which include African-Americans as one of the priority populations and goals for increasing awareness, screening, vaccination, and reducing the number of deaths for the African-American population. These plans improve our nation's responses to HIV and viral hepatitis by setting goals and priorities with measurable targets and objectives that serve to focus our response on the outcomes. They promote the use of the most efficient and effective methods for preventing, detecting, and treating these infections. They also support the coordination and collaboration between agencies to promote consistent messaging and policies from HHS agencies that promote joint programs to better serve patients and people at risk. The indicator data used to monitor progress on the National HIV/AIDS Strategy show that progress is being made, but gains made in prior years on indicators used to monitor Viral Hepatitis Action Plan are being eased. The annual targets have been met on more than half of the HIV-related outcomes, but we are losing ground in the battle against viral hepatitis in the United States because of the opioid crisis.

According to a recent CDC report, across the nation, researchers found substantial, simultaneous increases in acute hepatitis C (133 percent) and admissions for opioid injection (93 percent) from 2004 to 2014. These increases were seen at not only the national level, but also when data were analyzed by state, by age, and by race and ethnicity. Rates of opioid injection—especially injection of prescription opioid pain relievers, as well as heroin—and acute hepatitis C virus infections increased most dramatically from 2004 to 2014 among younger Americans (ages 18-39).

The Office of Minority Health Resource Center (OMHRC) co-sponsored the 4th US Conference on African Immigrant and Refugee Health – Rethinking Integration, Challenges, and Empowerment, held in New York, NY in September 2016. This Conference included workshops on HIV/AIDS and Hepatitis C in African-American communities.

OMHRC provided twelve subcontracts to organizations to raise awareness and reduce HIV and hepatitis co-infection rates in minority and hard-to-reach communities. Of these subcontracting agencies, three were focused on African American populations. Support for this project was provided by the HHS Office of HIV/ AIDS and Infectious Disease Policy (OHAIDP) and the Secretary's Minority AIDS Initiative Fund. Each agency created and implemented hepatitis/HIV social marketing campaigns and testing across minority populations through coordination of activities, information and referrals. Through this initiative targeting African American communities, 5,115 individuals were tested for HIV with 6 positive results; and 7,348 individuals were tested for hepatitis with 161 positive results.

In fiscal year (FY) 2017, OMH issued a competitive funding opportunity announcement for the Empowered Communities for a Healthier Nation Initiative (ECI). The ECI seeks to reduce significant health disparities impacting racial and ethnic minorities and/or disadvantaged populations through implementing evidence-based strategies with the greatest potential for impact. The program is intended to serve residents in communities disproportionately impacted by the opioid epidemic; childhood/adolescent obesity; and serious mental illness. A total of 15 awards were made, of which six projects focused on addressing the opioid epidemic and included screening/testing for viral hepatitis and HIV. OMH expects to support the ECI projects for a three-year project period ending in FY 2020.

Through various health observances, such as Hepatitis Awareness Month in May, National HIV Testing Day in June, and World AIDS Day in December, and others throughout the year, OMH helps promote awareness of HIV/AIDS and Hepatitis, and screening and implementing community engagement programs through social media, Twitter chats, speeches and presentations, and other outreach activities.

OMH will continue to explore partnerships to promote HIV/AIDS and Hepatitis C screening and the implementation of community engagement programs.

Prenatal Opioid Use Disorders and Neonatal Abstinence Syndrome

The Committee is aware that the Protecting Our Infants Act of 2015 requires the Secretary to conduct a review of the Department's planning and coordination activities related to prenatal opioid use disorders and neonatal abstinence syndrome, as well as address gaps in research and treatment. The act also requires the Secretary to develop recommendations for preventing and treating prenatal opioid use disorders and neonatal abstinence syndrome. The Committee requests an update on these activities in the fiscal year 2019 Congressional Justification.

Action taken or to be taken

HHS divisions are addressing the opioid crisis, including Neonatal Abstinence Syndrome (NAS), on several fronts. The following are some examples.

Grantees in HRSA programs such as the Maternal, Infant and Early Childhood Home Visiting (MIECHV) and Healthy Start programs use evidence-based approaches to screen, intervene, and

refer perinatal women and parents of young children to treatment and recovery support services. Front-line staff also provide health education and guidance for parents of young children, including caring for babies born with neonatal abstinence syndrome. For instance, the MIECHV Program supports voluntary, evidence-based home visiting services for at-risk pregnant women and parents with young children up to kindergarten entry.

Similarly, the Healthy Start program supports organizations across the country to help reduce racial and ethnic disparities in maternal and infant health status in high-risk communities. Healthy Start supports women before, during, and after pregnancy through the baby's second birthday, by providing care coordination and linkage to comprehensive health and social services, health education, strengthening family resilience, and engaging community partners to enhance systems of care.

In addition, States and territories use Title V Maternal and Child Health (MCH) Services Block Grant Program's formula grant funds received from HRSA to support a range of activities to improve care and outcomes for mothers, children, and families, which may include addressing NAS. A federal-state partnership, the State MCH Block Grant program gives states control and flexibility in meeting the unique health needs of their children and families, while HRSA assures accountability and impact through performance measurement and technical assistance. In the State MCH Block Grant FY 2018 Applications and FY 2016 Annual Reports, 21 of 59 states/jurisdictions reported activities to address NAS; and five states established an NAS-related State Performance Measure including measures to assess the rates of NAS diagnosis and early intervention for NAS-affected infants. As one of the State MCH Block Grant program's National Outcome Measures, and in response to legislation, HRSA annually compiles and makes available to states, national and state-level data on the proportion of infants born with NAS.

Finally, HRSA funds the national *Alliance for Innovation in Maternal Health, or AIM*, which consists of a variety of maternal safety bundles with the goal to reduce maternal mortality in the United States. Specifically the AIM National Collaborative on Maternal Opioid Use Disorder is one maternal safety bundle developed in CY 2017 for hospitals to help obstetricians and others appropriately manage care for women with opioid dependence. In FY 2018, the AIM National Collaborative on Maternal Opioid Use Disorder has engaged 14 states to implement the bundle and raise awareness about the need for treatment and services for women.

Public Access

The Committee commends HHS Operating Divisions that have issued plans in response to the directive issued by the White House Office of Science and Technology Policy to support increased public access to the results of research funded by the Federal Government. The Committee encourages the Department to continue its efforts towards full implementation of the directive, and requests that an update on progress made be included in its fiscal year 2019 Congressional Justification.

Action taken or to be taken

NIH Implementation Efforts towards Increasing Access to Scientific Publications and Digital Scientific Data

The National Institutes of Health (NIH) has a long history and continued commitment to ensure that, to the fullest extent possible, the results of federally funded scientific research are made available to and are useful for the general public, industry, and the scientific community.¹ In coordination with the United States Department of Health and Human Services (HHS),² NIH responded to the White House directive by developing the National Institutes of Health Plan for Increasing Access to Scientific Publications and Digital Scientific Data from NIH Funded Scientific Research³ (“NIH Plan”), released in February 2015. The NIH Plan describes objectives for scientific publications and digital scientific data. An update on progress toward these objectives is provided below.

Scientific Publications

As described in the NIH Plan, NIH fully meets the memorandum’s objectives for increasing access to NIH-funded scientific publications. The NIH Public Access Policy⁴ was originally issued in 2005 to encourage NIH-funded investigators to post their final manuscripts to the NIH National Library of Medicine’s (NLM) PubMed Central (PMC), a publicly accessible, stable, permanent, and searchable electronic archive, to be made publicly available no later than 12 months after the official date of publication. The NIH Public Access Policy became mandatory in 2008, and permanent through the Omnibus Appropriations Act, 2009, Public Law 111-8. Under the policy, NIH funding is estimated to have helped generate approximately 980,000 peer-reviewed papers published from 2008 to May 2017. NIH has collected 865,000 of them in PMC, representing a compliance rate of 88 percent.⁵

To further support the Office of Science and Technology Policy (OSTP) directive, NIH has made its collection of authored manuscripts⁶ available to the public in a form that facilitates text-mining. The collection includes all manuscripts that have arisen from full or partial NIH funding, have a publication date of July 2008 or later, and are publicly available. PMC is a public-private partnership between NIH and publishers. As such, publishers also provide full text articles that are not funded by NIH. There are more than 4.6 million papers made publicly accessible in PMC. On a typical weekday, more than 1.75 million unique users retrieve more than 3.5 million articles from this archive. PMC serves as the repository for papers

¹ <https://grants.nih.gov/policy/sharing.htm>

² (<http://www.hhs.gov/open/public-access-guiding-principles/index.html>)

³ <https://grants.nih.gov/grants/NIH-Public-Access-Plan.pdf>

⁴ <http://publicaccess.nih.gov/index.htm>

⁵ Because of implementation timing and lags in submission, NIH calculates compliance from July 2008 to 6 months prior to the reporting month. Some of these papers may be embargoed. The paper-funding estimates may come from an acknowledgement statement in the article or from a separate association made by an author, e.g., during the process of submitting the manuscript to the NIH Manuscript Submission (NIHMS) system, or through the My Bibliography feature

(<http://www.ncbi.nlm.nih.gov/sites/books/NBK53595/>) of the My NCBI service. These inclusion criteria are not perfect, and NIH may miss papers that are NIH supported and fall under the NIH Public Access Policy (e.g., papers posted to PMC without being associated with an institution’s award). It also may include papers that do not fall under the Policy, such as papers that are directly supported by NIH but are not peer-reviewed.

⁶ <https://www.ncbi.nlm.nih.gov/pmc/about/authorms/>

collected under the NIH Public Access Policy and 10 other federal agency policies. Over the last 12 months, PMC added more than 110,000 federally-supported papers to PMC, including more than 4,000 papers supported by agencies other than NIH.

Digital Scientific Data

Effective data sharing relies upon appropriate identification, adoption, and crediting of good data management and sharing practices, thus, NIH is adopting principles to make data “FAIR” (Findable, Accessible, Interoperable, and Reusable).¹

In order to implement the NIH Plan and move forward with ongoing commitments to the data sharing enterprise, NIH has been considering priorities for data management and sharing (e.g., which data types have the greatest value for sharing, the costs and value of sharing different data types, including the long-term resource implications), and how to expand upon its 2003 Data Sharing Policy. On November 14, 2016, NIH released a Request for Information (RFI) (NOT-OD-17-015)² on Data Management, Sharing, and Citation. RFI feedback³ is being used to inform NIH activities and development of a future NIH policy for the management and sharing of digital scientific data generated from all NIH-supported research (intramural, grants, and contracts), which is intended to replace the 2003 NIH Data Sharing Policy. Additionally, in October 2017, in partnership with the National Science Foundation, NIH held a focused Science of Science Innovation Policy⁴ (SciSIP) workshop to discuss mechanisms for assessing the value of sharing biomedical data. Discussions from this workshop will inform research initiatives and priorities regarding data management and sharing. Furthermore, to support the long-term preservation of data and sustainability of repositories holding such data, NIH released the related “Request for Information (RFI): Metrics to Assess Value of Biomedical Digital Repositories”.⁵ (Key policy provisions for data management and sharing are currently being drafted based upon the feedback obtained from the RFIs, the workshop, and other NIH and interagency discussions. Some of these policy provisions include the scope and applicability, as well as the requirement for a Data Management and Sharing Plan (DMSP) (consistent with the requirements of the White House OSTP Memorandum on Increasing Access to the Results of Federally Funded Scientific Research)⁶ and the requirement for data sharing (under the authorities granted to NIH under the 21st Century Cures Act).

NIH continues to actively participate in Federal efforts to support open science, specifically by co-chairing the Interagency Working Group on Open Science (IWGOS), as part of the Committee on Science of the White House National Science and Technology Council. The aim of the IWGOS is to build upon and extend the progress that federal agencies have made to date in implementing the 2013 OSTP directive. The IWGOS will publish a report that will articulate objectives and recommendations on Federal open science that can further enhance access to results of federally funded scientific research.

¹ <http://www.nature.com/articles/sdata201618>

² <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-17-015.html>

³ https://osp.od.nih.gov/wp-content/uploads/Public_Comments_Data_Management_Sharing_Citation.pdf

⁴ https://www.nsf.gov/funding/pgm_summ.jsp?pims_id=501084

⁵ <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-16-133.html>

⁶ https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/ostp_public_access_memo_2013.pdf

NIH is continuing to increase public access to data and information from NIH-funded and supported research through policies, programs, and initiatives. Some of those can be seen on NLM's Trans-NIH Biomedical Informatics Coordinating Committee (BMIC) website.¹

Surgeon General Report on Poverty

The Committee notes that too many children still live in poverty, compromising their ability to be healthy, succeed in school and raise healthy families themselves. A report by the Surgeon General on improving the health of children could increase awareness and generate additional effort on ameliorating this public health problem.

Action taken or to be taken

The Department of Health and Human Services (HHS) appreciates the Committee's interest in the improving the health of Americans of all ages. As the Nation's Doctor, the Surgeon General of the Public Health Service Commissioned Corps is focused on improving the country's health. The Surgeon General communicates the best available scientific information to the public to reach individuals where they live, work, and play and by issuing scientific documents - Surgeon General's Reports and Calls to Action – on critical public health issues. Topics for Surgeon General's Reports are based on the highest priority public health needs of the Nation and they foster the Department's abilities to ensure improved health outcomes related to the specific issue. The Surgeon General's Report on health and the economy, will provide the evidence-base for the impact of the relationship between health and the prosperity of individuals of all life stages and the communities in which they live.

The Surgeon General's priority for better health through better partnerships seeks to engage government and non-government partners in addressing major public health challenges. For example, the opioid epidemic has created a crisis within the child welfare system. Through this priority partnership initiative, the Surgeon General seeks to increase awareness and generate additional public and private efforts to address the public health problems related to opioid misuse. This is an opportunity to bring together partners from a multitude of sectors to include the criminal justice system, education, employers, military, VA, and national security.

Health Disparities

The Committee believes that a comprehensive coordinated focus by OMH, HRSA and NIMHD will increase the probability of reducing health disparities. This coordinated focus should examine the factors that lead to health disparities, including but not limited to age, nutrition, medical conditions, and availability of medical support and an appropriate healthcare workforce in both underserved urban and rural settings. HHS is encouraged to partner with community-based organizations that are currently providing medical and nutritional support.

¹ https://www.nlm.nih.gov/NIHbmic/nih_data_sharing_repositories.html

Action taken or to be taken

The Department of Health and Human Services (HHS) continues support for efforts to reduce health disparities. The Office of Minority Health's (OMH) National Workforce Diversity Pipeline (NWDP) Program supports projects that develop innovative strategies to support development of an appropriate healthcare workforce in underserved settings. NWDP projects identify promising students in their first year of high school and provide them with a foundation to pursue successful careers in the health professions. The program seeks to address health disparities among racial and ethnic minorities by supporting networks of institutions focused on and with demonstrated commitment and capacity to establish pipeline programs to increase minority and disadvantaged students' awareness and pursuit of careers in health care including behavioral health, and to increase the availability of science, technology, engineering and mathematics (STEM) education programs. NWDP projects began in FY 2015 and will end July 31, 2020.

OMH will continue to coordinate efforts related to health disparities across the Department to examine the factors that lead to health disparities, including but not limited to age, nutrition, medical conditions, and the availability of medical support and an appropriate healthcare workforce in both underserved urban and rural settings. OMH will look to leverage this Department-wide coordination with community-based partners that also work to reduce health disparities.

Rural Health

The Committee encourages the Secretary to ensure that rural concerns and challenges are adequately represented in the Department's policies, programs, and activities, including policies related to the opioid epidemic. The Committee requests that the Secretary include a status of these activities in the fiscal year 2019 Congressional Justification.

Action taken or to be taken

The Department's programs and resources play a key role in addressing rural concerns and challenges, including the fight against the opioid epidemic. The Department continues to target funding for critical rural health activities such as Rural Health Outreach Grants, Clean Water for Health program, and Telehealth. These investments continue to maintain access to quality health care services in rural areas across the United States. The Department has also implemented a five-point strategy to address America's opioid crisis. The FY 2019 President's Budget continues to invest in activities to fight opioid abuse and includes \$10 billion in new resources to combat the opioid epidemic and address mental health.

Public Health in Indian Country

The Committee supports the Secretary's current initiatives to address public health crises such as viral hepatitis, HIV/AIDS and opioids that disproportionately impact Indian Country. The Committee requests that HHS provide an update on these efforts in the fiscal year 2019 Congressional Justification.

Action taken or to be taken

Opioids

Ending the public health crisis that opioid addiction represents and reducing the devastating impact it is having on our families and communities is a shared Administration priority and a top Departmental priority. The FY 2019 President's Budget includes an additional \$10 billion in new resources across HHS to combat the opioid epidemic and serious mental illness.

This investment supports the Secretary's five part strategy to:

- Improve access to prevention, treatment, and recovery services, including the full range of medication-assisted treatments;
- Improve the availability of overdose-reversing drugs;
- Strengthen our understanding of the crisis through better public health data and reporting;
- Provide support for cutting edge research on pain and addiction; and
- Improve pain management practices.

The Budget includes an initial allocation of \$150 million for IHS for additional opioid prevention, treatment and recovery support as part of the FY 2019 President's Budget request of \$10 billion in new resources to combat the opioid epidemic and address mental illness.

HIV/AIDS

The FY 2019 HHS Budget supports research, treatment and prevention of HIV/AIDS. The majority of HIV/AIDS spending is for care through Medicaid and Medicare, and other proposed resources. The Budget is aligned with the goals of the National HIV/AIDS Strategy to reduce new HIV infections, increase access to care and improve health outcomes for people living with HIV, reduce HIV-related health disparities, and achieve a more coordinated national response to the HIV epidemic. Additionally, the Budget is aligned with the goals of the HIV Care Continuum Initiative to accelerate efforts to better address drop-offs along the continuum, and increase the proportion of individuals in each stage along the continuum.

Hepatitis

The FY 2019 HHS Budget includes \$34 million for CDC's viral hepatitis activities. CDC is uniquely positioned to invest in, and partner with, state and local health departments, universities, medical centers, community-based organizations, and others to defend and protect the United States against viral hepatitis disease threats through four main activities, including:

- Decrease mortality through diagnosing and treating people who are living with viral hepatitis.
 - An early diagnosis, coupled with care and treatment of those infected, greatly reduces the risk of liver disease and mortality caused by viral hepatitis.
- **Reduce the Number of New Infections Associated with Injection Drug Use and Other Modes of Transmission.**
 - In at least six states in 2015, increases in Hepatitis B virus transmission joined the increases in Hepatitis C virus transmission. In response to the urgent need to curb the epidemic of Hepatitis B and Hepatitis C virus infections, CDC's work in states with a substantial burden of viral hepatitis promotes improving viral hepatitis

surveillance, investigating transmission networks, and providing training to support state and local health department staff.

- **Prevent Perinatal (Mother-to-Child) Transmission of Hepatitis B Virus and Hepatitis C Virus.**
 - CDC continues to support activities focused on the national goal of eliminating mother-to-child transmission of Hepatitis B virus. The cornerstones of preventing perinatal Hepatitis B virus transmission are testing all pregnant women for Hepatitis B virus infection, giving a birth dose of Hepatitis B virus vaccine to all infants within 24 hours of birth, and other interventions to newborns of infected mothers. CDC is developing recommendations for hepatitis B vaccination, testing, and treatment that protects the health of the mother and eliminates the risk of Hepatitis B virus for her newborn.
 - Hepatitis C infections are increasing among pregnant women and their newborns, which is an emerging consequence of the increases in substance use among young adults. To improve detection, testing, and linkage to care, CDC will develop recommendations on appropriate curative Hepatitis C virus treatments for women of childbearing age, pregnant women, and children affected with Hepatitis C virus at birth.

- **Support State, Local, and Tribal Hepatitis B and Hepatitis C Elimination Programs.**
 - CDC is a major partner in the national effort to eliminate the public health threat of viral hepatitis and will continue to take action to prevent incidence, morbidity, and mortality associated with viral hepatitis. For example, building on the successes and progress of projects in the Cherokee Nation and other settings, CDC will continue to assist state/local and tribal development of HCV and HBV prevention programs that have goals and plans for eliminating HBV and HCV. The objectives of the programs are to identify best practices that can assist other state and local jurisdictions with developing similar programs that will save lives and save money. CDC is also investing in expanded surveillance that will support elimination projects -- enabling jurisdictions to better track trends and identify and respond to outbreaks swiftly -- and evaluating high impact strategies to prevent new HCV infections in high-risk populations.