Fiscal Year 2022

Budget in Brief

Strengthening Health and Opportunity
for All Americans

U.S. Department of Health & Human Services
HHS.GOV

DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVENUE S.W., WASHINGTON, D.C. 20201

THIS DOCUMENT IS ALSO AVAILABLE AT HTTP://WWW.HHS.GOV/BUDGET

Table of Contents

Overview . . . 1
American Rescue Plan . . . 15
Food and Drug Administration . . . 23
Health Resources and Services Administration . . . 31
Indian Health Service . . . 39
Centers for Disease Control and Prevention . . . 47
National Institutes of Health . . . 58
Substance Abuse and Mental Health Services Administration . . . 66
Agency for Healthcare Research and Quality . . . 72
Centers for Medicare & Medicaid Services: Overview . . . 78
- Medicare . . . 80
- Program Integrity . . . 83
- Medicaid . . . 86
- Children's Health Insurance Program . . . 90
- State Grants and Demonstrations . . . 92
- Private Insurance . . . 96
- Center for Medicare and Medicaid Innovation . . . 99
- Program Management . . . 102

Administration for Children and Families . . . 107
- Discretionary Programs . . . 109
- Mandatory Programs . . . 116

Administration for Community Living . . . 123
Office of the Secretary . . . 123
- General Departmental Management . . . 130
- Medicare Hearings and Appeals . . . 133
- Office of the National Coordinator for Health Information Technology . . . 135
- Office for Civil Rights . . . 138

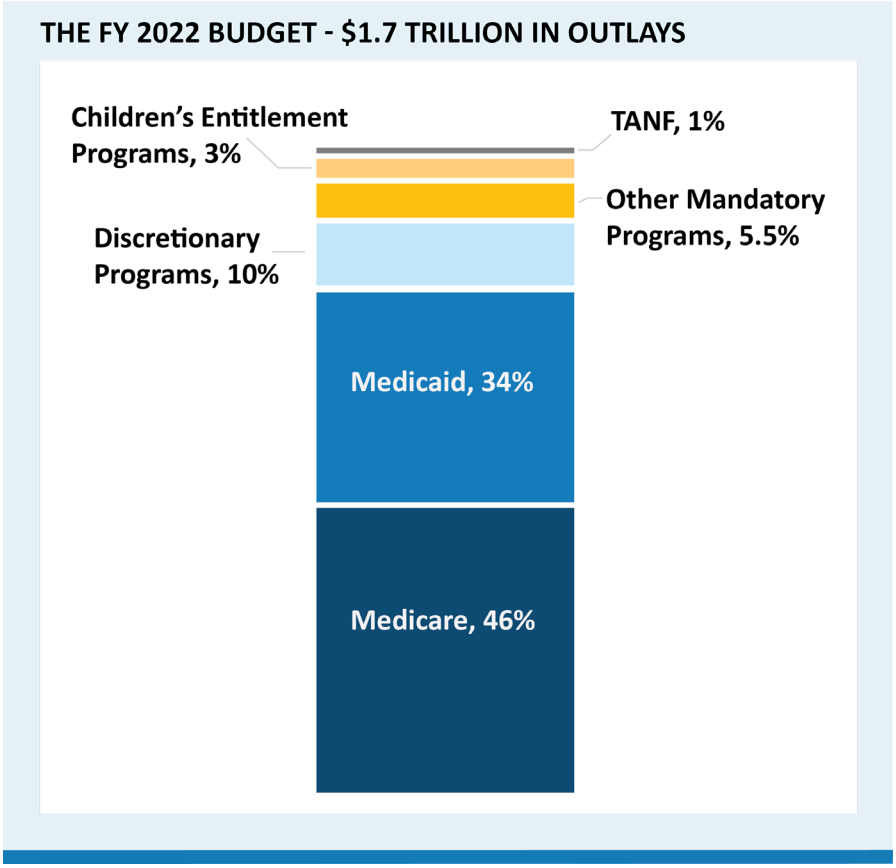
Office of Inspector General . . . 140
Public Health and Social Services Emergency Fund . . . 142
Abbreviations and Acronyms . . . 149

BUILDING A HEALTHY AMERICA
FY 2022 President's Budget for HHS

The following table is in millions of dollars.

HHS Budget	2020	2021	2022
Budget Authority /1	1,721,681	1,639,407	1,637,872
Total Outlays	1,504,270	1,547,463	1,662,293

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



General Notes

Numbers in this document may not add to the totals due to rounding. Budget data in this book are presented "comparably" to the FY 2022 budget, since the location of programs may have changed in prior years or be proposed for change in FY 2022. This approach allows increases and decreases in this book to reflect true funding changes. The FY 2021 and FY 2022 mandatory figures reflect current law and mandatory proposals reflected in the Budget. Unless otherwise noted, all tables are in millions of dollars.

BUILDING A HEALTHY AMERICA

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

The President's Fiscal Year (FY) 2022 Budget invests in America. It provides resources to ensure HHS can achieve its mission and tackle major challenges facing our country today, including the COVID-19 pandemic, increasing numbers of Unaccompanied Migrant Children, climate change, the opioid and substance use crisis, ensuring that all HHS programs equitably address all of the country's diverse populations, and more.

The FY 2022 budget proposes $131.8 billion in discretionary budget authority and $1.5 trillion in mandatory funding. This budget reflects the Administration's commitment to serve families across the country, with investments in priority areas, such as maternal health, data and research, tribal health, and early child care and learning.

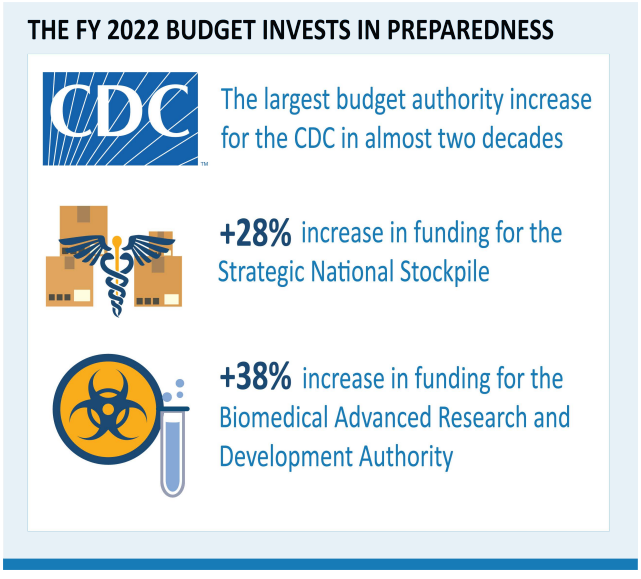
PREPARING FOR AND RESPONDING TO PUBLIC HEALTH CRISES

Preparedness

The fight against COVID-19 is not yet over. Even as HHS works to beat this pandemic, we are also preparing for the next public health crisis. The FY 2022 budget makes significant investments in our preparedness and response capabilities.

The Assistant Secretary for Preparedness and Response has served a critical role in the COVID-19 response, deploying personal protective equipment, ventilators, and medical supplies from the Strategic National Stockpile to states, cities, and territories across the country and supporting the development of new vaccines, therapeutics, and diagnostics through the Biomedical Advanced Research and Development Authority (BARDA). The budget provides $905 million for the Stockpile, an increase of $200 million above FY 2021 enacted, to maintain a robust inventory of supplies and a modern distribution model to ensure readiness for a future pandemic. The budget provides $823 million for BARDA, an increase of $227 million above FY 2021 enacted, to support novel medical countermeasure platforms that will enable quicker, more effective public health and medical responses to detect and treat infectious diseases. The budget also supports a strong public health workforce, and addresses gaps in the existing public health infrastructure at federal, state, and local levels. In addition to discretionary investments, the budget includes mandatory funding, $30 billion over four years, in HHS, the Department of Defense, and the Department of Energy for medical countermeasures manufacturing and related activities to create jobs and prepare Americans for future pandemics.

This pandemic amplified the critical role of response functions across HHS agencies ranging from development of medical countermeasures, ensuring an effective supply of products and effective regulatory capacity, to effectively working with state and local governments to support local response activities through the Centers for Disease Control and Prevention (CDC). To ensure that CDC is well positioned to address current and emerging public health threats, the budget restores capacity to the world's preeminent public health agency, by investing an additional $1.6 billion over the FY 2021 level for a total discretionary level of $8.7 billion. This is the largest budget authority increase for CDC in almost two decades. A core function of CDC is partnering with state, tribal, local,



and territorial entities, and this funding will enhance that partnership. The budget will also provide CDC with additional resources to further develop and expand teams of highly trained and deployable public health experts to support preparedness at local levels.

The COVID-19 pandemic has also shown the importance of producing reliable data. Bad inputs lead to bad outputs, and without good data, CDC cannot effectively respond to a public health threat and make well-informed decisions to protect the American people. With funding provided in the FY 2022 budget, CDC will modernize public health data collection nationwide.

THE FY 2022 BUDGET INVESTS IN PUBLIC HEALTH:

Public health threats know no borders and CDC is at the forefront of the international stage. With FY 2022 investments in Global Public Health Protection, CDC will not only address preparedness within the United States, but also support core public health capacity improvements overseas and strengthen global health security by improving its ability to deploy experts internationally and support efforts to prevent, detect, and respond to emerging global biological threats. CDC will invest in global health security and continue to fight health threats worldwide while simultaneously enhancing domestic preparedness to address threats here at home. Domestic health is increasingly impacted by global factors. CDC's global health security efforts include conducting research to ensure efficient disease response before it reaches our shores.

The FY 2022 budget also supports additional preparedness activities across HHS, including NIH basic and applied research to better understand and treat infectious diseases, and activities within FDA to advance regulatory science, support efficient and effective review of new medical countermeasure products, and applying lessons learned from the COVID-19 pandemic.

Violence

While we prepare for future pandemic threats, we are also facing a public health crisis that is already here: violence in our communities. The current public health emergency has shone a light on the issue of domestic and gender-based violence. More than 1 in 4 women and more than 1 in 10 men have experienced contact sexual violence, physical violence, or stalking by an intimate partner and reported significant impacts. The budget provides $489 million for the Administration for Children and Families (ACF) to support and protect domestic violence survivors, which is more than double the FY 2021 enacted levels. The budget also provides $66 million for victims of human trafficking and survivors of torture, more than 45 percent above FY 2021 enacted levels.

We have also seen the devastating impact of gun violence in communities across the country. Almost 40,000 people die as a result of firearm injuries in the United States every year, while homicide is the third leading cause of death for people ages 10-24. This is a public health issue, and one that disproportionately impacts communities of color. The budget addresses this crisis by doubling CDC and the National Institutes of Health (NIH) funding for firearm violence prevention research. The budget also provides $100 million to CDC to start a new Community Violence Intervention (CVI) initiative, in collaboration with Department of Justice, to implement evidence-based community violence interventions at the local level. In addition to the discretionary investment for the CVI initiative, the budget includes a total of $5 billion in mandatory funding for CDC and the Department of Justice, beginning in FY 2023 and continuing through FY 2029.

Climate Change

The climate crisis has real public health impacts, and the HHS mission depends on healthy and sustainable environments. HHS thus has a major role to play in the

Administration's government-wide effort to tackle this crisis. HHS investments to combat climate change in the FY 2022 budget will advance health equity, lay the foundations for economic growth, and ensure that the benefits from tackling the climate crisis accrue to tribal communities, communities of color, low-income households, and disadvantaged communities that have been marginalized or overburdened.

The budget includes an increase of $100 million in NIH to support research aimed at understanding the health impacts of climate change. The budget also provides an additional $100 million investment in CDC's Climate and Health program to support efforts to understand and identify potential health effects associated with climate change and implement plans to adapt to a changing environment.

The American Jobs Plan invests $1.5 billion in public health resilience. These investments will increase the resilience of hospitals and critical infrastructure, fund health emergency preparedness cooperative agreements, and build resilience against climate effects.

Refugees and Unaccompanied Migrant Children

The FY 2022 budget more than doubles funding to provide for refugees and unaccompanied migrant children, for a total of $4.4 billion. This investment rebuilds the nation's refugee infrastructure to support resettling up to 125,000 refugees in 2022, the highest number of refugees admitted to the United States in 30 years.

The United States is facing an unprecedented surge of unaccompanied migrant children at our Southern border. HHS is working to safely and humanely care for these children in alignment with child welfare best practices, and HHS is committed to ensuring they are unified with relatives and sponsors as safely and quickly as possible. The budget also supports reforms to the program to better position ACF to address future surges.

CARING FOR ALL AMERICANS THROUGH HEALTH AND HUMAN SERVICES

Central to the HHS mission is the charge to enhance the health and well-being of all Americans. The budget invests in areas across HHS to ensure we are equitably serving the American people.

Access to Affordable Health Care

The FY 2022 budget makes expanding affordable health care access a priority across Centers for Medicare & Medicaid Services (CMS) programs. The Affordable Care Act has expanded health insurance coverage to millions of Americans, and the FY 2022 budget goes even further.

The budget builds on the groundbreaking reforms included in the American Rescue Plan Act by extending the premium subsidies that put affordable health care coverage within reach of millions more Americans. (See next page for more information). One out of four enrollees on Healthcare.gov is able to upgrade to a new or different plan that offers better out-of-pocket costs at the same or lower premiums compared to what they were paying before the American Rescue Plan Act. In addition, due to the COVID-19 pandemic, an ongoing opportunity to apply for enrollment in Marketplace health care coverage through a Special Enrollment Period made available on HealthCare.gov will be available to individuals through August 15. This effort provides a desperately needed opportunity for individuals and families to apply for and enroll in the coverage. As of May 10, over 1 million additional Americans have signed up for health insurance in the Marketplace, and an additional 2 million returned to the Marketplace to obtain improved benefits, both in terms of reduced premiums and more affordable cost sharing.

Maternal Health

The United States has the highest maternal mortality rate among developed nations, with an unacceptably high mortality rate for Black and American Indian/Alaska Native women. Addressing this critical public health issue is a major priority of the Biden Administration. Building on HHS's longstanding efforts to improve maternal health, the budget provides more than $220 million in discretionary funding to reduce maternal mortality and morbidity by implementing evidence-based interventions to address critical gaps in maternity care service delivery and improve maternal health outcomes. This includes increased funding to CDC's Maternal Mortality Review Committees and the Health Resources and Services Administration's (HRSA) Rural Maternity and Obstetrics Management Strategies program as well as other increases across HHS programs. As with all HHS public health work, collecting good data will be critical to this effort.

In addition to the discretionary resources proposed for maternal health and reducing maternal mortality, the budget also includes $3 billion over five years to invest in maternal health and reduce the maternal mortality rate and end race-based disparities in maternal mortality.

THE PRESIDENT'S HEALTHCARE AGENDA TO LOWER COSTS AND EXPAND AND IMPROVE COVERAGE

The Patient Protection and Affordable Care Act (ACA) made historic progress in expanding and improving health coverage and lowering health costs. The American Rescue Plan built on that progress with the most substantial improvement in healthcare affordability since 2010. For people who obtain coverage through the ACA marketplaces, the American Rescue Plan increased premium tax credits—and extended them to families with incomes above 400 percent of the Federal poverty level—for two years. These improvements are lowering premiums for more than nine million current enrollees by an average of $50 per person per month, and would enable millions of uninsured people to gain coverage.

The American Rescue Plan was only a first step to lowering costs and expanding coverage. Building on that progress, the American Jobs Plan invests $400 billion in strengthening home and community-based services for older people and people with disabilities and strengthening the workforce that provides this vital care. The American Families Plan makes permanent the American Rescue Plan's expansion of premium tax credits and makes a historic investment to improve maternal health and mortality.

Beyond these steps, the President also calls on the Congress to take action this year to reduce prescription drug costs and to further expand and improve health coverage. The President's healthcare agenda in these areas includes the following additional policies:

Lowering the Costs of Prescription Drugs.
The President supports reforms that would bring down drug prices by letting Medicare negotiate payment for certain high-cost drugs and requiring manufacturers to pay rebates when drug prices rise faster than inflation. These reforms would lower drug costs and save money for Medicare beneficiaries and people with job-based insurance. The reforms could also yield over half a trillion in Federal savings over 10 years, which could help pay for coverage expansions and improvements.

Improving Medicare, Medicaid, and ACA Coverage.
Medicare, Medicaid, and the ACA marketplaces provide critical coverage to tens of millions of Americans, but should be strengthened through measures like improving access to dental, hearing, and vision coverage in Medicare, making it easier for eligible people to get and stay covered in Medicaid, and reducing deductibles for marketplace plans. The President also supports eliminating Medicaid funding caps for Puerto Rico and other Territories while aligning their matching rate with States. Further, evidence shows that we can reform Medicare payments to insurers and certain providers to reduce overpayments and strengthen incentives to deliver value-based care, extending the life of the Medicare Trust Fund, lowering premiums for beneficiaries, and reducing Federal costs.

Creating Additional Public Coverage Options.
The President supports providing Americans with additional, lower-cost coverage choices by: creating a public option that would be available through the ACA marketplaces; and giving people age 60 and older the option to enroll in the Medicare program with the same premiums and benefits as current beneficiaries, but with financing separate from the Medicare Trust Fund. In States that have not expanded Medicaid, the President has proposed extending coverage to millions of people by providing premium-free, Medicaid-like coverage through a Federal public option, paired with financial incentives to ensure States maintain their existing expansions.

Healthcare is a right, not a privilege. Families need the financial security and peace of mind that comes with quality, affordable health coverage. In collaboration with the Congress, the President's healthcare agenda would achieve this promise.

Ending the HIV Epidemic in the United States.
The budget provides $670 million across HHS to continue efforts to end the HIV epidemic in the United States by working closely with communities where HIV transmission occurs most frequently to implement effective prevention, diagnosis, and treatment strategies, and to address the disproportionate impact of HIV and Hepatitis C infections in Tribal communities. HHS programs have already made major progress in combating this epidemic. HRSA ensures equitable access to services and supports for low-income people with HIV through Health Centers as well as the Ryan White HIV/AIDS Program. In 2019, 88.1 percent of Ryan White HIV/AIDS Program clients were virally suppressed, a record level that exceeds the national average of 64.7 percent. HHS will build on this work to end the epidemic once and for all.

Rural Health
Also directly connected to the HHS mission is the need to provide access to high-quality care no matter where you live. HHS will continue to focus on the unique needs of rural communities. HHS has a range of programs that address rural health, from those with large service populations like Health Centers, to targeted populations like the Black Lung Clinics Program. The FY 2022 budget promotes services to coal miners and their families through quality medical, outreach, educational, and benefits counseling services. It also provides funding to increase the number of individuals training in rural communities, as research has shown that providers are likely to remain in the communities where they train as residents.

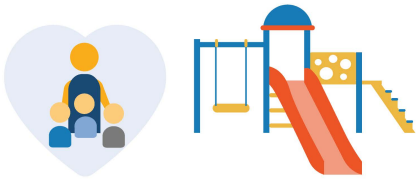
Indian Health Service
HHS will address the stark health disparities that persist in Tribal communities by investing in the Indian Health Service (IHS), which is the principal health care provider for over 2.6 million American Indians and Alaska Natives. The COVID-19 pandemic's devastating impact on Tribal communities has demonstrated the real human toll of these disparities. The budget provides a $2.2 billion or 36 percent increase for IHS in order to take a historic step to address chronic underfunding, expand access to high-quality health care, and address significant infrastructure challenges across Indian Country. It also proposes advance appropriations for IHS to provide stability for the Indian Health system and parity with how other federal health agencies are funded. The Administration is committed to strengthening the Nation-to-Nation relationship between the United States and Indian Tribes. To this end, the budget supports a robust consultative process with Tribes, Urban Indian Organizations, and other stakeholders to consider long-term solutions, including the possibility of mandatory funding, to ensure adequate and stable funding for IHS.

Title X Family Planning
The budget also expands access to family planning health care services, providing an 18.7 percent increase to the Title X Family Planning program to improve access to vital reproductive and preventive care and to advance gender equity. Over the last two years, nearly half of the programs supported by Title X lost providers as a result of the 2019 regulation. The budget allows Title X to not only restore highly qualified providers but also to expand its essential services to meet increased demand as a result of the global pandemic and resulting recession. In 2019, Title X-funded clinics served almost 3.1 million individuals, 66 percent of which had incomes at or below the federal poverty level and 41 percent of which were uninsured. This number is down by nearly 1 million people compared to 2018.

Civil Rights Enforcement and Protection from Discrimination
Advancing equity is an Administration priority and at the core of the Department's mission to promote the health and well-being of all Americans. Our laws must be enforced fairly and equitably. The HHS Office for Civil Rights (OCR) must ensure equal protection under the law, including on the basis of race, color, national origin, sex, age, disability and religion. The budget provides a 24 percent increase to OCR, for a total of $48 million. With this additional funding, OCR will build discrimination teams to manage robust policy and compliance reviews; investigations; and the enforcement work necessary to restore important anti-discrimination protections to the American people. These resources will also fund additional staff to prioritize investigation and resolution of the significant backlog of complaints alleging sexual orientation or gender identity discrimination among many others.

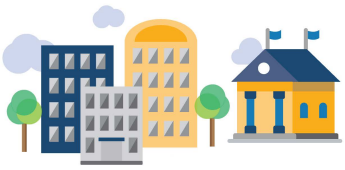
THE FY 2022 BUDGET INVESTS IN CHILDREN AND FAMILIES

Over **1 million** children receive child care subsidies every month funded by the Child Care & Development Fund

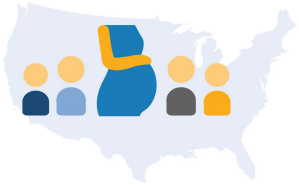


Nearly **1/2** of the families receiving child care subsidies reported income below the Federal Poverty Level.

Head Start programs deliver services through **16,000** agencies in local communities



Programs provide services to over **1 million** children and pregnant women every year, in every U.S. state and territory



INVESTING IN CHILDREN'S FUTURES

Early Childhood and Learning

The hope of a middle-class life has gotten further and further out of reach for too many American families, as the costs of raising children – from child care to taking paid leave time to care for a new child or when a child is ill – have grown. The high cost of child care continues to make it hard for parents – especially women – to work outside the home and provide for their families. The budget invests $250 billion over ten years to make child care affordable. High-quality early care and education lay a strong foundation so that children can take full advantage of education and training opportunities later in life. Both the President's American Jobs Plan and American Families Plan invest in school and child care infrastructure and workforce training, ensure that low and middle-income families pay no more than 7 percent of their income on high-quality child care, and invests $200 billion in a national partnership with states to offer free, high-quality, accessible, and inclusive preschool to all three- and four-year-olds, benefitting five million children.

The budget also provides $19.8 billion in discretionary funding for the Department's early care and education programs in ACF, $2.8 billion over FY 2021 enacted. This includes $11.9 billion for Head Start, which provides services to more than a million children and pregnant women every year throughout the country, and $7.4 billion for the Child Care and Development Block Grant.

Child Welfare

The budget includes a new $100 million competitive grant proposal to address racial inequities in child welfare and reorients child welfare systems towards prevention-oriented practice. The budget also provides $200 million for states and community-based organizations to respond to and prevent child abuse.

COMBATING MENTAL HEALTH AND SUBSTANCE USE CRISES

HHS is addressing the co-occurring public health crises of mental health and substance use. This need is especially urgent given that both crises have accelerated during the COVID-19 pandemic. Calls to mental health helplines have increased across the country as Americans struggle with increased anxiety, depression, risk of suicide, and trauma-related disorders resulting from the pandemic. Younger adults, racial and ethnic minorities, essential workers, and unpaid adult caregivers are particularly impacted by growing mental health concerns. Similarly, preliminary data from 2020 suggests that overdose deaths, which were already increasing, accelerated during the pandemic. An estimated 90,000 drug

overdose deaths occurred in the United States in the 12 months ending in September 2020. The budget addresses these crises through key investments in the Substance Abuse and Mental Health Services Administration and CMS.

Mental Health

In a historic investment, the budget provides $1.6 billion to the Community Mental Health Services Block Grant to respond to the systemic strain on our country's mental health care system—more than double the FY 2021 funding level. To address the undeniable connection between the criminal justice system and mental health, the budget will also invest in programs that increase access to mental health services for people involved in the criminal justice system. HHS will also focus on the behavioral impact of COVID-19 on children. When children and young people face trauma, it can continue to affect them across their lifespans. It is critical we intervene now to support their social, emotional, and mental well-being.

Substance Use

The budget takes action to address the epidemic of opioids and other substance use, investing $11.2 billion, including $10.7 billion in discretionary funding, across HHS, $3.9 billion more than in FY 2021. The impact of this epidemic is felt in our communities, and the budget will direct funding to states and Tribes to increase community-level response. The budget will also increase access to medications for opioid use disorder and expand the behavioral health provider workforce, particularly in underserved areas. HHS will continue to build on the investments the American Rescue Plan provided to the Substance Abuse Prevention and Treatment Block Grant, Community Mental Health Services Block Grant, and Certified Community Behavioral Health Centers. This crisis is evolving—overdose deaths involving substances other than opioids are also increasing. HHS will ensure our work is responsive to the needs of communities across the country.

PROMOTING BIOMEDICAL RESEARCH

HHS work is responsible for major scientific breakthroughs, and we are committed to supporting innovative science and research in order to advance the health and well-being of our nation. As the world's premier biomedical research agency, NIH will continue to be at the forefront of scientific advancements. The budget includes $52 billion for NIH, a $9 billion or 21 percent increase over FY 2021. Included in this increase is $6.5 billion to establish the Advanced Research Projects Agency for Health (ARPA-H). With an initial focus on cancer and other diseases such as diabetes and Alzheimer's, this major investment in Federal research and development will speed transformational innovation in health research and speed application and implementation of health breakthroughs.

This bold new approach complements NIH's existing research portfolio, which is a vital contributor to longer and healthier lives, supports and trains world-class scientists, and drives economic growth. Outside of ARPA-H, the remaining $2.5 billion increase will allow NIH to continue investing in basic research and translating research into clinical practice to address the most urgent challenges, such as HIV/AIDS, ending the opioid crisis, and combating climate change.

MEETING OUR MISSION

Funding Core Program Operations

In order to meet the HHS mission to enhance and protect the health and well-being of all Americans, HHS requires sufficient funding to cover the Department's operational needs. The FY 2022 budget invests to bolster operations. It strengthens administrative and operational resources throughout the Department needed to ensure proper stewardship of resources entrusted to HHS. For example, the budget provides increased resources for the CMS Program Management account to accommodate growing enrollment–an estimated 13 percent increase since FY 2015–and responsibilities as a keystone of our health care system that directly serves 148 million Americans. We must support the foundations underlying HHS's mission-critical work, from cybersecurity protections to safe and functional facilities.

Providing Oversight and Program Integrity

Given the magnitude of HHS's work—and the taxpayer dollars used to fund it—it is critical that we ensure our funds are used appropriately. The budget invests in program integrity efforts to combat fraud, waste, and abuse in Medicare, Medicaid, and Private Insurance. With increased resources, CMS will conduct additional medical review of Medicare fee-for-service claims, higher than the less than one-tenth of one percent reviewed today. The budget also increases oversight of Marketplaces in response to the Special Enrollment Period and other efforts to boost Marketplace

enrollment, and the Office of Inspector General's capacity to investigate fraud cases. Program integrity isn't just good governance – these efforts yield a significant return-on-investment. For every $1 spent on Medicare program integrity, the program will save $9, based on a three-year rolling average.

HHS BUDGET BY OPERATING DIVISION /1

The following table is in millions of dollars.

HHS Operating Division Budget /1	2020 /5	2021 /5	2022
Food and Drug Administration – Budget Authority /2	3,365	3,912	3,661
Food and Drug Administration – Outlays	2,963	4,746	3,857
Health Resources and Services Administration – Budget Authority	14,399	21,809	12,883
Health Resources and Services Administration – Outlays	12,113	17,519	17,628
Indian Health Services – Budget Authority	7,393	13,489	8,627
Indian Health Services – Outlays	6,184	11,062	10,951
Centers for Disease Control and Prevention – Budget Authority	15,855	28,566	10,068
Centers for Disease Control and Prevention – Outlays	8,721	13,799	16,108
National Institutes of Health – Budget Authority /2	44,590	43,390	51,254
National Institutes of Health – Outlays	36,387	41,288	45,213
Substance Abuse and Mental Health Services Administration – Budget Authority	6,174	13,692	9,599
Substance Abuse and Mental Health Services Administration – Outlays	5,206	6,716	9,651
Agency for Healthcare Research and Quality – Program Level	444	436	489
Agency for Healthcare Research and Quality – Budget Authority	338	338	353
Agency for Healthcare Research and Quality – Outlays	333	306	344
Centers for Medicare & Medicaid Services – Budget Authority /3	1,328,620	1,259,161	1,443,878
Centers for Medicare & Medicaid Services – Outlays	1,258,071	1,273,414	1,379,251
Administration for Children and Families – Budget Authority	67,349	120,355	83,045
Administration for Children and Families – Outlays	60,819	81,231	98,367
Administration for Community Living – Budget Authority	3,403	4,229	2,982
Administration for Community Living – Outlays	2,418	3,153	5,005
Departmental Management – Budget Authority /4	480	486	577
Departmental Management – Outlays /4	402	1,310	579
Office of the National Coordinator – Budget Authority	60	62	--
Office of the National Coordinator – Outlays	58	73	-1
Non-Recurring Expense Fund – Budget Authority	-350	-375	-500
Non-Recurring Expense Fund – Outlays	290	730	469
Office of Medicare Hearings and Appeals – Budget Authority	192	192	196
Office of Medicare Hearings and Appeals – Outlays	150	235	196
Office of Civil Rights – Budget Authority	39	39	48
Office of Civil Rights – Outlays	27	39	49
Office of Inspector General – Budget Authority	104	94	100
Office of Inspector General – Outlays	52	115	89
Public Health and Social Services Emergency Fund – Budget Authority	230,857	120,510	3,523
Public Health and Social Services Emergency Fund – Outlays	111,157	89,926	67,358
Program Support Center (Retirement Pay, Medical Benefits, Misc. Trust Funds) – Budget Authority	741	760	780
Program Support Center (Retirement Pay, Medical Benefits, Misc. Trust Funds) – Outlays	847	653	452
No Surprises Implementation Fund – Budget Authority	--	500	--
No Surprises Implementation Fund – Outlays	--	250	225
Defense Production Act Medical Supplies Enhancement – Budget Authority	--	10,000	--
Defense Production Act Medical Supplies Enhancement – Outlays	--	2,700	5,800

HHS Operating Division Budget (continued)	2020	2021	2022
Prepare Americans for Future Pandemics – Budget Authority	--	--	6,000
Prepare Americans for Future Pandemics – Outlays	--	--	1,620
Invest in Maternal Health – Budget Authority	--	--	600
Invest in Maternal Health – Outlays	--	--	24
Public Health Resilience – Budget Authority	--	--	1,500
Public Health Resilience – Outlays	--	--	360
Offsetting Collections and Allowance – Budget Authority	-1,219	-1,169	-597
Offsetting Collections and Allowance – Outlays	-1,219	-1,169	-597
Other Collections – Budget Authority	-709	-633	-705
Other Collections – Outlays	-709	-633	-705
Total, Health and Human Services – Budget Authority	**1,721,681**	**1,639,407**	**1,637,872**
Total, Health and Human Services – Outlays	**1,504,270**	**1,547,463**	**1,662,293**

1/ The Budget Authority levels presented here are based on the Appendix and potentially differ from the levels displayed in the individual Operating or Staff Division Chapters.
2/ FDA and NIH BA include the full allocations provided in 21st Century Cures Act.
3/ Budget Authority includes non-CMS Budget Authority for Hospital Insurance and Supplementary Medical Insurance for the Social Security Administration and the Medicare Payment Advisory Commission.
4/ Includes the Pregnancy Assistance Fund, the Health Insurance Reform Implementation Fund, and transfers from the Patient-Centered Outcomes Research Trust Fund; and payments to the State Response to the Opioid Abuse Crisis Account.
5/ The Budget Authority and Outlays includes American Recovery Plan (ARP) and Supplemental Funding in FY 2020 and FY 2021.

COMPOSITION OF THE HHS BUDGET DISCRETIONARY PROGRAMS

The following table is in millions of dollars.

Discretionary Program	2020 /1	2021	2022	2022 +/- 2021
Food and Drug Administration – Budget Authority /2	3,266	3,284	3,606	+322
Food and Drug Administration – Program Level	5,941	6,050	6,527	+477
Health Resources and Services Administration – Budget Authority	7,047	7,218	7,834	+616
Health Resources and Services Administration –Program Level	11,909	12,057	12,553	+496
Indian Health Services – Budget Authority	6,047	6,236	8,471	+2,235
Indian Health Services – Program Level	7,291	7,480	9,756	+2,276
Centers for Disease Control and Prevention – Budget Authority	6,917	7,041	8,537	+1,495
Centers for Disease Control and Prevention – Program Level	12,893	13,969	15,413	+1,444
National Institutes of Health – Budget Authority /2	40,304	41,514	50,540	+9,026
National Institutes of Health – Program Level	41,685	42,936	51,953	+9,017
Substance Abuse and Mental Health Services Administration – Budget Authority	5,737	5,870	9,587	+3,717
Substance Abuse and Mental Health Services Administration – Program Level	5,884	6,017	9,734	+3,717
Agency for Healthcare Research and Quality – Budget Authority	338	338	353	+15
Agency for Healthcare Research and Quality – Program Level	444	436	489	+52
Centers for Medicare & Medicaid Services – Budget Authority	3,975	3,975	4,316	+341
Centers for Medicare & Medicaid Services – Program Level	6,384	6,481	6,801	+320
Administration for Children and Families – Budget Authority	24,444	24,695	30,641	+5,946
Administration for Children and Families – Program Level	24,444	24,695	30,641	+5,946
Administration for Community Living – Budget Authority	2,223	2,258	3,009	+751
Administration for Community Living – Program Level	2,306	2,358	3,124	+766
General Departmental Management – Budget Authority	480	486	577	+91
General Departmental Management – Program Level /3	544	551	661	+111
Medicare Hearings and Appeals – Budget Authority	192	192	196	+4
Medicare Hearings and Appeals – Program Level /4	192	192	196	+4
Office of the National Coordinator – Budget Authority	60	62	--	-62
Office of the National Coordinator – Program Level	60	62	87	+24
Office of Civil Rights – Budget Authority	39	39	48	+9
Office of Civil Rights – Program Level	51	66	67	+1
Office of Inspector General – Budget Authority /5	87	87	107	+20
Office of Inspector General – Program Level	397	411	429	+18
Public Health and Social Services Emergency Fund – Budget Authority	2,737	2,847	3,523	+676
Public Health and Social Services Emergency Fund – Program Level	2,737	2,847	3,523	+676
Discretionary HCFAC	786	807	873	+66
Accrual for Commissioned Corps Health Benefits	29	31	36	+5

Discretionary Program (continued)	2020	2021	2022	2022 +/- 2021
Total, Discretionary Budget Authority	**104,708**	**106,980**	**132,253**	**+25,273**
NEF Cancellation and Rescissions	-350	-375	-500	-125
Discretionary Budget Authority	**104,358**	**106,605**	**131,753**	**+25,148**
Less One-Time Rescissions	-9,263	-8,790	-24,301	-15,511
Revised, Discretionary Budget Authority	**95,095**	**97,815**	**107,452**	**+9,637**
Discretionary Outlays	**211,437**	**186,860**	**169,387**	**-17,473**

1/ The FY 2020 column reflects the actual levels (post transfer, disaster supplemental and others).
2/ FDA and NIH BA include the full allocations provided in the 21st Century Cures Act.
3/ GDM PL does not include estimated reimbursable BA for HCFAC or MACRA PTAC, unless otherwise indicated.
4/ Includes funding for Office of Medicare Appeals and Departmental Appeals Board for FY 2021 and FY 2022.
5/ Reflects directed transfers to OIG of $5 million from NIH and $1.5 million from FDA.

COMPOSITION OF THE HHS BUDGET
MANDATORY PROGRAMS

The following table is in millions of dollars.

Mandatory Programs (Outlays) /1	2020	2021	2022	2022 +/- 2021
Medicare	768,618	720,312	767,325	+47,013
Medicaid	458,468	521,127	570,687	+49,560
Temporary Assistance for Needy Families /2	17,182	17,278	17,878	+600
Foster Care and Adoption Assistance	8,836	10,764	10,241	-523
Children's Health Insurance Program /3	16,880	17,220	17,142	-78
Child Support Enforcement	4,424	4,388	4,157	-231
Child Care Entitlement	2,979	3,187	13,973	+10,786
Social Services Block Grant	1,727	1,583	1,640	+57
Other Mandatory Programs /4	14,938	65,913	90,460	+24,547
Offsetting Collections	-1,219	-1,169	-597	+572
Subtotal, Mandatory Outlays	**1,292,833**	**1,360,603**	**1,492,906**	**+132,303**
Total, HHS Outlays	**1,504,270**	**1,547,463**	**1,662,293**	**+114,830**

1/ Totals may not add due to rounding.
2/ Includes outlays for the TANF, and the TANF Contingency Fund.
3/ Includes outlays for the Child Enrollment Contingency Fund.
4/ Includes outlays for No Surprises Implementation Fund, Defense Production Act Medical Supplies Enhancement, Prepare Americans for Future Pandemics, Invest in Maternal Health, the Public Health Resilience and all other remaining mandatory outlays not broken out in the Mandatory Programs table above.

American Rescue Plan

The American Rescue Plan Act of 2021 was signed into law on March 11, 2021. It not only provides the resources for America to beat the COVID-19 pandemic, but also expands access to health insurance coverage, lowers costs, and ensures that health care truly is a right for all Americans.

The American Rescue Plan Act of 2021 (the "Act") includes $160 billion in supplemental funding for programs at HHS that is:

- Mounting a national vaccination program, containing COVID-19, and safely reopening schools;
- Enhancing public health capacity;
- Providing direct relief to Americans;
- Addressing health care disparities; and
- Increasing and expanding access to health insurance coverage.

MOUNTING A NATIONAL VACCINATION PROGRAM, CONTAINING THE VIRUS, AND SAFELY REOPENING SCHOOLS

Vaccine Distribution, Mitigation, and Vaccine Confidence

The Centers for Disease Control and Prevention (CDC) is using $7.5 billion in the Act to support activities to support COVID-19 vaccine planning, distribution, monitoring, and tracking. These resources ensure broad based vaccine access and coverage. In addition to providing funding directly to jurisdictions, this funding helps support efforts to monitor ongoing safety and effectiveness, and to provide information and resources to the public.

CDC is also using $1 billion in the Act to strengthen vaccine confidence across the United States through information and education to enhance vaccination rates nationwide and reduce vaccine hesitancy. Funding will be used to develop and disseminate resources to the health care provider community and general public, in alignment with the national Vaccinate with Confidence strategy.

Vaccines, Therapeutics, and Medical Supplies

The Act provides $6 billion in supplemental funds to support research, development, manufacturing, production, and procurement of vaccines, therapeutics, and medical supplies to respond to the COVID-19 pandemic. These funds will support clinical trial research of vaccines on variant strains and special populations, development of novel antiviral drugs, and production of critical medical supplies for health care providers. Under the Defense Production Act, the American Rescue Plan provides $10 billion in supplemental funds to enhance the purchase, production, and distribution of medical supplies, such as diagnostic tools and personal protective equipment.

The Food and Drug Administration (FDA) is using $500 million in the Act to evaluate the continued performance, safety, and effectiveness of COVID-19 medical countermeasures approved for emergency use, including the associated manufacturing process and supply chain. Funds will also facilitate advanced continuous manufacturing activities related to production of vaccines and related materials and provide oversight of the supply chain and mitigation of shortages of vaccines, therapeutics, and devices approved, cleared, licensed, or authorized for use for the treatment, prevention, or diagnosis of COVID–19.

Quality Improvement Organization Targeted Response for Nursing Home Infection Control

The Centers for Medicare & Medicaid Services (CMS) is using $200 million in supplemental funds from the Act

to support its strategy to ensure America's 15,400 Medicare-participating skilled nursing facilities have access to targeted Quality Improvement Organization (QIO) infection control assistance. QIOs will provide one-on-one technical assistance to low performing nursing homes with infection control deficiencies and COVID-19 outbreaks. They will offer general technical assistance for small, rural nursing homes serving vulnerable populations, those with limited access to other care options, and those that are identified based on health equity considerations. Finally, QIOs will make standardized training materials accessible to all nursing homes in the country.

The Act also appropriated $250 million for Medicaid and $250 million for Medicare to fund Strike Force Teams to assist nursing homes with COVID-19 outbreaks through clinical, infection control or staffing activities. CDC will support CMS in implementing the Strike Force teams, lending their extensive expertise in infection control.

Testing including School Reopening

The Act provided HHS with $47.8 billion to carry out activities to detect, diagnose, trace, and monitor SARS-CoV-2 and COVID-19 infections and related strategies to mitigate the spread of COVID-19. A substantial portion of these resources focus on the testing, supplies, related services and supports needed for safe reopening of schools, testing in congregate settings, and continuing high priority testing activities in underserved communities that were initiated with previous supplemental resources.

To support the reopening of schools and in-person learning, CDC provided $10 billion to state, local, and territorial health departments to fund school districts or provide materials to increase screening testing in all K-12 schools within their jurisdiction.

ENHANCING PUBLIC HEALTH CAPACITY

Data Modernization

CDC is using $500 million from the Act to support efforts to continue to modernize public health surveillance and data collection nationwide and to forecast emerging biological threats. These efforts build on ongoing investments in public health data modernization at CDC, to ensure that public health data is readily available to support decision making using more real-time data at the federal, state, and local levels.

Mental and Behavioral Health Training

The need for mental and behavioral health training among providers has skyrocketed due to COVID-19. The Act provides $220 million for Behavioral Health Workforce Education and Training. This includes $100 million for awards to increase the supply of behavioral health professionals, improve the distribution of a quality behavioral health workforce, and increase access to behavioral health services. In addition, $80 million is provided for mental and behavioral health training to rapidly deploy evidenced-based strategies in health professions, and $40 million is included to implement evidenced-based strategies to promote mental and behavioral health among providers.

Health Workforce

The health workforce shortages in geographic locations across the United States is an historic problem that has been exacerbated by COVID-19. To address this gap, the Act provides $1.3 billion in funds to improve the supply of health care providers in underserved areas, including $800 million for National Health Service Corps, $330 million for Teaching Health Centers Graduate Medical Education, and $200 million for Nurse Corps. This investment will increase the number of providers dedicated to caring for underserved and vulnerable populations.

Public Health Workforce

In addition, the Act provides $7.66 billion to HHS to establish, expand, and sustain a robust public health workforce. These short- and longer-term investments will support the public health system broadly by ensuring that there is a current workforce, as well as a pipeline for the future, ready and able to address current COVID-19 response needs and future preparedness.

PROVIDING DIRECT RELIEF TO AMERICANS

Child and Community-based Services

The Act provides $46.8 billion in discretionary and mandatory supplemental funds to serve children and their families in their communities. The Child Care and Development Block Grant, Child Care Entitlement, and Head Start were allocated $40.0 billion. Administration for Children and Families (ACF) will use

these funds to provide child care subsidies, personnel and facility maintenance, and purchase new or update existing equipment and supplies to respond to the public health emergency. The Act also enacted an additional $1 billion in grants for pandemic emergency assistance through the Temporary Assistance for Needy Families program. These are necessary to keep many child care facilities operating and providing essential services going forward. ACF will provide $5 billion to states, tribes, and territories to help vulnerable households to pay their home energy and water bills. The Act provides funds for a new grant program to support community-based organizations to provide culturally specific activities for survivors of sexual assault to address emergent needs resulting from the coronavirus public health emergency. The public health emergency has shone a light on gender-based violence. One in four women and one in ten men will experience domestic violence at some point in their lives. ACF will provide this funding to communities with special needs. ACF has also provided $350 million for states, territories, and tribes for additional child abuse prevention activities.

The Act provides $460 million to expand and maintain supportive services provided to seniors. These services are essential to making sure seniors can shelter-in-place or self-quarantine to help minimize their exposure to COVID-19. These supportive services include personal care homemaker and chore services, transportation to grocery stores, banks, doctors when necessary, and case management. The funds will also help support seniors who experience increased declines in physical and cognitive health due to social isolation associated with stay-at-home orders. More than 20,000 community-based organizations will support efforts to ensure that everyone in the aging and disability community has equal access to vaccinations through an expansion of outreach and coordination at facilities that vaccinate older individuals.

Community Mental Health Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) is using $1.5 billion in supplemental funds from the Act to expand the Mental Health Block Grant. The block grant provides critical resources to states and territories to direct funding into communities and bolster local mental health infrastructure. The supplemental funds will expand the reach of the block grant and increase access to community-based mental health services for children and adults with serious mental health conditions. SAMHSA is also using $50 million from the Act to expand community-based behavioral health services, including care coordination, training for behavioral health providers, telehealth services, and expanding behavioral health preventative and crisis services. To further increase access to high quality behavioral health services, SAMHSA is using $420 million from the Act for Certified Community Behavioral Health Clinics to provide comprehensive support for people who are suffering from serious mental illness, substance use disorder, and co-occurring mental health and substance use disorders. SAMHSA supplemental funds for Advancing Wellness and Resiliency in Education (Project AWARE), youth suicide prevention, and the National Child Traumatic Stress Network will support the mental health needs of youth by expanding access to needed services, providing training for mental health professionals, and provide trauma-informed services to children and their families.

Substance Abuse Prevention & Treatment

The Substance Abuse Prevention and Treatment Block Grant is a cornerstone of the nation's public health funding to address the ongoing opioid and substance use crisis. SAMHSA is using $1.5 billion from the Act to the block grant to expand access to evidence-based treatment and recovery services and invest in substance use disorder prevention. SAMHSA is also using $30 million for community-based substance use disorder services, which will be used to provide direct services to people with substance use disorder. These grants will support a wide range of programs, including

syringe services programs and services to prevent and control the spread of infectious disease, and will also connect individuals at risk for, or with, a substance use disorder to overdose education, counseling, and health education.

ADDRESSING HEALTH CARE DISPARITIES

Community Health Centers

Health Centers overcome geographic, cultural, linguistic, and other barriers to care by delivering coordinated and comprehensive primary and preventive services. This care reduces health disparities by emphasizing care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology. During the COVID-19 public health emergency, Health Centers have played a key role in providing testing and care for those affected by the virus. The Health Resources and Services Administration (HRSA) has awarded billions of dollars in new funding to support the detection, prevention, diagnosis, and treatment of COVID-19. This funding has enabled Health Centers to maintain or increase their staffing levels, conduct training, purchase personal protective equipment, and administer millions of tests for both existing and new patients. Specifically, HRSA is using $7.6 billion in the Act for the support of Health Centers, Health Center Program look-alikes, and Native Hawaiian Entities, including enhancing direct health care services and infrastructure.

American Indians and Alaska Natives

Long-standing health disparities and infrastructure deficiencies contributed to disproportionate rates of COVID-19 infection, hospitalization, and death in American Indian and Alaska Native communities. Throughout the pandemic, the Indian Health Service (IHS) has worked with Tribes and Urban Indian Organizations to mount an effective pandemic response that respects Tribal sovereignty, is responsive to local conditions, and acknowledges the unique challenges faced across the Indian Health system.

IHS is using $6.1 billion from the Act to continue mounting a comprehensive, culturally responsive pandemic response in Indian Country. $2.1 billion provided in the Act is supporting critical vaccine and testing efforts, such as mobile and large-scale vaccination and testing sites in rural and hard to reach areas. The Act also includes $2 billion to make up for lost reimbursements at IHS, tribal, and urban Indian health programs; health programs are using these funds to pay salaries for high-quality health care providers, expand health care services, and maintain critical accreditation requirements. IHS is using $140 million to enhance Health IT and telehealth infrastructure across the Indian Health system through activities such as purchasing the necessary equipment and software licenses to support expanded telehealth services. $584 million is expanding access to vital health care services, $84 million of which is targeted to expanding services provided through Urban Indian Organizations.

IHS will use additional funds provided in the Act for facilities construction and maintenance and improvement necessary for COVID-19 response ($600 million); expanding the public health workforce in Indian Country ($240 million); providing mental and behavioral health treatment ($420 million); and delivering potable water to communities that lack adequate access ($10 million).

Native American Nutrition

The Administration for Community Living (ACL) is using $25 million in supplemental funds from the Act for Native American Nutrition and Supportive Services, and Caregiver programs. This funding will support Tribes and Tribal Organizations to provide culturally competent services and supports to American Indian, Alaska Native and Native American elders, including the provision of traditional foods and respecting and retaining traditional languages. ACL will also use this funding to support Native American Caregivers who have experienced greater caregiving needs because of the COVID-19 pandemic. COVID-19 placed greater pressure on caregivers to provide around the clock service to their loved ones while also juggling their own lives. These services will provide relief to caregivers during the pandemic and help caregivers as native elders transition back to engagement with the community as the community begins to open.

INCREASING AND EXPANDING ACCESS TO HEALTH INSURANCE COVERAGE

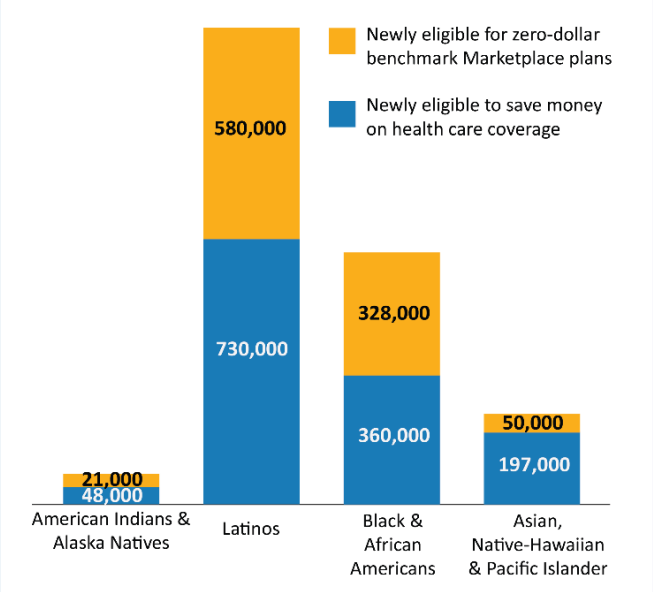
Reduced Premiums

The Act lowers the percentage of income that an individual is required to pay for health care premiums

on Marketplace plans, with a maximum of 8.5 percent for plan years 2021 and 2022. Additionally, consumers of all incomes are now potentially eligible for premium assistance, removing the previous cap of 400 percent of the federal poverty level (FPL). In addition, consumers that make 100 percent to 150 percent of FPL now have access to free plans. While this is helpful for all consumers, older adults who typically pay more for health care will benefit tremendously. For example, a 64-year-old making 401 percent of the FPL previously had an average annual premium of $12,698 for the benchmark plan. Under the Act, that same annual premium is now $4,394, a savings of over $8,000. For 2021, the Act also allows individuals who have received unemployment benefits at any point in 2021 access to no-cost health care coverage.

The Act also directs the Secretary to award $20 million to State Exchanges to modernize or update their systems, programs, or technology to meet applicable requirements.

THE AMERICAN RESCUE PLAN ADDRESSES RACIAL HEALTH INEQUALITIES BY EXPANDING COVERAGE AND REDUCING COSTS



Mandatory Coverage of COVID-19 Vaccines, Administration, and Treatment under Medicaid and the Children's Health Insurance Program (CHIP)

The Act requires states to provide COVID-19 vaccines, administration, and treatment under Medicaid and CHIP with no cost to the beneficiary. This coverage is fully funded by the federal government and ensures all Medicaid and CHIP enrollees get the care they need so they can get back into the community.

FMAP Increases

The Act temporarily increases the Medicaid Federal share of home and community-based expenditures by an estimated $12.8 billion through a 10 percent increase in the Federal Medical Assistance Percentage (FMAP) for all states. The Act also includes a temporary 5 percent FMAP increase for any states that expand Medicaid that have not already done so. These increases in funding strengthen Medicaid enrollment and coverage, and ensure people are able to receive services safely in the community.

Coverage for Pregnant Women

Currently, three states have approved section 1115 waiver demonstrations with extended coverage periods for pregnant women. The Act provides a five-year time-limited state option for Medicaid coverage for pregnant women through 12-months postpartum. Under this state plan option, states would have to provide full Medicaid benefits during pregnancy and throughout the 12-month postpartum period. Additionally, states that choose to implement this option that cover targeted low-income children who are pregnant or targeted low-income pregnant women under CHIP must also implement the state plan option under CHIP.

Sunset of the Limit on the Maximum Rebate Amount for Certain Drugs

The Act removes the 100 percent average manufacturer price (AMP) cap on Medicaid manufacturer rebates beginning January 1, 2024. The AMP is defined as the average price paid to the manufacturer for the drug by wholesalers for drugs distributed to retail community pharmacies and by retail community pharmacies that purchase drugs directly from the manufacturer. Eliminating the AMP cap on total drug rebates that manufacturers pay state Medicaid programs results in savings to the federal government and states.

State Plan Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services

The Act provides states a temporary option to provide certain Medicaid services covered under the state plan or waiver as qualified community-based mobile crisis

intervention services. These services are for Medicaid recipients in the community who are experiencing a mental health or substance use disorder crisis. This provision appropriates $15 million to implement, administer and make planning grants to states to develop state plan amendments or waivers to provide these services.

The following tables are in millions of dollars.

Food and Drug Administration (FDA)	Total /1
Vaccines, Therapeutics, and Medical Supplies	500
Total, FDA	**500**

Health Resources and Services Administration (HRSA)	Total /1
Health Centers	7,600
National Health Service Corps	800
Behavioral Health Workforce Education and Training	220
Nurse Corps Loan Repayment and Scholarship Programs	200
Teaching Health Center Graduate Medical Education	330
Pediatric Mental Health Care Access Grants	80
Maternal, Infant, and Early Childhood Home Visiting Program	150
Family Planning	50
Total, HRSA	**9,430**

Indian Health Service (IHS)	Total /1
Lost Reimbursements	2,000
COVID-19 Testing and Related Activities	1,500
COVID-19 Vaccine Related Activities	600
COVID-19 Facilities Activities	600
Health Care Services and Purchased/Referred Care	500
Mental Health and Substance Abuse Prevention and Treatment	420
Public Health Workforce	240
IT, Telehealth Infrastructure, and IHS Electronic Health Record Modernization	140
Urban Indian Organizations	84
Potable Water Delivery	10
Total, IHS	**6,094**

Centers for Disease Control and Prevention (CDC)	Total /1
Vaccine Planning, Distribution, Monitoring, and Tracking	7,500
Genomic Sequencing and Surveillance	1,750
Vaccine Confidence Activities	1,000
Data Modernization and Forecasting Center	500
National Education and Awareness Campaign for Health Care Professionals	20
Global Health	750
Total, CDC	**11,520**

Substance Abuse and Mental Health Services Administration (SAMHSA)	Total /1
Youth Suicide Prevention	20
National Child Traumatic Stress Network	10
Community Based Behavioral Health Needs	50
Community Mental Health Services Block Grant	1,500
Project AWARE	30
Certified Community Behavioral Health Clinics	420
Substance Abuse Prevention and Treatment Block Grant	1,500
Community-Based Substance Use Disorder Services	30
Total, SAMHSA	**3,560**

Centers for Medicare & Medicaid Services (CMS)	Total /1
Strike Teams for Resident & Employee Safety in Skilled Nursing Facilities - Medicare	250
Strike Teams for Resident & Employee Safety in Skilled Nursing Facilities - Medicaid	250
State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services – Planning Grants	15
Quality Improvement Organization Targeted Response for Nursing Home Infection Control	200
Establishing A Grant Program for Exchange Modernization	20
Total, CMS	**735**

Administration for Children and Families (ACF) /2	Total /1
Child Care	39,000
Low Income Home Energy Assistance Program	4,500
Temporary Assistance for Needy Families	1,000
Head Start	1,000
Family Violence Prevention	450
Low Income Water Assistance	500
Administration for Native Americans	20
Child Abuse Prevention	350
Total, ACF	**46,820**

Administration for Community Living (ACL)	Total /1
Home & Community-Based Supportive Services	460
Nutrition Programs	750
Preventive Health Services	44
Native American Programs	25
Family Caregiver Support Services	145
National Technical Assistance Center on Grand Families and Kinship Families	10
Long Term Care Ombudsman Program	10
Elder Rights Support Activities	276
Total, ACL	**1,720**

Office of Inspector General (OIG)	Total /1
Oversight	5
Total, OIG	**5**

Public Health and Social Services Emergency Fund (PHSSEF)	Total /1
Rural Provider Funding	8,500
Testing, Contact Tracing, and Mitigation Activities	47,800
Public Health Workforce	7,660
Vaccines, Therapeutics, and Medical Supplies	6,050
Medical Reserve Corps	100
Total, PHSSEF	**70,110**

Defense Production Act (DPA) Medical Supplies Enhancement	Total /1
Emergency Medical Supply Enhancement	10,000
Total, DPA	**10,000**

HHS Budget Total	Total /1
Total, HHS Budget Authority	**160,494**

1/ The table reflects appropriated totals and does not reflect subsequent reallocations.
2/ The table does not include the $633 million increase in annual budget authority for ACF's Child Care Entitlement funding

Food and Drug Administration

The following tables are in millions of dollars.

FDA Programs	2020 /2	2021 /3	2022 /4	2022 +/- 2021
Foods	1,098	1,110	1,194	+84
Human Drugs	1,973	1,997	2,121	+124
Biologics	419	437	458	+21
Animal Drugs and Feeds	239	245	286	+40
Medical Devices	600	628	677	+49
National Center for Toxicological Research	67	67	77	+10
Tobacco Products	680	682	781	+99
Headquarters and Office of the Commissioner	302	318	344	+26
White Oak Operations	54	53	56	+3
GSA Rental Payment	241	236	236	--
Other Rent and Rent Related Activities	133	136	155	+19
Subtotal, Salaries and Expenses	**5,806**	**5,909**	**6,385**	**+459**
Export Certification Fund	5	5	9	+5
Color Certification Fund	10	11	11	-1
Priority Review Voucher Fees/5	13	13	13	--
Buildings and Facilities	32	13	31	+18
21st Century Cures Act	75	70	50	-20
Over-the Counter Monograph	--	28	29	+1
Seafood Safety Studies /6	--	1	--	-1
Total, Program Level	**5,941**	**6,050**	**6,527**	**+477**

Current Law User Fees	2020 /2	2021 /3	2022	2022 +/- 2021
Prescription Drug	1,075	1,107	1,142	+35
Medical Device	220	236	241	+5
Generic Drug	513	520	528	+8
Biosimilars	42	43	43	+1
Animal Drug	31	33	34	+1
Animal Generic Drug	20	23	23	--
Family Smoking Prevention and Tobacco Control Act	712	712	712	--
Food Reinspection	7	7	7	--
Food Recall	2	2	2	--
Mammography Quality Standards Act	18	19	19	--
Export Certification	5	5	5	--
Color Certification Fund	10	11	11	--
Priority Review Voucher Fees /5	13	13	13	--
Voluntary Qualified Importer Program	5	6	6	--
Third Party Auditor Program	1	1	1	--
Outsourcing Facility	2	2	2	--
Over-the Counter Monograph	--	28	29	+1
Subtotal, Current Law User Fees	**2,676**	**2,766**	**2,817**	**+51**

Proposed Law User Fees	2020 /2	2021 /3	2022	2022 +/- 2021
Export Certification	--	--	4	+4
Increase to the Tobacco User Fee	--	--	100	+100
Subtotal, Proposed Law User Fees	**--**	**--**	**104**	**+104**

FDA Budget Totals	2020 /2	2021 /3	2022	2022 +/- 2021
Total, Program Level	**5,941**	**6,050**	**6,527**	**+477**
Less Total, User Fees	-2,676	-2,766	-2,921	-155
Total Discretionary Budget Authority	**3,265**	**3,284**	**3,606**	**+322**
Full-Time Equivalents	17,677	18,187	18,662	+475

1/ Totals may not add due to rounding.
2/ The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $163 million in COVID-19 supplemental resources.
3/ The FY 2021 column reflects enacted levels, including required transfers, but does not include $555 million in COVID-19 supplemental resources.
4/ The FY 2022 column total amounts reflect directed transfer of $1.5 million to the HHS Office of Inspector General.
5/ Includes priority review voucher fees for rare pediatric diseases, tropical diseases, and medical countermeasures.
6/ Reflects one-time funding appropriated for seafood safety studies.

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

The Food and Drug Administration (FDA) advances public health by protecting the nation's food supply and ensuring safe and effective drugs are available in the United States. FDA is responsible for oversight of more than $2.6 trillion in food, medicines, devices, and other consumer products accounting for 20 percent of every dollar spent by U.S. consumers. From reducing toxic metals in baby food, to addressing Shiga toxin-producing *E. coli* in leafy greens, to mitigating medical device shortages, and investigating fraudulent products, FDA promotes public health by helping to advance innovations that make foods and medicines more effective, safe, and affordable and by helping the public get accurate, science-based information to maintain and improve their health.

FDA also supports the nation's counterterrorism capability by ensuring the security of the food supply and by fostering the development of medical products and countermeasures to respond to deliberate and naturally emerging public health threats.

The Fiscal Year (FY) 2022 President's Budget requests $6.5 billion for FDA, an increase of $477 million above FY 2021 enacted. This total includes $3.6 billion in budget authority and $2.9 billion in user fees. The budget will support:

- Modernizing the nation's food safety system to prevent foodborne illness outbreaks and meet the challenges of the global market;
- Addressing pressing challenges with medical product oversight, including drug development, supply chain resiliency and product shortages, and barriers to innovation;
- Modernizing FDA's data infrastructure across programs, enhancing technology, and improving existing services and capabilities; and
- Addressing critical FDA infrastructure and operations to ensure the agency's facilities, including laboratories, can meet the demands of mission work and workforce.

MODERNIZING THE FOOD SAFETY SYSTEM

Every year, one in six people in the United States get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. The FDA food safety program protects and promotes human health by ensuring the safety of the American food supply, dietary supplements, and cosmetics. The agency meets this mandate through regulations, guidance, technical assistance, training, outreach, and consumer information. Since the enactment of the Food Safety Modernization Act, FDA has made great strides in transforming the nation's food safety system by focusing on preventing foodborne illness. In 2020, FDA

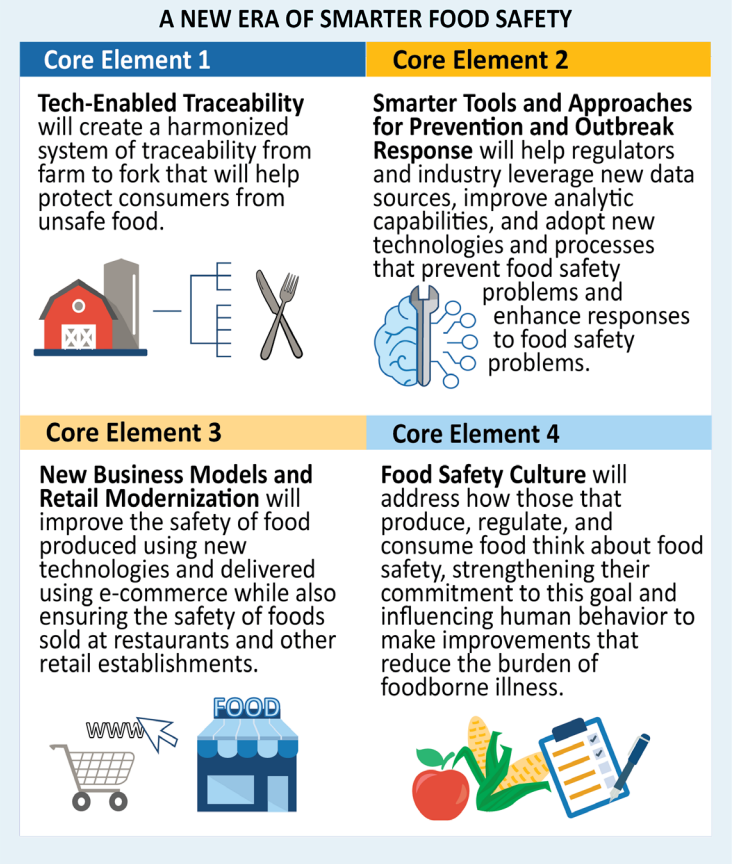
released the New Era of Smarter Food Safety Blueprint, which outlines steps FDA will take over the next decade to create more digital, traceable, and safer food systems, building on the progress that continues to be made in FDA's implementation of Food Safety Modernization Act. FDA also issued the Proposed Rule for Food Traceability as the first step for enhanced traceability through harmonization of proposed key data elements and critical tracking events.

FDA faces unique challenges in the oversight of human and animal food safety in the twenty-first century, in part driven by globalization, advances in technology, and the increasing complexity of production and supply chains. To meet the agency's mandate to implement a preventive, risk-based approach to food safety, the FY 2022 budget includes $1.6 billion—an increase of $134 million above FY 2021 enacted—to ensure the safety of human and animal food supply. Of the total, $1.6 billion is budget authority and $17 million is user fees.

The budget also includes investments to modernize FDA's data infrastructure, address inspections and laboratory safety, improve equity in clinical trials, and strengthen technology and administrative capabilities. These investments are described separately in this document.

New Era of Smarter Food Safety

Of the total food safety budget, $52 million, an increase of $45 million, will allow FDA to build on progress to date and support the goals of the New Era of Smarter Food Safety Blueprint. The blueprint is centered around four core elements: (1) Tech-enabled Traceability; (2) Smarter Tools and Approaches for Prevention and Outbreak Response; (3) New Business Models and Retail Modernization; and (4) Food Safety Culture. This approach builds on the food safety regulatory efforts under the Food Safety Modernization Act and leverages new tools and technologies such as blockchain, sensor technology, the Internet of Things, and artificial intelligence to create a safer and more digital traceable food system.



The FY 2022 budget provides increased funding for FDA's activities to advance goals of the New Era of Smarter Food Safety to leverage the use of new and emerging technologies and data-driven approaches to strengthen predictive capabilities, accelerate prevention, and speed traceback when contaminated foods are identified.

The budget will also provide $20 million--a $16 million increase—to advance goals of the Domestic Mutual Reliance as part of the New Era of Smarter Food Safety, which supports FDA partnerships with states to optimize food safety resources and compliance. New funding will be used expand efforts to modernize, harmonize, and transform the U.S. animal food inspection system into one that is comprehensive and prevention-oriented.

Emerging Chemical and Toxicology Issues

In addition to advancing the goals of the Food Safety Modernization Act, FDA also supports broader priority food and animal feed safety initiatives. The budget provides a $19.7 million increase to enhance and update the Food program approach to chemicals by hiring additional experts to advance the science, acquire new data tools, and advance research. FDA

researchers will identify, manage, and gather relevant toxicology data on potentially dangerous chemicals contained in foods, dietary supplements, and cosmetics. This includes an initiative to reduce per- and polyfluoroalkyl substances (PFAS) in foods. These substances are a family of human-made chemicals found in a range of products used by consumers and industry. In FY 2020, FDA initiated a comprehensive review of available toxicological data on PFAS to identify routes of PFAS exposure, understand associated health risks, and reduce the public's exposure to those health risks. The budget increase allows FDA to recruit additional experts, such as toxicologists and environmental scientists, to continue this program and better respond to contamination events.

Maternal and Infant Health and Nutrition

In April 2021, FDA announced a comprehensive plan to continue the agency's work and further reduce levels of toxic elements, such as lead, cadmium, mercury, and arsenic in foods for babies and young children. The "Closer to Zero: Action Plan for Baby Foods" identifies actions the agency will take to reduce exposure to toxic elements in foods eaten by babies and young children and provide action levels for industry to decrease these elements over time. Supporting patterns of healthy eating while mitigating risk of exposure to harmful toxic elements through investments in maternal and child nutrition offers FDA the greatest opportunities to have a profound, generational impact on the nutrition, health, and wellbeing of Americans. The agency is uniquely positioned to address this critical area of need given its regulatory authorities and tools.

The budget includes a total of $22 million—an increase of $18 million—to strengthen this work, increase pre-market review capacity of infant formulas to evaluate safety and nutritional adequacy, and advance ongoing nutrition work for infant, toddler, and pregnant and lactating women in accordance with the most recent Dietary Guidelines for Americans. FDA will establish toxic element exposure reference levels and identify action levels with the goal of decreasing levels of lead, arsenic, cadmium, and mercury in the foods babies and very young children consume. Reducing exposures to toxic elements from foods while ensuring adequate nutrition can protect young children against the harmful impacts of lead and other toxic elements. FDA will also expand research on the co-occurrence of toxic elements in baby foods and neurodevelopment and broaden reach on consumer awareness.

ADVANCING ACCESS TO SAFE AND EFFECTIVE MEDICAL PRODUCTS

FDA oversees the safety, effectiveness, availability, and quality of an extensive range of regulated products available to Americans, including over-the-counter and prescription drugs, animal drugs, medical devices, and biologics including vaccines, blood products, and gene therapies. FDA uses the latest science to evaluate these products, including once they are marketed and new clinical information becomes available. Over the last year and a half, FDA balanced this broad mission while also addressing the most pressing drug safety challenges during the COVID-19 pandemic response.

During the pandemic, FDA authorized COVID-19 vaccines in an expedited timeframe while adhering to FDA's rigorous standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization. As a part of this process, FDA held public advisory meetings to seek independent science and public health expert input. This transparency will enhance the public and medical community trust and confidence in vaccines. FDA is using COVID-19 supplemental appropriations to monitor the continued performance, safety, and effectiveness of vaccines, therapeutics, in vitro diagnostics, and devices including with respect to emerging COVID-19 variants.

The budget requests $4 billion for medical product safety investments—an increase of $223 million above FY 2021 enacted. The request includes $2 billion in budget authority and $2.1 billion in user fees. FDA will continue ongoing work in drugs, devices, and biologics with new resources targeting the opioid crisis; shortages and supply chain activities; drug safety surveillance and oversight; and predictive toxicology planning.

The budget also includes investments to modernize FDA's data infrastructure, address inspections and laboratory safety, improve equity in clinical trials, and strengthen technology and administrative capabilities. These investments are described separately in this document.

Fighting the Opioids Epidemic

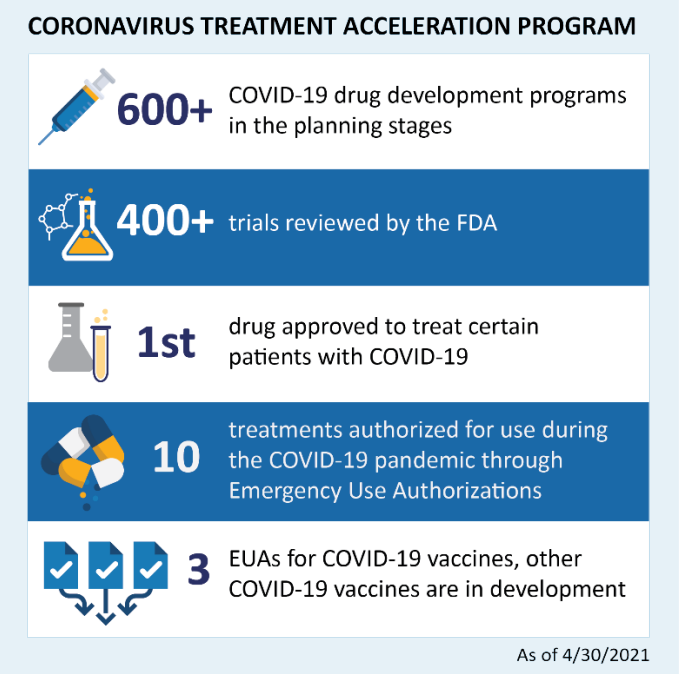
More than 130 people a day die from opioid-related drug overdoses across the country. The national crisis

of opioid misuse, addiction, and overdose—one of the largest and most complex public health crises that our nation has faced—continues to affect communities across America. Fighting the opioid epidemic is a priority for FDA and other agencies across HHS. FDA continues to accomplish goals laid out under the HHS Opioid Strategy, the comprehensive, evidence-based plan that provides the overarching framework to strategically leverage HHS resources and expertise. To that end, the agency continues to address all facets of the epidemic to: (1) decrease exposure and prevent new addiction; (2) support the treatment of those with opioid use disorder; (3) foster the development of novel pain treatment therapies; and (4) improve enforcement and assessing benefit-risk. FDA has made great strides to tackle the opioids crisis including reviewing over 50,000 products at the International Mail Facilities and identifying 215 opioids.

The budget provides an additional $38 million to develop opioid overdose reversal treatments and treatments for opioid use disorder, establish satellite laboratories at selected International Mail Facilities, counterfeit pharmaceuticals and health fraud related shipments, and new funding to develop, evaluate, and advance digital health medical devices to address opioids use disorder.

Drug Safety Surveillance and Oversight

FDA's Human Drugs Program is responsible for ensuring the safety and efficacy of new, generic, and over-the-counter drug products quality to prevent and detect substandard or counterfeit drugs in the U.S. market. The Center for Drug Evaluation and Research ensures patients have access to safe and effective drugs, and to support our public health partners, stakeholders, and industry. FDA played an integral role in the government's COVID-19 response effort, including through the Coronavirus Treatment Acceleration Program, designed to help bring new COVID-19 therapies to market as soon as possible. The program uses every available method to move new treatments to patients as quickly as possible, while at the same time evaluating whether they are helpful or harmful. Currently, there are more than 600 COVID-19 drug development programs in the planning stages, with more than 400 trials that have been reviewed by the FDA, and 10 treatments authorized for use during the COVID-19 pandemic through Emergency Use Authorizations.



The budget includes $6 million in new funding to help build the foundation for implementing the 21st Century Roadmap for modernizing FDA's safety surveillance and oversight program for marketed drugs to build the foundation to create and implement a 21st Century Roadmap for modernizing FDA's safety surveillance and oversight program for marketed drug products. These activities will improve the program's efficiency and predictability to better ensure the safety of marketed drugs.

Shortages and Supply Chain

Medical devices regulated by FDA–everything from personal protective equipment to ventilators to remote patient monitors–were critical components of the U.S. response to the COVID-19 pandemic. Supply shortages can cause delays to the development of and access to life saving products.

The budget includes $22 million for the new Resilient Supply Chain and Shortages Program, which establishes a new U.S. supply chain ensuring that patients and health care providers have access to the critical devices they need, reducing our dependence on devices from other nations and enabling rapid intervention to prevent and mitigate supply chain.

The budget also invests an additional $2.3 million above FY 2021, to enable the Center for Veterinary Medicine to strengthen its capacity to detect data gaps and mine data to help identify and anticipate the effects of the public health emergencies on the animal

drug supply. This database will allow FDA to quickly identify and address critical facilities and animal drugs impacted by emerging diseases or natural disasters and help to identify solutions to potential drug shortages and respond to customs importation requests.

Predictive Toxicology

The budget includes $8 million in new funding for the FDA National Center for Toxicological Research to enable FDA to fund studies included in the agency's roadmap on predictive toxicology published in 2017. The roadmap provides the framework for integrating predictive toxicology into safety and risk assessments.

REDUCING THE USE AND HARMS OF TOBACCO

FDA's Center for Tobacco Products advances the mission to protect Americans from tobacco-related death and disease by regulating the manufacturing, distribution, and marketing of tobacco products and educating the public (especially young people) about the harmful health effects of tobacco products.

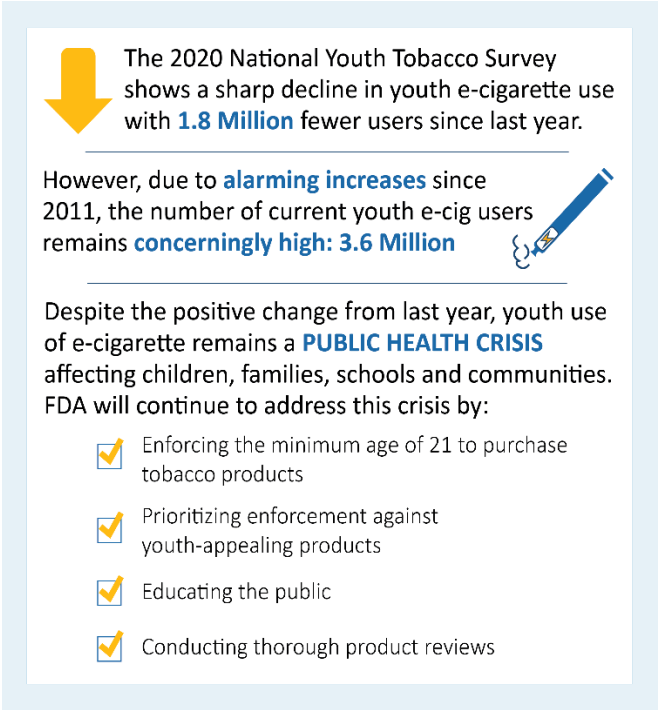
Tobacco use remains the leading cause of preventable death and disease in the United States. Every day, about 34 million adults smoke cigarettes, nearly 1,500 youth aged 12 to 17 smoke their first cigarette, and nearly 200 become daily cigarette smokers. Smoking-related illness costs society over $300 billion each year, including $170 billion in direct medical costs.

The Family Smoking Prevention and Tobacco Control Act of 2009 provided FDA with broad authority to regulate the manufacturing, distribution, and marketing of tobacco products. The finalization of the Deeming rule in 2016 further extended FDA's tobacco regulatory authorities to all tobacco products, including electronic nicotine delivery systems - such as e-cigarettes, cigars, hookah (waterpipe) tobacco, pipe tobacco, and nicotine gels. Key areas of focus include policy and rulemaking, compliance and enforcement, product review, research support, and public education campaigns. From October 2019 through February 2021, key actions FDA has taken include:

- Conducted over 65,000 retail inspections at both brick-and-mortar and online retailers and issued more than 7,000 warning letters and civil money penalties for illegally selling tobacco products, to minors.
- Conducted inspections of over 140 tobacco manufacturing establishments and 400 vape shops.
- Issued hundreds of warning letters to manufacturers, importers, and vape shops for illegally marketing unauthorized electronic nicotine delivery systems products.
- Issued guidance for industry on the agency's intentions to prioritize its enforcement resources with regard to the marketing of electronic nicotine delivery systems products that do not have premarket authorization.

For FY 2022, the budget proposes an additional $100 million in user fees to enhance product review and evaluation, research, compliance and enforcement, public education campaigns, and policy development. The increased funding will strengthen FDA actions to combat youth use of tobacco products including e-cigarettes, through the support of FDA's Youth Tobacco Prevention Plan, which includes compliance and enforcement efforts for all tobacco products, public education campaigns, and science and research programs.

The budget supports FDA's goal to prevent a new generation of children from becoming addicted to nicotine through e-cigarettes. E-cigarette use among youth increased by 78 percent increase among high school students and 48 percent among middle school students from 2017 to 2018.



ADDRESSING EMERGING CHALLENGES

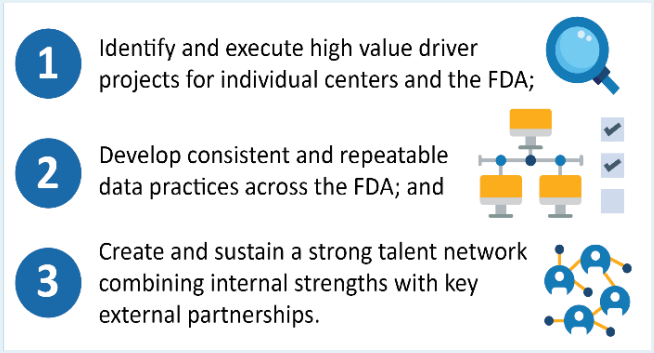
The budget addresses newly emerging challenges that are agency-wide and cross-cutting and advance Food Safety and Medical Product Safety efforts. These investments provide resources, technology, capacity, and infrastructure to address public health needs and tackle complex challenges due to advances in the global food and medical product technology and supply chains.

Data Modernization

The FY 2022 budget includes a total of $83 million—an increase of $76 million of new funding—to support FDA's data modernization efforts by building core programs and infrastructure aligned to the specific needs in both the Foods and Medical Product programs as well as critical enterprise technology capabilities. This new investment allocates resources to supports FDA's coordinated data modernization agenda that includes centralized resources and capabilities plus program-specific customization.

Of the $76 million, $45 million will support an agency-wide centralized enterprise data modernization effort, and $31 million will support complementary program-specific investments. The budget builds specific expertise and capabilities across FDA, while also taking an overall view of FDA and how the elements come together to advance the Administration's priorities.

FDA'S DATA MODERNIZATION ACTION PLAN



Inspections

COVID-19 is an unprecedented public health emergency that has challenged traditional oversight activities and resulted in postponed inspectional activities. At the same time, the pandemic afforded FDA the opportunity to implement new approaches to increase efficiency and coordination for better response to deliberate and naturally emerging public health threats. The FY 2022 budget requests an increase of $19 million for FDA to address inspections delayed due to the public health emergency and to increase the level of response for COVID-19 medical countermeasures, food facilities, and counterfeit and misbranded products. This investment will support increased site inspections and the number of unannounced inspections of regulated facilities manufacturing essential medicines, medical countermeasures, and critical inputs.

Office of Minority Health and Health Equity

FDA's Office of Minority Health and Health Equity provides leadership and policy direction on minority health, health disparity, and health equity matters across the agency. The office works to implement several innovative intramural and extramural initiatives, including minority health focused funded opportunities that contribute to reducing health disparities and outreach to diverse stakeholders to strengthen inclusion in shaping regulatory decisions. The FY 2022 budget includes an increase of $5 million, for a total of $8 million, to enhance FDA's ability to support and expand health equity and health disparity efforts. This investment will allow FDA to expand culturally and linguistically tailored communication and outreach efforts, establish new scientific initiatives, support novel health disparity and health equity focused intramural and extramural research, and advance activities that enhance meaningful inclusion of minority populations in clinical trials.

CAPACITY BUILDING

The FY 2022 budget includes an increase of $54 million, for a total of $73 million, on critical, high priority capacity building investment that enable the FDA's ability to keep pace with new requirements, legislation, and regulatory responsibilities. The budget supports essential services such as cybersecurity, information technology equipment replacement, and business services that contribute to FDA's mission. The budget also invests in improving laboratory safety, environmental compliance, quality management, and occupational safety to reduce risk from laboratory work, enhance laboratory security and data quality, increase efficiencies, and strengthen the culture of responsibility and safety.

In addition, the budget also dedicates resources to fund FDA's workforce that includes, but is not limited to, inspectors, researchers, specialized subject matter

experts to support crucial pandemic-related matters, and other ongoing FDA regulatory activities such as medical product reviews, food safety assessments, enforcement cases, defense of agency decisions, and other high-profile matters involving multiple motivated stakeholders.

INFRASTRUCTURE AND FACILITIES

Optimally functional, safe and secure facilities and buildings foster scientific innovation and equip FDA to evaluate food safety, respond to emergencies, improve health care, and ensure the safety of medical products. For example, operational failures and utility outages adversely impact laboratory activities supporting efforts to control COVID-19 and U.S. readiness for seasonal and pandemic influenza.

The FY 2022 budget includes $478 million to support rent, utilities, maintenance, and infrastructure improvements critical to advance public health. The FY 2022 budget is $40 million above FY 2021, and $18 million of the overall increase is dedicated to repairs and improvements of FDA owned site infrastructure and facilities, which includes critical laboratories and research buildings. FDA Buildings and Facilities funding has been relatively flat for many years. The remaining $22 million of the increase provides infrastructure funding needed to adequately operate, maintain, and secure FDA buildings. This infrastructure investment will enable FDA to advance its mission critical work to protect Americans from disease threats, respond to evolving public health needs, and rapidly address public health emergencies.

Health Resources and Services Administration

The following tables are in millions of dollars.

Primary Health Care	2020 /2	2021 /3	2022	2022 +/- 2021
Health Centers	5,626	5,683	5,638	-45
Discretionary Budget Authority (non-add)	*1,506*	*1,563*	*1,613*	*+50*
Current Law Mandatory (non-add) /4	*4,000*	*4,000*	*3,905*	*-95*
Ending HIV/AIDS Epidemic (non-add)	*55*	*102*	*152*	*+50*
Health Centers Tort Claims	120	120	120	--
Free Clinics Medical Malpractice	1	1	1	--
Subtotal, Primary Care	**5,627**	**5,684**	**5,639**	**-45**

Health Workforce	2020 /2	2021 /3	2022	2022 +/- 2021
National Health Service Corps	430	430	477	+47
Discretionary Budget Authority (non-add)	*120*	*120*	*185*	*+65*
Current Law Mandatory (non-add) /4	*310*	*310*	*292*	*-18*
Training for Diversity	91	91	99	+8
Training in Primary Care Medicine	49	49	49	--
Oral Health Training	41	41	41	--
Teaching Health Centers Graduate Medical Education (Mandatory) /4	127	127	119	-7
Area Health Education Centers	41	43	43	--
Behavioral Health Workforce Development Programs	139	150	225	+75
Public Health and Preventive Medicine Programs	17	17	18	+1
Nursing Workforce Development	260	264	268	+4
Children's Hospital Graduate Medical Education	340	350	350	--
National Practitioner Data Bank User Fees	19	19	19	--
Other Workforce Programs	96	98	102	+4
Subtotal, Health Workforce	**1,650**	**1,679**	**1,811**	**+131**

Maternal and Child Health	2020 /2	2021 /3	2022	2022 +/- 2021
Maternal and Child Health Block Grant	688	713	823	+110
Sickle Cell Demonstration Program	5	7	7	--
Autism and Other Developmental Disorders	52	53	57	+4
Heritable Disorders	18	19	19	--
Healthy Start	126	128	128	--
Universal Newborn Screening	18	18	18	--
Emergency Medical Services for Children	22	22	28	+6
Pediatric Mental Health Care Access Grants	10	10	10	--
Screening and Treatment for Maternal Depression	5	5	10	+5
Home Visiting (Mandatory) /4	376	377	377	--
Current Law Mandatory (non-add])	*376*	*377*	*377*	--
Family-to-Family Health Information Centers (Mandatory)	6	6	6	--
Subtotal, Maternal and Child Health	**1,326**	**1,358**	**1,483**	**+125**

Ryan White HIV/AIDS Program	2020 /2	2021 /3	2022	2022 +/- 2021
Emergency Relief - Part A	656	656	666	+10
Comprehensive Care - Part B	1,315	1,315	1,345	+30
AIDS Drug Assistance Program (non-add)	*900*	*900*	*900*	--
Early Intervention - Part C	201	201	207	+6
Children, Youth, Women, and Families - Part D	75	75	75	--
AIDS Education and Training Centers - Part F	34	34	34	--
Dental Services - Part F	13	13	13	--
Special Projects of National Significance (SPNS)	25	25	25	--
Ending HIV Epidemic Initiative	70	105	190	+85
Subtotal, Ryan White HIV/AIDS	**2,389**	**2,424**	**2,555**	**+131**

Health Care Systems	2020 /2	2021 /3	2022	2022 +/- 2021
Organ Transplantation	28	29	29	--
Cell Transplantation Program and Cord Blood Stem Cell Bank	47	49	49	--
Poison Control Centers	23	25	25	--
340B Drug Pricing Program	10	10	17	+7
Hansen's Disease Programs	14	14	14	--
Other Health Care Systems Programs	2	2	2	--
Subtotal, Health Care Systems	**124**	**129**	**136**	**+7**

Rural Health	2020 /2	2021 /3	2022	2022 +/- 2021
Rural Outreach Grants	80	83	90	+8
Rural Hospital Flexibility Grants	54	56	58	+2
Telehealth	29	34	37	+3
Rural Health Policy Development	10	11	11	--
State Office of Rural Health	13	13	13	--
Radiation Exposure Screening and Education	2	2	3	+1
Black Lung Clinics	12	12	12	+1
Rural Communities Opioids Response Program	110	110	165	+55
Rural Residency Program	10	11	13	+2
Subtotal, Rural Health	**318**	**330**	**400**	**+71**

Other Activities	2020 /2	2021 /3	2022	2022 +/- 2021
Family Planning	286	286	340	+54
Program Management	155	155	168	+13
Vaccine Injury Compensation Program Direct Operations	10	11	16	+5
Countermeasures Injury Compensation Program	--	--	5	+5
Subtotal, Other Activities	**452**	**453**	**529**	**+76**

HRSA Budget Totals	2020 /2	2021 /3	2022	2022 +/- 2021
Total, Discretionary Budget Authority	**7,047**	**7,218**	**7,834**	**+616**
Mandatory Funding	4,819	4,819	4,700	-119
User Fees	19	19	19	--
Total, Program Level	**11,885**	**12,057**	**12,553**	**+497**
Full-Time Equivalents	2,159	2,516	2,690	+174

1/ Totals may not add due to rounding.
2/ The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $2.3 billion in COVID-19 supplemental resources.
3/ The FY 2021 column reflects enacted levels, including required transfers, but does not include $9.4 billion in COVID-19 supplemental resources.
4/Totals reflects sequestration

The mission of the Health Resources and Services Administration (HRSA) is to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high value programs.

The Fiscal Year (FY) 2022 President's Budget requests $12.6 billion for HRSA, which is $497 million above FY 2021 enacted. This total includes $7.8 billion in discretionary budget authority and $4.7 billion in mandatory funding and other sources. In FY 2022, HRSA programs and services will invest in actionable efforts to address public health challenges including:

- Promoting health equity by expanding access to care for low-income and marginalized populations through Health Centers, the Ryan White HIV/AIDS Program, and other programs;
- Ending the HIV epidemic by expanding prevention and treatment services;
- Improving maternal and child health through investments in evidence-based interventions that foster innovation with the goal of reducing the maternal mortality rate and ending race-based disparities in maternal mortality;
- Protecting rural health care access by expanding the pipeline of rural health care providers and enhancing services and supports for these communities; and
- Ending the opioid and substance use crisis by expanding the behavioral health workforce.

ENSURING HEALTH EQUITY BY EXPANDING ACCESS TO HIGH-QUALITY HEALTH CARE SERVICES

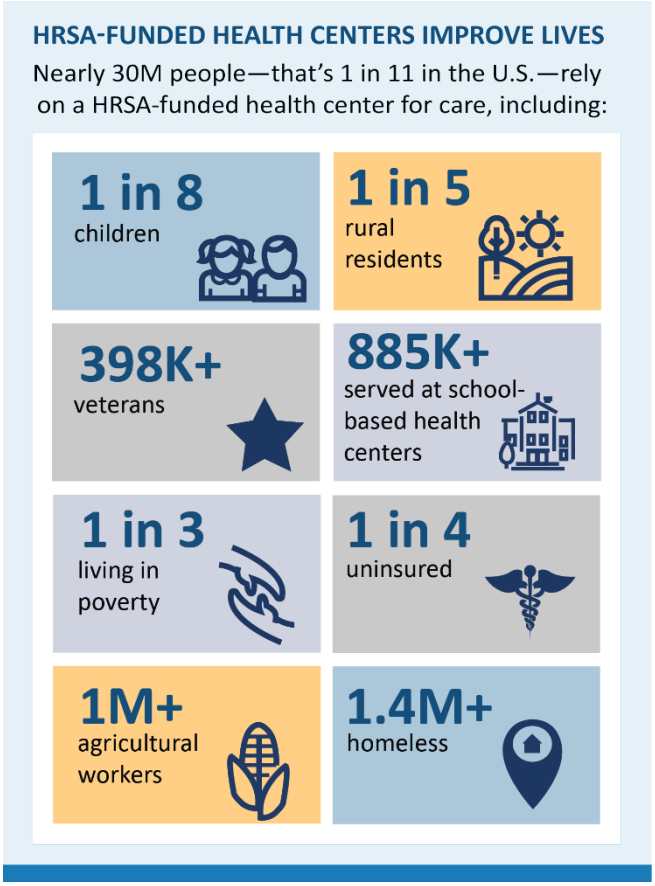
The budget supports the delivery of direct health care services through Health Centers, the Ryan White HIV/AIDS Program, and Title X Family Planning. These programs deliver affordable, patient-centered, and high-quality services to more than 30 million people across the United States.

Health Centers

The FY 2022 budget provides $5.6 billion for health centers, including $3.9 billion in mandatory resources, which reflects a $95 million reduction in the health centers budget due to the mandatory sequester.

For 55 years, health centers have delivered affordable, accessible, quality, and value-based primary health care to millions of people regardless of their ability to pay. Not only are health centers serving 1 in 11 people across the country, but the Health Center Program is also leading the nation in driving quality improvement and reducing health care costs for America's taxpayers.

HRSA's investments have advanced the nation's health equity by ensuring more patients and communities each year have access to high quality, comprehensive primary care. Today, HRSA funds nearly 1,400 health centers operating over 13,000 service delivery sites in every U.S. state, U.S. territory, and the District of Columbia.

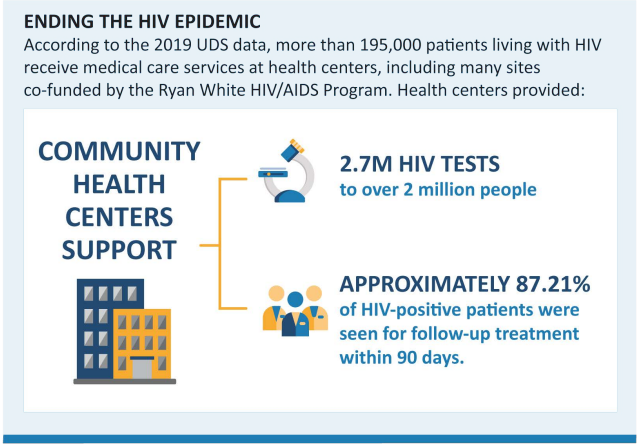


Health centers deliver outstanding health outcomes to the communities they serve by providing culturally competent care, helping patients to overcome geographic barriers, and reaching the most vulnerable populations. This is most evident in the outcomes for diabetes and hypertension. Sixty-eight percent of health center patients with diabetes controlled their blood sugar levels (HbA1c ≤ 9%), exceeding the national average of 60 percent. Sixty-five percent of health center patients with hypertension controlled their blood pressure, which exceeds the national average of 61 percent.

In addition to better patient outcomes, the health center model of care is associated with reductions in the use of costly care options, such as emergency departments and hospitals. Health center patients also had 24 percent lower spending as compared to non-health center patients across all services provided.

Health Centers and Ending the HIV Epidemic in the United States

Health centers serve as a key point of entry for prevention and diagnosis of people living with HIV. In 2019, health centers provided over 2.7 million HIV tests to more than 2.2 million patients and treated 1 in 5 patients diagnosed with HIV nationally. As health centers serve some of the most vulnerable populations, health centers play a critical role in providing care to all who need it. In FY 2022, HRSA will dedicate $152 million to increase access to HIV prevention services, including pre-exposure prophylaxis (PrEP), outreach efforts, and care coordination for approximately 440 health centers across the country.



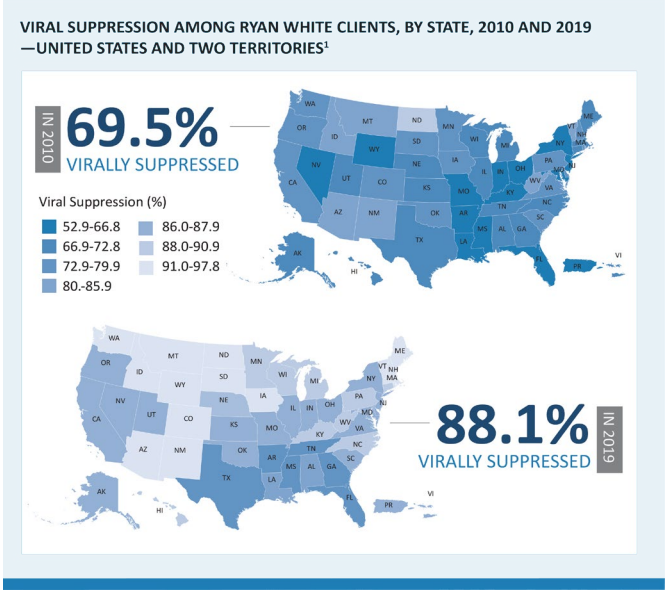
Ryan White HIV/AIDS Program

Millions of lives have been lost or disrupted due to HIV since the first cases were reported in the United States in June 1981. Nearly 38,000 people were diagnosed with HIV in the United States in 2018, and an estimated 1.2 million people in the United States are living with HIV. Of those people, one in seven did not know they are infected.

The budget provides $2.6 billion for the Ryan White HIV/AIDS Program, which is $131 million above FY 2021 enacted. This program provides a comprehensive system of primary medical care, essential support services, and medication for low-income people living with HIV/AIDS. More than half of people with diagnosed HIV in the United States receive services through the Ryan White Program each year, which equates to more than half a million people. In 2019, 88.1 percent of Ryan White HIV/AIDS Program clients were virally suppressed, which exceeds the national average of 64.7 percent.

Given the success of the program, the budget expands Part A ($666 million) for medical and support services to counties and cities that are the most severely affected by the HIV/AIDS epidemic, Part B ($1.3 billion) for states to improve the quality, availability, and organization of HIV health care and support services, including prescription drugs, and Part C ($207 million) for local community-based organizations to provide comprehensive primary health care and support services in an outpatient setting, which is collectively $46 million above FY 2021 enacted for Parts A-C.

In addition, the budget increases funding for the Ending the HIV Epidemic in the United States by providing an additional $85 million above FY 2021 enacted, for a total of $190 million. This funding will support HIV care and treatment for an estimated 50,000 clients in the 57 geographic locations that currently have more than 50 percent of new HIV diagnoses nationally. This funding will also expand evidence-informed practices to link, engage, and retain people with HIV in care, and support capacity building, technical assistance, program implementation, and oversight.



Title X Family Planning Program

For more than 50 years, Title X family planning clinics have ensured access to a broad range of family planning

and related health services for millions of low-income or uninsured individuals. The budget provides $340 million, an increase of 19 percent, to the Title X Family Planning program to improve access to vital reproductive and preventative health services and advance gender and health equity. The FY 2022 Budget request is expected to support family planning services for approximately 3,500,000 persons, with approximately 90 percent having family incomes at or below 200 percent of the federal poverty level.

IMPROVING MATERNAL AND CHILD HEALTH

HRSA administers programs providing health and public health services, supports research, and invests in workforce training to ensure the health and well-being of mothers, children, and families across their lives. In partnership with states and communities, HRSA supports health care and public health services for an estimated 60 million people nationwide. These programs provide essential services to ensure all women and children have access to health care.

Improving Maternal Health

Severe maternal morbidity has significant short- and long-term consequences for a woman's health. Despite medical care advances and improved access to care, the pregnancy-related death rate has risen from 7.2 deaths per 100,000 live births in 1987 to 17.4 deaths per 100,000 live births in 2018. Moreover, the United States has the highest maternal mortality rate among developed nations, with an unacceptably high mortality rate for Black and American Indian/Alaska Native women. Geographic disparities in maternal health outcomes also persist, and county-level access to obstetric care services varies widely across states.

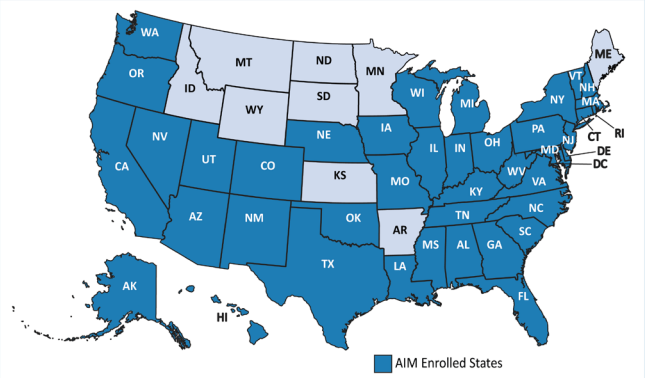
To tackle these disparities, the budget dedicates $138 million to improve maternal health and specifically reduce maternal mortality and morbidity, an additional $92 million above FY 2021 enacted. HRSA will expand successful programs, including:

- State Maternal Health Innovation Grants ($53 million, $30 million above FY 2021 enacted): to implement state specific innovative action plans to improve access to maternal care services and address workforce needs;
- Alliance for Innovation on Maternal Health ($14 million, $5 million above FY 2021 enacted): to expand safety bundles (small, straightforward sets of evidence-based practices shown to improve patient outcomes);
- Rural Maternity and Obstetrics Management Strategies ($10 million, $5 million above FY 2021 enacted): to expand maternal and obstetrics care in rural communities;
- Screening and Treatment for Maternal Depression ($10 million, $5 million above FY 2021 enacted): to expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal depression; and
- Maternal Health Hotline ($4 million, $1 million above FY 2021 enacted): to expand funding for the 24/7 maternal mental health hotline.

In addition, HRSA will also fund a total of $46 million in new innovative programs, including:

- Pregnancy Medical Home Demonstration Project ($25 million) to support state efforts to deliver integrated health care services to pregnant and postpartum women in order to reduce adverse maternal health outcomes and racial disparities in maternal mortality and morbidity;
- Early Childhood Development Expert Grants ($10 million) to help cities place early childhood development experts in primary care practices with a high percentage of Medicaid and Children's Health Insurance Program patients;
- Implicit Bias Training Grants for Health Care Providers program ($5 million) to reduce and prevent bias, racism, and discrimination in maternity care settings and to advance respectful, culturally congruent, trauma-informed care;
- Maternity Care Target Area ($5 million, included in the National Health Service Corps funding request) to identify geographic areas with primary care health professional shortages and distribute maternity care health professionals to these areas; and
- National Academy of Medicine Study ($1 million) to study and make recommendations for incorporating bias recognition in clinical skills testing for accredited schools of allopathic medicine and accredited schools of osteopathic medicine.

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



Home Visiting

The budget provides $377 million in mandatory funding for the Home Visiting program, which reflects a $23 million reduction due to sequester. These programs have been shown to improve maternal and child health outcomes in the early years, leaving long-lasting, positive impacts on parenting skills, children's development, and school readiness. In FY 2020, the Home Visiting program served over 140,000 parents and children and provided more than 900,000 home visits.

Other Maternal and Child Health Programs

The budget requests $969 million for other maternal and child health programs outside of the programs related to reducing maternal mortality, which is $33 million above FY 2021 enacted. This includes a $29 million increase, for a total of $592 million, for the Maternal and Child Health Block Grant to states to expand health care and public health services that currently benefit an estimated 60 million women, infants, and children, which includes 92 percent of pregnant women, 98 percent of infants, and 60 percent of children.

The budget provides increases to Emergency Medical Services for Children ($6 million over FY 2021 enacted) to address critical gaps in emergency and trauma care; Autism and Other Developmental Disorders ($4 million over FY 2021 enacted) to improve care and outcomes for people with autism spectrum disorder; and Special Projects of Regional and National Significance ($4 million over FY 2021 enacted for non-maternal mortality programs) to fund critical and emerging issues.

TRANSFORM RURAL HEALTH IN AMERICA

More than 57 million Americans live in rural communities, facing several unique challenges. Rural residents tend to be older and in poorer health than urban counterparts. For example, rural residents are more likely to die from four of the leading causes of avoidable or excess death (cancer, unintentional injury, heart disease, stroke, and chronic lower respiratory disease) than their urban counterparts. Rural communities face challenges with access to care, financial viability, and the important link between health care and economic development.

The budget requests $400 million for Rural Health programs, which is $71 million above FY 2021 enacted. These funds will provide grants to improve rural area service delivery by strengthening health networks' telehealth infrastructure and encouraging health care providers to remain in rural communities. Since 2011, 750,000 people have been served by rural community programs. The budget supports critical rural health activities and services such as the Rural Communities Opioids Response Program, Rural Residency Planning and Development Program, telehealth programs, Black Lung Clinics, and the Rural Maternity and Obstetrics Management Strategies Program to support the well-being of the Americans living in rural communities. These programs are examples of the HRSA's work to improve health care access to vulnerable populations.

Rural Communities Opioids Response Program

The budget requests $165 million for the Rural Communities Opioid Response Program, an increase of $55 million above the FY 2021 enacted, which supports substance use prevention, treatment, and recovery services for opioids and other substance use in the highest-risk rural communities. The budget invests in programs to respond to the evolving needs of the opioid epidemic in rural counties, including workforce and service delivery challenges, and aims to reduce the morbidity and mortality of substance use disorder in high-risk rural communities.

Recent data from the Centers for Disease Control and Prevention indicate a rise in drug overdose deaths involving methamphetamine and other psychostimulant misuse in rural communities, with synthetic opioids increasingly contributing to those deaths. The Rural Communities Opioids Response Program will continue to include activities that combat methamphetamine,

stimulant, and other substance misuse in rural communities.

Telehealth

HRSA supports telehealth services to increase health care quality and access, expand provider trainings, and improve health outcomes in rural areas. The budget requests $37 million for Telehealth which is $3 million above FY 2021 enacted, to promote health services and distance learning with telehealth technologies. In FY 2022, HRSA will continue the Telehealth Network Grant Program that focuses on Tele-Emergency services to provide real-time emergency care consultation between a central emergency health care center and a distant hospital emergency department.

INVESTING IN A ROBUST HEALTH WORKFORCE

A well-trained and high-performing health workforce is vital to our nation's future. The budget provides a total of $1.8 billion for HRSA workforce programs—including $430 million in mandatory and other sources of funding—in order to ensure that all Americans have access to high-quality clinicians and other health professionals, particularly in areas across the country where shortages of health professionals exist. This effort includes strategic investments in National Health Service Corps and workforce diversity.

National Health Service Corps

The National Health Service Corps is one of the most efficient and effective means to assist communities facing shortages of key health care professionals, including primary medical, dental, and mental and behavioral health clinicians. To achieve the goal of supporting communities with limited access to care and ending the opioids and other substance use crisis, the budget includes $477 million for the National Health Service Corps, including $292 million in mandatory funding, which reflects a $18 million reduction due to sequester. This funding supports scholarships and loan repayment for clinicians who commit to providing care in underserved communities across the country. In 2020, over 16,000 National Health Service Corps clinicians were practicing in underserved communities. Over 60 percent of NHSC clinicians serve in health centers around the nation, and 15 percent of clinical staff at Federally Qualified Health Centers (FQHCs) are NHSC clinicians.

Behavioral Health Workforce

To combat the opioids epidemic, the budget provides $225 million for the Behavioral Health Workforce Development Programs, which is $75 million above FY 2021 enacted. This funding will strengthen the health workforce to address the opioid and substance use epidemic by training more professionals in team-based prevention, treatment, and recovery services across all its behavioral health workforce program.

HEALTH WORKFORCE

The budget provides $1.8 billion in mandatory and discretionary resources for HRSA health workforce programs

National Health Service Corps

Provides scholarships and loan repayment to improve access to quality primary care, dental, and behavioral health in underserved areas.

17 M patients received care from 16,229 National Health Services Corps clinicians.

Teaching Health Center Graduate Education Program

Increases primary care physicians and dental residents across the nation and supports the training in community based and ambulatory care settings.

$119.3 M total mandatory funding in FY 2022 to support 801 FTE slots.

Behavioral Health Workforce Development

The Behavioral Health Workforce Development programs support a number of activities to expand the behavioral workforce as well as enhance the training of the pipeline and current workforce.

$224.8 M provided for the Behavioral Health Workforce Development. An increase of $74.9 M above the FY 2021 Enacted.

Nurse Corps Scholarship and Loan Repayment

Ensures access to nursing workforce through scholarships and loan repayment for nurses and nursing students committed to working in underserved communities.

$88.6 M provided to support over 1,609 primary care providers in communities experiencing nursing shortages.

Teaching Health Center Graduate Medical Education

The Teaching Health Center Graduate Medical Education Program increases primary care physicians and dental residents across the nation and supports training in community-based ambulatory care settings. The budget includes $119 million in mandatory funding, which reflects a $17 million reduction due to sequester, to support physicians and dentists trained in community-based settings, such as rural health clinics and health centers.

Supporting a Diverse Health Workforce

Several HRSA programs seek to foster a more diverse health workforce by providing support for individuals

from disadvantaged backgrounds, including underrepresented racial and ethnic minorities. The budget provides an increase of $12 million above FY 2021 enacted to expand the diversity of the health professions workforce, including Nursing Workforce Diversity, Centers of Excellence, Health Careers Opportunity Program, Faculty Loan Repayment, and Scholarships for Disadvantaged Students. Greater diversity among health professionals is associated with improved outcomes and access to health care.

OTHER HRSA PROGRAMS

340B Drug Pricing Program

As a condition of participating in Medicaid, the 340B Drug Pricing Program requires drug manufacturers to provide discounts on outpatient prescription drugs to certain safety net health care providers. The budget provides $17 million to improve operations and oversight of the 340B Program, which is $7 million above FY 2021 enacted. The budget also improves program integrity by providing explicit general regulatory authority over the 340B Program, which allows for clear, enforceable standards of participation and ensures covered entities and manufacturers maintain compliance with 340B Program requirements.

Compensation Programs

The budget requests $21 million for the Vaccine Injury Compensation Program and the Countermeasure Injury Compensation Program, an increase of $10 million above FY 2021.

This total includes $16 million for Vaccine Injury Compensation Program, which compensates individuals, or families of individuals, who have been injured by vaccines recommended by the CDC for routine administration to children or pregnant women. This additional $5 million allows HRSA to address the backlog of vaccine injury claims awaiting medical review.

In addition, $5 million is provided for the Countermeasures Injury Compensation Program to compensate eligible individuals for injuries and deaths directly resulting from the use of covered countermeasures as identified in federal declarations. A direct appropriation for this program allows HRSA to provide timely, uniform, and adequate compensation to eligible individuals as stated in the PREP Act.

Transplantation Programs

The budget requests $78 million for the Organ Transplantation and the Blood Stem Cell Transplantation Program, which maintains funding levels with FY 2021 enacted. HRSA administers a range of other programs including solid organ, bone marrow, and cord blood transplantation. HRSA oversees the Organ Procurement and Transplantation Network (OPTN), the national system that allocates and distributes donor organs to individuals waiting for an organ transplant and the Scientific Registry of Transplant Recipients (SRTR) that uses OPTN data and simulation models to improve OPTN policy development and produces bi-annual reports of organ procurement. The OPTN and SRTR are administered by contract, as well as the C.W. Bill Young Cell Transplantation Program, which provides support to patients who need a potentially life-saving bone marrow transplant or umbilical cord blood transplant.

Program Management

The budget requests $168 million to support investments in information technology, cybersecurity, program integrity, and other operational costs.

Indian Health Service

The following tables are in millions of dollars.

Services Programs	2020 /2	2021 /3	2022 /4	2022 +/- 2021
Clinical Services	3,934	3,902	5,177	+1,275
Hospitals and Health Clinics (non-add)	*2,324*	*2,238*	*2,704*	*+465*
Maternal Health (non-add)	*-*	*5*	*5*	*-*
Ending HIV/Hepatitis C Initiative (non-add)	*-*	*5*	*27*	*+22*
Electronic Health Record System	*8*	*35*	*285*	*+250*
Purchased/Referred Care (non-add)	*965*	*976*	*1,192*	*+216*
Indian Health Care Improvement Fund (non-add)	*72*	*72*	*317*	*+245*
Dental Health (non-add)	*211*	*215*	*287*	*+73*
Preventive Health	178	179	193	+14
Other Services	203	221	309	+88
Urban Health (non-add)	*58*	*63*	*100*	*+37*
Indian Health Professions (non-add)	*65*	*67*	*93*	*+26*
Direct Operations (non-add)	*72*	*82*	*108*	*+25*
Subtotal, Services Programs	**4,315**	**4,301**	**5,678**	**+1,377**

Contract Support Costs	2020 /2	2021 /3	2022 /4	2022 +/- 2021
Contract Support Costs	820	916	1,142	+226
Subtotal, Contract Support Costs	**820**	**916**	**1,142**	**+226**

Payments for Tribal Leases	2020 /2	2021 /3	2022 /4	2022 +/- 2021
Payments for Tribal Leases /5	-	101	150	+49
Subtotal, Section 105*(l)* Leases	**-**	**101**	**150**	**+49**

Facilities Programs	2020 /2	2021 /3	2022 /4	2022 +/- 2021
Health Care Facilities Construction	259	259	526	+266
Sanitation Facilities Construction	194	197	351	+155
Facilities and Environmental Health Support	262	264	300	+36
Maintenance and Improvement	169	169	223	+54
Medical Equipment	28	29	101	+72
Subtotal, Facilities Programs	**912**	**918**	**1,501**	**+583**

IHS Budget Totals	2020 /2	2021 /3	2022 /4	2022 +/- 2021
Total Discretionary Budget Authority	**6,047**	**6,236**	**8,471**	**+2,235**
Collections	1,094	1,094	1,138	+44
Diabetes Grants /6	150	150	147	-3
Subtotal, Other Sources	**1,244**	**1,244**	**1,285**	**+41**
Total Program Level	**7,291**	**7,480**	**9,756**	**+2,276**
Full-Time Equivalents	15,191	15,585	16,408	+823

1/ Totals may not add due to rounding.
2/ The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $1.1 billion in COVID-19 supplemental resources.
3/ The FY 2021 column reflects enacted levels, including required and permissive transfers, but does not include $7.1 billion in COVID-19 supplemental resources.
4/ The FY 2022 budget requests $125 million for staffing of newly constructed health care facilities and $207 million for current services allocated across several funding lines.
5/ The Consolidated Appropriations Act, 2021 (P.L. 116-260) established a new indefinite discretionary appropriation for payment of section 105(l) leases.
6/ The Consolidated Appropriations Act, 2021 (P.L. 116-260) extended the Special Diabetes Program for Indians through FY 2023 at $150 million per year. FY 2022 level reflects mandatory sequester of 2%.

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

The Administration will fulfill America's commitments to Tribal Nations by taking bold action to redress systemic inequities in Indian Country. The Fiscal Year (FY) 2022 President's Budget requests $8.5 billion for the Indian Health Service (IHS), an historic increase of $2.2 billion or 36 percent above FY 2021 enacted.

The federal government has a unique government-to-government relationship with 574 federally recognized tribes. In accordance with this relationship, IHS provides health care to American Indians and Alaska Natives (AI/ANs) through IHS and Tribal Health Programs, as well as Urban Indian Organizations (UIOs), often referred to as the I/T/U or Indian Health system. IHS consults and partners with tribes to incorporate their priorities and needs into programs that affect their communities.

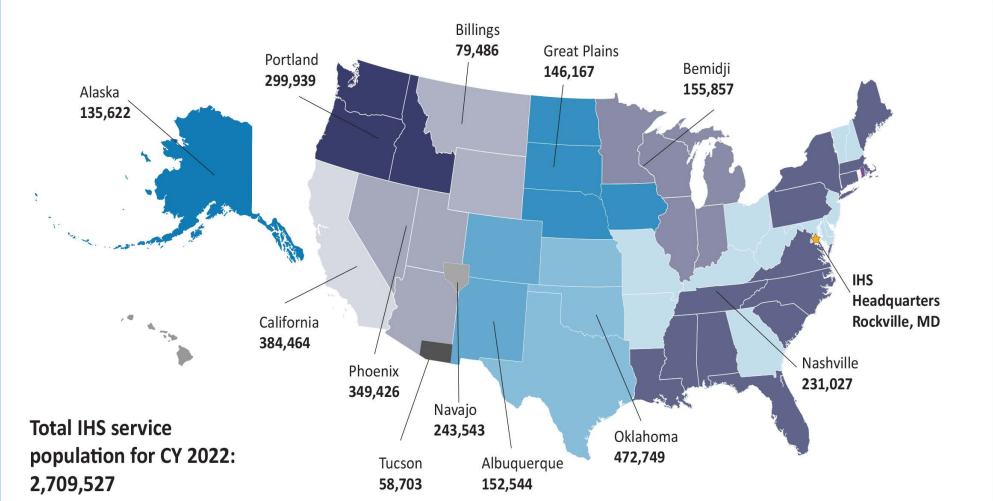
The budget makes high-impact investments that will expand access to health care services, modernize aging facilities and information technology infrastructure, and address urgent health issues, including HIV and Hepatitis C, maternal mortality, and opioid use. It also includes funding to improve health care quality, enhance operational capacity, fully fund operational costs for Tribal health programs to support tribal self-determination, and recruit and retain health care providers. To restore purchasing power and maximize the impact of programmatic investments, the budget fully funds current services (including population growth, pay costs, and inflation) at an increase of $207 million over FY 2021 enacted.

These investments collectively support IHS's strategic goals to improve access to comprehensive and culturally appropriate care, promote excellence and quality through innovation, and strengthen the agency's management and operations.

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

Historical trauma and chronic underinvestment significantly contributed to the perpetuation of health disparities in Indian Country. AI/AN people born today have a life expectancy that is 5.5 years fewer than the U.S. all-races population, with some tribes experiencing life expectancy as much as 12 years fewer than the general population. They also experience disproportionate rates of mortality from most major health issues, including chronic liver disease and cirrhosis, diabetes, unintentional injuries, assault and homicide, and suicide. The pandemic compounded the impact of these disparities in tribal communities, with AI/ANs experiencing disproportionate rates of COVID-19 infection, hospitalization, and death. These stark inequities illustrate the urgent need for investments to improve the health status and quality of life of AI/ANs.

IHS SERVICE POPULATION MAP



Clinical Services Programs

The budget takes bold action to begin remedying these health disparities by providing $5.2 billion for Clinical Services programs, an increase of $1.3 billion above FY 2021 enacted. These programs provide essential health services and community-based disease prevention and promotion in tribal communities. They provide direct patient care services across the IHS system, including inpatient, outpatient, ambulatory care, dental care, and medical support services, such as laboratory, pharmacy, nutrition, behavioral health services, and physical therapy.

The budget makes significant investments in core health programs including Hospitals and Health Clinics (+$465 million), Purchased/ Referred Care (+$216 million), and Dental Health (+$73 million). This funding builds on significant resources provided in the American Rescue Plan for Mental Health, Alcohol and Substance Abuse Treatment, and other health care services. The FY 2022 budget will support an estimated 39,472 inpatient admissions, 12.4 million outpatient visits, and 1.1 million dental visits.

Additional funding for Purchased/Referred Care will expand access to contract health care services that are not available in IHS or Tribal health facilities by providing an estimated 8,312 additional inpatient admissions, 195,465 additional outpatient visits, and 10,086 additional patient travel trips. Services provided through Purchased and Referred Care include inpatient and outpatient care, routine and emergency care, and medical support services such as diagnostic imaging, physical therapy, and laboratory services.

The budget also includes $317 million for the Indian Health Care Improvement Fund—more than quadrupling the FY 2021 enacted funding level—to address resource disparities within the Indian Health system. The Indian Health Care Improvement Fund formula is the product of long-standing, robust consultation with tribes, and is based on the health care needs of tribal communities compared to the funding they receive from the IHS.

Addressing Targeted Public Health Challenges

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

The budget seeks to remediate these disparities by investing in the following targeted activities:

- *Ending HIV and Hepatitis C ($27 million):* Provides +$22 million above FY 2021 enacted to address the disproportionate impact of HIV, Hepatitis C, and STDs in Indian Country. Funds will enhance access to HIV testing, promote linkages to care, provide treatment, and reduce the spread of HIV through the prescribing of pre-exposure prophylaxis (PrEP). Funds will also support enhanced surveillance of HIV, Hepatitis C, and STDs through Tribal Epidemiology Centers.
- *Addressing Opioid Use ($15 million):* Provides +$5 million above FY 2021 enacted to enhance existing activities to provide prevention, treatment, and recovery services to address the impact of opioid use in AI/AN communities. This includes activities to increase knowledge and use of culturally appropriate interventions and encourage the use of medication-assisted treatment.
- *Improving Maternal Health ($5 million):* Maintains the FY 2021 enacted funding level to

improve maternal health in AI/AN communities. Funding supports preventive, perinatal, and postpartum care; addresses the needs of pregnant women with opioid or substance use disorder; and advances the quality of services provided to improve health outcomes and reduce maternal morbidity.

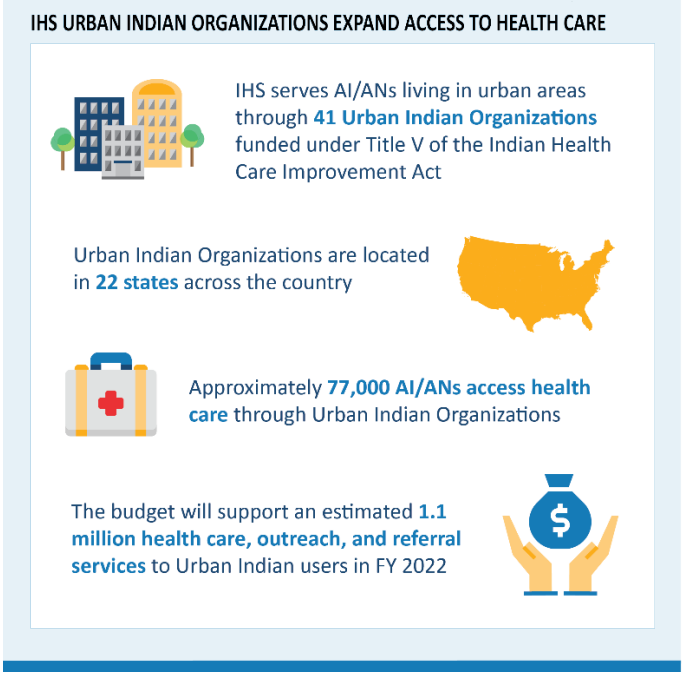
Preventing Disease through Community Health Programs

The budget empowers AI/AN people to make informed choices about their health through preventive and community health programs that promote early disease detection and intervention, disseminate health promotion information, and provide critical linkages to care. In response to feedback received through tribal consultation, the budget maintains separate funding lines for each of the IHS Preventive Health programs. This includes funding for Community Health Representatives ($66 million), Public Health Nursing ($103 million), Health Education ($22 million), and the Alaska Immunization Program ($2 million). Collectively, IHS will provide an estimated 4 million preventive health program encounters in FY 2022. Many of these programs primarily employ tribal members, improving access to culturally appropriate care and creating employment opportunities in Indian Country.

The budget also includes an increase of $20 million above FY 2021 enacted to continue nationwide expansion of the Community Health Aide Program (CHAP) to the lower 48 states. This evidence-based program, which has measurably improved access to health care in rural Alaska, has the potential to expand access to high quality care in remote and rural areas in Indian Country. The CHAP is a multidisciplinary network of highly trained mid-level health aides that collaborate with health care providers to provide health care services, including specialty services like dental and behavioral health. Increased FY 2022 funding will support the establishment of additional Area CHAP certification boards and training for prospective Health Aides. The budget also continues funding for the Alaska CHAP.

Serving Urban Indian Populations

More than 70 percent of AI/AN people live in urban areas and may not have immediate access to IHS or tribally-operated health facilities. The Urban Indian Health Program provides a range of services to AI/AN people living in urban areas, including comprehensive primary care, community health, substance abuse, behavioral health, immunizations, HIV treatment, and more. The budget includes $100 million for Urban Indian Health, an increase of $37 million above FY 2021 enacted, to support the network of 41 UIOs across the country. This investment will provide an estimated 1.1 million health care, outreach, and referral services to Urban Indian users in FY 2022.



The budget also includes a legislative proposal that would enable UIOs to use their IHS programmatic funds to support facilities renovation activities. Like IHS and Tribal facilities, UIOs are often aging and in need of renovation and maintenance to ensure patients are receiving the best quality care. This proposal ensures that UIOs can address their individual facility needs, in alignment with the budget's investments to address infrastructure needs across the Indian Health system.

Recruitment and Retention

Recruitment and retention of qualified health providers continues to be a primary goal for IHS. To support recruitment and retention, the budget includes an increase of $26 million in Indian Health Professions to support additional scholarship and loan repayment awards. IHS's scholarship and loan repayment programs are some of the most important tools for recruiting, and the agency receives more applications each year than it can fund. This investment will allow IHS to provide scholarship or loan repayment awards to an additional 443 health professionals in FY 2022. The budget also proposes to expand the use of Title 38

personnel authorities, enabling IHS to offer more competitive pay and benefits to recruit providers for roles with critical staffing shortages including physicians, nurses, dentists, and pharmacists.

Staffing for New and Expanded Facilities

The budget provides $125 million to fully fund staffing and operating costs for 9 newly constructed or expanded health care facilities that are expected to open in FY 2022, including: Yukon-Kuskokwim Primary Care Center in Bethel, Alaska; Naytahwaush Health Center in Naytahwaush, Minnesota; Northeast Ambulatory Care Center (Salt River) in Scottsdale, Arizona; Phoenix Indian Medical Center in Phoenix, Arizona; Ysleta Del Sur Health Center in El Paso, Texas; Alternative Rural Health Center in Dilkon, Arizona; Omak Clinic in Omak, Washington; Elbowoods Memorial Health Center in New Town, North Dakota; and North Star Health Clinic in Seward, Alaska. These investments will expand access to health care services in local communities where existing capacity is overextended. Six of these projects are part of the highly successful Joint Venture Construction program, where tribes fund construction of a new or replacement facility, and IHS works with Congress to fund staffing and operating costs.

Health Insurance Reimbursements

The Indian Health Care Improvement Act authorizes IHS to collect Medicaid, Medicare, Veterans Health Administration, and private health insurance reimbursement for services provided by IHS to eligible beneficiaries. The budget for IHS estimates $1.1 billion in health insurance reimbursements for FY 2022, which IHS, Tribal, and urban Indian health programs use to maintain accreditation standards through hiring additional medical staff, purchasing and updating equipment, and making necessary building improvements.

HEALTH INFORMATION TECHNOLOGY MODERNIZATION

The IHS Health Information Technology infrastructure supports the delivery of quality health care to 2.6 million AI/AN people. The Electronic Health Record (EHR) is a critically necessary tool for the provision of clinical care, administrative functions of hospitals and health clinics, and third-party billing for reimbursements that are foundational to the operating budgets of many health facilities. IHS requires a secure, certified EHR system to improve health care delivery and quality, enhance access to care, reduce medical errors, enhance data collection and tracking, and improve health outcomes in Indian Country.

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

The budget invests $285 million to support IHS's transition to an improved and modernized EHR system, an increase of $250 million above the FY 2021 enacted level. This substantial investment demonstrates the mission-critical nature of this effort, which will have a meaningful and lasting impact on the health of AI/AN people. The FY 2022 funds will support key project activities including:

- Continued efforts to stabilize the aging RPMS system while EHR modernization is underway;
- Procurement of an EHR solution and initial build activities for the EHR environment; and
- Initial site transition planning.

ADDRESSING INFRASTRUCTURE NEEDS IN INDIAN COUNTRY

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

Infrastructure improvements continue to be an urgent need across the Indian Health system. This includes significant backlogs in health care facilities construction, sanitation facilities construction, maintenance and improvement of IHS and Tribal facilities, and medical equipment.

The budget provides $1.5 billion for Facilities programs—an increase of $583 million above FY 2021 enacted—to support projects on the Health Facilities Construction Project Priority List, fund sanitation construction projects, purchase medical equipment, support maintenance and improvement of health facilities, and support the Facilities and Environmental Health Support program.

The operational challenges posed by outdated infrastructure were acutely highlighted during the COVID-19 pandemic, when additional renovations and maintenance were necessary for many IHS and Tribal Facilities to mount an appropriate response. The budget's proposed investments will ensure health care facilities in Indian Country are adequately prepared to face the next public health crisis by proactively addressing infrastructure needs.

Health Care Facilities Construction

IHS hospitals are 40 years old on average, which is almost four times the age of the average hospital in the United States. Outdated facilities can pose challenges in providing patient care, recruiting and retaining staff, and meeting accreditation standards. The Health Facilities Construction Project Priority List, developed in 1993 by IHS in consultation with tribes, governs new and replacement facilities construction. The 2010 reauthorization of the Indian Health Care Improvement Act incorporated the Priority List in statute. While each project on the Priority List has received at least some funding, there are currently $2.1 billion in remaining activities to complete these projects.

Pictured: A cultural building at the recently opened Sacred Oaks Youth Regional Treatment Center (YRTC) in California, constructed with Health Care Facilities Construction Program funding. YRTCs provide culturally relevant, holistic clinical services to AI/AN youth with substance abuse and co-occurring disorders.

The budget provides $526 million for the Health Care Facilities Construction Program, an increase of $266 million above FY 2021 enacted. This funding will support the next phase of each project on the Priority List, including: Phoenix Indian Medical Center in Phoenix, Arizona; Whiteriver Hospital in White River, AZ; Gallup Indian Medical Center in Gallup, New Mexico; and outpatient facilities in Bodaway Gap, Arizona, Albuquerque, New Mexico, and Sells, Arizona.

The budget also provides funding for the Small Ambulatory Program ($33 million), new and replacement Staff Quarters ($25 million), and Green

Infrastructure Projects ($5 million). These activities support critical needs in Indian Country by expanding access to care, recruiting and retaining health professionals, and building sustainable practices into construction projects.

Sanitation Facilities Construction

Lack of access to adequate sanitation facilities and safe drinking water continues to be a major challenge in Indian Country, with 12.5 percent of AI/AN homes lacking adequate sanitation facilities. These infrastructure deficiencies have a direct impact on the health status and quality of life for AI/AN people. Families with access to safe water and sewer systems in their homes require appreciably fewer medical services.

The budget includes $351 million for the Sanitation Facilities Construction Program, an increase of $155 million above FY 2021 enacted. This program provides essential sanitation facilities, including safe drinking water and adequate sewage systems, to AI/AN homes and communities. The Sanitation Facilities Construction program provides a crucial preventive health benefit; cost benefit analysis has shown that for every dollar IHS spends to provide sanitation facilities to eligible homes, at least a twentyfold return in health benefits is achieved.

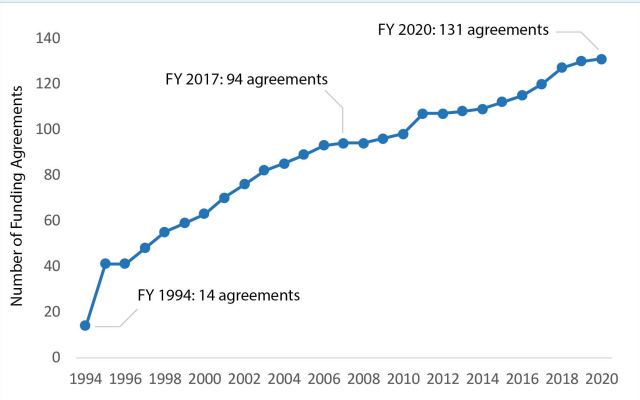
Maintenance and Improvement and Medical Equipment

The budget provides necessary resources to maintain, improve, and repair IHS and Tribal health facilities and medical equipment. This includes $223 million for the Maintenance and Improvement Program and $101 million for Equipment. Both of these activities are vital to ensuring high quality patient care and are particularly important as facilities continue to age. Additionally, medical equipment has a direct impact on recruitment and retention, as having access to the modern equipment required to maintain clinical skills and training are important factors in providers' decisions about working for IHS.

SUPPORTING SELF-DETERMINATION

Tribal leaders and members are best positioned to understand the priorities and needs of their local communities. In recognition of this, the Indian Self-Determination and Education Assistance Act allows tribes to enter into contracts or compacts to directly administer health programs that would otherwise be administered by IHS. The amount of the IHS budget that is administered through these contracts and compacts has grown over time, with over 60 percent of IHS funding currently administered directly by tribes. Tribes design and manage the delivery of individual and community health services through 22 hospitals, 317 health centers, 78 health stations, 146 Alaska village clinics, and 8 school health centers across Indian Country.

GROWTH IN SELF-GOVERNANCE FUNDING AGREEMENTS OVER TIME



Contract Support Costs

Contract Support Costs are the necessary and reasonable costs associated with administering the contracts and compacts through which tribes assume direct responsibility for IHS programs and services. These are costs for activities the tribe must carry out to ensure compliance with the contract but are normally not carried out by IHS in its direct operation of the program. The budget proposes to fully fund Contract Support Costs at an estimated $1.1 billion through an indefinite discretionary appropriation to support these costs in FY 2022. The budget also proposes to reclassify funding for Contract Support Costs as mandatory beginning in FY 2023, aligning these legally required payments with the most appropriate funding source. This change is responsive to long-standing recommendations from Tribal leaders.

Section 105(l) Leases

The Indian Self-Determination and Education Assistance Act requires compensation for reasonable operating costs associated with facilities leased or owned by tribes and tribal organizations to carry out health programs under the Act. The budget proposes to fully fund section 105*(l)* leases at an estimated $150 million through an indefinite discretionary appropriation to support these costs in FY 2022. The

budget also proposes to reclassify funding for section 105(*l*) leases as mandatory beginning in FY 2023, aligning these legally required payments with the most appropriate funding source. This change is responsive to long-standing recommendations from Tribal leaders.

LONG-TERM FUNDING SOLUTIONS

In addition to bold discretionary investments in FY 2022, the Administration acknowledges the need to propose long-term solutions to address IHS funding challenges, which have a direct impact on the health of AI/AN people.

As a first step, the budget includes for the first time ever an advance appropriation for IHS of $9.0 billion in FY 2023. Advance appropriations would set an estimated FY 2023 funding level for IHS to provide critical stability for health programs and parity with how other Federal health agencies are funded.

The annual discretionary appropriations process, including continuing resolutions and lapses in appropriations, have had adverse effects on the operations of IHS and Tribal Health Programs and Urban Indian Organizations. This was most recently seen in 2018 and 2019, when IHS was impacted by the longest funding lapse in our Nation's history. This proposal is responsive to the long-standing recommendations of Tribal and UIO leaders to provide advance appropriations for IHS.

The Administration is also committed to robust, meaningful consultation with tribes, as evidenced in President Biden's Memorandum on Tribal Consultation and Strengthening Nation-to-Nation Relationships, which states:

> **"History demonstrates that we best serve Native American people when Tribal governments are empowered to lead their communities, and when Federal officials speak with and listen to Tribal leaders in formulating Federal policy that affects Tribal Nations…My Administration is committed to honoring Tribal sovereignty and including Tribal voices in policy deliberation that affects Tribal communities." — President Biden**

In accordance with this commitment, the budget supports a consultative process with tribes, UIOs, and other stakeholders to consider options to ensure adequate, stable funding for IHS. This consultation will include consideration of mandatory funding and other long-term solutions to advance the health and wellbeing of tribal communities.

Centers for Disease Control and Prevention

The following tables are in millions of dollars.

CDC Programs	2020 /1, 2	2021 /3	2022	2022 +/- 2021
Immunization and Respiratory Diseases	790	821	946	+125
Prevention and Public Health Fund (non-add)	*370*	*372*	*419*	*+47*
HIV/AIDS, Viral Hepatitis, Sexually Transmitted Infection and Tuberculosis Prevention	1,274	1,314	1,421	+107
Emerging and Zoonotic Infectious Diseases	636	648	678	+30
Prevention and Public Health Fund (non-add)	*52*	*52*	*52*	--
Chronic Disease and Health Promotion	1,240	1,277	1,453	+176
Prevention and Public Health Fund (non-add)	*255*	*255*	*255*	--
Birth Defects, Developmental Disabilities, Disabilities & Health	161	168	173	+5
Environmental Health	214	223	333	+110
Prevention and Public Health Fund (non-add)	*17*	*17*	*17*	--
Public Health Service Evaluation Funds (non-add)	--	--	*7*	*+7*
Injury Prevention and Control	677	683	1,103	+420
Public Health and Scientific Services	578	592	742	+150
Public Health Service Evaluation Funds (non-add)	--	--	*132*	*+132*
Occupational Safety and Health	343	345	345	--
Global Health	571	593	698	+105
Public Health Preparedness and Response	827	842	842	--
Buildings and Facilities	25	30	55	+25
CDC-Wide Activities and Program Support	359	284	709	+425
Prevention and Public Health Fund (non-add)	*160*	*160*	*160*	--
Agency for Toxic Substances and Disease Registry (ATSDR)	77	78	82	+4
Total Program Level	**12,893**	**13,969**	**15,413**	**+1,444**

CDC Budget Totals	2020 /1,2	2021 /3	2022	2022 +/- 2021
Total Program Level	**12,893**	**13,969**	**15,413**	**+1,444**
Less Funds from Other Sources				
Vaccines for Children /4	4,578	5,468	5,140	-328
Energy Employee Occupational Illness Compensation Program /5	51	51	51	--
World Trade Center Health Program /4	491	551	641	+91
Public Health Service Evaluation Funds	--	--	139	+139
Prevention and Public Health Fund	854	856	903	+47
User Fees	2	2	2	--
Total Budget Authority (including ATSDR)	**6,917**	**7,041**	**8,537**	**+1,495**
Full-Time Equivalents (including ATSDR)	11,464	12,149	12,684	+535

1/ FY 2020 totals are shown comparably adjusted for budget realignments enacted in FY 2021. Totals may not add due to rounding.
2/ The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $7.5 billion in COVID-19 supplemental resources.
3/The FY 2021 column reflects enacted levels, including required transfers, but does not include $20.1 billion in COVID-19 supplemental resources.
4/ Reflects estimates for mandatory programs
5/ Reflects post-sequester amounts

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

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

As the nation's health protection agency, the Centers for Disease Control and Prevention (CDC) works to prevent illness, save lives, and protect America from threats to health, safety, and security. CDC plays a key role in preparedness and response to public health concerns at home and abroad. CDC commits its world-class scientific expertise in bringing an end to the devastation of epidemics, finally eliminating certain diseases, providing a new level of domestic preparedness and global health security to current and emerging threats.

The Fiscal Year (FY) 2022 President's Budget requests $15.4 billion for CDC and the Agency for Toxic Substances and Disease Registry (ATSDR). This total includes $8.7 billion in discretionary funding, which reflects the largest budget authority increase in nearly two decades. In addition, the budget includes $903 million from the Prevention and Public Health Fund. The budget prioritizes investments to restore capacity at the world's preeminent public health agency and to address health disparities and promote health equity. Building on the investments in the American Rescue Plan Act of 2021, CDC will support core public health capacity improvements in states and territories, modernize public health data collection nationwide, train new epidemiologists and other public health experts, and build international capacity to detect, prepare for, and respond to emerging global threats. In addition, the budget includes robust investments to address violence and climate change, two significant public health issues that jeopardize the health and wellbeing of the nation.

CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT

To effectively protect the public's health, CDC must manage with efficiency, transparency, and accountability. In addition to day-to-day agency support and leadership, CDC-wide resources are used to ensure that health departments have the foundational, cross-cutting capabilities, and capacity they need to protect and improve public health every day, which also enhances their ability to resiliently respond to emergencies. The FY 2022 budget includes $709 million in agency-wide and program support funding, an increase of $425 million to provide additional flexible funding to address core capacity and other emerging needs.

Public Health Capacity and Infrastructure

The COVID-19 pandemic put a spotlight on critical gaps in America's public health infrastructure and highlighted the need to invest in a critical set of core capabilities, which are the backbone of the nation's public health system. Despite years of progress in domestic disease prevention, it is time to modernize state, local, territorial and federal workforce capability and health systems that are crucial to responding to and understanding why unprecedented threats persist. Flexible, sustainable, long-term investments in infrastructure and capacity are critical for saving lives and averting economic losses caused by public health emergencies and chronic public health problems.

The budget includes $400 million in new, flexible funding to support core public health infrastructure and capacity nationwide, including a range of improvements at the local, state, territorial and federal levels to address gaps in the current public health system and improve readiness for the next public health crisis.

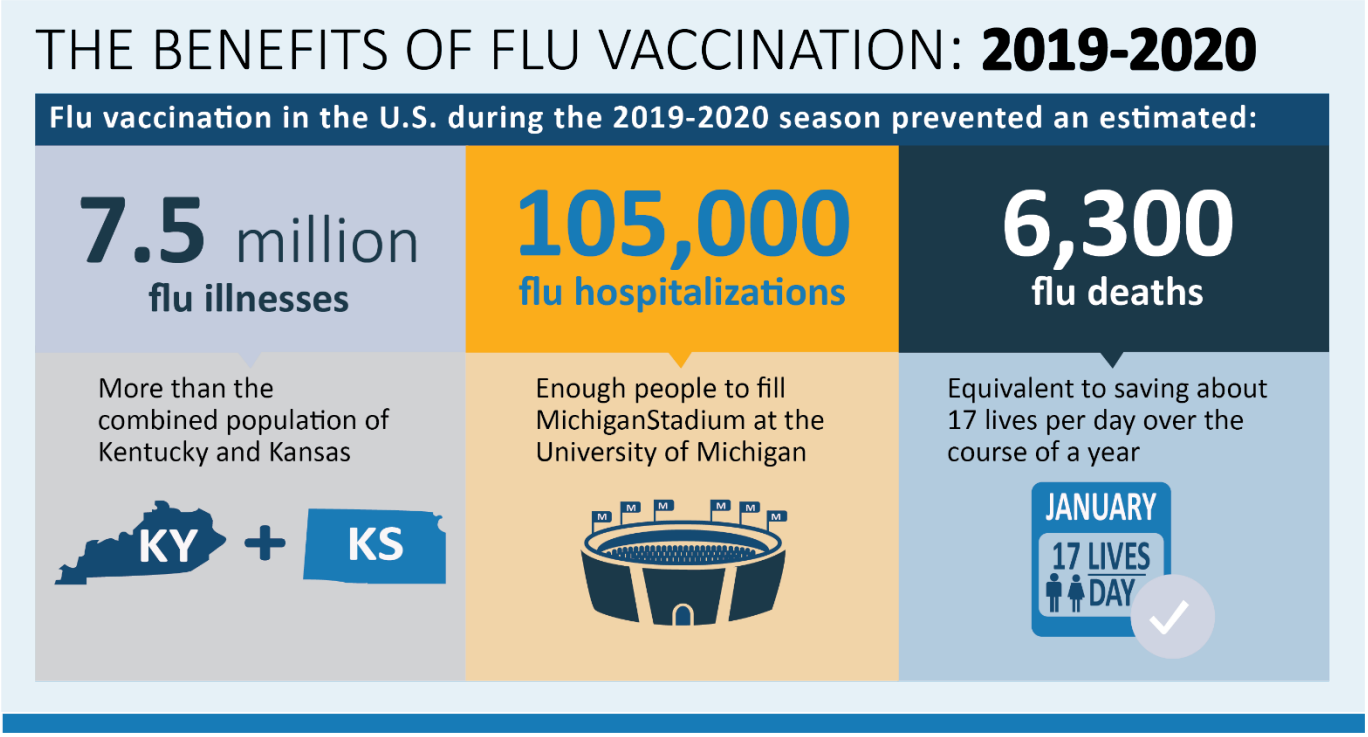
Infectious Diseases Rapid Response Reserve Fund

In FY 2019, Congress established the Infectious Disease Rapid Response Reserve Fund to allow HHS to rapidly and effectively respond to emerging infectious disease outbreaks. To date, the Fund has been used to address critical needs, including Ebola outbreaks and COVID-19 response efforts. The FY 2022 budget includes $35 million for deposit into the Fund to provide HHS with funding that can be used to rapidly and effectively respond to emerging domestic or global infectious disease threats.

IMMUNIZATION AND RESPIRATORY DISEASES

Vaccinations limit the risk and spread of many infectious diseases. CDC plays a key role in supporting the nation's immunization infrastructure at the federal, state, and local levels. Through the discretionary Immunization Program and mandatory Vaccines for Children program, CDC improves access to immunization services for uninsured and underinsured U.S. populations and supports the scientific evidence for vaccine policy and practices. CDC also provides critical epidemiology and laboratory capacity to detect, prevent, and respond to vaccine-preventable, respiratory, and related infectious disease threats and conducts preparedness planning for pandemic influenza. Preparing for and implementing a COVID-19 vaccination program at a national scale served as a pressure test for the country's adult immunization infrastructure and provided the opportunity for CDC to identify areas for improvement.

In addition to an estimated $5.1 billion in mandatory resources for the Vaccines for Children program, the FY 2022 budget includes $946 million in resources for CDC's National Center for Immunization and Respiratory Diseases. This includes $714 million for the Section 317 Immunization program, which is $100 million above FY 2021 enacted. These resources will be used to continue supporting the prevention of vaccine-preventable diseases across the lifespan by sustaining high vaccination coverage rates to prevent death and disability from vaccine-preventable diseases and helping to control respiratory diseases, including influenza. These resources will also be used to detect and respond to outbreaks of vaccine-preventable diseases and address vaccine hesitancy.



Addressing the Burden of Influenza

Influenza continues to present a major infectious disease threat worldwide. The burden of influenza disease in the United States can vary widely and is determined by several factors, including the characteristics of circulating viruses, the timing of the season, how well the vaccine is working to protect against illness, and how many people got vaccinated. While the impact of flu varies, it places a substantial burden on the health of people in the United States each year.

CDC estimates that influenza has resulted in 9 million-45 million illnesses, 140,000-810,000 hospitalizations, and 12,000-61,000 deaths annually since 2010. CDC provides technical expertise, resources, and leadership to support diagnosis, prevention, and control of influenza domestically and to address the threat posed by seasonal and pandemic influenza. The FY 2022

budget invests an additional $25 million to continue supporting implementation of the influenza planning and response activities outlined in the 2020-2030 National Influenza Vaccination Modernization Strategy. These activities include expanding vaccine effectiveness monitoring and evaluation, enhancing virus characterization, and expanding vaccine virus development for use by industry, increasing genomic testing of influenza viruses, and increasing influenza vaccine use.

Vaccines for Children

The Vaccines for Children (VFC) program is a federally funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. CDC buys vaccines at a discount and distributes them to grantees—state health departments and certain local and territorial public health agencies—which, in turn, distribute them at no charge to those private physicians' offices and public health clinics registered as VFC providers. Children who are eligible for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices. CDC estimates vaccination prevented over 400 million illnesses, more than 26 million hospitalizations, and 930,000 deaths among children born in the last 25 years. Further, CDC estimates that every dollar invested in childhood vaccination ultimately saves over 10 dollars. The FY 2022 budget includes an estimated $5.1 billion in mandatory funding for the VFC program.

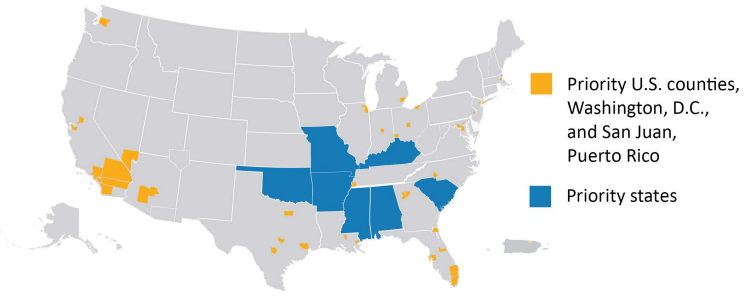
HIV/AIDS, VIRAL HEPATITIS, SEXUALLY TRANSMITTED INFECTIONS AND TUBERCULOSIS PREVENTION

CDC envisions a future free of Human Immunodeficiency Virus (HIV), viral hepatitis, sexually transmitted infections, and tuberculosis. In working toward that future, CDC prioritizes cost-effective, scalable programs, policies, and research to achieve the greatest reduction in the incidence of these conditions—all of which have significant personal, societal, and economic costs.

The budget includes $1.4 billion for CDC's efforts to support state, tribal, local, and territorial health departments' responses to infectious disease outbreaks, with a focus on comprehensive, evidence-based approaches to prevent the spread of infection.

ENDING HIV/AIDS

A CDC analysis of HIV data found that more than 50% of new HIV diagnoses[1] occurred in only 48 counties, Washington, D.C., and San Juan, Puerto Rico. The analysis also found that seven states had a substantial rural burden.[2]



1 2016–2017 data
2 States where 10% or more of new diagnoses in 2016 and 2017 were in rural areas (less than 50,000 population); at least 75 total new diagnoses statewide; and the state did not have a priority county

CDC'S ROLE

DIAGNOSE
All people with HIV as early as possible

TREAT
HIV rapidly and effectively to reach sustained viral suppression

PREVENT
new HIV transmissions by using proven interventions including PrEP and syringe services programs

RESPOND
quickly to clusters of new cases to get needed prevention and treatment services

Ending the HIV Epidemic in the United States

The budget provides $1.1 billion for CDC's domestic HIV/AIDS surveillance and prevention efforts, which includes $275 million to continue to advance HHS's efforts to end the HIV/AIDS epidemic. Through the Ending the HIV Epidemic (EHE) initiative, CDC will continue to provide targeted funding to 48 counties, Washington, D.C., and San Juan, Puerto Rico, which together account for more than 50 percent of new HIV diagnoses, and seven states that have a substantial rural HIV burden with additional expertise, technology, and resources.

In FY 2022, CDC will provide additional expertise, technology, and resources to the 57 EHE focus jurisdictions to end the HIV epidemic in the United States. Using proven and innovative strategies to diagnose, treat, prevent, and respond, the $275 million funding for EHE will result in approximately 14,000 new diagnoses, 12,000 people re-linked to health care, 13,000 people enrolled in pre-exposure prophylaxis services and treatment, and investigation of and response to 75-100 HIV clusters or outbreaks. Health equity is central to addressing the HIV epidemic, and CDC is embracing innovative strategies to increase access to HIV prevention services, enhance community engagement, and combat stigma.

Infectious Disease Consequences of Drug Use

The United States continues to experience a public health crisis involving opioids (including heroin, fentanyl, prescription medications). The increase in substance use has resulted in more injection drug use nationwide. Since 2019, CDC has had a program to address the infectious disease consequences of the opioid crisis. As the crisis continues to impact communities throughout the United States, the FY 2022 budget includes $19.5 million, which is $6.5 million above FY 2021 enacted, to expand targeted prevention and surveillance interventions in high-risk areas that reduce the spread of infectious diseases associated with use of these substances. CDC will continue to disseminate best practices, provide technical assistance, and enhance implementation for syringe services programs. Additionally, CDC will continue to use cluster detection and response as a tool in addressing this public health crisis.

EMERGING AND ZOONOTIC INFECTIOUS DISEASES

CDC protects the country from public health threats by preventing and controlling a wide range of infectious diseases. These threats include diseases caused by bacteria (like anthrax or Salmonella), viruses (like Zika or Ebola), or fungi (like Valley Fever). CDC prevents and controls zoonotic disease outbreaks using a One Health approach that brings together human, animal, and environmental health partners. CDC's world-class scientists, researchers, laboratorians, and emergency responders reduce illness and death associated with these infectious diseases, whether spread intentionally or unintentionally, through several core functions: outbreak response, surveillance, laboratory expertise, addressing health disparities in emerging infectious diseases, and supporting state and local health departments.

The FY 2022 budget includes $678 million for CDC's National Center for Emerging and Zoonotic Infectious Diseases and prioritizes funding for CDC's Quarantine and Migration Program as further described below.

Quarantine and Migration

Modern air and maritime travel have enabled extraordinary global interconnectivity and provided economic, cultural, and social benefits. However, these connections also allow an infected person to fly or sail to any location in the world, often in less time than it takes to develop symptoms of disease. The budget includes an additional $30 million to modernize public health programs that protect U.S. communities from infectious diseases and scale up migration systems that will protect the United States during future international outbreaks and pandemics. CDC will expand the quarantine network to include additional quarantine stations and extend CDC response capabilities to achieve 24/7 coverage at the most heavily trafficked airports and land border crossings. This expanded capacity will greatly improve CDC's illness response capabilities at ports of entry and bolster CDC's ability to swiftly surge at ports of entry in response to future public health emergencies.

PUBLIC HEALTH SCIENTIFIC SERVICES

CDC leads, promotes, and facilitates scientific standards and policies to protect the health of Americans at home and abroad. The FY 2022 budget includes $742 million for Public Health Scientific Services (PHSS) for CDC to provide leadership and training for a competent, sustainable, and empowered public health workforce, modernize public health surveillance systems and infrastructure, and improve access to information needed by public health professionals who monitor and respond to disease outbreaks and other threats.

The National Center for Health Statistics is the nation's principal health statistics agency. The data collected by CDC, such as from the National Vital Statistics System and the National Health and Nutrition Examination Survey, provide critical information and evidence to shape policies, monitor programs, track progress, and measure change over time. Within PHSS, the budget

includes $175 million to continue CDC's critical data collection activities to support a robust portfolio of evidence that informs decision-making at CDC, HHS, and other federal agencies.

Public Health Data Modernization Initiative

Also within PHSS, the budget includes $150 million, $100 million above FY 2021 enacted, to support CDC's Public Health Data Modernization Initiative, a multi-year strategy to transform how CDC collects and uses public health data. Through previous investments, CDC has laid a foundation for sustained progress on data modernization. CDC has provided support to state and local public health departments, non-governmental entities, and health systems to make forward-facing data infrastructure improvements and move systems toward an integrated ecosystem that enables the bi-directional flow of information between state and local jurisdictions, the health care sector, and the CDC. CDC has developed a Roadmap of Activities and Expected Outcomes that guides all current and future investments in data modernization. The roadmap lays out the plan for how CDC will coordinate people and systems, accelerate data for action, and support strategic innovation to reach the agency's long-term goals.

Public Health Workforce

The U.S. public health workforce is on the frontlines of the COVID-19 pandemic. While the pandemic has demonstrated the resilience and commitment of the public health workforce, it has also laid bare the gaps resulting from a decades-long erosion of workforce support. The FY 2022 budget includes $106 million for Public Health Workforce and Career Development programs, which is a $50 million increase above FY 2021 enacted. With this investment in CDC's fellowship and training programs, CDC will rebuild the workforce of epidemiologists, contact tracers, lab scientists, community health workers, data analysts, behavioral scientists, and communicators who can help protect every American community. The country's health workforce needs to be nimble, responsive, and fueled by drive to protect all Americans and empowered by science.

INJURY PREVENTION AND CONTROL

Violence is a serious public health problem. From infants to the elderly, it affects people in all stages of life. Many more survive violence and suffer physical, mental, and or emotional health problems throughout the rest of their lives. CDC is the nation's leading authority on violence and injury prevention and is committed to stopping violence before it begins. This includes detecting, understanding, and addressing alarming trends in suicide and substance use disorder, among other issues. CDC prevents violence and injuries using the same proven public health methods that are used to prevent diseases: defining the problem through surveillance, studying factors that impact risk for injury, designing and evaluating interventions that target these risk factors, and ensuring proven strategies are implemented in communities nationwide. CDC's goal is to keep people safe where they live, work, play, and learn. The FY 2022 budget includes $1.1 billion, an increase of $420 million, for the National Center for Injury Prevention and Control.

Reducing Violence through Data and Action

The FY 2022 budget includes a set of critical investments that will allow CDC to advance efforts to reduce all forms of violence–including community violence, gun violence, intimate partner violence, gender-based violence, and sexual violence. As illustrated, the budget includes a series of strategic investments within CDC to prevent and address violence as a public health priority. Specifically, the budget includes an additional $5 million for domestic violence community projects, allowing to CDC to expand the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) program by funding up to 20 additional recipients to build capacity to implement and evaluate proven intimate partner violence prevention strategies in their states. Additional investments of $12.5 million, for a total of $25 million, will support firearm injury and mortality prevention research and data collection to identify the most effective ways to prevent firearm related injuries and deaths.

In addition to the discretionary investments included in FY 2022 for the Community Violence Intervention Initiative, the budget includes a total of $2.5 billion in mandatory funding for CDC, beginning in FY 2023 and continuing through FY 2029. This complements a similar investment in the Department of Justice for a government-wide total of $5 billion from fiscal years 2023-2029.

Addressing the Drug Overdose Epidemic in America

The drug overdose epidemic faced by the United States continues to evolve and is becoming more complex with a landscape marked by a range of drugs (polysubstance). Provisional data from the National Center for Health Statistics indicate a rise in overdose mortality, with overdose deaths predicted to be over 70,000 through December 2019, a 4.8 percent increase from the previous year. Combatting the current overdose epidemic remains a priority for CDC and the Administration. Preliminary death data from 2020 suggests that overdose deaths accelerated during the COVID-19 pandemic. Over 88,000 drug overdose deaths occurred in the United States in the 12 months ending in October 2020. This is the highest number of overdose deaths ever recorded in a 12-month period.

The FY 2022 budget includes a robust investment of $713 million, an increase of $238 million, for CDC's opioid overdose prevention and surveillance. In FY 2022, CDC will increase local investments and innovation to reach approximately 25 of the nation's largest cities/counties and 40 smaller communities heavily impacted by the overdose crisis, while continuing to support all 50 states, territories, and local jurisdictions to track and prevent overdose deaths. The additional resources will also enable CDC to strengthen prevention efforts (e.g., risk reduction and access to medications for opioid use disorder) for people at highest risk.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Every 4.5 minutes, a baby in the United States is born with a major birth defect, and 1 in 6 children have developmental disabilities. CDC enriches the quality of life of vulnerable populations through efforts to identify and address the causes of birth defects, infant disorders, and developmental disabilities. Through surveillance, research, and prevention efforts, CDC translates scientific findings to increase the understanding of the potential causes, leading to recommendations, policies, and services to help prevent them. CDC is working toward a day when every child is born with the best health possible. The FY 2022 budget includes $173 million to prevent birth defects and developmental disabilities.

Emerging Threats to Mothers and Babies

The FY 2022 budget includes $15 million—$5 million above FY 2021 enacted—to expand activities to protect mothers and babies from emerging threats. The *Surveillance for Emerging Threats to Mothers and Babies* initiative, launched in FY 2019, currently supports 29 jurisdictions and public health organizations to monitor and determine the impact of serious threats, such as COVID-19, Zika virus, syphilis, and Hepatitis C, on mothers and babies, and to track the occurrence of birth defects and developmental disabilities as children age. Findings help CDC address critical threats, develop appropriate prevention strategies, and inform the clinical and public health communities about the needs of and optimal care for children and families.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Chronic diseases, such as heart disease, cancer, chronic lung diseases, stroke, and diabetes, account for most deaths in the United States and globally, and are the major causes of sickness, disability, and health care costs in the nation. While chronic diseases affect all populations, they are not evenly distributed. Disease rates vary by race, ethnicity, education, and income level, with the most disadvantaged Americans often suffering the highest burden of disease.

The FY 2022 budget includes $1.5 billion—an increase of $176 million—for chronic disease prevention and health promotion activities. CDC will continue to lead efforts to prevent and control chronic diseases and associated risk factors by supporting targeted interventions through state, tribal, local, and territorial health departments and non-governmental organizations, monitoring national chronic disease trends, and evaluating effective interventions.

Social Determinants of Health

Social determinants of health are the conditions in the places where people are born, live, learn, work, play, and worship that influence the availability of fair and just opportunities and resources needed to practice healthy behaviors and affect a wide range of health and social life outcomes. Differences in social determinants of health contribute to the stark and persistent chronic disease disparities in the United States among racial, ethnic, and socioeconomic groups, systematically limiting opportunities for members of some groups to be healthy. Interventions targeting these factors have tremendous potential to narrow disparities across many chronic diseases by removing systemic and unfair barriers to practicing healthy behaviors. Through community health assessment and planning partnerships, federal, state, local, tribal, and territorial governments can invest in long-range policy and environmental change plans to improve determinants of health in communities with the poorest health outcomes. CDC first received $3 million in dedicated funding for a Social Determinants of Health program in FY 2021. The FY 2022 budget invests an additional $150 million to enhance and expand CDC's funding to all states and territories to plan and implement interventions to improve health equity.

Improving Maternal Health

The United States has the highest maternal mortality rate among developed nations, with a particularly high mortality rate for Black and American Indian/Alaska Native women. In FY 2022, CDC will dedicate an additional $26 million, for a total of $43 million, for Maternal Mortality Review Committees to support the Administration priority to reduce the maternal death rate nationwide. With this additional funding, CDC will fund Maternal Mortality Review Committees to implement data collection and data-driven action to prevent maternal deaths and illness in all states and territories. CDC is also conducting the *Hear Her*, a national campaign to raise awareness of critical warning signs during and after pregnancy and improve communication between patients and their health care providers. A number of factors contribute to the high maternal mortality rate among Black and American Indian/Alaska Native women. One of these factors is implicit bias, which can impact how a health care provider communicates with a woman and executes medical decisions. *Hear Her* encourages health care providers to really listen when a woman tells them something does not feel right.

ENVIRONMENTAL HEALTH

Safe and healthy environments promote healthier people and communities. CDC protects Americans against everyday hazards found in air, water, or food. CDC is committed to protecting the health and wellbeing of populations who are especially vulnerable to environmental health threats, including children, the elderly, and individuals with disabilities.

The FY 2022 budget includes $333 million to support CDC's environmental health activities. CDC will continue to monitor health outcomes resulting from environmental exposures, develop guidance to address environmental health issues, and build partnerships to discuss health impacts and support collaborative decision making. The budget increases funding for the Childhood Lead Poisoning Prevention Program to support activities in 53 state and local jurisdictions. In FY 2022, will continue supporting work with private labs and device manufacturers to harmonize results on more high priority lab tests. The budget also includes funding to continue support for the Lead Exposure Registry, an innovative, one-of-a-kind registry originally funded in FY 2021 to identify eligible participants and ensure robust registry data to monitor health, child development, service utilization, and ongoing lead exposure. Funding in FY 2022 also includes $3 million for the Vessel Sanitation Program to ensure continuity of operations in the event that case user fees cannot be collected.

Climate and Health

Climate change is already adversely impacting health and well-being in the United States, and these health impacts are projected to increase in the future. Climate-related events such as heat waves, floods, droughts, and extreme storms affect everyone, but not everyone is affected equally. Factors such as age, location, race, and occupation all affect an individual's resilience to climate-related health risks. CDC's Climate and Health Program directly addresses these issues by

supporting state, tribal, local, and territorial public health agencies to prepare for specific health impacts of a changing climate. The Climate and Health Program focuses on the public health-related aspects of climate extremes, including ways to reduce health risks by seeking to establish and use evidence-based interventions targeting the most vulnerable populations. In FY 2022, CDC will dedicate an additional $100 million, for a total for a $110 million to expand the program to all states and territories to identify potential health effects associated with climate change and implement health adaptation plans.

OCCUPATIONAL SAFETY AND HEALTH

The National Institute for Occupational Safety and Health (NIOSH) is the lead research agency focused on worker safety and health. Through NIOSH's efforts, CDC helps protect the nation's 163 million workers and provides the only dedicated federal investment for research needed to prevent occupational injuries and illnesses that cost the United States $250 billion annually.

The FY 2022 budget includes $345 million for occupational safety and health activities. CDC works cooperatively with employers and employees to adapt research findings into effective and feasible solutions to prevent illness and injury in the workplace. In addition to the discretionary resources provided for these activities, the budget provides $51 million, post-sequester, for the mandatory Energy Employee Occupational Injury Compensation Act program.

World Trade Center Health Program

The September 11, 2001 terrorist attacks required extensive response, recovery, and cleanup activities exposing thousands of responders and survivors to toxic smoke, dust, debris, and psychological trauma. The World Trade Center Health Program was established by the James Zadroga 9/11 Health and Compensation Act of 2010 and reauthorized in 2015 until 2090 to serve all eligible responders, as well as survivors who were in the New York City disaster area.

The budget includes $641 million in mandatory federal share funding to provide monitoring and treatment benefits to eligible responders and survivors, conduct research on related health conditions, and maintain a health registry to collect data on those affected. To date, the program has enrolled over 106,000 eligible participants and paid claims for treatment and medication for more than 36,000 enrollees.

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

As evidenced by the COVID-19 pandemic, the country faces health threats in today's highly connected world. Local disease outbreaks can escalate into regional, national, and global emergencies. As seen in the last two decades with H1N1, Ebola, Zika, SARS-COV-1 and SARS-COV-2, new diseases can emerge, or formerly localized diseases can be transported to create devastating impacts on human health and prosperity. Natural disasters occur regularly and can escalate into widespread emergencies. Other threats, whether chemical, biological, radiological or nuclear, man-made, or naturally occurring, are present and growing. State and local activities supported by CDC's public health preparedness and response programs help protect Americans before, during, and after public health emergencies that can be caused by these threats. CDC's world-class laboratories, public health surveillance, epidemiology, and incident management expertise, combined with long-standing relationships with federal, state, territorial, tribal, local, and global partners, uniquely qualify CDC to prepare for, detect, and respond to these emergencies. The budget provides $842 million for CDC's public health preparedness and response activities.

Public health capacity at the state and local levels is critical to ensure effective preparedness response and recovery from public health emergencies. The budget includes $695 million for the Public Health Emergency Preparedness cooperative agreements. In FY 2022, CDC will continue to provide funding to 62 awardees, which includes all 50 states, four major cities, and eight territories and will continue support for more than 2,400 staff that provide critical public health expertise at the local level which enables faster and more effective responses. Staff work in jurisdictions as laboratorians, epidemiologists, data analysts, health professionals, communication specialists, and evaluators. These activities will be informed by lessons learned from recent large-scale responses including COVID-19.

GLOBAL HEALTH

In today's interconnected world, diseases can spread from a remote village to a major city in as little as 36 hours. CDC works globally to detect and respond to

diseases where they occur. Through these efforts, including deployments of scientists and health experts, CDC can detect epidemic threats earlier, respond more effectively, and prevent avoidable catastrophes. CDC's work worldwide supports the overarching goal of ensuring global health security, while building the nation's domestic defense against health threats.

The budget includes $698 million for CDC's global health activities that help protect Americans from major health threats such as Ebola, Zika virus, and pandemic influenza. CDC's global health programs are led by world experts in epidemiology, surveillance, informatics, laboratory systems, and other essential disciplines, and provide strong global health leadership capacity. CDC works with non-governmental organizations to identify, direct, and coordinate global health strategies and priorities.

Global Public Health Protection

The FY 2022 budget includes an additional $100 million, for a total of $303 million, for Global Public Health Protection to continue efforts to help protect the American people from health threats around the world, focused on helping high risk countries build their own public health capacity to respond to outbreaks. CDC collaborates on, and supports, country-led response efforts to confront the most challenging health epidemics, often in complex geopolitical settings. The budget will help CDC maintain the capacity to address contagious disease threats where they occur – from Ebola in West Africa to polio in Pakistan and Afghanistan, to pneumonia of unknown etiology in China.

With new resources in FY 2022, CDC will expand in-country staffing in the 19 intensive support countries, building upon existing CDC presence, to allow CDC to identify emerging threats and provide on-the-ground expertise to address health security gaps in countries more rapidly. CDC will continue to partner with individual countries to help develop and augment their public health capacity and health security expertise to ensure that diseases are contained at their source.

Pillars of CDC's Global Health Strategy

SCIENTIFIC EXPERTISE

Serving as a leading source of credible scientific information, trailblazing science, evidence-based decision-making, global reference laboratories, and experts. CDC's workforce is available to address the most urgent global public health threats.

INNOVATION

Leveraging the latest technologies and advanced analytics to accelerate public health impact. CDC develops new medical countermeasures, diagnostics, laboratory and data platforms, and explores new ways to innovate across its global health portfolio.

SUSTAINABILITY

Demonstrating the impact on leading public health priorities, establishing and strengthening sustainable public health systems, reducing the economic impact of disease outbreaks globally, and building lasting capacity for countries to address current and future heath needs.

DIVERSE PARTNERSHIPS

Fostering health diplomacy through bilateral and multilateral partnerships, engagement with the private sector, and ongoing collaborations with academic institutions and foundations.

HEALTH EQUITY

Eliminating health disparities to achieve optimal health for all. CDC addresses health equity and reaches those in greatest need through its global programs, research, tools and resources, and leadership.

BUILDINGS AND FACILITIES

Safe, secure, and fully operational laboratories, buildings, and facilities equip CDC with the infrastructure needed to protect Americans from disease threats, respond to evolving public health needs, and rapidly address public health emergencies. Emergencies, like COVID-19, require urgent action. CDC laboratories and facilities need to be prepared to respond. CDC's facilities support the dedicated personnel who work to protect Americans from health threats every day. The FY 2022 budget includes $55 million, an increase of $25 million, to invest in CDC's rigorous preventive maintenance program and to make significant progress reducing the current backlog of repairs and improvements. These investments will protect CDC's critical laboratory assets and will ensure that CDC's infrastructure is operationally ready to protect the public 24/7.

AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

For three decades, the ATSDR, a nonregulatory, congressionally mandated public health agency, has protected American communities from exposures to harmful substances in our soil, water, and air. ATSDR works to better understand the human health effects of hazardous substances and builds local capacity to investigate and take action to reduce harmful exposures. ATSDR staff and partners trained by ATSDR are ready 24/7 to respond to environmental threats from natural disasters, chemical spills, and other emergencies. ATSDR has developed specialized expertise in geospatial analysis of health threats. In FY 2020, ATSDR responded to over 2,200 requests COVID-19 related inquiries from the public and health care professionals and had 110 million views of the COVID-19 Data Tracker Dashboard.

The FY 2022 budget includes $82 million for ATSDR—an increase of $4 million—to support activities related to children's health, safe drinking water, and innovative laboratory methods. New resources in FY 2022 will enable continued and expanded geospatial public health analyses, including COVID-19 variant, cluster, and outbreak analysis.

National Institutes of Health

The following tables are in millions of dollars.

Institutes/Centers	2020 /2	2021 /3	2022	2022 +/- 2021
National Cancer Institute	6,440	6,559	6,733	+174
National Heart, Lung, and Blood Institute	3,625	3,665	3,846	+181
National Institute of Dental and Craniofacial Research	478	485	516	+31
National Institute of Diabetes and Digestive and Kidney Diseases	2,265	2,282	2,361	+79
National Institute of Neurological Disorders and Stroke	2,447	2,511	2,783	+272
National Institute of Allergy and Infectious Diseases	5,876	6,067	6,246	+179
National Institute of General Medical Sciences	2,937	2,991	3,096	+105
Eunice K. Shriver National Institute of Child Health and Human Development /4	1,798	1,838	1,942	+104
National Eye Institute	823	836	859	+23
National Institute of Environmental Health Sciences: Labor/HHS Appropriation	803	815	937	+122
National Institute of Environmental Health Sciences: Interior Appropriation	81	82	84	+2
National Institute on Aging	3,546	3,900	4,036	+136
National Institute of Arthritis and Musculoskeletal and Skin Diseases	625	634	680	+46
National Institute on Deafness and Communication Disorders	491	498	512	+14
National Institute of Mental Health	2,043	2,106	2,214	+108
National Institute on Drug Abuse	1,458	1,480	1,853	+372
National Institute on Alcohol Abuse and Alcoholism	547	555	570	+15
National Institute of Nursing Research	172	175	200	+25
National Human Genome Research Institute	604	616	633	+17
National Institute of Biomedical Imaging and Bioengineering	405	411	422	+11
National Institute on Minority Health and Health Disparities	336	392	652	+261
National Center for Complementary and Integrative Health	152	154	184	+30
National Center for Advancing Translational Sciences	833	855	879	+24
Fogarty International Center	81	84	96	+12
National Library of Medicine	457	462	475	+13
Office of the Director /4, 5	2,007	2,175	2,245	+70
21st Century Cures Innovation Accounts /6	157	109	150	+41
Buildings and Facilities	200	200	250	+50
Advanced Research Projects Agency for Health	--	--	6,500	+6,500
Total, Program Level	**41,685**	**42,936**	**51,953**	**+9,017**

NIH Budget Totals	2020 /2	2021 /3	2022	2022 +/- 2021
Total, Program Level	**41,685**	**42,936**	**51,953**	**+9,017**
Less Funds from Other Sources	-1,381	-1,422	-1,413	+9
Public Health Service Evaluation Funds (non-add)	*-1,231*	*-1,272*	*-1,272*	*--*
Current Law Mandatory Funding – Type 1 Diabetes (non-add) /7	*-150*	*-150*	*-141*	*+9*
Total, Discretionary Budget Authority	**40,304**	**41,514**	**50,540**	**+9,026**
Full-Time Equivalents /8	17,619	18,781	19,299	+518

Appropriations	2020	2021	2022	2022 +/- 2021
Labor/HHS Appropriation	40,223	41,432	50,456	+9,024
Interior Appropriation	81	82	84	+2

1/ Totals may not add due to rounding.
2/ The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $3.6 billion in COVID-19 supplemental resources.
3/ The FY 2021 column reflects enacted levels, including required transfers and HIV/AIDS transfers, but does not include other permissive transfers or $1.3 billion in COVID-19 supplemental resources.
4/ Amounts for FY 2020 and FY 2021 are comparably adjusted for the proposed transfer of the ECHO and INCLUDE programs from OD to NICHD in FY 2022.
5/ Amounts for all fiscal years reflect directed transfer of $5 million to the HHS Office of Inspector General.
6/ Total funding available through the 21st Century Cures Act is $496 million in FY 2022. It is allocated to NCI ($194 million), NINDS ($76 million), NIMH ($76 million), and the Innovation Account ($150 million).
7/ Reflects mandatory sequester of 5.7 percent in FY 2022.
8/ Excludes 4 FTEs funded by the Public Health Service trust funds in all years.

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

The National Institutes of Health (NIH) is the nation's medical research agency and the world's largest funder of innovative multidisciplinary biomedical and behavioral research. NIH investments in basic research support translating scientific discovery into tangible improvements in clinical practice, public health, and preparedness. NIH fosters a talented and diverse workforce of scientists and researchers. To date, 163 NIH supported researchers have been sole or shared winners of 96 Nobel Prizes.

The FY 2022 President's Budget includes $52 billion for NIH, an increase of $9 billion above FY 2021 enacted, reflecting the Administration's commitment to increasing investments in transformative biomedical research to advance the health of the nation and promote innovation. Of the $9 billion increase, $6.5 billion will support the establishment of the Advanced Research Projects Agency for Health (ARPA-H), a bold new entity within NIH that will speed transformational innovation in health research. The remaining $2.5 billion will continue NIH's long-standing commitment to investing in basic research and translating it into clinical practice to address the most urgent challenges, which include ending the opioids crisis, climate change, and gun violence.

In FY 2022, NIH estimates it will support a total of 44,343 research project grants, an increase of 2,260 above FY 2021, including a total of 12,664 new and competing grants. About 85 percent of the funds appropriated to NIH will flow out to the extramural community, which supports work by more than 300,000 research personnel at over 2,500 universities, medical schools, research facilities, small businesses, and hospitals. About nine percent of the budget will support an in-house, or intramural, program of basic and clinical research and training activities managed by world class physicians and scientists. The intramural research program, which includes the NIH Clinical Center, gives the nation the unparalleled ability to respond immediately to national and global health challenges. Another six percent will provide for agency leadership, research management and support, and facilities maintenance and improvements.

ADVANCED RESEARCH PROJECTS AGENCY FOR HEALTH

As part of the Administration's actions to renew America's commitment to research and development, the budget includes $6.5 billion to create ARPA-H. Modeled after the Defense Advanced Research and Development Agency (DARPA), ARPA-H will make pivotal investments to drive transformational innovation in health research and speed application and implementation of health breakthroughs to reduce illness and save lives. ARPA-H will strive to collapse barriers and accelerate the development of evidence-based, real-world-driven cures for and transformative advances in a range of biomedical and health research areas and diseases – from cancer to hypertension to population-level behavioral interventions. ARPA-H will promote a culture that values a relentless drive for transformative technical results and a willingness to take risks and be nimble – one that is built on teamwork, broad and active engagement, a collaborative spirit across disciplines, a sense of urgency, and constantly pushing towards a common set of goals.

ARPA-H will fund projects with the potential to transform entire areas of medicine and health by:

- Tackling bold challenges requiring large scale, sustained coordination
- Creating new capabilities (*e.g.,* technologies, data resources, disease models)
- Supporting high-risk exploration that could establish entirely new paradigms
- Overcoming market failures through critical solutions, including financial incentives

ARPA-H will boost progress towards treatments and cures by working with industry, academia, nonprofits, and other Federal agencies, using traditional and nontraditional mechanisms like Other Transaction Authority, to scale up projects with the most promise for improving health and saving lives. A federal advisory panel will be established to provide an avenue for interagency coordination and idea generation. ARPA-H will have a distinctive culture and organizational structure, and will complement NIH's existing research portfolio, providing an agile and flexible arm to advance biomedical science quickly and robustly.

> **"The Defense Department has an agency called DARPA —the Defense Advanced Research Projects Agency —that's there to develop breakthroughs to enhance our national security —which led to the internet and GPS and so much more. The National Institutes of Health, the NIH —should create a similar Advanced Research Projects Agency for health. To develop breakthroughs —to prevent, detect, and treat diseases like Alzheimer's, diabetes, and cancer. This is personal to so many of us. I can think of no more worthy investment. And I know of nothing that is more bipartisan." — President Biden**

RESEARCH PRIORITIES IN FY 2022

Combatting the Opioid and Methamphetamine Crisis

The national crisis of opioid misuse, addiction, and overdose, one of the largest and most complex public health crises that our nation has faced, continues to affect communities across America. Overdose deaths were increasing prior to COVID-19 and preliminary drug overdose death data from 2020 suggest that overdose deaths accelerated during the pandemic. The FY 2022 President's Budget requests an historic investment to end the opioid crisis including $2.2 billion across NIH Institutes and Centers for opioids, stimulant, and pain research, an increase of $627 million above FY 2021 enacted. Within this total, $811 million supports the Helping to End Addiction Long-term (HEAL) Initiative, NIH's aggressive, trans-agency effort to provide scientific solutions to the opioid crisis and offer new hope for individuals, families, and communities affected by this devastating crisis. Over $1.4 billion supports ongoing research in this critical area.

The HEAL Initiative was launched in 2018 to enhance pain management and to improve prevention and treatment strategies for opioid misuse and addiction. The HEAL Initiative leverages expertise from almost every NIH Institute and Center to approach the crisis from all angles and disciplines, and across the full spectrum from basic research to implementation science. HEAL accelerates the preclinical and translational development of new medications and devices to treat pain. Clinical trials to evaluate the safety and efficacy of innovative, non-addictive therapies for pain management help inform evidence-based guidelines for the treatment of pain with non-opioid therapies and reduce the risk of prescription opioid medications. Additionally, a series of highly focused studies is expediting the development of therapies to treat opioid use disorder (OUD) and reverse overdose, yielding 16 Investigational New Drug applications filed with the Food and Drug Administration authorizing human studies. HEAL research also tests promising prevention strategies and integration of evidence-based treatments for OUD in multiple settings, including primary and emergency care, the criminal justice system, and other community settings, and in communities highly affected by the opioid crisis.

Through HEAL, the Advancing Clinical Trials in Neonatal Opioid Withdrawal Syndrome (ACT NOW) study is informing care for infants exposed to maternal opioid use while in the womb. These infants often experience extreme irritability, problems eating and sleeping, and seizure and neonatal opioid withdrawal syndrome, with an estimated frequency of seven per 1,000 hospital births. Through ACT NOW, researchers test both drug-free treatment approaches and currently used medications for neonatal opioid withdrawal

syndrome. One trial is testing the Eat, Sleep, and Console function-based assessment for neonatal opioid withdrawal syndrome among 864 families over two years. A second trial is testing the effectiveness of two different pharmacological treatments for neonatal opioid withdrawal syndrome, morphine and methadone, among over 500 infants. The ACT NOW Longitudinal Study measures the effects of prenatal opioid exposure, together with maternal and environmental factors to influence childhood neurodevelopment and behavior. Despite COVID-19, all three ACT NOW studies began recruitment in 2020.

NIH HEAL INITIATIVE RESEARCH OVERVIEW

Health Disparities and Inequities Research

While the diversity of the American population is one of the nation's greatest assets, one of its greatest challenges is reducing the profound disparity in the health status of its racial and ethnic minority, rural, low-income, and other underserved populations. NIH aims to expand its investment in research on health disparities, fostering collaborations and partnerships to promote and support evidence-based science to address long-standing inequities. The budget provides an additional $330 million to enhance health disparities and inequities research, including $250 million for the National Institute on Minority Health and Health Disparities. The remaining $80 million is targeted for cardiovascular, nursing, and international health disparities and inequities research at the National Heart, Lung, and Blood Institute, the National Institute of Nursing Research, and the Fogarty International Center respectively.

EQUITY PROGRAM HIGHLIGHT

The National Institute on Minority Health and Health Disparities, in collaboration with multiple other NIH Institutes and Centers, has announced support for a new research program - Understanding and Addressing the Impact of Structural Racism and Discrimination on Minority Health and Health Disparities. This is built upon the recognition that structural racism and discrimination contribute to poorer health outcomes for racial/ethnic minorities and other populations that experience health disparities based in part on experiences of racism and discrimination. Projects must address structural racism and discrimination in one or more NIH-designated populations with health disparities in the US and should address documented disparities in health outcomes.

Impacts of Climate Change on Human Health

The FY 2022 President's Budget includes an additional $100 million for NIH, in collaboration with other federal agencies, to continue its collaboration and coordination of research and other activities related to climate change. NIH not only provides research on human health impacts related to climate change and adaptation but also raises awareness and creates new partnerships to advance key areas of health research and knowledge development on the effects of climate change on human health. In FY 2022, NIH will continue to work towards advancing the key areas of health research and knowledge development on human health effects of climate change. While climate change is a global process, it has very local impacts that can profoundly affect communities, which the Department considers to be one of the top public health challenges in our time.

Ending the HIV Epidemic in the U.S.

The Administration is committed to ending the HIV epidemic in the United States and the budget proposes significant investments across HHS to aggressively reduce new HIV cases while increasing access to treatment, expanding the use of pre-exposure prophylaxis (also known as PrEP), and ensuring equitable access to services and supports.

NIH investments in innovative HIV and AIDS research over more than three decades produced

groundbreaking advances that enabled the development of safe, effective antiretroviral medications to extend the lifespan of people with HIV, and the design and implementation of effective interventions to prevent HIV transmission and acquisition. While these advances have led to a significant decline in new HIV diagnoses from their peak in the mid-1980s, progress has stalled with an estimated 38,000 Americans being newly diagnosed each year.

NIH-supported basic, clinical, behavioral, and social science research on preventing new infections, developing optimal treatments, addressing comorbidities, and tackling health inequalities will support the development of effective and culturally responsive interventions whose implementation will be essential to achieving the goals of the initiative. The FY 2022 President's Budget provides $26 million, an increase of $10 million above FY 2021 enacted, for NIH-sponsored Centers for AIDS Research to support the initiative to end HIV/AIDS through evidence-based research on new strategies for the successful delivery of integrated prevention and treatment.

Improving Maternal Health

In response to rising U.S. rates of pregnancy-related deaths, or maternal mortality, NIH launched the Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) initiative. The initiative supports research to reduce preventable causes of maternal deaths and improve health for women before, during, and after delivery. The IMPROVE initiative focuses on the leading causes of maternal mortality in the United States—cardiovascular disease, infection, and immunity—as well as contributing health conditions or social factors, such as mental health disorders, diabetes, obesity, substance use disorders, and structural and healthcare system issues. The initiative also focuses on significant pregnancy-related health complications called severe maternal morbidity.

The budget includes an additional $30 million investment for IMPROVE to build upon ongoing efforts among federal partners and other stakeholders to accelerate progress towards reducing maternal mortality and severe maternal morbidity. IMPROVE will launch a national network of Maternal Health Research Centers of Excellence that supports integrated biological and biopsychosocial research. Research projects will incorporate local community needs and perspectives to develop, implement, and evaluate community-tailored interventions to address maternal health disparities, as well as investigate biological, behavioral, sociocultural, and structural risk factors and mechanisms of the leading causes of maternal mortality and severe maternal morbidity. This NIH effort will complement and advance activities across HHS to improve maternal health.

Addressing Gun Violence in America

Nearly 40,000 people in the U.S. die from firearm-related injuries each year and many more have experienced non-fatal firearm injuries. When firearms are involved with violent events, the risk for injury and mortality increases. Firearm violence is responsible for three quarters of homicide deaths and is the most common and lethal means of suicide. Firearm injury and mortality also contribute to health disparities—among males aged 20-24, the firearm homicide rate is more than 10 times higher for black men than for white men.

The Administration is committed to addressing gun violence as a public health issue and the budget doubles funding within NIH to $25 million for firearm violence prevention research. NIH will expand efforts to improve understanding of the determinants of firearm injury, the identification of those at risk of firearm injury (including both victims and perpetrators), the development and evaluation of innovative interventions to prevent firearm injury and mortality, and the examination of approaches to improve the implementation of existing, evidence-based interventions to prevent firearm injury and mortality.

Research on the Effects of COVID-19

Available research from prior disasters and other stressful and traumatic events underscores the likelihood that the experience of the COVID-19 pandemic will have a negative impact on the mental health of people from all age groups. Receipt of mental health services has proven challenging, as health care systems have been understandably pulled to mitigating the initial effects of viral infection and many shifted to telehealth delivery to protect the health of providers and patients. The budget includes $25 million within the National Institute of Mental

Health for research to understand the risks, mechanisms, and treatment in response to COVID-19 among individuals at risk for, or experiencing, mental disorders, across the full lifespan.

NIH is leading efforts to understand how SARS-CoV-2, the virus that causes COVID-19, affects children, who account for roughly 13 percent of the total cases of COVID-19 in the United States. The Collaboration to Assess Risk and Identify Long-term Outcomes for Children with COVID (CARING for Children with COVID) research program is developing and funding studies to investigate why some children are at greater risk for SARS-CoV-2 infection than others, why symptoms vary among children who are infected, and how to identify children at risk for severe illness from SARS-CoV-2 infection, like multisystem inflammatory syndrome in children or Long COVID. The budget provides $15 million within the Eunice K. Shriver National Institute of Child Health and Human Development to enroll additional children into existing studies, expand sites across the country where the studies could occur, and allow for long-term follow-up of these children to understand lasting effects.

Creating a Diverse Biomedical Workforce

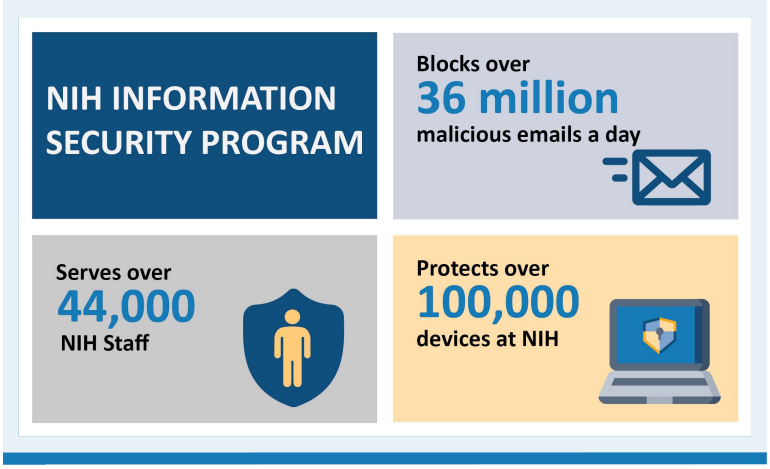
Every facet of the United States scientific research enterprise—from basic laboratory research, to clinical and translational research, to policy formation—requires superior intellect, creativity, and a wide range of skill sets and viewpoints. NIH's ability to help ensure that the nation remains a global leader in scientific discovery and innovation is dependent upon a pool of highly talented scientists from diverse backgrounds who will help to further NIH's mission. There are many benefits that flow from a diverse NIH-supported scientific workforce, including: fostering scientific innovation, enhancing global competitiveness, contributing to robust learning environments, improving the quality of the researchers, advancing the likelihood that underserved or health disparity populations participate in and benefit from health research, and enhancing public trust.

NIH will continue efforts implemented over the past decade to recruit and advance the careers of people traditionally underrepresented in the biomedical and behavioral research workforce. This includes increasing opportunities for early-career investigators, improving upon data collection and evaluation efforts to determine the most effective approaches for reaching underrepresented groups, and implementing systematic tracking and evaluation of diversity and inclusion metrics for the intramural research program for each NIH Institute and Center through the NIH Equity Committee. The budget provides an additional $16 million for these activities, managed by the Chief Officer for Scientific Workforce Diversity.

Protecting Biomedical Research

The Administration is committed to supporting agencies as they modernize, strengthen, and secure antiquated information systems and bolster federal cybersecurity including as it relates to biomedical research data. The need for a robust and facile NIH cybersecurity posture has never been greater, particularly as increased attention has been paid to its work addressing the COVID-19 pandemic. NIH transits a massive amount of data per day on its network, all while blocking 36 million malicious emails and tens of thousands of intrusion attempts every single day.

To address NIH's priorities of protecting loss of personally identifiable or personal health information, research data integrity, and financial stewardship, the budget provides an additional $100 million in FY 2022 to enhance Security Operations Center functions, expand threat mitigation and incident response support capabilities, implement important architectural improvements to the NIH network, and implement standard cyber tools and technologies that allow real time monitoring of activity across a variety of sources. These improvements will significantly strengthen the overall NIH cybersecurity enterprise.



RESEARCH INFRASTRUCTURE

Buildings and Facilities

A total of $250 million is requested for NIH intramural Buildings and Facilities, an increase of $50 million above FY 2021 enacted, to ensure the necessary infrastructure for cutting-edge science. The budget also increases flexibility for Institutes and Centers to fund, construction, repair, and improvement projects. These two proposals are part of a long-term effort to strengthen stewardship of NIH facilities. A 2019 independent review of facility needs by the National Academies of Sciences, Engineering, and Medicine substantiates the need for a sustained increase in annual facilities funding. Building upon administrative improvements to its capital planning process, additional resources will stem the growth of NIH's backlog of maintenance and repair.

Non-human Primate Research Infrastructure Expansion

The current COVID-19 pandemic has highlighted the need to expand non-human primate resources to ensure numbers and housing sufficient for allocation to high-priority research. Non-human primates and their specialized containment laboratory space are both very limited resources nationally. Non-human primate research has provided valuable insights into the molecular and cellular mechanisms that underlie infection and pathogenesis of SARS-CoV-2 and other potential pandemic agents and proved essential for developing and testing therapeutics and vaccines. The program is also critical for other areas of research such as HIV/AIDS and neuroscience.

The budget includes an additional $30 million to support a 27 percent expansion of non-human primate resource infrastructure at the National Primate Research Centers and Caribbean Primate Research Center located in seven states plus Puerto Rico. These resources will address space and infrastructure capability needs such as animal purchase and transport along with investments to expand housing and support space.

Overview by Mechanism

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

Mechanism	2020 /1	2021 /2	2022 /3	2022 +/- 2021
Research Project Grants (dollars)	23,982	24,559	26,228	+1,669
[# of Non-Competing Grants]	28,415	29,040	29,718	+678
[# of New/Competing Grants]	11,395	11,189	12,664	+1,475
[# of Small Business Grants]	1,833	1,854	1,961	+107
[Total # of Grants]	41,643	42,083	44,343	+2,260
Research Centers	2,708	2,779	2,873	+94
Other Research	2,811	2,997	3,097	+100
Research Training	907	952	1,019	+67
Research and Development Contracts	3,296	3,363	3,561	+199
Intramural Research	4,461	4,549	4,696	+147
Research Management and Support	1,979	2,091	2,184	+94
Office of the Director /4	1,230	1,335	1,432	+96
NIH Common Fund (non-add)	*639*	*649*	*659*	*+10*
Office of Research Infrastructure Programs (non-add)	*294*	*300*	*305*	*+5*
OD Appropriation (non-add)	*2,164*	*2,284*	*2,395*	*+111*
Buildings and Facilities /5	230	230	280	+50
National Institute of Environment Health Services Interior Appropriation (Superfund)	81	82	84	+2
Advanced Research Projects Agency for Health	0	0	6,500	+6,500
Total, Program Level	**41,685**	**42,936**	**51,953**	**+9,017**

NIH Budget Totals	2020 /1	2021 /2	2022 /3	2022 +/- 2021
Total, Program Level	**41,685**	**42,936**	**51,953**	**+9,017**
Less Funds from Other Sources	-1,381	-1,422	-1,413	+9
Public Health Service Evaluation Funds (NIGMS) (non-add) /6	*-1,231*	*-1,272*	*-1,272*	*--*
Current Law Mandatory Funding – Type 1 Diabetes (NIDDK) (non-add) /7	*-150*	*-150*	*-141*	*+9*
Total, Discretionary Budget Authority	**40,304**	**41,514**	**50,540**	**+9,026**
Full-Time Equivalents /8	17,619	18,781	19,299	+518

Appropriations	2020 /1	2021 /2	2022 /3	2022 +/- 2021
Labor/HHS Appropriation	40,223	41,432	50,456	+9,024
Interior Appropriation	81	82	84	+2

1/ Reflects the FY 2020 Final Level including funding authorized by 21st Century Cures Act and directed and permissive transfers.
2/ Reflects the FY 2021 enacted level including the $5 million directed transfer to the HHS Office of Inspector General.
3/ Reflects $5 million directed transfer to the HHS Office of Inspector General.
4/ Number of grants and dollars for the Common Fund and Office of Research Infrastructure Programs components of the Office of the Director (OD) are distributed by mechanism and the dollars are noted here as a non-add. OD appropriations are noted as a non-add because the remaining funds are accounted for under OD Other.
5/ Includes Buildings and Facilities appropriation and funds for facility repairs and improvements at the National Cancer Institute Federally Funded Research and Development Center in Frederick, Maryland.
6/ Number of grants and dollars for Program Evaluation Financing are distributed by mechanism above; therefore, the amount is deducted to provide subtotals only for the Labor/HHS Budget Authority.
7/ Number of grants and dollars for mandatory Type I Diabetes are distributed by mechanism above; therefore, Type I Diabetes amount is deducted to provide subtotals only for the Labor/HHS Budget Authority.
8/ Excludes 4 FTEs funded by the Public Health Service trust funds in all years.

Substance Abuse and Mental Health Services Administration

The following tables are in millions of dollars.

Mental Health	2020 /2	2021 /3	2022	2022 +/- 2021
Community Mental Health Services Block Grant	723	758	1,583	+825
PHS Evaluation Funds (non-add)	*21*	*21*	*21*	--
Programs of Regional and National Significance	530	559	753	+194
Prevention and Public Health Fund (non-add)	*12*	*12*	*12*	--
Certified Community Behavioral Health Clinics	200	250	375	+125
Children's Mental Health Services	125	125	125	
Projects for Assistance in Transition from Homelessness	65	65	65	
Protection and Advocacy for Individuals with Mental Illness	36	36	36	
Subtotal, Mental Health	**1,678**	**1,792**	**2,937**	**+1,144**

Substance Abuse Prevention	2020 /2	2021 /3	2022	2022 +/- 2021
Programs of Regional and National Significance	206	208	217	+8
Subtotal, Substance Abuse Prevention	**206**	**208**	**217**	**+8**

Substance Abuse Treatment	2020 /2	2021 /3	2022	2022 +/- 2021
Substance Use Prevention, Treatment and Recovery Block Grant	1,858	1,858	3,508	+1,650
PHS Evaluation Funds (non-add)	*79*	*79*	*79*	--
Formula Grants to States to Address Opioids	1,500	1,500	2,250	+750
Programs of Regional and National Significance	480	497	651	+154
PHS Evaluation Funds (non-add)	*2*	*2*	2	--
Subtotal, Substance Abuse Treatment	**3,838**	**3,855**	**6,409**	**+2,554**

Health Surveillance and Program Support	2020 /2	2021 /3	2022	2022 +/- 2021
Program Support	79	79	83	+4
Health Surveillance	47	47	48	--
PHS Evaluation Funds (non-add)	*30*	*30*	30	--
Public Awareness and Support	13	13	13	--
Drug Abuse Warning Network	10	10	15	+5
PHS Evaluation Funds (non-add)	--	--	--	--
Performance and Quality Information Systems	10	10	10	--
Data Request and Publications, User Fees	2	2	2	--
Behavioral Health Workforce Data and Development, PHS Eval.	1	1	1	--
Subtotal, Health Surveillance and Program Support	**162**	**162**	**172**	**+10**

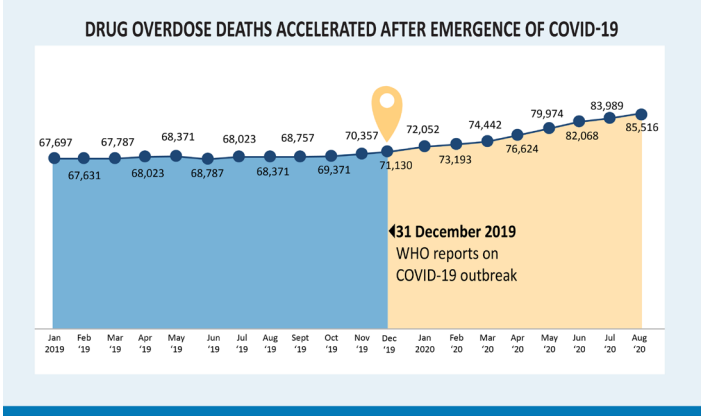
SAMHSA Budget Totals	2020 /2	2021 /3	2022	2022 +/- 2021
Total, Program Level	**5,884**	**6,017**	**9,734**	**+3,717**
Less Funds from Other Sources	-148	-148	-148	--
Prevention and Public Health Fund (non-add)	*-12*	*-12*	*-12*	--
PHS Evaluation Funds (non-add)	*-134*	*-134*	*-134*	--
Data Request and Publications User Fees (non-add)	*-2*	*-2*	*-2*	--
Total, Discretionary Budget Authority /4	**5,737**	**5,870**	**9,587**	**+3,717**
Full-Time Equivalents	452	484	615	--

1/ Totals may not add due to rounding.
2/ The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $425 million in COVID-19 supplemental resources.

3/ The FY 2021 column reflects enacted levels, including required transfers, but does not include $7.8 billion in COVID-19 supplemental resources.
4/ The Budget Authority SAMHSA total funding level varies from the BIB Overview tables due to the exclusion of mandatory funding.

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

Mental health and substance use have been a rising public health crisis in the United States for decades. An estimated 19.3 million American adults had a substance use disorder in 2019, and approximately 841,000 people have died from a drug overdose between 2000 to 2019. Preliminary data suggest that overdose deaths accelerated during the pandemic. The Substance Abuse and Mental Health Services Administration (SAMHSA) plays a lead role in the public health response to the opioid and mental health crises and develops the nation's behavioral health infrastructure.



The FY 2022 President's Budget provides $9.7 billion for SAMHSA, an increase of $3.7 billion above FY 2021 enacted. With these critical investments, SAMHSA is poised to respond to the opioid and substance use epidemic by expanding programs targeting prevention and treatment; increasing access to mental health services to protect the health of children and communities; and growing SAMHSA's capacity to support the nation's behavioral health programs.

These investments will be a cornerstone in the Administration's efforts to respond to the significant behavioral health challenges facing the country in FY 2022.

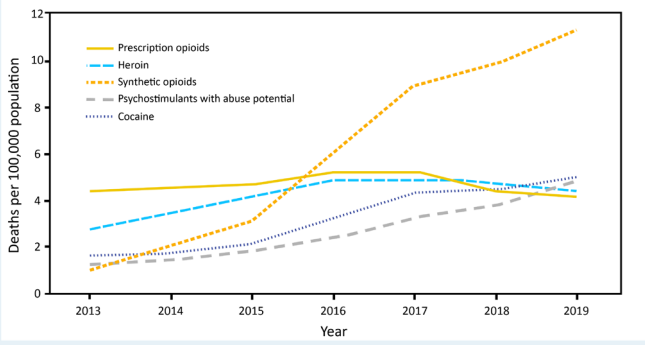
ENDING THE OPIOID AND SUBSTANCE USE CRISIS

The budget provides $6.6 billion for substance use prevention and treatment activities, an increase of $2.6 billion over FY 2021 enacted. This critical investment will drive funding to States and Tribes to increase community-level response to the opioid crisis, expand access to evidence-based treatment and recovery services, and provide targeted investment for prevention and recovery support services.

HHS requests $10.7 billion across the Department to support activities that will help end the opioid and substance use crisis. Of that amount, $6.6 billion is specifically for SAMHSA's substance use prevention and treatment programs and $191 million for mental health activities, an increase of $2.7 billion over FY 2021 enacted.

Expanding Access to Substance Use Treatment

The budget includes $3.5 billion for the Substance Abuse Prevention and Treatment Block Grant (SABG)—an increase of $1.7 billion over FY 2021 enacted—to expand implementation of evidence-based treatment and prevention programs for individuals, families, and communities across the nation. This funding will allow SAMHSA to serve 2.1 million people in FY 2022. The SABG program distributes funds to 60 eligible states, territories, one eligible tribe. The SABG funding provides recipients necessary flexibility to respond to regional issues impacted by opioid and substance use. This flexibility is critical as data show a changing overdose landscape, where overdose deaths associated with synthetic opioids and psychostimulants are significantly increasing over deaths associated with opioids or heroin. SAMHSA will work directly with state and local partners to ensure funding is targeted and available to community needs.



The budget also provides $2.3 billion for the State Opioid Response (SOR) grant program, an increase of $750 million over FY 2021 enacted. Since the SOR program began, approximately 646,854 patients have received treatment services for opioid use disorder, including 240,571 who have received medication-assisted treatment. This SOR funding will continue to increase access to important prevention and treatment services to respond to the opioid crisis. Within this total, SAMHSA will direct $75 million to the Tribal Opioid Response grant program to specifically address the opioid substance use needs in tribal communities.

The budget provides $105 million for the drug court program to serve 10,247 clients. Drug courts play an integral role in diverting people from the criminal justice system and into treatment. In 2020 approximately 7,200 people received services through the SAMHSA drug court program. This investment will increase access to direct treatment services; wraparound and recovery support services; and other direct services for diverse populations, and support diversion away from the criminal justice system.

The budget invests in direct treatment by providing $137 million for SAMHSA's Medication Assisted Treatment for Prescription and Drug Addiction program (MAT-PDOA), which is an increase of $46 million over FY 2021 enacted. Increasing availability of MAT is imperative as overdose deaths associated with synthetic opioids, including fentanyl, continue to rise.

Investing in Recovery Support Services

The FY 2022 budget emphasizes recovery support services to provide a comprehensive response to the opioid and substance use crisis. Recovery support programs provide community-level resources for people with substance use disorder beyond treatment. The budget includes a new 10 percent set-aside for the SABG to direct funds to states for recovery support services. Currently, there is no dedicated source of funding of community recovery resources. As a result, only 140 communities have a recovery community organization. This funding set-aside would provide a sustainable source of funding directly to community organizations to support development of a community-level recovery infrastructure and will be available for a wide variety of recovery support programs.

The budget also includes $20 million for the Building Communities of Recovery program, double the amount provided in FY 2021 enacted. Building Communities of Recovery supports linkages between recovery networks and a variety of organizations, including primary care, other recovery networks, the child welfare system, the criminal justice system, housing services, and education/employment systems. This increase in funding will support further mobilization of resources within and outside the recovery community to increase the prevalence and quality of long-term recovery support from drug and alcohol addiction.

Expanding Access to Treatment for Pregnant and Post-Partum Women

The Pregnant and Postpartum Women (PPW) program expands the accessibility and availability of services for pregnant women with substance use disorder by providing outpatient and intensive outpatient services, residential treatment services, and family-based services. The PPW program also develops continuums of care and directs funding to states to develop coordinated, effective state systems of care. The budget invests $49 million in the PPW program, an increase of $17 million above FY 2021 enacted.

EXPANDING ACCESS TO MENTAL HEALTH SERVICES

Americans are experiencing increased mental health challenges and greater barriers to receiving necessary behavioral health care. Prior to the COVID-19 pandemic, Americans were experiencing growing rates of mental illness. In 2019, 51.5 million adults had a diagnosable mental illness, an 18 percent increase over 2008. These mental health challenges have accelerated during the COVID-19 pandemic, particularly for our vulnerable populations. In June 2020, adults reported anxiety disorder symptoms at 3 times the level reported in 2019 and depressive disorder at 4 times the level reported in 2019. Younger adults, racial minorities, essential workers, unpaid caregivers, and people receiving treatment for preexisting psychiatric conditions are disproportionally impacted by rising mental health concerns.

The FY 2022 budget provides $2.9 billion for SAMHSA's mental health activities, an increase of $1.1 billion over FY 2021 enacted. These investments will develop the behavioral health infrastructure, expand suicide prevention activities, address children's mental health, and increase community-based mental health programs that provide services to the nation's most vulnerable populations.

Respond to Systemic Strain on the Mental Health Care System

Calls to mental health helplines have increased across the country as Americans deal with increased anxiety, depression, risk of suicide, and trauma-related disorders.

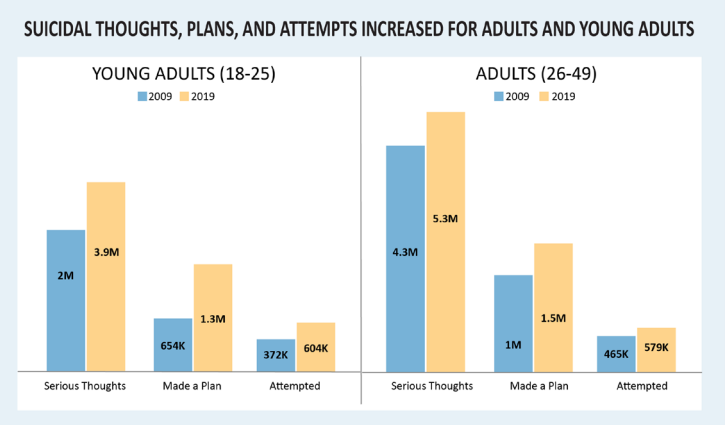
The budget invests $1.6 billion into the Community Mental Health Block Grant to respond to the systemic strain on our Nation's mental health care system. This is an historic investment which will be more than double the 2021 funding level.

Since 1992, the Mental Health Block Grant (MHBG) has distributed funds for community-based behavioral health services to 59 eligible states and territories and freely associated states. The MHBG is the foundation of the nation's behavioral health infrastructure, particularly for some of the most at-risk populations across the country. States rely on the MHBG to provide non-clinical coordination and support services that are not covered by Medicaid or other third-party insurance. This funding has improved outcomes for millions of Americans. In 2019, the MHBG served 8.1 million clients. Seventy-five percent of clients reported improved functioning as a direct result of the mental health care services they received.

The MHBG also provides targeted funding to ensure individuals having a mental health crisis have access to timely and quality care. The budget more than doubles the MHBG set-aside for crisis systems to $75 million. This increase will direct funding to states to build much needed crisis systems that will provide high quality, expeditious mental health care. This crisis system funding increase will also support the partnering of law enforcement with mental health providers.

Invest in Suicide Prevention

Suicide and suicidal ideation are a growing public health concern—in 2019, suicide was the tenth leading cause of death. Recent reports show a steady increase in suicide deaths over the last 20 years. The COVID-19 pandemic has been associated with mental health challenges, including suicidal ideation. In June 2020, about 11 percent of CDC survey respondents reported seriously considering suicide in the prior 30 days. This rate was significantly higher among young adults, minority racial/ethnic groups, Black respondents, unpaid caregivers, and essential workers. It is essential we take action to support American's mental health and invest in suicide prevention.



In FY 2022, SAMHSA will dedicate $180 million for SAMHSA's suicide prevention programs, an increase of $78 million over FY 2021 enacted. American Indian and Alaskan Native communities have strikingly higher suicide rates compared to the overall U.S. population.

In July 2022, the National Suicide Lifeline will transition from a 10-digit number to a 3-digit hotline (9-8-8). The Lifeline call center network needs adequate funding to respond to the expected increase in call volume accompanying the move to a 3-digit hotline. To ensure the Lifeline is prepared for the transition, the FY 2022 budget invests $102 million in the Suicide Lifeline program, an increase of $78 million over FY 2021 enacted.

Responding to Children's Mental Health Needs

Mental health concerns have been rising among youth since before the COVID-19 pandemic. Impacts of the COVID-19 pandemic, such as isolation, disruption to daily life, and anxiety about illness, have also hit children hard. Children aged 12 to 17 accounted for the majority of mental health-related emergency department visits in 2019 and 2020. To respond to the mental health needs of children, the FY 2022 budget includes $155 million for Project AWARE, an increase of $49 million above FY 2021 enacted. The budget also provides $12 million for the Mental Health Awareness Training program, which provides training to law enforcement personnel and other stakeholders to recognize the signs and symptoms of mental disorders.

Child traumatic stress is a pervasive and potentially life changing experience that affects tens of thousands of children each year. The budget invests $82 million in the National Child Traumatic Stress Network—an increase of $10 million over FY 2021 enacted—to target funding to trauma-informed services and

interventions for children. This funding will also support the delivery of trauma-informed training and information to service providers.

The number of children that experience a serious mental health concern, such as a major depressive episode, have increased to 3.8 million children in 2019 from 2.2 million in 2004. The budget provides $125 million for Children's Mental Health Services (CMHS). The program provides funding to states, tribes, and communities to support development, implementation, expansion, and sustainability of comprehensive, community-based services for children and youth with serious mental disorders. The CMHS program promotes clear and culturally competent strategies to provide services to racial and ethnic minorities. The budget also maintains that grantees may use 10 percent of the funds to assess if community-based interventions directed to youth and young adults can prevent development of psychosis.

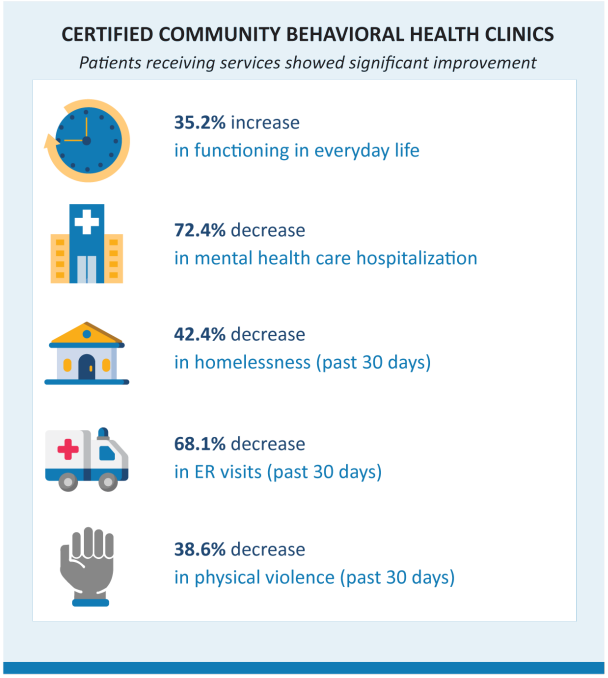
Increase Mental Health Resources for People Involved in the Criminal Justice System

The connection between the criminal justice system and mental health cannot be ignored. Too often, people in need of mental health care or treatment do not get the care they need, and instead have interactions with law enforcement that lead to incarceration. Individuals with a mental illness and/or a substance use disorder involved in the criminal or juvenile justice system face higher rates of incarceration, longer lengths incarceration, and higher rates of recidivism.

To address the mental health needs of people involved in the criminal justice system, the FY 2022 budget invests $51 million in SAMHSA's Criminal and Juvenile Justice programs, an increase of $45 million over FY 2021 enacted. This funding will increase access to mental health services post-incarceration and direct funding to grants that partner mental health providers with key stakeholders to respond to individuals in crisis.

Expand the Certified Community Behavioral Health Clinics Expansion Program

To expand access to behavioral health care, it is critical to invest in high quality, community-based behavioral health services. The budget includes $375 million in the Certified Community Behavioral Health Clinics (CCBHC) grant program, an increase of $125 million over FY 2021 enacted. This investment will drive funding to community-based organizations that provide comprehensive, coordinated, high quality state-certified behavioral health services at the local level.



Since the inception of the CCBHC program in FY 2018, CCBHC grantees have served over 54,000 individuals. CCBHC participants showed a 72 percent decrease in mental health care hospitalization in the past 30 days and a 63.2 percent decrease in emergency room visits. Participation in the CCBHC program is also a significant asset to providers. Eighty-four percent of these organizations made changes to the range of services they provide as a result of program participation. The budget's increase for CCBHCs will further expand access to these critically important behavioral health services to 180 grantees in FY 2022.

BUILDING CAPACITY TO IMPROVE NATION'S BEHAVIORAL HEALTH

SAMHSA is a leader in the national response to the country's substance use and mental health needs across the country. The FY 2022 budget invests in SAMHSA's institutional capacity and in developing a diverse behavioral workforce.

Developing a Diverse Behavioral Health Workforce

The budget includes $17 million for SAMHSA's Minority Fellowship Programs. Since the Fellowship's start in

1973, the program has enhanced services for racial and ethnic minority communities through specialized training of mental health professionals in psychiatry, nursing, social work, marriage and family therapy, mental health counseling, psychology, and substance use and addiction counseling. The Fellowship seeks to improve behavioral health care outcomes for racial and ethnic populations by growing the number of racial and ethnic minorities in the nation's behavioral health workforce. The program also seeks to train and better prepare behavioral health practitioners to more effectively treat and serve people of different cultural and ethnic backgrounds.

Health Surveillance and Program Administration

In FY 2022, SAMHSA will invest $172 million in Health Surveillance and Program Support, an increase of $10 million over FY 2021 enacted. The budget includes $83 million for Program Support, a $4 million increase over FY 2021 enacted. This investment in program support will increase available staff by 131 FTEs to effectively manage and implement SAMHSA programs. The budget also invests $15 million in the Drug Abuse Warning Network—a $5 million increase over FY 2021 enacted—to support surveillance efforts tied to the opioid and substance use epidemic. These key programs will allow SAMHSA to effectively conduct oversight over SAMHSA programs and to support nationwide Health Surveillance efforts.

Agency for Healthcare Research and Quality

The following tables are in millions of dollars.

Research on Health Costs, Quality, and Outcomes	2020	2021	2022	2022 +/- 2021
Health Services Research, Data, and Dissemination	96	95	128	+33
Patient Safety	72	72	72	--
Improving Maternal Health Initiative	-	-	7	+7
Digital Health Care Research /2	17	16	16	--
U.S Preventive Services Task Force	12	12	12	--
Subtotal, Research on Health Costs, Quality, and Outcomes	**197**	**195**	**235**	**+40**

Medical Expenditure Panel Survey	2020	2021	2022	2022 +/- 2021
Medical Expenditure Panel Survey	70	72	72	--
Subtotal, Medical Expenditure Panel Survey	**70**	**72**	**72**	**--**

Program Support	2020	2021	2022	2022 +/- 2021
Program Support	71	71	73	+2
Subtotal, Program Support	**71**	**71**	**73**	**+2**

Patient Centered Outcomes Research Trust Fund /3	2020	2021	2022	2022 +/- 2021
Patient Centered Outcomes Research Trust Fund	108	98	109	+11
Subtotal, Patient Centered Outcomes Research Trust Fund	**106**	**98**	**109**	**+11**

AHRQ Budget Totals	2020	2021	2022	2022 +/- 2021
Total, Discretionary Request	**338**	**338**	**380**	**+42**
Budget Authority	338	338	353	+15
PHS Evaluation Funds	--	--	27	+27
Total, Program Level	**444**	**436**	**489**	**+53**
Full-Time Equivalents /4	251	271	277	+6

1/ Totals may not add due to rounding.
2/ Formerly Health Information Technology.
3/ AHRQ receives mandatory funds transferred from the Patient-Centered Outcomes Research Trust Fund to implement section 937 of the Public Health Services Act.
4/ Excludes mandatory PCORTF FTEs. Includes reimbursable FTEs.

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

The Agency for Healthcare Research and Quality (AHRQ) improves the quality and safety of care through health services research, data collection and analysis, and dissemination to patients, providers, and the health community. AHRQ accomplishes its mission by focusing on three core competencies:

- *Health Services and Systems Research:* Investments in research that generates evidence about how to deliver high-quality, equitable, safe, high-value health care.
- *Practice Improvement*: Creating tools and strategies to help health systems and frontline clinicians deliver high-quality, equitable, safe, high-value health care.
- *Data and Analytics*: Data and analysis that help health care decision makers understand how the U.S. health care system is working and where there are opportunities for improvement.

AHRQ has a unique role in improving health care delivery across all settings for all populations through health services research and the dissemination of research findings, which are subsequently implemented as evidence-based practices on a large scale by other HHS Operating Divisions, such as the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS), to achieve nationwide improvement. The FY 2022 budget increases investments in AHRQ's core mission areas of conducting health services research, improving patient safety, developing quality improvement tools, and sustaining key data resources on access, care delivery, and affordability for all.

The Fiscal Year (FY) 2022 budget requests $489 million for AHRQ. This includes $353 million in budget authority, $27 million in PHS evaluation funds, and $109 million in mandatory transfers from the Patient Centered Outcomes Research Trust Fund. The budget supports new health services research, data and analytics, primary care research, and activities to address the opioid epidemic, health equity, and maternal health.

IMPROVING THE DELIVERY OF HEALTH CARE

The health services research portfolio prioritizes the creation of new knowledge to improve health care quality by addressing current research and data gaps.

The FY 2022 budget provides $128 million, an increase of $33 million, for the health services research, data, and dissemination portfolio. Resources will support targeted investments in research that will help address today's most pressing health care challenges, such as addressing the opioid epidemic. These activities are aimed at identifying the most effective ways to organize, manage, finance, and deliver high-quality care. This research goes beyond simply the "what" of patient care to the "how"– how inputs, policies, data, and training can be changed to produce a better functioning health system and better outcomes for patients.

ADVANCING HEALTH SERVICES RESEARCH AND PRIMARY CARE RESEARCH

The principal goal of health services research is to identify the most effective ways to organize, manage, finance, and deliver health care that is high quality, safe, equitable, and high value. AHRQ supports an expansive range of health services research that informs decision-making and improves health care delivery.

Investigator-Initiated Grants and Contracts

Investigator-initiated research and training grants support unexpected discoveries for the nation's most pressing health care issues, such as opioids and value-based delivery. AHRQ-funded research generates new research findings and develops knowledge into practice. The budget provides $61 million for investigator-initiated research, of which $24 million will support new investigator-initiated research grants, including research to understand the effects of health system innovations responding to the COVID-19 pandemic and investments in supporting health systems in the delivery of equitable health care. Funding will also provide support to traditional health services research and training grants that were deferred due to the COVID-19 pandemic when funds for new research were focused instead on generating knowledge to support the Department's COVID-19 response. During the past year, AHRQ has dedicated resources to COVID-19 research that prioritized rural, underserved, and socially vulnerable communities.

Primary Care Research

In FY 2022 AHRQ will invest $10 million in primary care research. The aim of this program is to find actionable solutions to the challenges confronting primary care that can be scaled and spread across the health

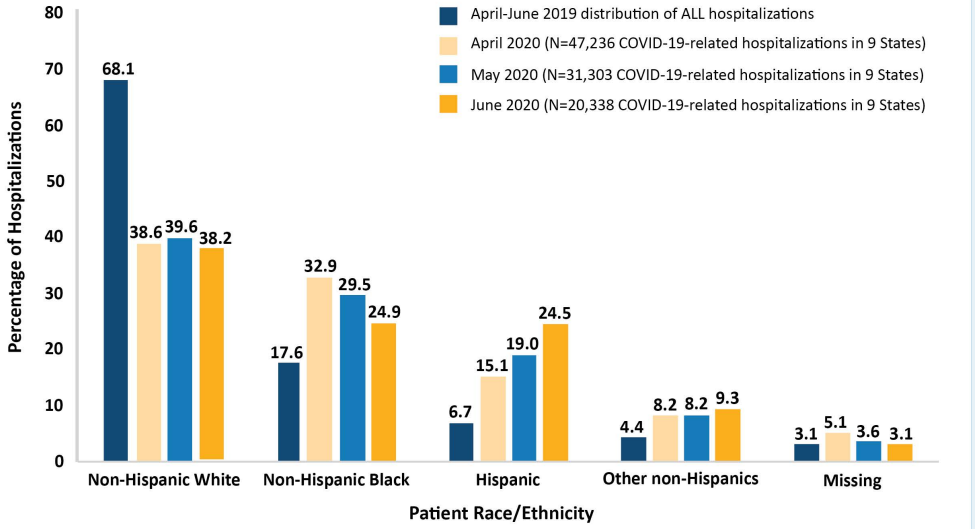
system. AHRQ will encourage innovative approaches, including rapid cycle research, partnership research, and adaptive designs that address the complexity of care delivery to accelerate evidence development to support primary care transformation and post-COVID revitalization.

Health Care Cost and Utilization Project

AHRQ supports data and measurements activities through several flagship projects to monitor and improve the quality of care. The Health Care Cost and Utilization Project is the nation's most comprehensive database of software tools and products developed through a federal-state-industry partnership and includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. AHRQ brings together state organizations, hospital associations, private organizations, and the federal government to analyze data in the Health Care Cost and Utilization Project.

In 2020, AHRQ used Health Care Cost and Utilization Project data to document trends in COVID-19-related hospitalizations by race/ethnicity in nine states, accounting for 21 percent of the U.S. population in 2019. Findings showed that non-Hispanic Black and Hispanic patients, combined, accounted for a larger share of COVID-19-related hospitalizations than non-Hispanic White patients. In FY 2022, AHRQ will continue to fund this data collection activity to enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the national, state, and local market levels.

RACE/ETHNICITY DISTRIBUTION OF COVID-19-RELATED HOSPITALIZATIONS IN APRIL-JUNE COMPARED TO ALL HOSPITALIZATIONS IN APRIL-JUNE 2019



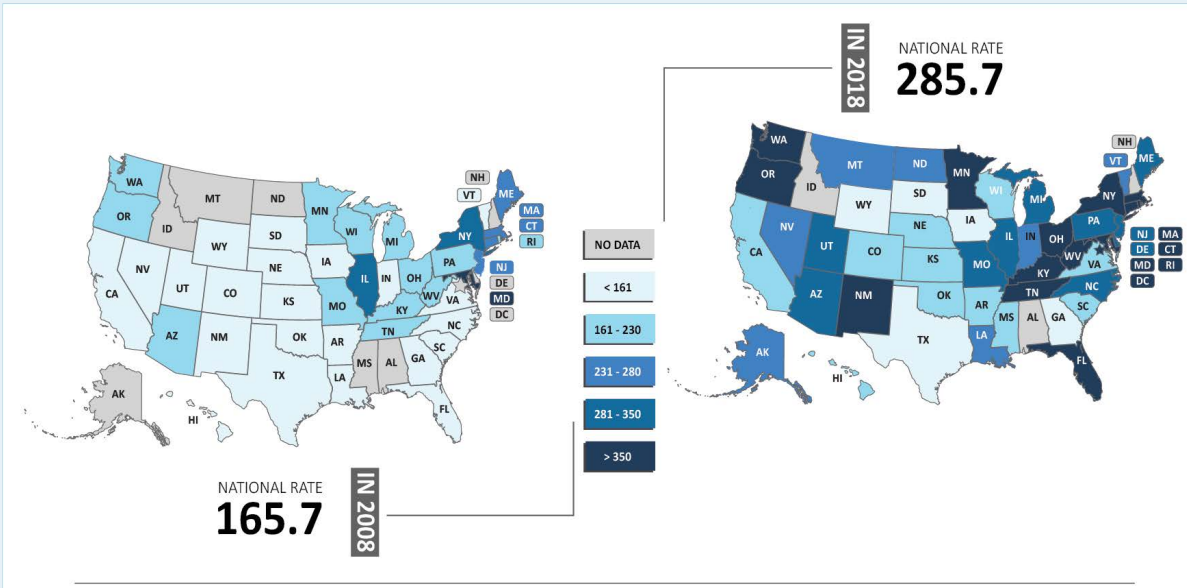
Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), 2019 State Inpatient Databases (SID) and 1010 quarterly data rom nine States (AZ, GA, IA, MD, MI, MN, NJ, OH, and WI)

Opioid Initiative

After a brief pause in 2018, drug overdoses are surging again in the US, with an estimated 90,000 drug overdose deaths occuring in te first 12 months ending in September. While the COVID-19 pandemic exacerbated the crisis, the underlying drivers of the surge – increasing methamphetamine and polysubstance use, fragmented and unequal access to care, and the social determinants that shape vulnerability to drug use – will persist beyond the pandemic. The budget includes $10 million for AHRQ to support this initiative, which will provide $7.0 million for new research grants in FY 2022 to increase equity in treatment access and outcomes, accelerate the implementation of effective evidence-based care in primary and ambulatory care and develop whole person models of care that address

the social factors that shape treatment adherence and long-term recovery. This work is essential as the dramatic rise in hospitalizations related to taking opioids places an increased burden on hospitals to be able to manage, treat, and potentially help minimize opioid-related problems for their patients. AHRQ has used Health Care Cost and Utilization Project data to demonstrate hospital burden of opioid-related inpatient stays and the dramatic increase of these stays within the past decade.

RATE OF OPIOID-RELATED INPATIENT STAYS PER 100,000 POPULATION



NOTE: Inpatient stays include those admitted through the emergency department. States are classified into five categories which were defined based on an equal grouping of States in 2015.

ENHANCING PATIENT SAFTEY

At the core of AHRQ's efforts to improve health care delivery is a focus on patient safety. AHRQ conducts critical research to advance the field of patient safety and develops tools and resources to ensure health systems and professionals can put this evidence into real-world practice. AHRQ collects data to monitor the nation's progress in preventing harm in health care settings. In FY 2022, the program will continue its focus on Health Care-Associated Infections, its support of Patient Safety Organizations, and its work to prevent diagnostic errors. An example of this work includes AHRQ's Patient Safety Learning Labs, which employ research evidence to develop resources to address failures in the diagnostic process. One of these resources, TeamSTEPPS to Improve Diagnosis, helps clinicians improve teamwork and communication related to diagnosis. The FY 2022 budget provides $72 million for patient safety research to reduce patient safety risks and harms, support patient safety organizations, and address health care-associated infections.

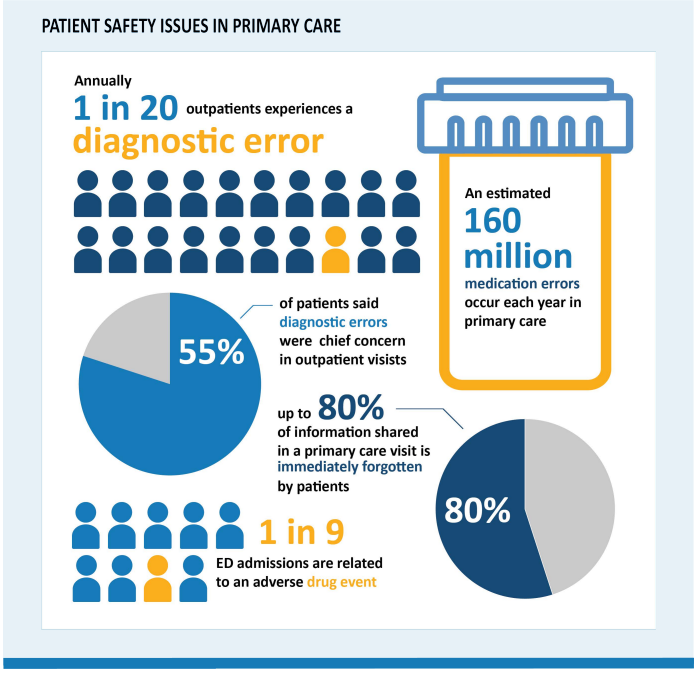
Health Care-Associated Infections

There are over a million health care associated infections that occur across the U.S. health care system every year, leading to the loss of tens of thousands of lives and adding billions of dollars to health care costs. Hospital-acquired conditions have relatively high mortality risk and include central line-associated blood stream infections, ventilator-associated pneumonia, and post-operative venous thromboembolism.

AHRQ's health care-associated infection program funds work to help clinicians and other health care professionals prevent health care-associated infections by improving how care is delivered to patients. This work is accomplished through grants and contracts that

focus on applied research. This research brings knowledge to the front lines of care faster by helping clinicians and staff apply proven methods of making care safer.

The FY 2022 budget invests $36 million into research for health care-associated infections.



IMPROVING MATERNAL HEALTH

In FY 2022, AHRQ will dedicate $7 million towards the HHS-wide *Improving Maternal Health Initiative,* which focuses on a three-part strategy to support 1) Healthy Women, 2) Healthy Pregnancies and Births, and 3) Healthy Futures. More than 700 American women die each year as a result of pregnancy and childbirth and over 50,000 experience severe complications.

AHRQ will ensure federal, state, and local policymakers have timely and accurate data and useful analytic resources about maternal morbidity and mortality and the health care system with which to make informed policy decisions. AHRQ will focus on four areas during the first year of the program:

- Expanding the capacity of states to link health care, vital statistics, and social service data to improve evidence-based policy making.
- Using predictive analytics to address and rapidly respond to emerging policy Issues and data requests;
- Utilizing initiative funding to further expand the Medical Expenditure Panel Survey to include an additional 1,000 households with women of childbearing age (2,300 persons) each year;
- Expanding the capacity to measure maternal morbidity and mortality to allow for national and state level understanding of the quality, safety, cost, and utilization of maternal-related health services.

DIGITAL HEALTH CARE RESEARCH

The budget provides $16 million for the AHRQ digital health care research (formerly health information technology (IT)) portfolio. Within the federal health IT ecosystem, AHRQ plays a unique role of developing the evidence base on how digital health care, including telehealth, can improve the quality, safety, equity, and value of care delivery. By making health information available electronically when and where it is needed, digital health care can improve the quality of care, even as it makes health care more cost-effective.
The evidence developed by AHRQ informs the implementation, oversight, and governance decisions of other HHS agencies, such as the Office of the National Coordinator for Health Information Technology, CMS, and Indian Health Services. To fulfill this role, AHRQ supports research grants and contracts in over 289 distinct institutions aimed at building knowledge, developing tools to help stakeholders implement best practices, and synthesizing and disseminating evidence on the safe and meaningful use of digital health care. Current projects include an examination of how exchanging health information can drive population-level clinical decision support and clinical decision tools that improve pain management.

U.S PREVENTIVE SERVICES TASK FORCE

AHRQ provides administrative support for the U.S. Preventive Services Task Force (USPTF), an independent, non-governmental, volunteer panel of national experts in prevention and evidence-based medicine whose mission is to improve the health of all Americans by making evidence-based recommendations. AHRQ conducts comprehensive evidence reviews that allow the USPTF to make recommendations on an average of 10-12 topics every year. In FY 2020, the USPTF published eight final recommendation statements with 14 recommendation grades in a peer-reviewed journal. In 2021, USPTF

released a statement on screening for lung cancer and recommended annual screening for individuals between the ages of 50 and 80 and who are at high risk of lung cancer because of their smoking history. The recommendation statement included a focus on health equity. The budget invests $12 million to conduct evidence reviews and develop approximately 10-12 recommendations in FY 2022.

MEDICAL EXPENDITURE PANEL SURVEY

AHRQ's Medical Expenditure Panel Survey (MEPS) is the only national source for comprehensive annual data on how Americans use and pay for medical care. The survey collects detailed information from families on access, use, expenses, insurance coverage, and quality. MEPS supports data collection for three interrelated survey components: household, medical provider, and insurance. The information from the MEPS survey provides valuable data on health status, demographics, employment, and health care access and quality. For example, AHRQ released analyses from the MEPS household component examining patterns of use of outpatient prescribed opioids and how they can contribute to efforts to make appropriate use of these drugs in the treatment of acute and chronic pain.

The FY 2022 budget provides $72 million for the MEPS. This total supports base MEPS activities and funds the second year of investments for expanding the sample size for MEPS by redistributing the sample across states. The sample expansion, first funded in FY 2021, allows MEPS to improve its national estimates and increase the Agency's capacity for making estimates of individual states and groups of states, particularly rural states and those with relatively small populations. The budget will enhance the ability of AHRQ to support analyses of key population subgroups, such as persons with specific conditions, those at particular income levels or age groups, and analyses by insurance status.

PROGRAM SUPPORT

The FY 2022 budget includes $73 million, which is an increase of $2 million above the FY 2021 enacted level, to support agency-wide operational and administrative costs that help ensure efficient management of research activities and stewardship of federal resources. The largest single expense category in Program Support is staff salaries, and other large expenses include employee benefits and rent.

Additional resources in FY 2022 will allow AHRQ to increase salaries and benefits for AHRQ staff and fund increases related to operational expenses. The increase will also fund the addition of 6 full-time equivalents (FTEs) to support HHS- and AHRQ-funded initiatives including maternal health, the promotion of health equity, and addressing the opioids crisis.

IMPLEMENTING PATIENT CENTERED OUTCOMES RESEARCH FINDINGS

In FY 2022 AHRQ will receive $109 million from the Patient Centered Outcomes Research Trust Fund to advance patient-centered outcomes research findings. These funds are authorized for translating, disseminating, and implementing comparative clinical effectiveness research and awarding grants to train researchers. Funded projects distribute up-to-date information about the benefit and harms of treatment options so that patients and their caregivers can make informed health care decisions. This work is well-aligned with AHRQ's core competencies of research training and practice improvement.

Centers for Medicare & Medicaid Services: Overview

The following tables are in millions of dollars.

Current Law	2020	2021	2022	2022 +/- 2021
Total, Net Outlays, Current Law	**1,250,746**	**1,277,191**	**1,319,748**	**+42,557**

Proposed Law	2020	2021	2022	2022 +/- 2021
Total Proposed Law	--	--	53,023	+53,023
Total, Net Outlays, Proposed Law	**1,250,746**	**1,277,191**	**1,372,771**	**+95,580**

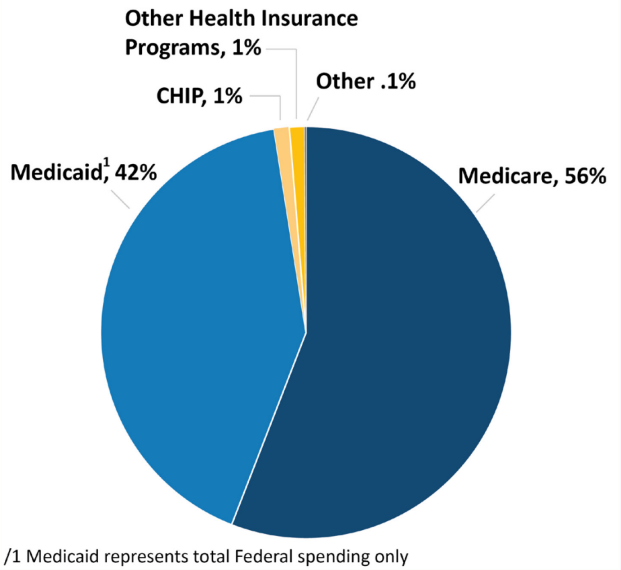
Proposed Law Investment	2020	2021	2022	2022 +/- 2021
Rationalize Net Investment Income and Self Employment Contributions Act Taxes /1	--	--	44,032	+44,032

1/ Effects of American Families Plan proposal to reform Net Investment Income Tax (NIIT) and Self-Employment Contributions Act (SECA) tax collections and transfer NIIT tax collections from General Revenue to Medicare Hospital Insurance Trust Fund.

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

As the largest single health payer in the United States, the Centers for Medicare & Medicaid Services (CMS) administers Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Marketplaces. Over 148 million Americans rely on CMS programs for high quality health coverage. The President's Fiscal Year (FY) 2022 Budget estimates $1.4 trillion in mandatory and discretionary outlays for CMS, a net increase of $96 billion above FY 2021 enacted.

FY 2022 NET FEDERAL OUTLAYS
PROPOSED LAW - $1.4 TRILLION



/1 Medicaid represents total Federal spending only

BUDGETARY REQUEST

Medicaid and CHIP

President Biden's American Jobs Plan focuses on rebuilding and investing in our country's infrastructure. Among other sweeping changes, the plan specifically solidifies and improves the infrastructure of our care economy by investing $400 billion to create new and better jobs and raising wages and benefits for essential home care workers. It also provides home and community-based services (HCBS) to aging relatives and people with disabilities who would otherwise need to wait as many as five years to get the services they badly need. Additionally, this proposal will expand access to HCBS through extending the longstanding Money Follows the Person program that supports innovations in the delivery of long-term care.

Private Insurance

The budget proposes to remove financial barriers that inhibit individuals from receiving quality, affordable health care coverage. This proposal builds on two foundations of legislation—the Affordable Care Act and the American Rescue Plan Act of 2021—to expand the availability of premium subsidies to more people making coverage more affordable.

Drug Pricing

The President supports reforms that would bring down drug prices by letting Medicare negotiate

payment for certain high-cost drugs and requiring manufacturers to pay rebates when drug prices rise faster than inflation. These reforms would lower drug costs and save money for Medicare beneficiaries and people with job-based insurance and could also yield over half a trillion in federal savings over 10 years that could help pay for coverage expansions and improvements.

Program Integrity

The budget includes $65.8 million in new discretionary program integrity investments for FY 2022 to detect, prevent, and prosecute health care fraud. These investments prioritize Medicare medical review given its significant return-on-investment to the Trust Funds and oversight of the Marketplaces in response to efforts to increase enrollment. This discretionary investment will grow over the ten-year budget window, yielding an estimated $13.1 billion in gross savings over 10 years.

Discretionary Program Management

After nearly a decade of flat funding, the budget invests in mission-critical operations to ensure CMS can better serve its increasing beneficiary population and carry out its growing legislative responsibilities. The request includes investments in information technology modernization, a strong workforce, and greater quality oversight of nursing homes and other provider facilities.

Centers for Medicare & Medicaid Services: Medicare

The following tables are in millions of dollars.

Current Law Outlays and Offsetting Receipts	2020	2021	2022	2022 +/- 2021
Benefits Spending (gross) /1	**792,435**	**884,048**	**995,744**	**+111,696**
Less: Premiums Paid Directly to Part D Plans /2	-10,469	-11,167	-11,704	-537
Subtotal, Benefits Net of Direct Part D Premiums Payments	**781,966**	**872,881**	**984,040**	**+111,159**
Related-Benefit Expenses /3	15,892	17,232	16,998	-234
Administration /4	113,952	20,843	68,444	-47,601
Total Outlays, Current Law	**911,809**	**869,270**	**932,594**	**+63,324**
Premiums and Offsetting Collections	-143,191	-148,958	-165,269	-16,311
Current Law Outlays, Net of Offsetting Receipts	**768,618**	**720,312**	**767,325**	**+47,013**

Investment Impact	2020	2021	2022	2022 +/- 2021
Rationalize Net Investment Income and Self-Employment Contributions Act Taxes /5	--	--	44,032	+44,032

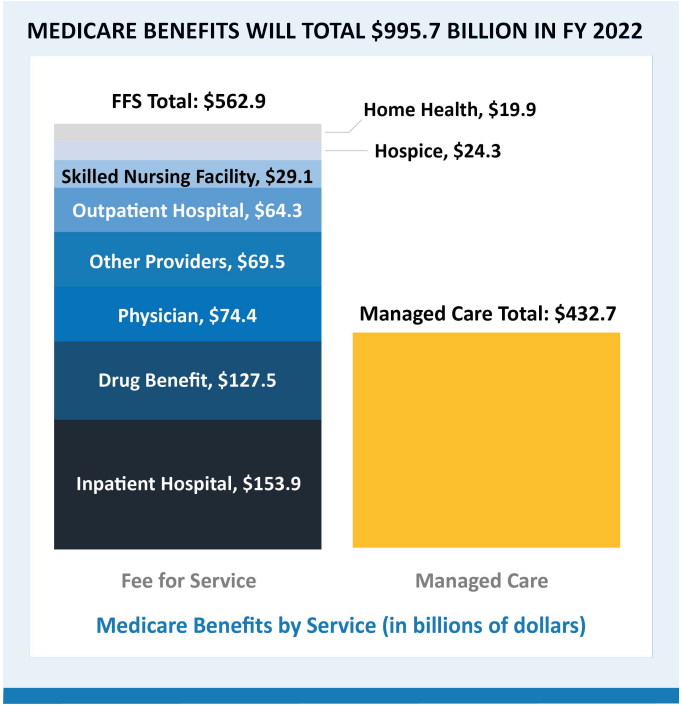
1/ Represents all spending on Medicare benefits by either the federal government or through other beneficiary premiums.
2/ In Part D only, beneficiary premiums paid directly to plans and not from the Trust Funds are netted out.
3/ Includes refundable payments made to providers and plans, transfers to Medicaid, and premiums to Medicare Advantage plans paid out of the Trust Funds from beneficiary Social Security withholdings.
4/ Includes CMS Program Management, the Health Care Fraud and Abuse Control Program (HCFAC), Quality Improvement Organizations, and other administration.
5/ Effects of American Families Plan proposal to reform Net Investment Income Tax (NIIT) and Self-Employment Contributions Act (SECA) tax collections and transfer NIIT tax collections from General Revenue to Medicare Hospital Insurance Trust Fund.

Medicare provides health benefits to individuals who are aged 65 or older, disabled, or have End-Stage Renal Disease. In Fiscal Year (FY) 2022, the Office of the Actuary estimates that gross current law spending on Medicare benefits will total $995.7 billion and the program will provide health benefits to 65.0 million beneficiaries.

HOW MEDICARE WORKS – THE FOUR PARTS OF MEDICARE

Part A

Medicare Part A pays for health care services in inpatient hospitals and skilled nursing facilities, home health care related to a hospital stay, and hospice care. A 2.9 percent payroll tax, paid by both employees and employers, is the primary financing mechanism for Part A. Part A gross fee-for-service spending will total an estimated $214.2 billion in FY 2022. Individuals who have worked for 10 years (40 quarters) and paid Medicare taxes during that time generally receive Part A benefits without paying a premium, but most services require beneficiary coinsurance. In CY 2021, beneficiaries pay a $1,484 deductible for a hospital stay of 1–60 days, and a $185 daily coinsurance for days 21–100 in a skilled nursing facility.



Part B

Medicare Part B pays for physician, outpatient hospital, End-Stage Renal Disease, laboratory, durable medical equipment, home health care unrelated to a hospital stay, and other medical services. Part B coverage is voluntary, and 91 percent of all Medicare beneficiaries enroll in Part B through either fee-for-service or Medicare Advantage. Beneficiary premiums finance approximately 25 percent of Part B costs with the remaining 75 percent covered by general revenues from the U.S. Treasury. Part B gross fee-for-service spending will total $221.2 billion in FY 2022.

The standard monthly Part B premium is $148.50 in CY 2021, an increase of $3.90 from $144.60 in CY 2020. A statutory "hold harmless" provision applies each year to the approximately 70 percent of enrollees whose premiums are paid from their Social Security benefits, limiting the annual rise in Part B premiums to no more than the Social Security cost of living increase. For these enrollees, any increase in Part B premiums must be lower than the increase in their Social Security benefits. Some beneficiaries also pay a higher Part B premium based on income: those with annual incomes above $88,000 (single), or $175,000 (married) will pay from $207 to $505 per month in CY 2021. The Part B annual deductible in CY 2021 is $203 for all beneficiaries, an increase of $5 from $198 in CY 2020.

Part C

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

In CY 2022, Medicare Advantage enrollment will total about 29.2 million beneficiaries, or 49.1 percent of all Medicare beneficiaries who have both Parts A and B. Between 2012 and 2021, private plan enrollment grew by 13.8 million or 102 percent, compared to growth in the overall Medicare population of 25 percent for the same period. CMS data confirm 99 percent of Medicare beneficiaries have access to at least one Medicare Advantage plan in CY 2021. Additionally, Medicare Advantage supplemental benefits have increased while premiums have remained stable. Medicare payments for private health coverage under Part C are expected to total $433 billion in FY 2022.

Part D

Medicare Part D offers a standard prescription drug benefit with a CY 2021 deductible of $445 and base beneficiary premium of approximately $33.06 per month. Enhanced and alternative benefits are also available with varying deductibles and premiums. Participating beneficiaries pay a portion of the cost of their prescription drugs, which varies based on the phase of coverage and the amount the beneficiary has already spent on medications that year. Low-income beneficiaries have varying degrees of cost-sharing, with co-payments ranging from $0 to $9.20 in 2021 and low or no monthly premiums. For CY 2022, CMS expects Medicare Part D enrollment to increase 2.9 percent to 51 million, including 13.5 million beneficiaries who receive the low-income subsidy. CMS estimates Part D gross fee-for-service spending will total $127.5 billion in FY 2022.

In CY 2021, of beneficiaries that have Part D coverage, approximately 48 percent are enrolled in a standalone Part D Prescription Drug Plan, 50 percent are enrolled in a Medicare Advantage Prescription Drug Plan, and 2 percent are enrolled in an employer plan. Of Medicare beneficiaries overall, approximately 77 percent receive prescription drug coverage through Medicare Part D or employer sponsored retiree health plans, and a significant number of the remaining beneficiaries through other creditable coverage, such as the Federal Employees Health Benefits Program.

For most Part D enrollees (those without the low-income subsidy), the Part D defined standard benefit covers 75 percent of drug spending above a deductible and all but five percent coinsurance once a beneficiary reaches an out-of-pocket threshold. In the initial coverage phase, if the combined amount the beneficiary and the drug plan pay for prescription drugs reaches a certain level ($4,130 in 2021), the beneficiary enters the Part D coverage gap, sometimes referred to as the "donut hole." The Affordable Care Act began closing the coverage gap through a combination of manufacturer discounts and gradually increasing federal subsidies. Prior to the Affordable Care Act, beneficiaries were responsible for 100 percent of drug costs in the coverage gap. The coverage gap, which was set to close in 2020 under the Affordable Care Act, closed one year early for brand

drugs and biologics in 2019 as a result of the Bipartisan Budget Act of 2018, and in 2020 for generic drugs. This means that for 2020 and beyond, non-low-income subsidy beneficiaries who reach this phase of Medicare Part D coverage continue to pay no more than 25 percent of costs for all covered Part D drugs. Low-income subsidy beneficiaries are statutorily excluded from the coverage gap discount program, and Medicare pays the majority of their cost sharing. Beneficiaries stay in this phase until they reach the threshold for qualified out-of-pocket spending ($6,550 in out-of-pocket costs CY 2021), at which point they enter the so-called catastrophic phase and are then generally responsible for five percent of their drug costs.

Medicare Quality Improvement Organizations

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

The current five-year contract cycle, or 12th Scope of Work, began FY 2019 and lasts through FY 2023. Spending under this Scope of Work totals $617 million in FY 2022 and $3.6 billion over five years. There are two types of QIOs that work with providers and beneficiaries: Quality Innovation Network contractors and Beneficiary and Family Centered Care contractors. During the 12th Scope of Work, Quality Innovation Network QIOs assist patients, providers, and communities to improve behavioral health outcomes, decrease opioid misuse, increase patient safety, address chronic disease self-management, and promote quality of care transitions as well as nursing home quality. Quality innovation Network QIOs also play an essential role in the Department's response to COVID-19 by providing targeted response and technical assistance to nursing homes experiencing infection outbreaks. To date, the Quality Innovation Network QIOs have trained frontline staff and managers in over 10,000 nursing homes on first-of-its-kind COVID-19 infection control techniques. Beneficiary and Family Centered Care organizations perform the program's statutory case review work, including beneficiary complaints, concerns related to early discharge from health care settings, and patient and family engagement.

QIO 12th SCOPE OF WORK PANDEMIC RESPONSE ACCOMPLISHMENTS: MARCH 2020 - PRESENT

3,431	nursing homes with COVID outbreaks received targeted response technical assistance since April 2020
7,789	additional nursing homes received general technical assistance to address infection control challenges and strengthen their infection control systems
10,719	nursing homes, including 336,313 frontline staff and managers, received first-of-its-kind COVID-19 Infection Control Training
18,249	downloads of an online, rapid-access infection control Toolkit that includes access to best practices state governments and other entities have put into operation since March 2020

Centers for Medicare & Medicaid Services: Program Integrity

The following table is in millions of dollars.

Health Care Fraud and Abuse Control Program	2020	2021	2022	2022 +/- 2021
Discretionary	786	807	873	+66
Mandatory /1	1,377	1,415	1,407	-8
Subtotal, Health Care Fraud and Abuse Control Program	**2,163**	**2,222**	**2,280**	**+58**
Medicaid Integrity Program /1 /2	84	86	87	+1
Total, Budget Authority	**2,247**	**2,308**	**2,367**	**+59**

1/ The Fiscal Year (FY) 2020, FY 2021, and FY 2022 mandatory base includes sequester reductions and the impacts of the Medicare sequestration suspension first enacted in the CARES Act, as appropriate.
2/ Additional information on the Medicaid Integrity Program is included in the States Grants and Demonstrations chapter.

The Fiscal Year (FY) 2022 President's Budget strengthens the integrity and sustainability of Medicare and Medicaid by investing in the prevention of fraud, waste, and abuse, protecting beneficiaries from unnecessary payments or harm, and eliminating wasteful spending. Two programs—the Health Care Fraud and Abuse Control (HCFAC) Program and the Medicaid Integrity Program—comprise the largest portion of federal government investment in health care program integrity. The FY 2022 budget provides $2.4 billion in total mandatory and discretionary investments for the HCFAC and Medicaid Integrity Programs.

HEALTH CARE FRAUD AND ABUSE CONTROL PROGRAM

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

Discretionary Health Care Fraud and Abuse Control

The budget requests $872.8 million in discretionary HCFAC funding, $65.8 million above the FY 2021 level. The Budget assumes discretionary HCFAC spending will grow over the ten-year budget window and include an allocation adjustment to be used pursuant to the Congressional Budget Act in the Congressional Budget Resolution. This additional investment is projected to total $6.3 billion over the ten-year budget window and yield $13.1 billion in Medicare and Medicaid baseline savings, returning more than double the investment.

Of the $872.8 million, Centers for Medicare & Medicaid Services (CMS) will receive $675.7 million, DOJ receives $94.9 million, and the HHS Office of Inspector General (OIG) receives $102.1 million.

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

A top priority for increased investment in this account is Medicare medical review. This involves the collection and clinical review of medical records and related information to ensure that payment is made only for services that meet all Medicare coverage, coding, billing, and medical necessity requirements. CMS will increase the percentage of fee-for-service claims subject to medical review, which currently stands at less than one-tenth of one percent. Medicare program integrity activities, inclusive of medical review, yield a robust rate of return to the Trust Funds of over $9 to $1, based on a three-year rolling average. CMS will also heighten program integrity oversight of the Marketplaces, commensurate with increasing enrollment.

Investment in oversight and law enforcement will allow HHS OIG and DOJ to combat complex health care fraud and stay ahead of criminals who are armed with increasingly sophisticated tools and technologies. In September 2020, HHS OIG and CMS, along with DOJ and state law enforcement partners, participated in a health care fraud takedown of a complex fraud scheme between telemedicine and durable medical equipment. HCFAC law enforcement partners will continue to support new technologies to stay ahead of criminal actors who seek to harm taxpayers and patients.

Mandatory Health Care Fraud and Abuse Control

The Medicare Part A Trust Fund provides over $1.4 billion in mandatory HCFAC resources for FY 2022 allocated to the Medicare Integrity Program and other HCFAC partners. This funding supports efforts across HHS, HHS OIG, DOJ, and the FBI to combat health care fraud, waste, and abuse.

Return on Investment

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

The three-year rolling average return on investment for HCFAC law enforcement activities is $4.2 recovered for every $1 spent. In FY 2019 alone, these activities returned nearly $3.6 billion to the federal government or private individuals, including $2.5 billion to the Medicare Trust Funds and $149 million in federal Medicaid recoveries and audit disallowances to the U.S. Department of the Treasury.

SPECTRUM OF HEALTH CARE FRAUD INTERVENTIONS GENERATE RECOVERIES AND PROTECT TAXPAYERS

MEDICARE PREVENTION ACTIVITIES:

- Consistently return over $10 billion to the Trust Funds annually
- Fee-for-service error rate at 6.3%, the lowest recorded over the last decade

Over $9 on average returned for every $1 spent

LAW ENFORCEMENT ACTIVITIES:

Nationwide Telefraud Takedown in 2020:

- Schemes leveraged aggressive consumer marketing and fraudulent telehealth services to commit fraud
- 345 defendants charged, including over 100 medical practitioners
- Over $6 billion in alleged losses

- In 2019, DOJ opened 1,060 criminal fraud investigations and convicted 528 defendants
- Returned $3.6 billion to the federal government and private individuals in 2019

Over $4 returned for every $1 spent

MEDICAID INTEGRITY PROGRAM

Using HCFAC as a model, the Deficit Reduction Act of 2005 established the Medicaid Integrity Program as the nation's first program integrity effort focused on Medicaid. The mandatory appropriation for the Medicaid Integrity Program adjusts annually for inflation and will total $87.1 million in FY 2022.

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

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

FY 2022 Program Integrity Budget Proposals

The following tables are in millions of dollars.

Non-PAYGO Savings /1	2022	2022-2026	2022-2031
Capturing Savings to Medicare and Medicaid from HCFAC Allocation Adjustment	-$1,086	-$6,006	-$13,088
Capturing savings to Medicare and Medicaid from Social Security Administration Allocation Adjustment	-$64	-$2,253	-$9,706
Medicare Impact (non-add)]	*-41*	*-1,682*	*-7,854*
Medicaid Impact (non-add)	*-23*	*-571*	*-1,852*
Total, Program Integrity Proposed Policy	**-1,150**	**-8,259**	**-22,794**

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

Centers for Medicare & Medicaid Services: Medicaid

The following tables are in millions of dollars.

Current Law	2020	2021	2022	2022 +/- 2021
Benefits /1	438,449	498,234	495,425	-2,809
State Administration	20,020	22,890	22,285	-605
Total Net Outlays, Current Law	**458,468**	**521,124**	**517,710**	**-3,414**

Proposed Law	2020	2021	2022	2022 +/- 2021
Legislative Proposals	--	--	53,000	+53,000
Total Net Outlays, Proposed Law	458,468	521,124	570,710	+49,586

Investment Impact	2020	2021	2022	2022 +/- 2021
Impacts of Program Integrity Investments /3	--	--	-23	-23
Total Net Outlays, Proposed Policy	**458,468**	**521,124**	**570,687**	**49,563**

1/ Includes outlays from the Vaccines for Children Program, administered by the Centers for Disease Control and Prevention. Also reflects administrative proposal outlay impacts assumed in the baseline.
2/ Totals may not add due to rounding.
3/ Includes the impact of non-PAYGO savings from the Social Security Administration program integrity allocation adjustment on the Medicaid baseline. Non-PAYGO savings from the HHS HCFAC allocation adjustment are displayed in the CMS Program Integrity chapter.

Medicaid provides medical assistance to millions of low-income and disabled Americans. In FY 2021, nearly 77 million people on average in any given month are estimated to receive health care coverage through Medicaid. CMS predicts that enrollment will increase in the future due to factors such as population growth. CMS's Office of the Actuary estimates total federal and state Medicaid benefit spending will reach over $1.2 trillion by FY 2031, comprising 3.7 percent of U.S. gross domestic product.

The Biden Administration's vision is to protect and strengthen Medicaid and the Affordable Care Act by giving Americans more choice, reducing health care costs, and making our health care system less complex to navigate.

HOW MEDICAID WORKS

States design, implement, and administer their own Medicaid programs based on federal guidelines. The federal government matches state expenditures using the Federal Medical Assistance Percentage (FMAP), which is based on state per capita income compared to the national average and can be no lower than 50 percent. In FY 2020, the federal share of Medicaid outlays was approximately $458 billion.
Medicaid beneficiaries include low-income children, pregnant women, adults, and the aged, blind, and/or disabled. Individuals must meet certain minimum categorical and financial eligibility standards. States have flexibility to extend coverage to higher income groups, including medically needy individuals, through waivers and amended state plans. Medically needy individuals do not meet the income standards of the above-mentioned categorical eligibility groups but incur large medical expenses and would otherwise qualify for Medicaid. States also have the option to expand Medicaid to eligible adults with modified adjusted gross income up to 138 percent of the Federal Poverty Level (FPL).

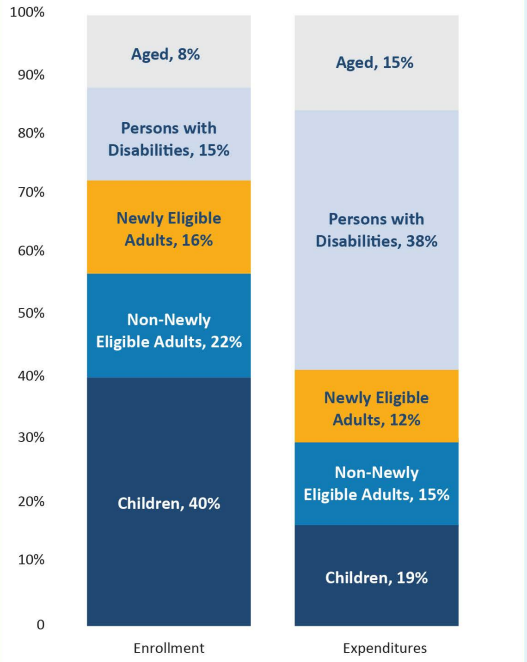
MEDICAID ENROLLMENT (person years in millions)

	2020	2021	2022	2022 +/- 2021
Aged 65 and older	6.3	6.4	6.7	+0.2
Blind and Disabled	10.2	10.3	10.4	+0.1
Children	29.7	30.0	29.9	-0.1
Adults	15.5	15.5	15.3	-0.2
Expansion Adults	12.9	13.3	13.6	+0.3
Territories	1.4	1.4	1.4	0.0
Total	**76.0**	**76.9**	**77.2**	**+0.3**

Source: CMS Office of the Actuary estimates

Under Medicaid, states must cover certain medical services and have the flexibility to offer additional benefits to beneficiaries. Medicaid is also the primary payer across the nation for long-term care services.

IN FY 2017, CHILDREN COMPRISED 40% OF TOTAL MEDICAID ENROLLMENT AND PERSONS WITH DISABILITIES COMPRISED 38% OF MEDICAID EXPENDITURES



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

RECENT PROGRAM DEVELOPMENTS

Executive Order on Ensuring an Equitable Pandemic Response and Recovery

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

The implementation of the Affordable Care Act (ACA) increased coverage especially for Blacks, Latinos, Asians/Pacific Islanders, American Indians/Alaska Natives, families with lower incomes, and those living in states that expanded Medicaid. However, according to the National Health Interview Survey, the uninsured rate rose between 2016-2019. The Administration is committed to continuing to work to reduce inequities in Medicaid, including expanding reproductive rights, reducing the maternal mortality rate, and defending health protections for all.

Executive Order on Strengthening Medicaid and the Affordable Care Act (ACA)

On January 28, 2021, the President signed EO 14009, which takes critical steps to strengthen Medicaid and the ACA to continue to provide access to life-saving care for millions of Americans.

The EO directs federal agencies to reconsider rules and other policies that limit Americans' access to health care and consider actions that will protect and strengthen that access. Medicaid rules and policies that may be affected are:

- Demonstrations and waivers under Medicaid and the ACA that may reduce coverage or undermine the programs, including work requirements;
- Policies that make it more difficult to enroll in Medicaid and the ACA; and,
- Policies that reduce affordability of coverage or financial assistance, including for dependents.

The American Rescue Plan Act

On March 11, 2021, the President signed the American Rescue Plan Act (P.L. 117-2) into law. The Act provides additional relief to address the continued impact of COVID-19 and contains several Medicaid-related provisions, including:

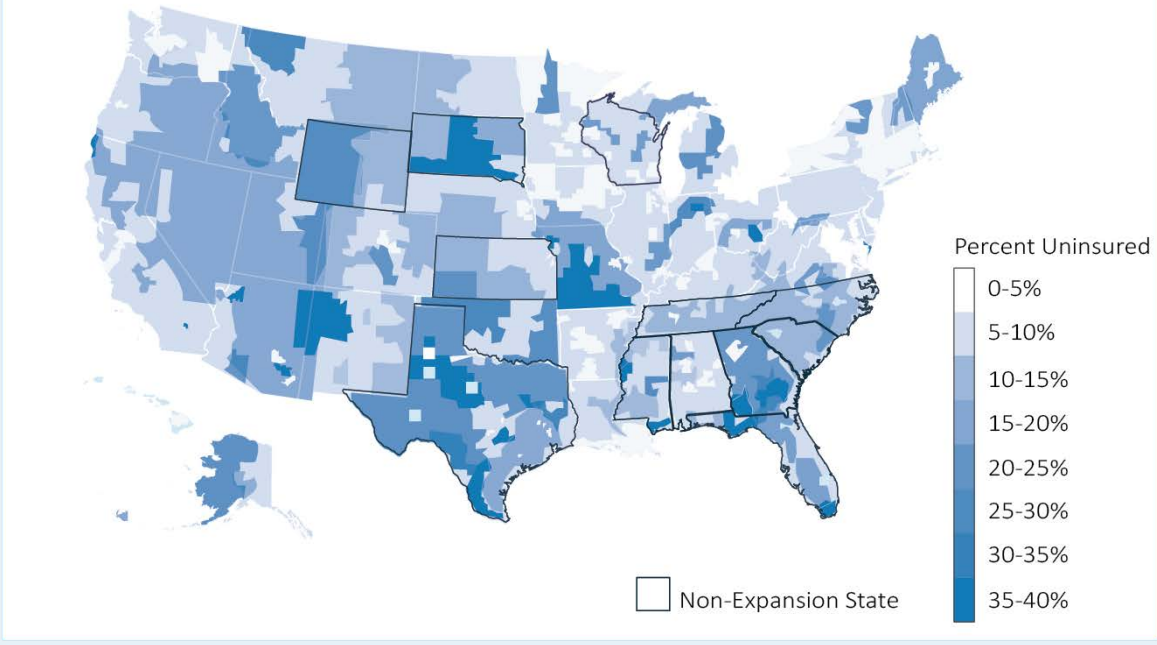
- Mandatory coverage of COVID-19 vaccines (including their administration), testing, and treatment;
- State option to expand coverage for pregnant women to 12 months post-partum;
- State option to provide qualifying community-based mobile crisis intervention services;
- Financial incentives for states to adopt Medicaid expansion;

- Expanded Federal Medicaid funding for Urban Indian and Native Hawaiian health care providers;
- Sunset of limit of maximum rebate amount for single source drugs and innovator multiple source drugs; and
- Additional funding for Medicaid home and community-based services.

The American Jobs Plan

President Biden's American Jobs Plan focuses on rebuilding and investing in our country's infrastructure. Among other sweeping changes, the plan specifically solidifies and improves the infrastructure of our care economy by investing $400 billion to create new and better jobs and raising wages and benefits for essential home care workers. It also provides home and community-based services (HCBS) to aging relatives and people with disabilities who would otherwise need to wait as many as five years to get the services they badly need. Additionally, this proposal will expand access to HCBS through extending the longstanding Money Follows the Person program that supports innovations in the delivery of long-term care.

Uninsured Rates Among the U.S. Non elderly Population in 2019, by Medicaid Expansion Status and PUMA



Centers for Medicare & Medicaid Services: Medicaid

FY 2022 Medicaid Budget Proposals

The following table is in millions of dollars.

Medicaid Legislative Proposals	2022	2022-2026	2022-2031
The American Jobs Plan: Solidify the Infrastructure of Our Care Economy by Creating Jobs and Raising Wages and Benefits for Essential Home Care Workers	53,000	265,000	400,000
Subtotal Net Outlays, Medicaid Legislative Proposals	**53,000**	**265,000**	**400,000**

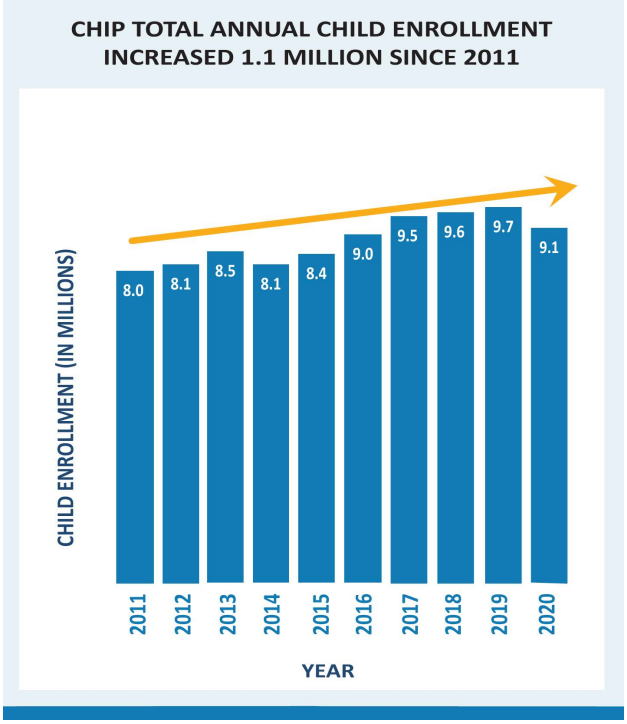
Centers for Medicare & Medicaid Services: Children's Health Insurance Program

The following tables are in millions of dollars.

Current Law	2020	2021	2022	2022 +/- 2021
Children's Health Insurance Program	16,880	17,220	17,142	-78
Child Enrollment Contingency Fund	2	294	0	-294
Total Outlays, Current Law	**16,882**	**17,514**	**17,142**	**-372**

BACKGROUND

Established by the Balanced Budget Act of 1997, the Children's Health Insurance Program (CHIP) provides health insurance coverage for children in households with incomes too high to qualify for Medicaid but too low to afford private health insurance. In Fiscal Year (FY) 2020, the CMS Office of the Actuary estimated that 9.1 million individuals received health insurance funded through CHIP. CHIP enrollment averaged approximately 7.1 million individuals per month in 2020.[1]



The HEALTHY KIDS Act (P.L. 115-120) and the Bipartisan Budget Act of 2018 (P.L. 115-123) extended federal funding for CHIP and authorized the Child Enrollment Contingency Fund for a period of 10 years, from FY 2018 through FY 2027. This 10-year extension is the longest period of CHIP funding and stability since CHIP's creation in 1997 and enables coverage of over 9 million children currently enrolled in CHIP.

Congress appropriated $25.9 billion in federal funding for CHIP for FY 2022 in the HEALTHY KIDS Act. Studies show that Medicaid and CHIP coverage contribute to long-term positive outcomes in health, school performance and educational attainment, and economic success.[2]

HOW CHIP WORKS

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

Congress grants states, the District of Columbia (D.C.), and five territories flexibility in designing their CHIP programs. They may implement CHIP by expanding Medicaid, creating a separate program, or combining both approaches. CMS has approved a CHIP plan for every state, D.C., and territories. State plans include 14 Medicaid expansion programs, 2 separate programs, and 40 combination programs.

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

[2] Julia Paradise, *The Impact of the Children's Health Insurance Program (CHIP): What Does the Research Tell Us?,* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, July 2014), ; and David Brown, Amanda Kowalski, and Ithai Lurie, *Medicaid as an Investment in Children: What is the Long-Term Impact on Tax Receipts?,* (Washington, DC: National Bureau of Economic Research, January 2015).

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

CHIP has several financing mechanisms to address potential state funding shortfalls. The Child Enrollment Contingency Fund supports states that predict a funding shortfall due to higher-than-expected enrollment. Since its establishment in FY 2009, only four states have qualified for Contingency Fund payments. Current law does not require states to spend Contingency Fund resources on CHIP activities.

In addition, CMS recoups unused state allotment funding to redistribute to states facing a funding shortfall. Since 2012, CMS has redistributed approximately $1.9 billion to 32 states and territories. Current existing shortfall funding is limited, and this amount may not address future needs.

RECENT PROGRAM DEVELOPMENTS

The American Rescue Plan (ARP) Act (P.L. 117-2), signed by the President on March 11, 2021, made COVID-19 vaccines, their administration, testing, treatment, and associated costs for these services a time-limited mandatory benefit under CHIP without cost sharing. The ARP also requires states that elect to provide 12 months postpartum coverage in their Medicaid programs to also provide 12 months postpartum care in CHIP. This option is limited to a five-year period beginning April 1, 2022.

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (P.L. 115-271) made mental health services, including behavioral health and substance use disorder, mandatory under CHIP. These new mandatory services include preventive services, age- appropriate behavioral health screenings, and behavioral health treatment, and the SUPPORT Act requires states to provide these services in culturally and linguistically appropriate ways and ensure beneficiary access to these services.

CHIP also includes programs to improve child health quality in Medicaid and CHIP, strengthen the quality of access to children's health care, and conduct a national outreach and enrollment campaign to eligible children not enrolled in Medicaid and CHIP. Congress has appropriated a total of $168 million for the Outreach and Enrollment Program and $150 million for child health quality efforts for FY 2018 through FY 2027.

Centers for Medicare & Medicaid Services: State Grants and Demonstrations

The following tables are in millions of dollars.

Current Law Budget Authority /1	2020	2021	2022	2022 +/- 2021
Medicaid Integrity Program /2	84	86	87	+1
State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services	--	15	--	-15
Money Follows the Person Demonstration	338	421	423	+2
Money Follows the Person Demonstration Evaluation	--	1	1	--
Money Follows the Person Demonstration Quality Assurance	--	3	--	-3
Total, Current Law Budget Authority /5, 6	**422**	**526**	**511**	**-15**

Current Law Outlays /3	2020	2021	2022	2022 +/- 2021
Medicaid Integrity Program /2	95	72	59	-13
Children's Health Insurance Program Outreach and Enrollment Grants /4	16	15	24	+9
State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Services	--	--	5	+5
Money Follows the Person Demonstration	213	210	264	+54
Money Follows the Person Demonstration Evaluation	--	1	--	-1
Demonstration Programs to Improve Community Mental Health Services	--	2	1	-1
Demonstration Project to Increase Substance Use Provider Capacity	8	8	10	+2
Total, Current Law Outlays /5	**332**	**308**	**363**	**55**

1/ The following programs/laws were excluded from the Current Law Budget Authority table because budget authority was less than $1 million: Children's Health Insurance Program Outreach and Enrollment Grants, Demonstration Program to Increase Substance Use Provider Capacity, Demonstration Programs to Improve Community Mental Health Services, and Money Follows the Person (MFP) Demonstration Best Practices.
2/ Budget authority is adjusted annually by Consumer Price Index for All Urban Consumers and sequester. Outlays include some spending from prior year budget authority. See the Program Integrity chapter for additional information about this program.
3/ The Current Law Outlays table excludes programs/laws with outlays less than $1 million.
4/ See the Children's Health Insurance Program chapter for additional information about this program.
5/ Totals may not add due to rounding.
6/ The Fiscal Year (FY) 2020, FY 2021, and FY 2022 budget authority includes sequester reductions, where applicable.

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

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

MEDICAID INTEGRITY PROGRAM

The Deficit Reduction Act of 2005 established the Medicaid Integrity Program and appropriated $75 million annually. Congress later increased appropriations to adjust for inflation beginning in FY 2011. While states have the primary responsibility for combating Medicaid fraud, waste, and abuse, the Medicaid Integrity Program plays an important role

supporting state efforts. CMS uses these funds to provide technical support to states and contracts with eligible entities to execute activities such as agency reviews, audits, identification of overpayments, and education activities. The Medicaid Integrity Program works in coordination with Medicaid program integrity activities funded by the Health Care Fraud and Abuse Control Program. Refer to the Program Integrity chapter for additional information.

CHIP OUTREACH AND ENROLLMENT GRANTS

The Outreach and Enrollment Program uses grants and a national campaign to improve outreach to and enrollment of children eligible for Medicaid and CHIP, including American Indian or Alaska Native children. These grants support educating families about the availability of affordable health coverage under Medicaid and CHIP, identifying children likely to be eligible for these programs, and assisting families with the application and renewal process. Of the $168 million available for outreach and enrollment grants through FY 2027, the Bipartisan Budget Act of 2018 (P.L. 115-123) requires that CMS set aside ten percent of the funding from FY 2024 to FY 2027 for evaluations and technical assistance. Refer to the CHIP chapter for additional information.

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

The American Rescue Plan Act (P.L. 117-2) provides a state plan option for states to provide certain Medicaid services that are covered under the state plan or waiver as qualified community-based mobile crisis intervention services (for example, targeted case management, rehabilitation services, peer supports, etc.) which are provided to an individual who is outside of a hospital or other facility setting and is experiencing a mental health or substance use disorder crisis, and are furnished by a multidisciplinary mobile crisis team.

These services are eligible for a federal matching rate of 85 percent during the first three years of the five-year state plan option period. States must demonstrate that they can support providing qualifying community-based mobile crisis intervention services to receive the federal match rate. $15 million is appropriated to implement the provision and administer planning grants to states to develop state plan amendments or waivers to provide these services.

MONEY FOLLOWS THE PERSON DEMONSTRATION

Over the lifetime of this demonstration, 43 states and the District of Columbia were awarded competitive grants and received an enhanced federal medical assistance percentage (FMAP) to help eligible individuals transition from a qualified institutional setting to a qualified home or community-based setting. States have demonstrated positive outcomes, including helping individuals in institutions return to the community, improving participant quality of life, and lowering the cost of care. Additionally, the Consolidated Appropriations Act, 2021 (P.L. 116-260) appropriated $450 million annually through September 2023 for grants to states with approved Money Follows the Person demonstration projects to continue providing home and community-based long-term care services to individuals transitioning from institutions to community-based settings.

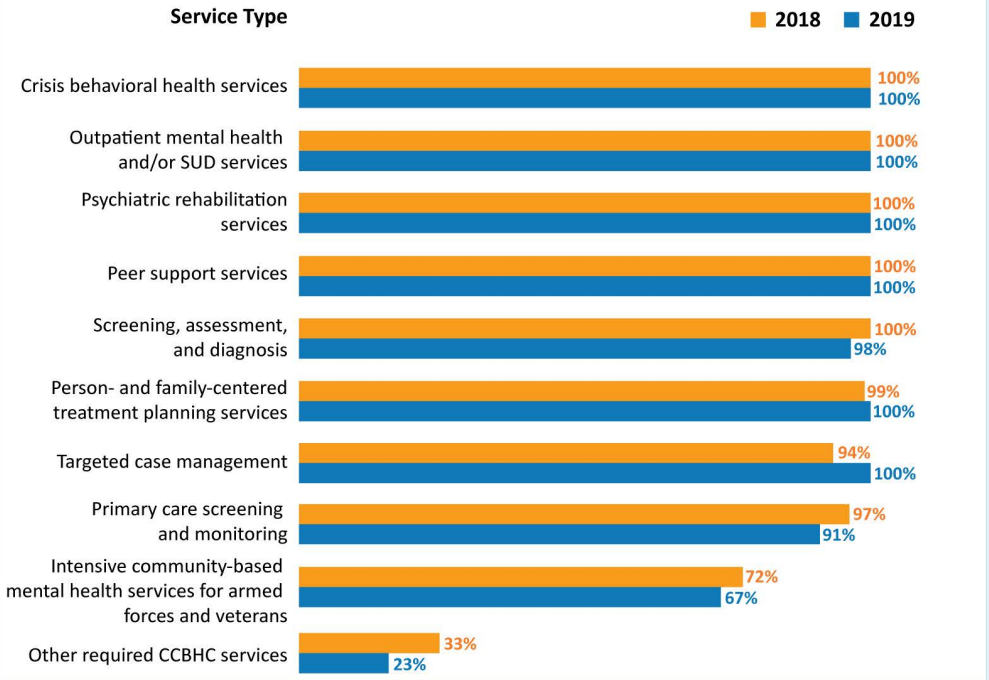
DEMONSTRATION PROGRAMS TO IMPROVE COMMUNITY MENTAL HEALTH SERVICES

This demonstration program provides an enhanced Medicaid FMAP reimbursement to support states in improving the availability and quality of community-based, comprehensive treatment and recovery support services to Medicaid beneficiaries living with mental illness and substance use disorders. In 2015, HHS awarded $22.9 million in one-year planning grants for Certified Community Behavioral Health Clinics (CCBHCs) to support 24 states in their efforts to plan to participate in this demonstration program. In 2016, HHS selected eight states (of the original 24) to participate in the demonstration program. The demonstration program has been extended multiple times; most recently, the Consolidated Appropriations Act, 2021 (P.L. 116-260) extended the demonstration until September 2023. In addition, the Coronavirus Aid, Relief, and Economic Security Act (P.L. 116-136) required HHS to add two additional states to the demonstration program, which HHS selected from among the original 24 states.

CCBHCs, which are certified by states, provide community-based mental and substance use disorder services, advance integration of behavioral health with physical health care, assimilate and utilize evidence-based practices consistently, and promote improved

access to high quality care. Under the demonstration program, certified clinics may receive Medicaid payment through a daily or monthly prospective payment system rate that is clinic-specific and reimburses the expected cost of demonstration services. Results from the demonstration program's second year of implementation suggest that CCBHCs improve on efforts to hire and maintain staff, increase access to care, provide the full scope of CCBHC services and coordinate care for CCBHC clients.

Proportion of CCBH's that provided Each Type of Service Either Directly or Through Designated Collaborating Organizations



SOURCE: CCBHC Annual Progress Report Demonstration Year 1 and Year 2 collected by Mathematica and the RAND Corporation, March 2018 and March 2019.
NOTES: Denominator is 67 CCBHCs in 2018 (DY1) and 66 CCBHCs in 2019 (DY2). The "other required CCBHC services" category denotes additional services that do not fall within the 9 service types defined in federal criteria but that may be required by individual states.
See appendix Table A.4 for detailed findings and the number of clinics corresponding to the percentages.

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

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act of 2018 (P.L. 115-271) included a $55 million Medicaid demonstration program. Through this demonstration program, CMS encourages states to increase provider capacity in their Medicaid programs through provision of an enhanced FMAP for select states. In 2019, CMS selected 15 states to receive planning grants to assess behavioral treatment and provider needs to sustainably improve Medicaid provider networks treating substance use disorders. This year, CMS will choose up to five of the 15 states (provided they meet specified criteria) to receive the enhanced FMAP and implement the following demonstration activities:

- Addressing the mental health of beneficiaries with mental illness and substance use disorders;
- Supporting recruitment, training, and providing technical assistance for providers offering substance use disorder treatment or recovery services;

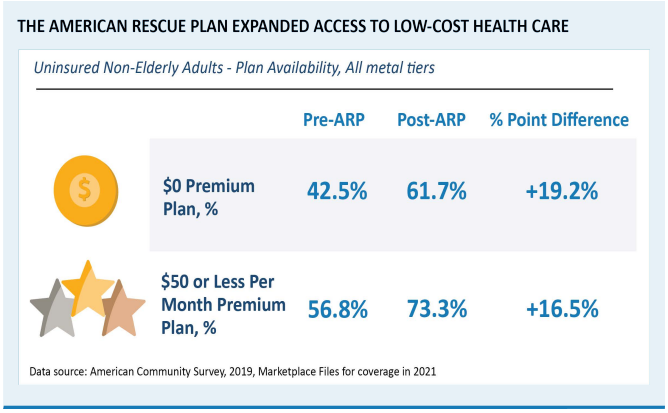
- Improving reimbursement and expanding the amount of treatment capacity of participating providers authorized to dispense Food and Drug Administration-approved drugs; and
- Improving reimbursement and expanding the amount of participating providers' treatment capacity to address the treatment needs for certain populations enrolled under the state plan or waiver.

Centers for Medicare & Medicaid Services: Private Insurance

The FY 2022 budget builds on the successes of the Affordable Care Act (ACA), and the American Rescue Plan Act of 2021 (ARP). Since its passage 11 years ago, the Affordable Care Act has reduced the number of uninsured Americans by more than 18 million, extended critical consumer protections to more than 100 million people, and strengthened and improved the nation's health care system. In spite of these historic gains, barriers to coverage access remain and there are still individuals and families who are potentially eligible for coverage that are uninsured. These barriers, along with the impact of an unprecedented public health emergency, were addressed by the recently passed American Rescue Plan Act.

AMERICAN RESCUE PLAN ACT OF 2021

The American Rescue Plan Act improves health care affordability by reducing the amount of income individuals are required to spend on their health care coverage and ends the so-called "subsidy cliff" for premium assistance, expanding access and lowering costs for consumers. All told, over 8 million potential new consumers will have access to plans with premiums of $50 or less per month due to the American Rescue Plan Act. The FY 2022 Budget looks to further advance these groundbreaking strides in making health care coverage affordable for even more Americans.



COVID-19 SPECIAL ENROLLMENT PERIOD

The COVID-19 public health emergency has presented unprecedented challenges for the American public. Millions of Americans are facing uncertainty, and many are experiencing new health problems during the pandemic. The Centers for Medicare & Medicaid Services (CMS) determined that the COVID-19 emergency presents exceptional circumstances for consumers in accessing health insurance and is providing a new Special Enrollment Period for individuals and families to apply and enroll in the affordable coverage they need.

From February 15, 2021 through August 15, 2021, consumers will have an opportunity to qualify for a Special Enrollment Period through a variety of ways: using HealthCare.gov directly, the Marketplace Call Center, or through direct enrollment channels. Additionally, consumers can work with a network of over 50,000 agents and brokers who are registered with the Marketplace, along with over 8,000 trained assisters, ready to help consumers with their applications for coverage. Direct consumer outreach for the Special Enrollment Period has totaled $100 million, and funding for marketplace Navigators has increased to $80 million for 2021, an increase of $70 million from 2020. As of May 11, over 1 million additional American's have signed up for health insurance in the Marketplace and an additional 2 million returned to the Marketplace to obtain improved benefits, both in terms of reduced premiums and more affordable cost sharing.

> **"At HHS, we are going to build on the Affordable Care Act and work tirelessly to ensure Americans have the chance to sign up for quality, affordable health care coverage that meets their needs." — HHS Secretary Xavier Becerra**

NO SURPRISES ACT

Starting in 2022, the No Surprises Act protects patients from surprise out-of-network charges and balance billing in most situations where surprise bills occur.

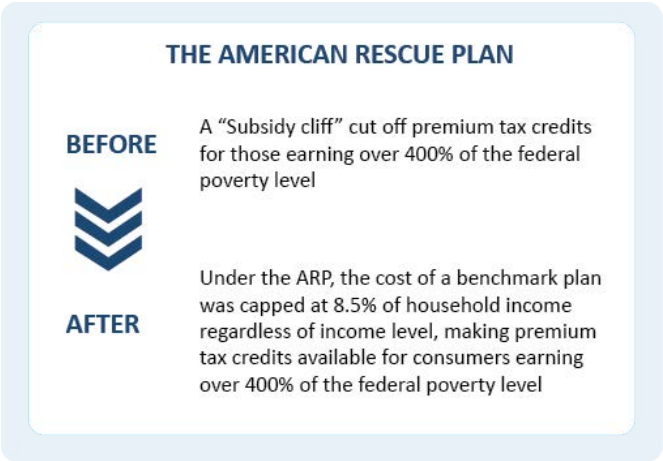
Patients often incur these surprise charges when they receive emergency care from a health care provider or facility that is out of their plan's network. Even in instances where a patient is receiving planned care at an in-network facility, they still may be subject to balance billing if, for example, an ancillary provider who administers services to the patient is not part of the network. In these cases, the provider may bill the patient for the difference between what the provider charges and what the patient's insurance company paid the provider for the out-of-network care. These surprise bills can run into the thousands of dollars and patients often have no advance notice that the provider is out of their plan's network. For emergency services, including air ambulance services, the No Surprises Act protects consumers from having to pay more than the in-network cost-sharing amount under their plan, regardless of whether the emergency service is provided in-or-out of network. For scheduled services, the consumer must be notified and have an opportunity to consent in advance of receiving care from an out-of-network provider.

The No Surprises Act also sets up an arbitration process for health plans and issuers, providers, and uninsured consumers to settle any disagreements about the payment rates for out-of-network services. These surprise billing protections, as well as many related price transparency provisions, will apply to most consumers enrolled in commercial market health insurance plans across the large group, small group, and individual market, including both grandfathered plans and plans offered through the Federal Employee Health Benefit Program. Protections will also be in place for uninsured consumers. HHS is working closely with the Departments of Labor, Treasury, Transportation, the Office of Personnel Management, and others to implement this new law. A one-time lump-sum appropriation of $500 million was provided to HHS, Labor, and Treasury for implementation and the Departments are working diligently to ensure that these limited funds are obligated judiciously and effectively.

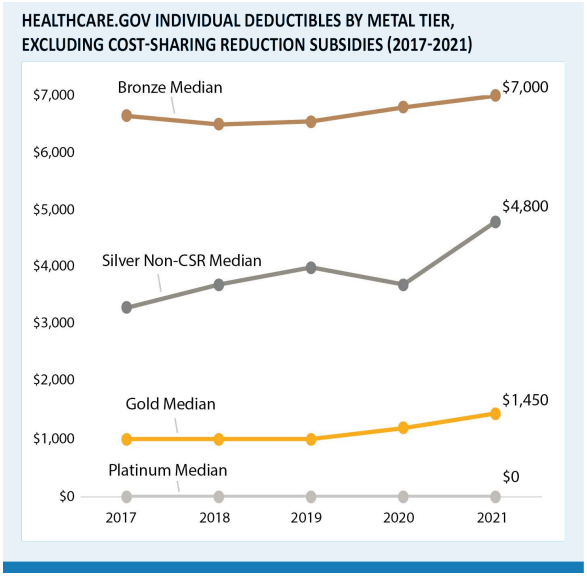
2022 LEGISLATIVE PROPOSALS

The budget removes financial barriers that inhibit individuals from receiving quality, affordable health care coverage.

Make Permanent American Rescue Plan Expansion of Premium Tax Credits



The American Rescue Plan contained provisions to increase the accessibility of premium tax credits to all consumers; however, these provisions are currently only in effect for CY 2021 and 2022. This proposal would permanently expand premium tax credit eligibility by eliminating the required contribution for individuals and families making 100 percent to 150 percent of the Federal Poverty Level (FPL), and limiting the maximum income contributions towards benchmark plans to 8.5 percent of income. Additionally, this proposal removes the 400 percent of the FPL ($106,000 for a family of four) cap on premium tax credit eligibility. This proposal also eliminates the indexing of the required contribution percentage, leading to more certainty for consumers as they calculate their potential health insurance premiums. [$163 billion in Treasury costs over 10 years]



FY 2022 Private Insurance Budget Proposals

The following table is in millions of dollars.

Proposed Law	2022	2022-2026	2022-2031
Make permanent American Rescue Plan expansion of premium tax credits (non-add)	--	*60,897*	*163,000*
Total, Government-wide Impact (non-add)	--	*60,897*	*163,000*
Total Outlays, Private Insurance Proposals (HHS non-Medicaid Impact)	**--**	**--**	**--**

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

The following table is in millions of dollars.

Current Law	2020	2021	2022	2022 +/- 2021
Innovation Center Obligations /1	884	1,258	1,168	-90

1/ Fiscal Year (FY) 2020 numbers are actuals. FY 2021 and FY 2022 are estimates.

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

INNOVATION CENTER OVERVIEW

Paying for health and improved outcomes instead of recurring treatment and low value care is the central premise of the Innovation Center's work. The emphasis is on the quality rather than the quantity of care. To date, the Innovation Center has launched 51 models, including Accountable Care Organization (ACO) models; episode-based payment models; disease specific payment models; primary care transformation models; models focused on Medicaid, CHIP, and dually eligible populations; initiatives to accelerate development and testing of new payment and service delivery models; and initiatives to speed adoption of best practices. The Innovation Center also implemented nine demonstrations established directly by Congress and the Community-Based Care Transitions Program (part of Partnership for Patients).

Model Evaluations and Results

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

Expanded Models

Section 1115A of the Social Security Act provides the Secretary authority to expand the duration and scope of a model through rulemaking, including nationwide implementation. To exercise this authority, the Secretary, working with the Chief Actuary at CMS, must determine if expansion would reduce spending without reducing quality of care or improve quality of care without increasing spending.

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

1. The Pioneer ACO Model supported the coordinate of care for patients across care settings, improving continuity and reducing duplicative care and testing. CMS incorporated several successful elements of the model into Track 3 of the Medicare Shared Savings Program through notice and comment rulemaking.

2. The Medicare Diabetes Prevention Program helps prevent the onset of Type 2 diabetes among pre-diabetic Medicare beneficiaries. Through the expanded model, 943 suppliers deliver a clinical intervention that seeks to achieve at least five percent weight loss by participants.

3. In September 2020, CMS announced the Medicare Prior Authorization Model for Repetitive, Scheduled Non-Emergent Ambulance Transport was certified for national expansion under the authority of the Medicare Access and CHIP Reauthorization Act of 2015. The model ensures ambulance suppliers

comply with applicable Medicare coverage, coding, and payment rules before rendering services and submitting claims, thus improving the Medicare improper payment rate. The model saved Medicare about $1 billion over five years while preserving quality of, and access to, care.

4. In January 2021, the Innovation Center announced that the Home Health Value-Based Purchasing Model had been certified for expansion, which must be implemented through rulemaking and would begin no earlier than January 1, 2022. The model tests higher payment incentives in nine states to improve quality of care and shift home health agencies from volume- to value-based purchasing. The first three years of the model resulted in an average annual improvement of 4.6 percent in home health agencies' quality scores, as well as average annual savings of $141 million to Medicare.

NEW AND PRIORITY INITIATIVES

Since January 2020, the Innovation Center announced or implemented ten models and one demonstration designed to provide better care at a lower cost. In designing and implementing models, the Innovation Center carefully consults with a diverse group of stakeholders, including patient advocates, clinicians, researchers, and innovators with direct experience in health care management and improvement, as well as with representatives of relevant federal and state agencies.

Community Health Access and Rural Transformation Model

Announced in August 2020, this multi-payer model will test whether upfront investments, predictable capitated payments, and operational and regulatory flexibilities will enable rural health care providers to improve access to high quality care while reducing health care costs. Rural providers may offer additional services, such as those that address social determinants of health, including food and housing. CMS is providing funding for rural communities to build systems of care through a Community Transformation Track and is enabling providers to participate in value-based payment models where they are paid for quality and outcomes instead of volume, through a Medicare ACO Transformation Track. The model's performance period runs from January 2023 through 2028.

Global and Professional Direct Contracting Model

The Global and Professional Direct Contracting Model tests private sector approaches to risk-sharing arrangements and payment. The goal is to reduce expenditures and preserve or enhance quality of care for beneficiaries in Medicare fee-for-service. The model builds on lessons learned from initiatives involving Medicare Accountable Care Organizations, such as the Medicare Shared Savings Program and the Next Generation ACO Model. The model also leverages innovative approaches from Medicare Advantage. The Global and Professional model options began on April 1, 2021 with 53 participants and will run through 2026.

Part D Senior Savings Model

CMS is testing a change to the Medicare Coverage Gap Discount Program to allow participating Part D sponsors, through eligible enhanced alternative plans, to offer a Part D benefit design that includes predictable copays in the deductible, initial coverage, and coverage gap phases. The Model does this by offering supplemental benefits that apply after manufacturers provide a discounted price for a broad range of insulins included in the Model. The Model does not change cost sharing in the catastrophic phase. The model launched in January 2021 with 76 Part D sponsors and ends December 2025.

FIGHTING THE OPIOID CRISIS

Maternal Opioid Misuse Model

The primary goals of the Model are to: (1) improve quality of care and reduce costs for pregnant and postpartum women with Opioid Use Disorder, as well as their infants; (2) expand access, service-delivery capacity, and infrastructure based on state-specific needs; and (3) create sustainable coverage and payment strategies that support ongoing coordination and integration of care. The model runs from January 1, 2020 to December 31, 2024 with eight states currently participating in the model.

Value in Opioid Use Disorder Treatment Demonstration Program

The Value in Opioid Use Disorder Treatment Demonstration Program is a 4-year demonstration program authorized under the Social Security Act,

added by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act). The purpose of the demonstration is to "increase access of applicable beneficiaries to opioid use disorder treatment services, improve physical and mental health outcomes for such beneficiaries, and to the extent possible, reduce Medicare program expenditures." Value in Treatment creates two new payments for opioid use disorder treatment services furnished to applicable beneficiaries participating in the demonstration program: 1) a per beneficiary per month care management fee, which will be used to deliver additional services, such as enhanced social support services, to applicable beneficiaries; and 2) a performance-based incentive that will be payable based on the participant's performance with respect to criteria specified by CMS, which may include evidence-based medication-assisted treatment, as well as patient engagement and retention in treatment. The model's period of performance started April 1, 2021 with 61 participants and ends December 2024.

Radiation Oncology Model

This model, announced September 2020, will use a predictable, prospective episode-based payment for Medicare cancer patients receiving radiation therapy to improve quality of care and reduce expenditures. The evaluation will examine changes in service utilization, treatment patterns and patient outcomes, as well as the effect on Medicare spending. The final results will be used to assess the potential for expansion of the model's duration and geographic scope if the expected savings are achieved. The Consolidated Appropriations Act of 2021 delayed the start date of the model to January 1, 2022. The model ends December 2025.

CORONAVIRUS DISEASE MODEL FLEXIBILITIES

In response to the COVID-19 Public Health Emergency (PHE), CMS provided new flexibilities and adjustments to Innovation Center models to ensure predictability and stability to participants during the crisis. The Innovation Center changed the periods of performance, adjusted payment design, reporting requirements, and quality measures for certain models. These temporary flexibilities are designed to offer viable pathways for participants to remain in the model despite the impact of the PHE; enable monitoring of model performance while temporarily reducing reporting requirements on model participants; and facilitate a transition back to the original model design.

Centers for Medicare & Medicaid Services: Program Management

The following tables are in millions of dollars.

Discretionary Administration	2020 /1	2021 /2	2022	2022 +/- 2021
Program Operations	2,775	2,785	2,980	+195
Federal Administration	783	773	864	+91
Survey and Certification	397	397	472	+75
Research /3	20	20	--	-20
Subtotal, Discretionary Budget Authority	**3,975**	**3,975**	**4,316**	**+341**

Mandatory Administration /4	2020 /1	2021 /2	2022	2022 +/- 2021
Medicare Improvements for Patients and Providers Act	3	3	3	--
Protecting Access to Medicare Act (2014)	10	10	5	-5
Improving Medicare Post-Acute Care Transformation (2014)	5	6	5	--
Medicare Access and CHIP Reauthorization Act	19	--	--	--
SUPPORT Act	--	10	--	-10
Bipartisan Budget Act (2018)	5	5	5	--
Health Extenders Acts (2020)	3	--	--	--
Further Consolidated Appropriations Act (2020)	10	--	--	--
Consolidated Appropriations Act 2021	--	98	45	-53
Coronavirus Aid Relief and Economic Security (CARES) Act (2020)	20	--	--	--
Subtotal, Mandatory Administration	**75**	**122**	**63**	**-59**

Reimbursable Administration	2020 /1	2021 /2	2022	2022 +/- 2021
Medicare and Medicaid Reimbursable Administration /2	715	841	955	+114
Marketplace Reimbursable Administration / 5	1,619	1,544	1,467	-77
Subtotal, Reimbursable Administration	**2,334**	**2,385**	**2,422**	**+53**

Budget Total	2020 /1	2021 /2	2022	2022 +/- 2021
Total Program Management Program Level, Current Law	**6,384**	**6,481**	**6,801**	**+320**

1/ The Fiscal Year (FY) 2020 column reflects final levels, including required and permissive transfers, but does not include $200 million in COVID-19 supplemental resources

2/ The FY 2021 column reflects enacted levels, including required transfers, but does not include $500 million in COVID-19 supplemental resources.

3/ Research funding is requested as part of the Program Operations funding in FY 2022.

4/ The FY 2020, FY 2021, and FY 2022 mandatory base includes sequester reductions, as appropriate.

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

The FY 2022 discretionary budget request for CMS Program Management is $4.3 billion, an increase of $341 million, or 8.6 percent, above FY 2021 enacted. Including mandatory appropriations and user fees, total Program Management spending from all sources in FY 2022 is $6.8 billion. This request will enable CMS to effectively administer Medicare, Medicaid, Children's Health Insurance Program (CHIP), and private insurance operations including the Federally facilitated Marketplaces. After years of flat funding, the budget invests in CMS core operations to keep pace with growing enrollment and responsibilities across CMS programs, which are a keystone of our health care system that directly serve 148 million Americans.

BUDGET ACCOUNT SUMMARIES

PROGRAM OPERATIONS

The budget requests $3.0 billion for Program Operations to fund essential payment, information technology, and outreach activities for Medicare, Medicaid, CHIP, and private insurance programs. Priority activities for FY 2022 include:

Medicare Contractor Operations

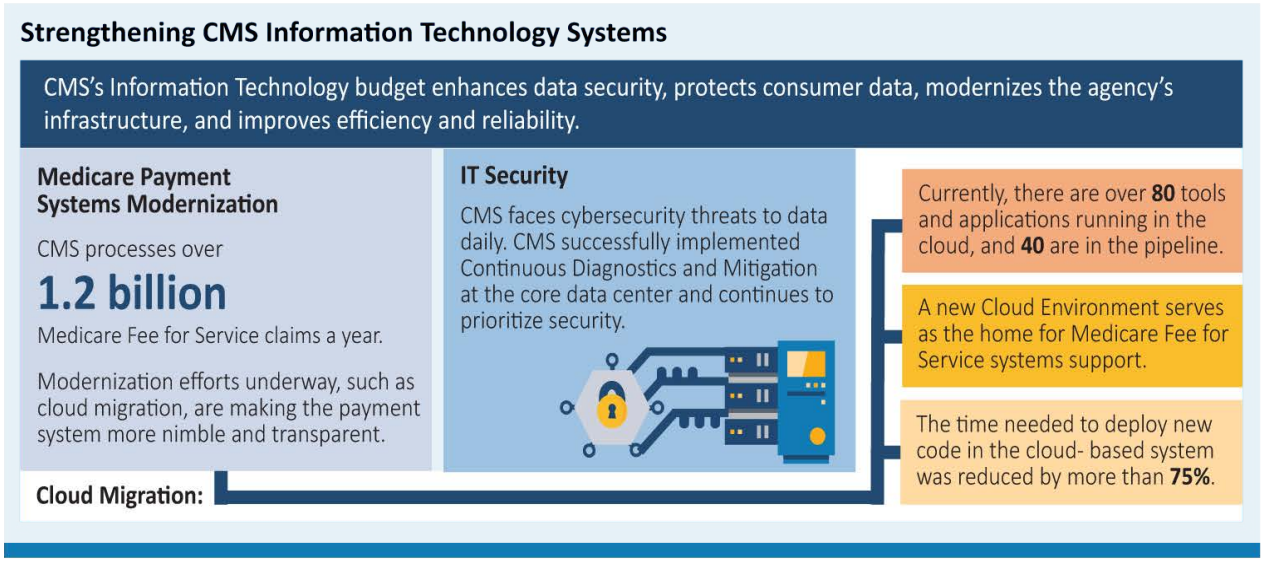
Approximately 33 percent, or $942 million, of the FY 2022 Program Operations request supports ongoing Medicare contractor operations, including support and claims processing systems. This funding includes processing over 1.2 billion Medicare Part A and B claims, enrolling providers in the Medicare program, paying providers and suppliers, processing 2.4 million first level appeals, responding to inquiries from providers, and educating providers about the program. Contractor operations support allows CMS to process claims quickly, accurately, and in compliance with the law.

Medicare Appeals

The budget includes $80 million to process approximately 229,477second level appeals in a timely manner. CMS actively supports the Department's effort to improve the Medicare appeals process, including pilots that increase data consistency, reduce provider burden, and provide cost saving workload efficiencies for the appeals contractors.

Information Technology Systems and Support

The budget includes $686 million for information technology systems. This includes increased funding to accelerate enhancements to CMS cybersecurity and continue the multi-year effort to comply with system upgrades across the entire information technology landscape. The budget allows CMS to accelerate efforts to modernize Medicare payment systems that allow flexible and improved data and system functionality for operations by CMS staff and Medicare Administrative Contractors. The budget supports the agency's mission to protect the valuable consumer health data of millions of Americans from outside threats and allows continued improvements in efficiency and reliability for CMS, health providers, and beneficiaries.



Medicaid and CHIP Operations

The budget requests $201 million for administrative activities to improve Medicaid and CHIP program and support activities designated to CMS for oversight and other state support functions that enhance Medicaid operations. The budget's investment also supports funding for the Medicaid and CHIP Business Information Solution to support new administration directives and executive orders imputing race/ ethnicity to strengthen analytic capabilities to study health equity and health disparity issues, COVID-19, informing program monitoring and oversight, and strengthening program integrity capabilities.

Health Equity

CMS requests $25 million to prioritize and elevate efforts to advance racial equity and support underserved communities, ensuring its programs and policies deliver benefits equitably to all beneficiaries, including communities of color and women. The additional health equity funding will address issues related to the severe and disproportionate impacts of public health emergencies, including COVID-19, on communities of color and other underserved populations as outlined in the Executive Order 13995, "Ensuring Equitable Pandemic Response and Recovery." CMS will enhance research opportunities to improve minority health and support in the elimination of health disparities for beneficiaries.

FEDERAL ADMINISTRATION

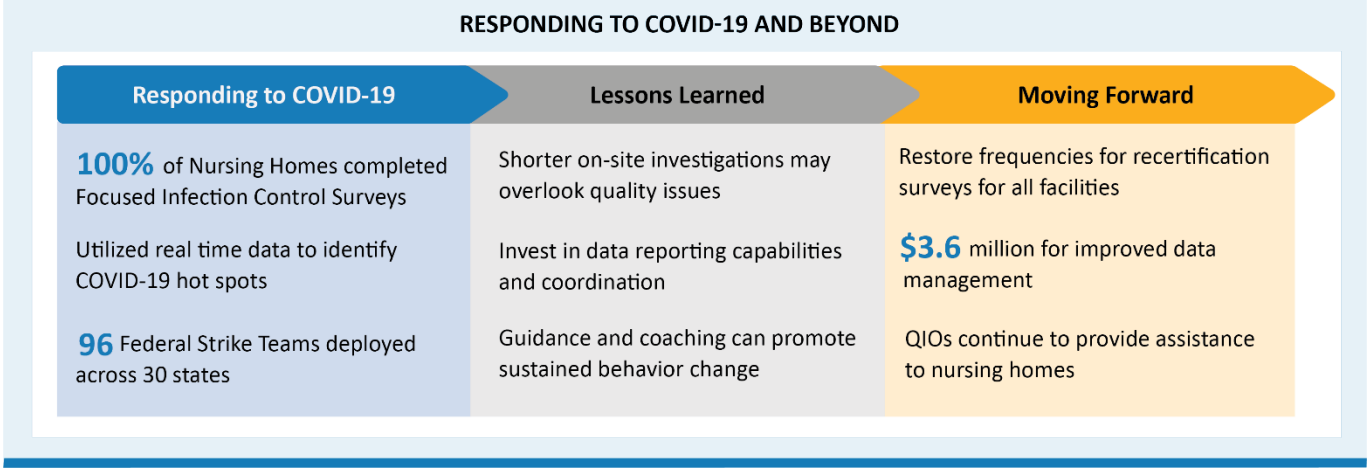
The FY 2022 budget requests $864 million for CMS federal administrative costs, which is $91 million above FY 2021 enacted.

Of this total, $793 million will support a direct full-time staff level of 4,384, an increase of 145 FTE above the FY 2021 enacted level. CMS's Federal Administration account received a $50 million reprogramming to only sustain existing staffing levels in FY 2020. Continued investment is needed in Federal Administration to relieve ongoing funding pressures stemming from rising payroll and benefit costs and increased beneficiary growth. Further, CMS requires an appropriate workforce to oversee expanded duties resulting from the Consolidated Appropriations Act, 2021, American Rescue Plan, Coronavirus Aid Relief and Economic Security (CARES) Act, and other legislation enacted in recent years.

Within the total Federal Administration request, CMS requests $14 million to support the agency's innovative Real Estate Consolidation project that will reduce commercially leased office space and move employees back to renovated portions of CMS's headquarters building, yielding long-term cost savings of about $88 million by 2033. This request also includes $3 million for the CMS U.S. Digital Service team to support CMS's IT portfolio.

SURVEY AND CERTIFICATION

The budget requests $472 million for Survey and Certification. This level of investment will strengthen health, quality and safety oversight for over 75,000 participating Medicare or Medicaid provider facilities. Survey workloads and costs are increasing due to a growing volume of facilities, serious complaints, and enforcement activities once a deficiency is identified. Further, the COVID-19 pandemic has underscored the Survey and Certification program's oversight role for holding nursing homes and other facilities accountable to meeting minimum infection control standard and protecting public health for beneficiaries in these facilities from COVID-19.



The CARES Act provided a minimum of $100 million to Survey and Certification for infection control efforts prioritizing nursing homes. This supplemental funding supports dedicated COVID-19 and complaint surveys, enhanced facility surveillance, and focused infection control surveys for all nursing homes.

Building on lessons learned during COVID-19, the budget enables CMS to make system improvements and technology upgrades, ensuring that real time information on compliance trends and quality indicators are readily available to better target survey actions. CMS will make progress in FY 2022 in processing a growing backlog of complaints, with states conducting 78,212 visits. To mitigate public long-term health risks, CMS plans to focus further on conduct in-depth, *proactive* certification surveys that ensure quality issues are detected early, avoid patient harm, and result in less severe enforcement action over time rather than reactively responding to complaints.

Approximately 90 percent of the request for Survey & Certification is directed to State Survey Agencies to perform health and safety oversight of Medicare certified providers. Surveys include mandated federal inspections of long-term care facilities (i.e., nursing homes), home health agencies, and hospices, as well as periodic federal inspections of hospitals and other key facilities. All facilities participating in the Medicare and Medicaid programs must undergo inspection when entering the program and on a regular basis thereafter. The budget will enable CMS to significantly improve survey frequency levels where there is not a required statutory frequency, preventing serious violations of safety standards and avoiding patient harm. In the Recertification Survey Frequency Table below, the survey frequencies are divided into timeframes for each provider type and shows the amount of time to survey the entire population. In total, states will complete over 30,416 initial surveys and re-certifications in FY 2022.

TABLE: RECERTIFICATION SURVEY INTERNVAL FREQUENCIES

Provider Type	Goal	FY 2021 Projected	FY 2022 Funding Request
Nursing Homes (statutory)	Every year	Every year (100% providers annually)	Every year
Home Health Agency (statutory)	Every 3 years	Every 3 years (33% providers annually)	Every 3 years
Hospice (statutory)	Every 3 years	Every 3 years (33% providers annually)	Every 3 years
Hospitals	Every 3 years	Every 15.4 years	Every 3 years
End Stage Renal Disease	Every 3 years	Every 14 years	Every 3 years
Ambulatory Surgical Centers	Every 3 years	Every 15 years	Every 3 years

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

CROSSCUTTING SUMMARIES

NATIONAL MEDICARE EDUCATION PROGRAM The budget funds the National Medicare Education Program at $438 million, including $301 million in

Budget Authority. CMS is committed to ensuring beneficiaries have access to the educational materials and tools needed to find accurate and up-to-date information on coverage options and available benefits.

The budget provides $260.5 million, including $154 million in Budget Authority, to support the 1-800-MEDICARE call center, which provides beneficiaries access to customer service representatives trained to answer questions about the Medicare program. The request will support an estimated 24 million calls with an average-speed-to-answer of approximately 5 or fewer minutes. Beneficiaries can also use 1-800-MEDICARE to report instances of possible fraud or abuse.

The budget includes $75 million, including $45 million in Budget Authority, for beneficiary materials, the majority going to the printing and distribution of 52 million copies of the *Medicare & You* Handbook.

NATIONAL MEDICARE EDUCATION PROGRAM
FY 2022 PROGRAM LEVEL (DOLLARS IN MILLIONS)

Activity	2021	2022
Beneficiary Materials (e.g., Handbook)	73.3	75.0
1-800-MEDICARE and Beneficiary Claims Contact Center	260.0	260.4
Internet	50.5	50.5
Community-Based Outreach	5.9	5.9
Program Support Services/National Ad Campaign	24.9	46.4
Total NMEP Program Level	**414.6**	**438.2**

Note: Includes funding from Program Management and user fees.

MARKETPLACES

The budget requests $1.7 billion to operate the Federally facilitated Marketplace, of which $1.5 billion will be funded by Marketplace user fees and $0.2 billion will be funded by other sources in CMS Program Management, including Budget Authority. The Marketplaces allow individuals to compare health plan options, determine eligibility for a number of health insurance programs, obtain financial assistance with premiums, and facilitate enrollment. The COVID-19 pandemic has highlighted the importance of ensuring access to comprehensive health coverage for every American, and the Marketplaces are a critical source of coverage for over 12 million Americans. For plan year 2022, HHS is responsible for operating the Marketplace in 30 states that elected not to establish one on their own. HHS is also partnering with three states to leverage certain Federal platforms for activities such as enrollment. Marketplaces in these states are referred to as State-based Marketplaces on the Federal Platform.

In addition, CMS oversees the annual certification process for 475 Qualified Health Plans and stand-alone dental plans offered on the individual and small group markets. This budget supports that process by supporting the development of operational guidance and technical assistance pertaining to certification requirements, including the certification of agents and brokers. The budget also ensures that the Federal Marketplace has adequate funding to process enrollment applications through Healthcare.gov and calculate and make advanced payments of the premium tax credit to issuers. This budget enables CMS to provide $80 million in Navigator grants for in-person assistance to apply for and enroll in Marketplace coverage. It also allows CMS to fund a robust advertising campaign for the 2023 open enrollment season.

The Federal Marketplace uses a cloud-based approach to support consumer-facing websites, issuer-facing electronic data exchanges, and back-end systems. The budget ensures CMS will have sufficient funding to keep applicant and enrollee information secure from potential data breaches.

Administration for Children and Families: Overview

The following table is in millions of dollars.

ACF Budget Authority	2020 /1	2021 /2	2022	2022 +/- 2021
Discretionary	24,444	24,695	30,641	+5,946
Mandatory	36,191	36,867	52,405	+15,538
Total Administration for Children and Families Budget Authority	**60,660**	**61,595**	**83,079**	**+21,484**

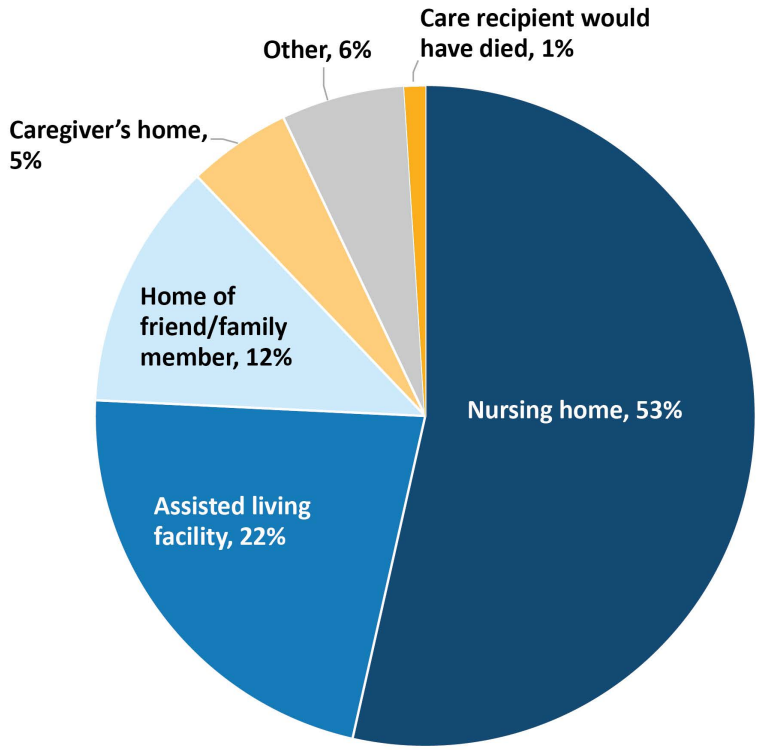
1/ Column reflects final levels, including required and permissive transfers, but does not include $446 million in COVID-19 supplemental resources.
2/ Column reflects final levels, including required and permissive transfers, but does not include $58.2 billion in COVID-19 supplemental resources.
Note: Totals may not add due to rounding.

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

The Administration for Children and Families (ACF) works in partnership with states, tribes, and communities to provide critical assistance to help ensure that foster children, youth, families, and communities are resilient, safe, healthy, and economically secure. The President's Fiscal Year (FY) 2022 Budget requests $83.1 billion for ACF.

LIVING WITHOUT CAREGIVER SUPPORT SERVICES

Where Care Recipients would live would Caregiver's Support Services:



Rebuilding the nation's infrastructure means investing in its people. The budget invests in children by providing high-quality early learning opportunities and by providing more families with the support they need to remain safely together, including access to high-quality child care. The budget supports working families and promotes upward economic mobility through programs, such as Head Start, the Child Care and Development Fund, Child Support Enforcement, and Temporary Assistance for Needy Families (TANF). These programs promote economic independence, productivity, and well-being by helping parents enter the workforce, care for their children, and form strong social networks and family bonds. ACF's child welfare programs promote prevention, safety, well-being, and permanency through prevention of child maltreatment and neglect, foster care when necessary, reunification, adoption, and support for youth transitioning to adulthood. Finally, ACF's family violence prevention programs support survivors of gender-based violence through emergency shelters and supportive services.

The Biden-Harris American Families Plan will invest $225 billion to ensure low and middle-income families pay no more than seven percent of their income on high-quality child care, saving the average family $14,800 per year on child care expenses when fully implemented. The American Jobs plan commits $25 billion to building child care capacity and infrastructure, for a total investment of $250 billion to support our nation's children.

The Biden-Harris plan makes an additional $200 billion investment to provide universal access to high-quality, preschool for all three- and four-year-old children. Preschool is critical to ensuring that children start kindergarten with the skills and supports that set them up for success in school. Early education promotes school readiness by enhancing the cognitive, physical, behavioral, and social-emotional development of children through the provision of educational, health, nutritional, social, and other services to enrolled children and families. This investment will develop preschool programs with low student-to-teacher ratios, evidence-based and developmentally appropriate curriculum, and supportive classroom environments that are inclusive for all students. The program ensures equitable access to early education by funding a variety of preschool providers –including programs in schools, Head Start, child care centers, and community-based providers -- and investing in fair wages for Head Start educators.

Administration for Children and Families: Discretionary

The following tables are in millions of dollars.

Early Childhood Programs	2020 /1	2021	2022	2022 +/- 2021
Head Start	10,613	10,748	11,932	+1,184
Child Care Block Grant (discretionary)	5,826	5,911	7,377	+1,466
Preschool Development Grants	275	275	450	+175
Subtotal, Early Childhood Programs	**16,714**	**16,934**	**19,759**	**+2,825**

Programs for Vulnerable Populations	2020 /1	2021	2022	2022 +/- 2021
Runaway and Homeless Youth	132	137	145	+8
Child Abuse Programs	181	186	235	+49
Child Welfare Programs	329	332	442	+110
Child Welfare Family Preservation Grants (non-add)	*0*	*0*	*100*	*+100*
Adoption Incentives	75	75	75	--
Chafee Education and Training Vouchers	43	43	48	+5
Native Americans	56	57	60	+3
Family Violence Prevention and Services Programs	187	196	489	+294
Promoting Safe and Stable Families (discretionary)	93	83	106	+23
Subtotal, Programs for Vulnerable Populations	**1,096**	**1,108**	**1,601**	**+493**

Refugee Programs	2020 /1	2021	2022	2022 +/- 2021
Unaccompanied Children /2	1,303	1,303	3,283	+1,980
Transitional and Medical Services	354	354	605	+251
Refugee Support Services	207	207	450	+243
Survivors of Torture	16	17	27	+10
Victims of Trafficking (Foreign and Domestic)	28	29	39	+11
Subtotal, Refugee Programs	**1,908**	**1,910**	**4,405**	**+2,495**

Community Service Programs	2020 /1	2021	2022	2022 +/- 2021
Low Income Home Energy Assistance Program	3,740	3,750	3,850	+100
Community Services Block Grant	740	745	754	+9
Other Community Services Programs	30	30	32	+2
Subtotal, Community Service Programs	**4,511**	**4,526**	**4,636**	**+111**

Other ACF Programs	2020 /1	2021	2022	2022 +/- 2021
Disaster Human Services Case Management	2	2	4	+2
Federal Administration	206	208	227	+20
Social Services Research and Demonstration	7	8	9	+1
Subtotal, Research and Evaluation	**215**	**217**	**240**	**+23**

ACF Discretionary Budget Totals	2020 /1	2021	2022	2022 +/- 2021
Total Discretionary Budget Authority	**24,444**	**24,695**	**30,641**	**+5,946**
Total Program Level	**24,444**	**24,695**	**30,641**	**+5,946**
Full-Time Equivalents	*1,315*	*1,450*	*1,487*	*+37*

1/ Reflects FY 2020 enacted, post required and permissive transfers and rescissions.
2/ Includes $30 million for a Separated Families Services Fund.

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

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

The Fiscal Year (FY) 2022 President's Budget requests $30.6 billion for ACF programs, an increase of $5.9 billion over FY 2021 enacted. The budget invests in children by providing high-quality early learning opportunities and by providing more families with the support they need to remain safely together.

INVESTING IN EARLY CHILDHOOD AND LEARNING

"It is easier to build strong children than to repair broken men."

Frederick Douglass

The beginning years of a child's life are critical for building the early foundation needed for success later in school and in life. The budget invests in programs that improve the health and well-being of young children and their families. These programs support children's development and overall health by providing access to quality early child care and learning opportunities critical to their development.

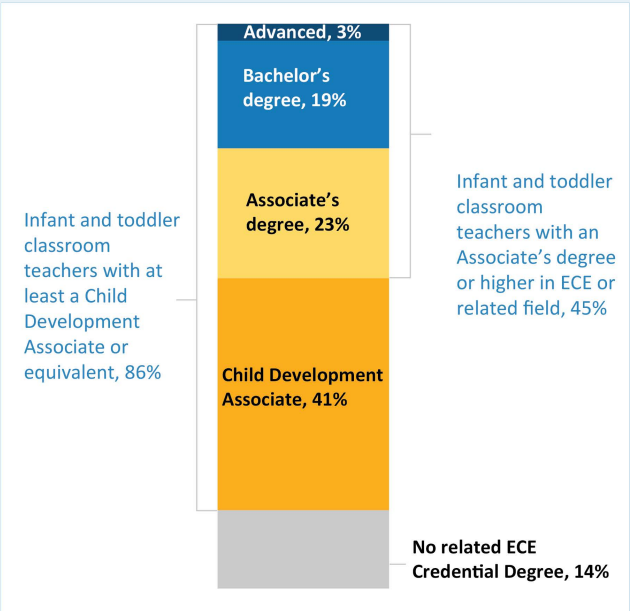
Head Start

The budget requests $11.9 billion—an increase of $1.2 billion over FY 2021 enacted—to promote the school readiness of children ages birth to five, which includes doubling the investment in Early Head Start-Child Care Partnerships and funding a cost-of-living adjustment ($234 million). This funding supports the early learning and development, health, and family well-being of children from low-income families. With this investment, Head Start will serve an estimated 906,215 children, an increase of 48,600, through nearly 1,600 local agencies in states, territories, and tribes across the United States.

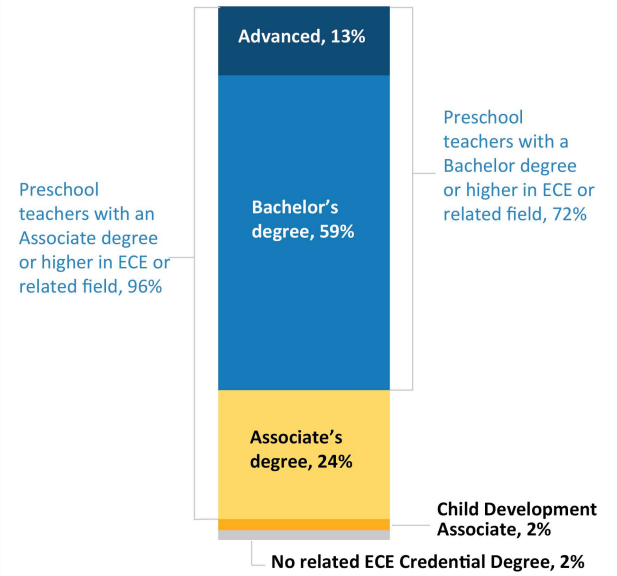
Head Start services are provided in a variety of settings including centers, family child care, and children's own homes. Each program is operated through local providers, which reflect the needs of specific populations they serve. Head Start programs also engage parents or other key family members in positive relationships, with a focus on family well-being. As Head Start programs are local, the programs are able to target specific populations and provide culturally and linguistically appropriate services. American Indian and Alaska Native Head Start serves nearly 41,000 children in tribal and non-tribal settings. These programs honor the rich cultural heritage of our children, families, and communities. Similarly, Migrant and Seasonal Head Start, which provide services to families engaged in agricultural labor, are funded to serve nearly 29,000 children. Head Start strives to serve children in all communities.

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

EDUCATION AND TRAINING OF INFANT AND TODDLER CLASSROOM TEACHERS



EDUCATION AND TRAINING OF PRESCHOOL CLASSROOM TEACHERS



Data Source: 2019 Head Start Program Information Report (PIR). This graphic is inclusive of all teachers within Head Start programs.

Child Care and Development Block Grant

The budget provides $7.3 billion in discretionary funds for the Child Care and Development Block Grant.

This program is the primary federal child care program that supports low-income, working families by providing access to affordable, high quality child care. In FY 2018— the most recent year for which data is available—over 1.3 million children from about 813,000 low-income families received a monthly child care subsidy. The FY 2022 budget will serve an estimated 2.4 million children.

Child care is an essential service for working families. ACF's increased investment into the program will provide access to quality early care and afterschool programs to more children. Lack of affordable child care is a significant obstacle for many families. The increased investment expands parent choices as well as provides crucial services in child care deserts.

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

Preschool Development Grants

The budget provides $450 million for the Preschool Development Grants Birth through Five, an increase of $175 million over FY 2021 enacted, to fund states' comprehensive needs assessments and capacity building in order to enhance parent choice and expansion of the current mixed delivery system of child care. In FY 2019, 46 states/ territories received an Initial Grant award. An additional 6 states/ territories received the grant in FY 2020.

This program is ACF's investment to build state and local capacity to provide preschools for three- and four-year-olds from low- and moderate-income families. These funds work to address the inequities low- and moderate-income families face when searching for quality early childhood learning. The program provides funds to grantees to develop public preschool programs or enhance existing programs to serve more children. This program is funded through HHS and jointly administered with the Department of Education.

88% of families receiving child care subsidies

cited employment or education and training as the reason for receiving care.

Source: https://www.acf.hhs.gov/occ/resource/fy-2018-ccdf-data-tables-preliminary

SERVING VULNERABLE CHILDREN AND FAMILIES

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

Runaway and Homeless Youth

There are 4.2 million youth and young adults ages 13 to 25 who experienced a form of homelessness over a 12-

month period.[1] The budget includes $145 million for 685 programs across the country to provide comprehensive services to an estimated 52,011 homeless youth, who are more vulnerable to violence and substance abuse. ACF supports street outreach, emergency shelters, longer-term transitional living, and maternity group home programs to serve and protect these youth.

The Runaway and Homeless Youth Program serves as the national leader for the provision of shelter services to unaccompanied homeless youth. Services are provided through the Basic Center Program, Transitional Living Program/Maternity Group Home Program, and the Street Outreach Program. These programs support crisis intervention, counseling, and street-based service for those who may have been subjected to, or are at risk of being subjected to, sexual abuse, human trafficking, or sexual exploitation.

This budget includes proposals to reauthorize and revise the Runaway and Homeless Youth Act through 2025. In particular, the budget proposes to amend definitions and authorities to reflect current terminology and support youth at risk or victims of commercial sexual exploitation and human trafficking.

Promoting Child Welfare and Preventing Child Abuse

HHS is committed to providing more families with the support they need to remain safely together. The budget requests $906 million for Child Welfare and Child Abuse Prevention programs in ACF, an increase of $188 million over FY 2021 enacted.

The budget requests $671 million for child welfare and adoption activities. Within this total, ACF is investing $100 million in new Child Welfare competitive grants for states and localities to advance reforms to reduce the overrepresentation of children and families of color in the child welfare system and reorient systems towards prevention. There were over 400,000 children in the foster care system in FY 2019. ACF supports at-risk families, which enables children to remain safely with their families or to safely reunify with their families in a timely manner. For children who cannot remain safely with their families, ACF removes unnecessary barriers to adoption and provides incentive awards to states that increase the adoption of children from their foster care programs. Additional funding is also requested for family preservation activities focused on opioid prevention and for education and training vouchers to help foster care youth transition to adulthood and achieve independence.

For child abuse prevention, ACF requests $235 million for grants to states, local government agencies, universities, and non-profit organizations, an increase of $49 million over FY 2021 enacted. This funding strengthens states' abilities to investigate child abuse and neglect cases and develop continuums of preventive services focusing on positive family development. ACF also provides competitive research and demonstration grants to improve child outcomes by expanding the evidence base, in order to focus on providing programs and services that are proven to be effective in serving children and families.

Administration for Native Americans

The Administration for Native Americans (ANA) supports Native American communities by providing financial assistance and capacity building, gathering and sharing data, and advocating for improved policies within HHS and across the federal government. ANA serves all Native Americans, including federally recognized tribes, American Indian and Alaska Native organizations, Native Hawaiian organizations, and Native populations throughout the Pacific Basin (including American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands). ANA promotes self-sufficiency for Native Americans by providing discretionary grant funding for community-based projects, and training and technical assistance to eligible tribes and native organizations. The budget includes $60 million, an increase of $3 million above FY 2021 enacted.

Family Violence Prevention and Services

ACF supports organizations and communities that work to end domestic violence. The budget provides $489 million for Family Violence Prevention and Service Act Programs (FVPSA), which provide emergency shelters and supportive services to survivors of domestic violence. The funding represents an increase of $294 million over FY 2021 enacted. This includes $250 million in cash assistance for domestic violence

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

survivors and $20 million for medical support and services. This funding provides services to an estimated 1.3 million children and families to prevent family violence, domestic violence, and dating violence. FVPSA ensures that survivors can more easily access supportive services, violence-prevention resources, health care, housing, early childhood education, child support, and responsible fatherhood programs. This total also includes $26 million for the National Domestic Violence Hotline. The Hotline provides information and assistance to adult and youth survivors of family violence, domestic violence, dating violence, family and household members, and others such as domestic violence advocates, government officials, law enforcement agencies and the general public.

Unaccompanied Children

ACF provides shelter, care, and support for unaccompanied migrant children apprehended by the Department of Homeland Security (DHS) or other law enforcement authorities. These children have different reasons for undertaking the long and dangerous journey to the United States.

ACF provides care for these children and identifies suitable sponsors, usually parents or other relatives, to care for them while their immigration cases proceed. While in ACF's care, children receive physical and mental health care, education, and recreation services. Historically, most children receive care through a network of permanent facilities, which are state licensed and operated by grantees under the close supervision of ACF staff. Since the number of children requiring care fluctuates widely, ACF has also had to open temporary influx shelters and emergency intake shelters to ensure children do not remain in the custody of DHS for an extended period of time.

The budget requests $3.3 billion for the unaccompanied children program, an increase of $2.0 billion above the FY 2021 appropriation. Funds will support the cost of caring for children referred to ACF as well as reforms to the program to better position ACF to address future surges and implement child welfare best practices. ACF will develop new methods of quickly ramping up capacity and staff to care for children humanely.

ACF is committed to ensuring unaccompanied migrant children are unified with relatives and sponsors as safely, humanely, and quickly as possible. This work requires not only a network of safe beds, but a broad set of services that address the emotional, cultural, educational, health, language, social, and legal needs of unaccompanied migrant children.

Finally, the budget includes a proposal to establish a Separated Families Services Fund to provide mental health and other supportive services for children, parents, and legal guardians who were separated at the United States – Mexico border under the previous Administration, and requests $30 million for this effort.

Refugees and Other New Arrivals

ACF will rebuild the Nation's refugee resettlement infrastructure to support resettling up to 125,000 refugees in FY 2022, which would be the highest number of refugees admitted to the United States in 30 years. To achieve this, the budget requests $1.1 billion for refugee assistance, an increase of $494 million above FY 2021 enacted. Through networks of nonprofits and state and local governments, ACF assists refugees and other eligible new arrivals to become self-supporting and integrate into life in the United States. Assistance includes financial support and medical services, English as a second language instruction, education, job training, case management, and counseling.

The FY 2022 estimate of eligible new arrivals is 214,000, including 125,000 refugees and 89,000 other new arrivals eligible for refugee benefits. The budget includes $605 million for transitional and medical services, which is sufficient to maintain benefits for the estimated number of new arrivals and $450 million for refugee support services.

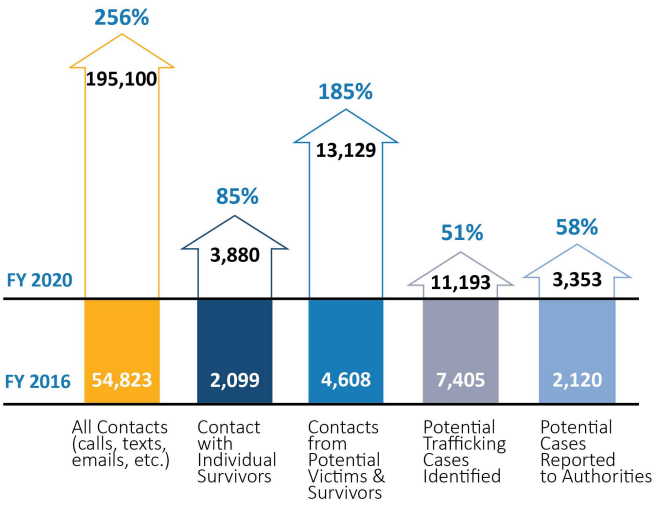
Victims of Trafficking and Survivors of Torture

The budget includes $39 million to screen and identify trafficking victims and provide services, including case management, emergency assistance, and medical services to an estimated 3,500 trafficking victims. ACF's National Human Trafficking Hotline provides 24-hour emergency counseling, referrals to services from a database of over 2,900 vetted social service programs, and tips to law enforcement on potential trafficking schemes.

The budget also includes $27 million for survivors of torture. Through competitive grants, ACF provides rehabilitative, social, and legal services to survivors as well as training for health care providers on treating the physical and psychological effects of torture.

TRAFFICKING PREVENTION

Hotline activities have led to increased prevention and law enforcement engagement



COMMUNITY SERVICES PROGRAMS

Low Income Home Energy Assistance Program (LIHEAP)

The LIHEAP program provides heating and cooling assistance to low-income households through formula grants to states, tribes, and territories. States typically make payments to home energy vendors, such as public utilities, on behalf of eligible households. Preliminary data for FY 2020 shows an estimated 5.3 million households received heating assistance. For the typical household this assistance offset 63 percent of their annual heating costs. States may use up to 15 percent of their funding for weatherization assistance. The budget requests $3.8 billion, an increase of $100 million over FY 2021 enacted.

Low Income Household Drinking Water and Wastewater Emergency Assistance Program

The Consolidated Appropriations Act, 2021 provided $638 million in emergency spending to assist low-income households with their drinking water and wastewater bills. An additional $500 million was provided by the American Rescue Plan. Funds will be distributed by formula to states, territories, and tribes and used to help low-income households pay their water and wastewater utility bills and avoid arrearages. ACF expects to release this funding by the end of May.

Community Services

The budget includes $786 million for the Office of Community Services, which is an increase of $11 million over FY 2021 enacted. This total includes $754 million for the Community Services Block Grant (CSBG), $22 million for the Rural Community Development Program, and $11 million for Community Economic Development.

CSBG supports services to ameliorate the causes and conditions of poverty by assisting individuals, families, and communities with services. Over one thousand eligible entities receive CSBG funds annually. In FY 2019, preliminary data indicates approximately 17 million individuals were served.

The Rural Community Development program provides discretionary grants to assist low-income communities in developing affordable and safe water and wastewater treatment facilities. The Community Economic Development program awards grants to nonprofit community development corporations in disinvested communities for purposes of creating new jobs for individuals with low incomes. This investment will strengthen families and communities to be resilient and have improved living conditions.

EVALUATION AND INNOVATION

Research and Demonstration

Program evaluation and use of data and evidence are critical for ACF and its partners to improve service delivery and increase program effectiveness. Social Services Research and Demonstration funding allows ACF to study programs that lack dedicated research and evaluation funds and to research areas that affect multiple programs. Topics of recent projects include employment and family self-sufficiency; child poverty; studies of behavioral science interventions; examination of disparities in access to, and use of, ACF programs; and approaches to improving program efficiency and effectiveness, including efforts to improve the use of administrative data. Within Promoting Safe and Stable Families, an increase of $6 million is included to meet the requirements of the Family First Prevention Services Act. These include operation of the Title IV- E Prevention Services Clearinghouse, which rates programs and services intended to provide enhanced support to children and families and prevent foster care placements.

Disaster Human Services Case Management

In the wake of natural disasters and as directed by the Federal Emergency Management Administration, the ACF Disaster Human Services Case Management program connects individuals and families to critical local services to address disaster-caused unmet needs. The budget invests an additional $2 million above FY 2021 enacted to establish a standard for national disaster human service case management in partnership with FEMA, the American Red Cross, and others; enhance capabilities for delivering virtual case management due to the coronavirus pandemic; and establishing connections with the Administration for Community Living to ensure support services for older and disabled Americans, connecting the continuum of care for disaster survivors with life-sustaining wrap-around services.

Federal Administration

Federal Administration funding pays for staff and administrative expenses necessary to effectively administer ACF programs that promote the economic and social well-being of children and families. Examples of administrative expenses include program management, required oversight and monitoring, and the development and maintenance of secure information technology systems. Funding for Federal Administration has remained essentially flat for the last four years as ACF's discretionary appropriations have increased by 30 percent. To address this, and to manage the new Child Welfare competitive grant, the budget requests $227 million, an increase of $20 million above FY 2021 enacted.

Administration for Children and Families: Mandatory

The following tables are in millions of dollars.

Current Law Budget Authority	2020 /1	2021 /2	2022	2022 +/- 2021
Child Care for American Families	--	--	--	--
Universal Preschool	--	--	--	--
Child Care Entitlement to States	2,917	3,550	3,550	--
Foster Care and Permanency	8,667	9,415	9,965	+550
Promoting Safe and Stable Families (mandatory only) /3	975	475	475	--
Child Support Enforcement and Family Support	4,566	4,439	4,194	-245
Children's Research and Technical Assistance	35	35	35	--
Temporary Assistance for Needy Families	16,738	16,738	16,738	--
Temporary Assistance for Needy Families Contingency Fund	608	608	608	--
Social Services Block Grant	1,685	1,607	1,603	-4
Total, Current Law Budget Authority	**36,191**	**36,867**	**37,168**	**+301**

Proposed Law Budget Authority	2020 /1	2021 /2	2022	2022 +/- 2021
Child Care for American Families	--	--	11,720	+11,720
Universal Preschool	--	--	3,517	+3,517
Total, Proposed Law Budget Authority	**--**	**--**	**15,237**	**+15,237**

1/ The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $440 million in COVID-19 supplemental resources.
2/ The FY 2021 column reflects enacted levels, including required transfers, but does not include $2.1 billion in COVID-19 supplemental resources
3/ FY 2020 includes a one-time FY 2020 appropriation of $500 million for Family First Prevention Services Act implementation, to be used in FY 2020 and FY 2021.
Note: Totals may not add due to rounding.

The Administration for Children and Families (ACF) promotes the economic and social well-being of families, children, individuals, and communities through mandatory programs, including:

- Child Care Entitlement to States;
- Foster Care and Permanency;
- Promoting Safe and Stable Families;
- Child Support Enforcement;
- Temporary Assistance for Needy Families (TANF); and
- Social Services Block Grant.

The President's Fiscal Year (FY) 2022 Budget requests $15.2 billion in budget authority for ACF mandatory programs, with an estimated $10.5 billion in outlays. ACF's proposals strengthen access to, and the quality of, child care and create a new investment in the development of our nation's children through a new pre-kindergarten program for 3- and 4-year-olds.

CHILD CARE FOR AMERICAN FAMILIES

The American Families Plan includes a new child care program, referred to as the Child Care for American Families program. It will support affordable, high-quality child care for low-income and middle-class families for children birth to age five. The Child Care for American Families program will invest $250 billion over 10 years in funding for affordable, high-quality child care. These investments will lead to high-quality care, leading to lifetime benefits for children and families, and building a stronger, more equitable economy. Additionally, it will boost the compensation of child care workers, disproportionately women of color, enabling them to care for their own families, reducing government spending on income support programs, and increasing tax revenues.

Legislative Proposals

Establish a New Child Care Program for American Families

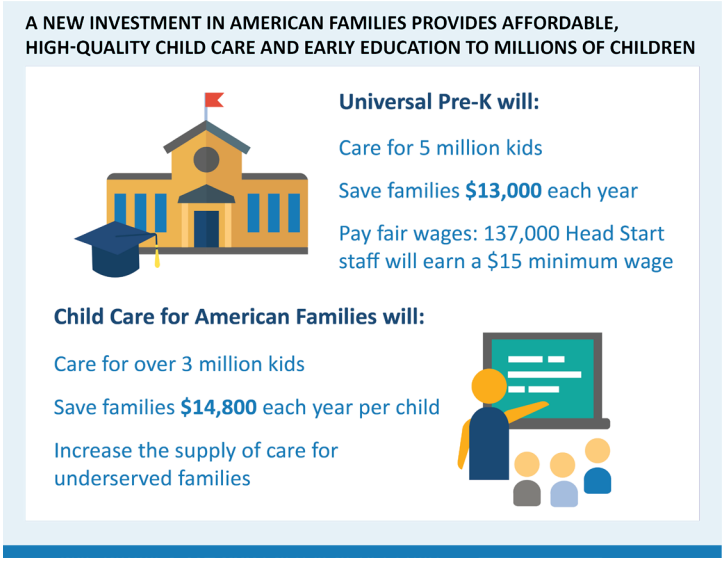
Lack of access to child care makes it harder for parents—especially mothers— who need to fully participate in the workforce. The Child Care for American Families program ensures families can afford and access high-quality child care by increasing supply to underserved families, covering the majority of costs for low- and middle-income families, and paying providers rates that cover the full cost of high-quality care. Families will have a co-pay based on a sliding-scale portion of their income, with the lowest income families paying nothing and, and families earning 1.5 times their state median income paying no more than seven percent of their income for child care. The plan will also provide families with a range of inclusive and accessible options to choose for their child, from child care centers to family child care providers to Early Head Start. Child care providers will receive funding to cover the true cost of quality early childhood care and education, including investments in the child care workforce that provide pay parity with kindergarten educators if they have similar qualifications, a $15 minimum wage, and opportunities for professional development. This program invests $225 billion over 10 years.

Invest in Child Care Infrastructure

The American Jobs Plan supports the Child Care for American Families program by ensuring children will have access to high-quality child care delivered in safe and updated facilities. In areas with the greatest shortage of child care slots, women's labor force participation is about three percentage points less than in areas with a high capacity of child care slots, hurting families and hindering U.S. growth and competitiveness. Public investments in schools and child care improves children's outcomes—the foundation for future productivity gains. Through a Child Care Growth and Innovation Fund, states will build a supply of child care in areas that need it most. ACF proposes a $25 billion investment over 10 years to build child care capacity through funding for infrastructure.

UNIVERSAL PRESCHOOL

Preschool is critical to ensuring that children start kindergarten with the skills and supports that set them up for success in school. Unfortunately, many children, but especially children of color and low-income children, do not have access to the full range of high-quality preschool programs. In addition to the benefits of early childhood education, access to PreK empowers parents to participate in labor force and educational opportunities. The Universal Preschool program ensures equitable access to early education by funding a variety of prekindergarten providers and investing in fair wages for Head Start. The budget includes $200 billion over 10 years for this program.



Legislative Proposals

Universal Preschool

The budget proposes a universal preschool program, which provides high-quality early learning to all 3- and 4-year-old children. This investment prioritizes high-need areas and enables communities and families to choose the settings that work best for them–from school, to child care providers, to Head Start, to other community-based providers. The program implements a $15 minimum wage and pays preschool educators with comparable qualifications will receive compensation commensurate with that of kindergarten teachers. This program represents an investment of $172 billion over 10 years.

Head Start Educator Fund

To ensure Head Start can sustain its workforce and continue to provide high-quality early education for high-need populations, this program includes investments in pay parity and fair wages for Head Start staff. All Head Start workers are paid a $15 minimum wage, and Head Start teachers with similar

qualifications as kindergarten schoolteachers receive comparable salaries. The budget includes authority for $27.5 billion over 10 years for this proposal.

FOSTER CARE AND PERMANENCY

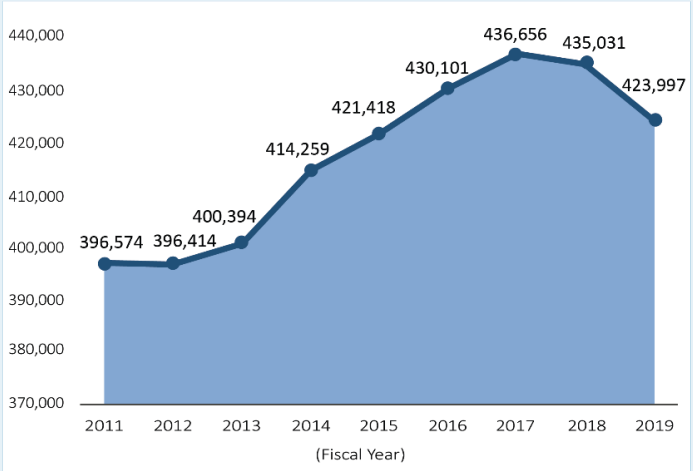
Authorized under title IV-E of the Social Security Act, the Foster Care, Adoption Assistance, Guardianship Assistance, Prevention Services, and John H. Chafee Program for Successful Transition to Adulthood programs provide safety and permanency for children separated from their families; support services to prevent child maltreatment and the need for foster care; and supports to prepare older youth in foster care for adulthood. Funding primarily supports partial reimbursement to states for board and care of eligible children in foster care; partial reimbursement to states for monthly funding to families to support adoption and guardianship; the Chafee Program for Successful Transition to Adulthood, which assists current and former foster youth up to age 23 (age 27 in FY 2020 and FY 2021) in obtaining education, employment, and life skills for independence and self-sufficiency and successful transition to adulthood; and the additional services provided under the Family First Prevention Services Act of 2018 (Family First Act).

ACF PROGRAMS OFFER SUPPORT TO CHILDREN AND FAMILIES:

ACF's child welfare vision focuses on equity, prevention of child maltreatment, program improvement, and outcomes for youth who experienced foster care. Research has shown that Black and American Indian/Alaska Native children are disproportionately involved at all stages in the child welfare system relative to their presence in the population, while White and Asian/Pacific Islander children are underrepresented.

Although the total number of children in foster care is still very high, preliminary data show that the number decreased in FY 2019, for the second consecutive year, to 432,997, a decrease of over 2.5 percent from FY 2018. The number of children entering foster care in FY 2019 decreased to 251,359, a 4.4 percent decrease from FY 2018. The number of children adopted with U.S. public child welfare agency involvement increased for the fourth year in a row, to 66,035—a 4.8 percent increase from FY 2018 and the largest number of such adoptions reported since data collection began. Increasing permanency for children through adoption, kinship placement, or reunification is a high priority for ACF, especially for the more than 122,000 children waiting for adoption and the over 20,000 youth who exit foster care each year without adoption or permanent guardianship. ACF supports national recruitment and public awareness campaigns and partnerships with states and private, public, and faith-based groups to help find permanent homes for children waiting to be adopted, especially older youth, sibling groups, and children and youth with disabilities.

NUMBER OF CHILDREN IN FOSTER CARE CONTINUES TO DECLINE



Family First Prevention Services Act

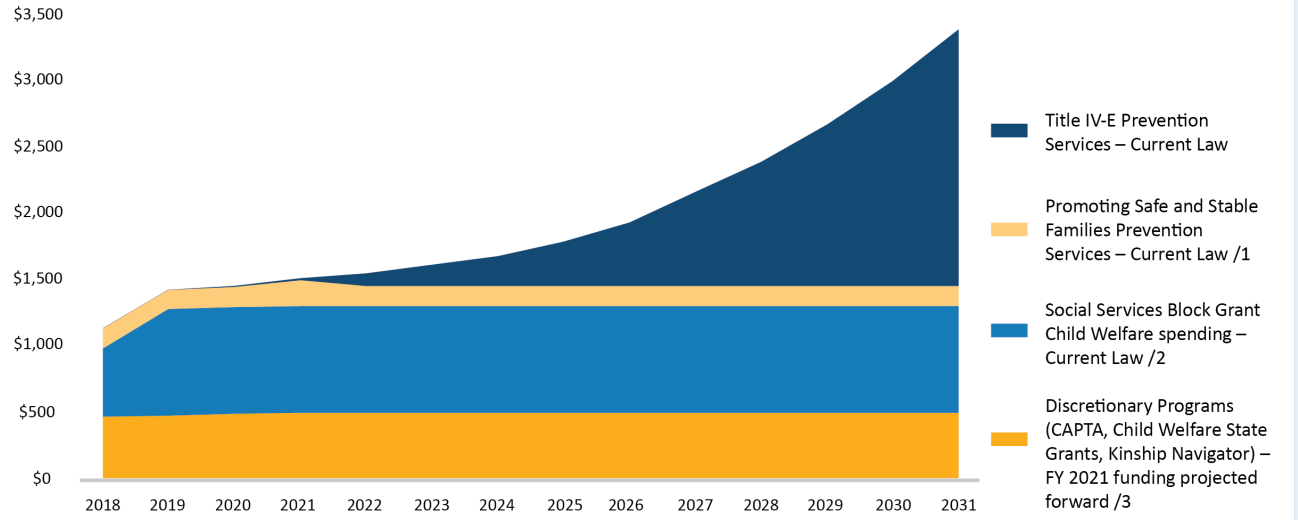
The Family First Act provides partial federal reimbursement to states for prevention services for children who are at risk of entering foster care, pregnant or parenting foster youth, and their parents or kin caregivers. Federal funding is not limited by whether the child meets title IV-E income eligibility standards. The funds can support mental health and substance abuse services, including opioid misuse, and in-home parent skill-based programs. Preventive services are an opportunity to make substantial improvements in the outcomes of children and families, shifting the mindset of child welfare to keeping families safely together and allowing

communities the flexibility to meet the needs of their residents.

The Family First Act restricted federal funding for congregate foster care—often called group homes—in favor of family foster homes. When the Family First Act is fully implemented, federal funding will not be available for new congregate care placements after 14 days, except in limited circumstances with ongoing documentation and judicial review requirements. Sixteen states have implemented the congregate care restrictions in the Family First Act, and all states are required to have fully implemented it by the end of FY 2021.

The prevention services authorized by the Family First Act are intended to enhance child well-being; strengthen families and communities to prevent the need for foster care; safely reunify families; and provide permanency through adoption or guardianship when reunification is not possible. ACF's Prevention Services Clearinghouse must review and evaluate the evidence base for each program consistent with statutory requirements. ACF has approved 34 programs for federal funding and is continuing to review additional programs. To speed implementation, ACF is allowing states to apply for and receive funding on a transitional basis for prevention services programs with documented evidence of effectiveness until ACF is able to complete its review and evaluation of such programs. ACF has approved two programs through this process and two programs are pending transitional approval. States may apply for transitional approval of new programs until October 1, 2021. ACF estimates that 3,500 children were served by title IV-E prevention services programs in FY 2020, and 180,000 children will be served annually by FY 2031.

ACF'S CURRENT LAW FUNDING FOR SERVICES TO PREVENT CHILD MALTREATMENT WILL REACH $3.4 BILLION IN FY 2031



1/ Promoting Safe and Stable Families funding includes the categories Family Support and Family Preservation, mandatory and discretionary funding.
2/ Social Services Block Grant funding includes the categories Prevention and Intervention, Protective Services – Children, and Special Services – Youth At Risk.
3/ The discretionary 10-year projections (including Promoting Safe and Stable Families funding) were created by extending FY 2021 enacted funding forward through FY 2031.

PROMOTING SAFE AND STABLE FAMILIES

The Promoting Safe and Stable Families program provides formula grants to states for services to families to improve child safety at home. The grants also fund supportive services for reunifying and adoptive families, which promote safety and permanency for children and families and helps to prevent the need for foster care. The budget includes $475 million in mandatory funding for the program for FY 2022. Funding supports Court Improvement Program grants to state and tribal courts to improve the quality of child welfare proceedings and to transition to compliance with the Family First Act. Promoting Safe and Stable Families also includes Regional Partnership Grants, a competitive grant program that addresses the child welfare impact of

substance abuse, including opioids. In recent years, parental substance use disorder has grown as a circumstance associated with entry into foster care. The Regional Partnership Grant program helps to address this problem by supporting interagency collaboration and integration of programs to prevent the need for foster care and better serve children and families.

The Promoting Safe and Stable Families account also includes the Personal Responsibility Education Program and Sexual Risk Avoidance Education, which were reauthorized through FY 2023 at $75 million per program per year in P.L. 116-260.

CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

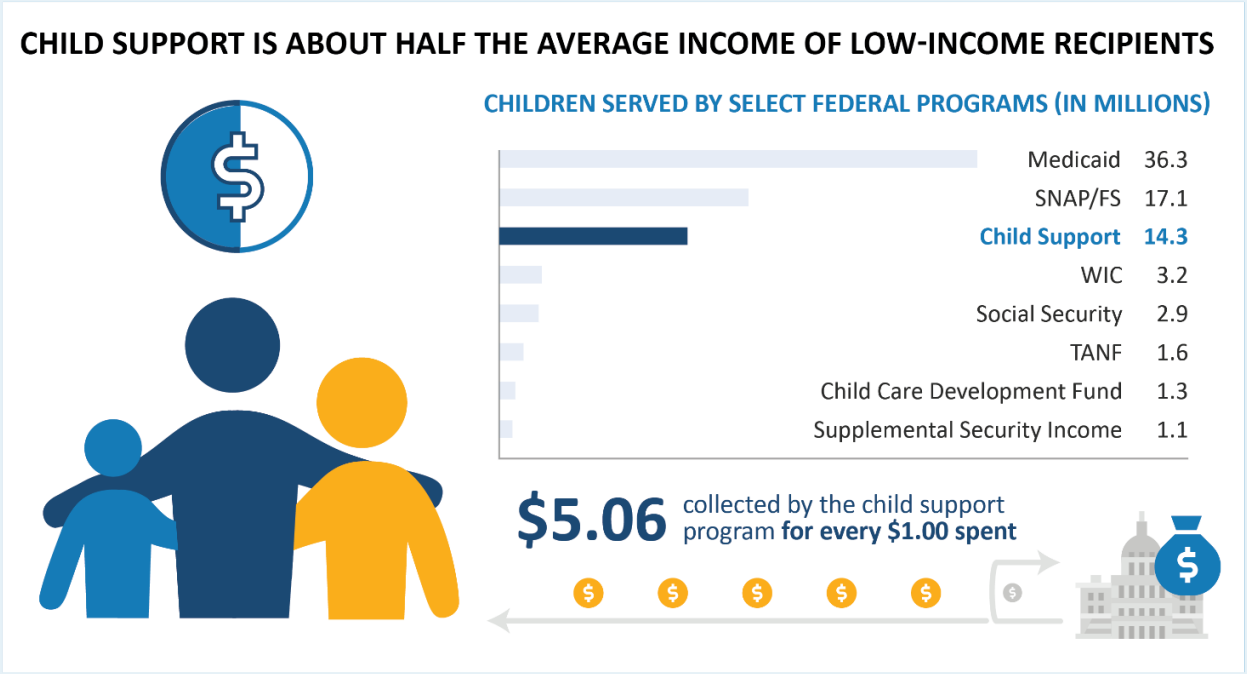
The Child Support Enforcement Program is a joint federal, state, tribal, and local partnership, operating under Title IV-D of the Social Security Act. The program allows children to rely on their parents for the financial, emotional, and medical support needed to be healthy and successful, even when parents live in separate households. The program functions in 54 states and territories, and 60 tribes. The Child Support Enforcement Program ensures economic and emotional support for children from both parents by locating noncustodial parents, establishing paternity, supporting access and visitation, and establishing and enforcing child support orders.

CHILDREN'S RESEARCH AND TECHNICAL ASSISTANCE

Children's Research and Technical Assistance supports training and technical assistance to states on child support enforcement activities and the operation of the Federal Parent Locator System, which assists state child support agencies in locating noncustodial parents. The Federal Parent Locator System includes the National Directory of New Hires, a national database of wage and employment information.

CHILD SUPPORT ENFORCEMENT

The program functions in 54 states and territories and 62 tribes



TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

TANF was designed to provide states with more flexibility while requiring them to engage recipients in work activities. TANF provides states, territories, and eligible tribes the opportunity to design programs funding a wide range of services that support children and families in alignment with the program's purposes, which include providing assistance so that children may be cared for in their own homes or with relatives, promoting job preparation, work, and the formation and maintenance of two parent families. States may transfer up a portion of their TANF grant to either the Child Care Development Block Grant program or the Social Services Block Grant program, increasing the program's flexibility. Funds designated for welfare research, evaluation, and technical assistance build on the existing work in welfare research and employment and training program evaluation. ACF's progress on welfare research addresses both longer-term activities that build evidence over time, as well as activities to respond to immediate priorities and improve programs in the near term.

CHILD CARE ENTITLEMENT TO STATES

The federal government helps families access and afford child care through both the discretionary Child Care and Development Block Grant and the Child Care Entitlement program. The budget includes $3.55 billion in budget authority for the Child Care Entitlement in FY 2022, equal to the mandatory and supplemental funding in FY 2021 enacted. The program provides funding to states and tribes for child care and requires states to spend at least 70 percent of funding on families receiving TANF, transitioning from TANF, or at risk of becoming eligible for TANF. In FY 2022, states must spend a minimum of nine percent of all child care funds, including the Child Care Development Block Grant, to improve the quality and availability of safe child care for all families.

SOCIAL SERVICES BLOCK GRANT

The Social Services Block Grant provides flexible formula grants, based on each state's population relative to all other states, for the provision of social services. Services include adult protective services, special services to persons with disabilities, adoption services, case management, health-related services, transportation support, foster care, substance abuse services, home-delivered meals, independent and transitional living, and employment-related services. The Social Services Block Grant is permanently authorized at $1.7 billion per year.

This account also includes the Health Profession Opportunity Grants program. These demonstration programs provide TANF recipients and other low-income individuals with education and training for occupations in the health care field. The Administration would like to work with Congress on a potential extension of this program.

Administration for Children and Families: Mandatory

FY 2022 ACF Mandatory Outlays

The following tables are in millions of dollars.

Current Law Outlays	2020 /1	2021 /2	2022 /2	2022 +/- 2021
Child Care for American Families	--	--	--	--
Universal Preschool	--	--	--	--
Foster Care and Permanency	8,396	9,764	10,241	+477
Promoting Safe and Stable Families (mandatory only) /3	462	696	552	-144
Child Support Enforcement and Family Support	4,424	4,390	4,157	-233
Children's Research and Technical Assistance	43	29	32	+3
Temporary Assistance for Needy Families	16,554	16,570	16,570	--
Temporary Assistance for Needy Families Contingency Fund	628	608	608	--
Child Care Entitlement to States	2,983	3,187	3,447	+260
Social Services Block Grant	1,727	1,583	1,640	+57
Total, Current Law Outlays	**35,217**	**36,827**	**37,247**	**+420**

Proposed Law Outlays	2020 /1	2021 /2	2022 /2	2022 +/- 2021
Child Care for American Families	--	--	9,220	9,220
Universal Preschool	--	--	1,306	1,306
Total, Proposed Law Outlays	**--**	**--**	**10,526**	**10,526**

1/ The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $440 million in COVID-19 supplemental resources.
2/ The FY 2021 and FY 2022 columns reflect enacted levels, including required transfers, but does not include $1.47 billion in COVID-19 supplemental resources
3/ FY 2020 includes a one-time FY 2020 appropriation of $500 million for Family First Prevention Services Act implementation, to be used in FY 2020 and FY 2021.
Note: Totals may not add due to rounding.

FY 2022 ACF Mandatory Budget Proposals, Outlays

The following tables are in millions of dollars.

Child Care for American Families	2022	2022-2026	2022-2031
Create a New Child Care Entitlement	6,720	58,390	224,960
Invest in Child Care Infrastructure	2,500	21,250	25,000
Subtotal, Child Care for American Families	**9,220**	**79,640**	**249,960**

Universal Preschool	2022	2022-2026	2022-2031
Universal Prekindergarten (non-add)	302	29,606	139,158
Head Start Pay (non-add)	1,004	11,432	25,684
Subtotal, Access to High-Quality, Early Learning	**1,306**	**41,038**	**164,842**

Total ACF Proposals Outlays	2022	2022-2026	2022-2031
Total Outlays, ACF Mandatory Legislative Proposals	**10,526**	**120,698**	**414,802**

Administration for Community Living

Health and Independence of Older Adults	2020[1]	2021[2]	2022	2022 +/- 2021
Home- and Community-Based Supportive Services	390	393	551	+158
Nutrition Programs	937	951	1,341	+390
Native American Nutrition and Supportive Services	35	35	70	+35
Preventive Health Services	25	25	26	+1
Chronic Disease Self-Management Education and Falls Prevention	13	13	13	--
Aging Network Support Activities	12	16	19	+3
Subtotal, Health and Independence[3]	**1,412**	**1,434**	**2,021**	**+587**

Caregiver Support	2020[1]	2021[2]	2022	2022 +/- 2021
Family Caregiver Support Services	186	189	250	+61
Native American Caregiver Support Services	10	11	16	+5
Alzheimer's Disease Program	27	27	30	+3
Lifespan Respite Care	6	7	14	+7
Subtotal, Caregiver Services[3]	**229**	**234**	**310**	**+76**

Protection of Vulnerable Older Adults	2020[1]	2021[2]	2022	2022 +/- 2021
Long-Term Care Ombudsman Program	18	19	30	+11
Prevention of Elder Abuse and Neglect	5	5	5	--
Senior Medicare Patrol Program (SMP)	18	20	20	--
SMP/Health Care Fraud and Abuse Control Wedge /4	--	2	--	-2
Elder Rights Support Activities	16	18	19	+1
Subtotal, Protection of Vulnerable Older Adults[3]	**57**	**64**	**74**	**+10**

Disability Programs, Research, and Services	2020[1]	2021[2]	2022	2022 +/- 2021
Developmental Disabilities Programs	173	175	196	+21
National Institute on Disability, Indep. Living, and Rehab Research	112	113	119	+6
Independent Living Programs	116	116	148	+32
Traumatic Brain Injury Program	11	11	12	+1
Limb Loss Resource Center	4	4	4	--
Paralysis Resource Center	10	10	10	--
Subtotal, Disability Programs, Research and Services[3]	**426**	**429**	**489**	**+59**

Consumer Information, Access, and Outreach	2020[1]	2021[2]	2022	2022 +/- 2021
Voting Access for People With Disabilities	7	8	10	+2
Assistive Technology Program	37	37	44	+7
Aging and Disability Resource Centers	8	8	23	+15
State Health Insurance Assistance Program	52	52	55	+3
Medicare Improvements for Patients and Providers Act Programs	38	50	50	--
Subtotal, Consumer Information, Access, and Outreach[3]	**142**	**155**	**182**	**27**

[1] The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $1.2 billion in COVID-19 supplemental resources.

[2] The FY 2021 column reflects enacted levels, including required transfers, but does not include $1.9 billion in COVID-19 supplemental resources.

[3] Totals may not add due to rounding.

[4] The FY 2020 appropriation states that SMP/HCFAC can be paid for with discretionary CMS HCFAC appropriations and/or HCFAC Wedge funds, the amount based on the Secretary of HHS's determination but no less than the $20 million floor provided in appropriations language. The FY 2022 amount is a placeholder for the Secretary's final decision.

Other Programs, Total and Less Funds From Other Sources	2020[1]	2021[2]	2022	2022 +/- 2021
ACL Program Administration	41	41	47	+6
Total, Program Level	**2,307**	**2,358**	**3,124**	**+766**
Less Funds from Other Sources	-83	-100	-115	-17
Total, Budget Authority	**2,224**	**2,258**	**3,009**	**+751**
Full-Time Equivalents	170	188	212	+24

The Administration for Community Living maximizes the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers.

The Administration for Community Living (ACL) was created around the fundamental principle that older adults and people of all ages with disabilities should be able to live where they choose, with the people they choose, and with the ability to participate fully in their communities. By funding services and supports provided primarily by networks of community-based organizations, advocating to ensure the interests of people with disabilities and older adults are considered in federal programs and policy, and with investments in research, education, and innovation, ACL helps make this principle a reality for millions of Americans.

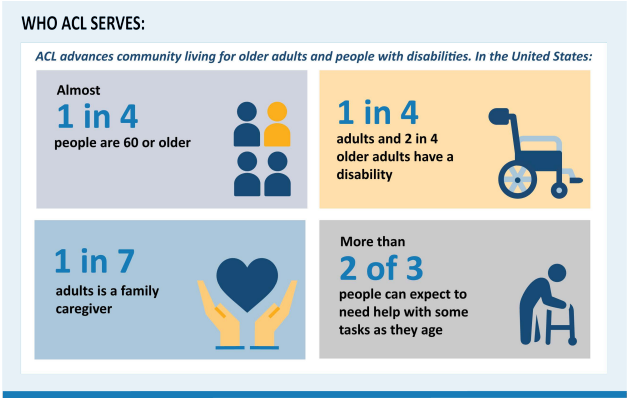
ACL's programs work together to encourage and support health, independence, resilience, and self-sufficiency throughout the lifespan and play a critical role in reducing costs of health care. ACL works closely with states, tribes, the aging and disability networks, and—most importantly—with older adults and people with disabilities, to ensure that ACL's programs tailor to the unique needs of the people they serve.

The Fiscal Year (FY) 2022 President's Budget requests a program level of $3.1 billion, an increase of $768 million above FY 2021, primarily for programs that provide the critical direct services that people need to live in the community. The budget recognizes the significantly increased demand for these core services because of the COVID-19 pandemic which may persist long after the pandemic has ended. It also includes investments directly tied to the pandemic response, such as ongoing vaccination efforts. It reflects ACL's commitment to expanding and improving support to caregivers and to advancing equity in all that the agency does, with a focus on people with disabilities and older adults who also are marginalized due to race, ethnicity, sexual orientation, gender identity, poverty, language spoken, or other factors. Finally, it funds staff to meet the needs of ACL's growing leadership role on aging and disability policy.

With the appropriate services and supports, people who are aging or have disabilities can live in their own homes or in other preferred community settings — which leads to better health outcomes and is cost-effective. Communities are stronger when everyone is included, valued, and able to contribute. ACL remains committed to making community living an option for every American, and this budget aligns with that commitment.

ADVANCING HEALTH, SAFETY, INDEPENDENCE, AND INCLUSION FOR OLDER AMERICANS

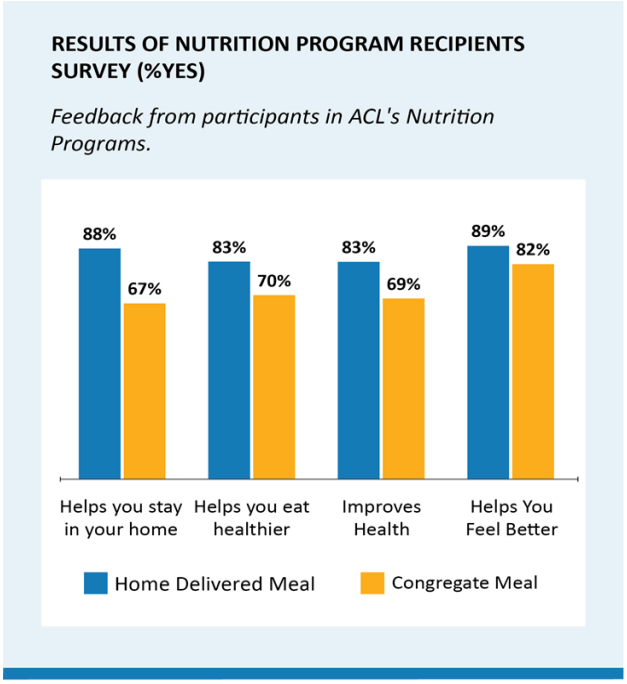
In the coming decade, the nation's older population is projected to double in size; by the year 2030, all baby boomers will be older than 65, and that number will continue to grow slowly. As a result, the number of Americans age 65 or older in the United States will represent a quarter of the population, increasing from 49 million in 2016 to 95 million people by 2060. This growth will increase the need for the programs ACL provides.



These services embody ACL's commitment to advancing equity, as most programs are targeted to those in greatest social and economic need, with particular attention to people who: have low incomes, are racial or ethnic minorities, are LGBTQ, live in rural areas, have limited English proficiency, and/or are at risk of institutionalization.

Nutrition Services Programs

ACL's Congregate and Home-Delivered Nutrition Services programs intend to reduce hunger, food insecurity, and malnutrition of older adults, while also promoting socialization and overall health and well-being. In addition to healthy meals, the programs provide a range of services including nutrition screening, assessment, education, and counseling. These services provide an important link to ACL's programs that help older adults remain healthy and active. The budget provides $1.3 billion for Senior Nutrition programs, an increase of $390 million, to support ACL's partnership with state and local agencies. This increase will provide an estimated 300 million meals, an increase of nearly 80 million meals, through home delivery and in congregate settings such as senior centers.



Home and Community-Based Supports

The budget includes $621 million for Home and Community-Based Supportive Services and Native American Nutrition and Supportive Services, an increase of $193 million, to help older Americans, including American Indian, Alaska Native, and Native Hawaiian elders, live independently and with dignity. These programs provide transportation assistance and case management, connection to services, and help with personal care and chores. The budget, in combination with state and local funding, continues to support over 17 million rides to doctor's offices, 13 million hours of adult day care, and 53 million hours of assistance to people who need help with things like dressing and bathing. The budget also supports an additional 10 million meals to about 90,000 Native American elders.

Ongoing improvement and innovation are critical to program effectiveness and sustainability. The budget includes a proposal that grants ACL authority to use up to one percent of funds appropriated for Home and Community-Based Supportive Services to fund demonstration grants to develop and evaluate new approaches to service delivery, following the successful model created in the Senior Nutrition programs. ACL anticipates testing innovations in transportation, modernization of senior centers, inter-generational programming, and increasing access to technology.

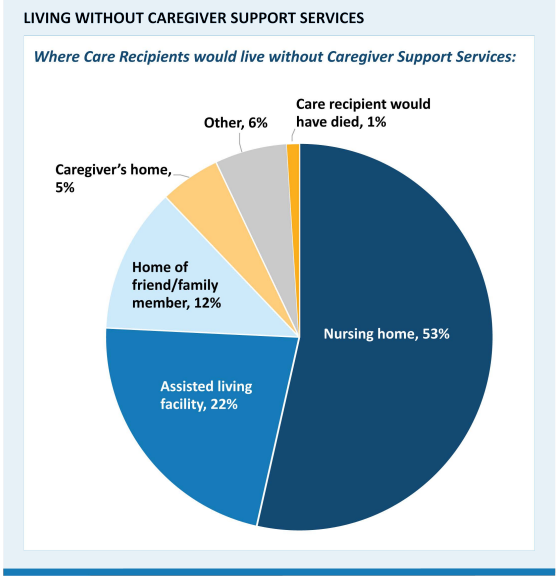
Protection of Vulnerable Older Adults

Elder abuse and neglect rob older adults of their sense of dignity and security and often their health and independence. About 1 in 10 Americans age 60 and older experience some form of abuse or neglect every year. Research also shows that reported cases are only 1 in 24. As the population of older Americans increases, the problem of elder abuse, neglect and exploitation continues to grow. To address this challenge, the budget provides $74 million to protect vulnerable older adults, which includes $30 million to support the presence of ombudsmen in long-term care facilities in all states; $20 million for the Senior Medicare Patrol program to prevent Medicare fraud across the country; and $24 million to support state Adult Protective Service and other elder rights and protection systems with a particular emphasis on addressing challenges created by the opioid crisis. These programs help states expand protection of people living both in the community and in long-term care settings, which is fundamental to achieving the goals of both the Older Americans Act and the Elder Justice Act.

SUPPORTING CAREGIVERS

Families and other informal caregivers are the backbone of our nation's system of long-term care. About 43 million caregivers provide support to a loved one each year; the annual cost to replace this support with paid services is estimated to be between $470 billion and $522 billion annually. Caring for a family member can be rewarding, but it also can be physically, financially, and emotionally challenging. Those challenges affect both the caregiver and the person they support. For example, the demands of caregiving can cause a decline in the caregiver's health, which in turn increases the risk of institutionalization for their loved one.

In FY 2022, the budget provides $280 million to significantly increase funding for the National Family Caregiver and Native American Caregiver support programs, and to double funding for the Lifespan Respite Care program. These programs provide more than 1.3 million caregivers counseling, training, respite care, and other coordinated supports to allow them to support their loved ones while maintaining their own health and well-being.



The budget also allows ACL to continue to support the advisory councils established by the Recognize, Assist, Include, Support, and Engage Family Caregivers Act and the Supporting Grandparents Raising Grandchildren Act. These councils are playing a vital role in federal efforts to develop effective models of family caregiving, strengthening support to family caregivers, and improving coordination across federal government programs.

Supporting Families Affected by Alzheimer's Disease

The nature of Alzheimer's disease—a slow loss of cognitive and physical function and independence—means that care for most people with Alzheimer's disease extends for several years. About 5.3 million individuals are living with Alzheimer's disease and related dementias in the United States, and this number is projected to grow by about 300 percent by 2050. The budget includes $30 million for ACL's Alzheimer's Disease Program to fund development of effective and coordinated service delivery and health care systems that are responsive to the needs of these individuals and their caregivers—and which will be crucial to the nation's ability to meet the needs of this growing population.

ADVANCING INCLUSION AND INTEGRATION FOR PEOPLE OF ALL AGES WITH DISABILITIES

ACL is committed to upholding the rights guaranteed in the Americans with Disabilities Act and reinforced through the U.S. Supreme Court's decision in *Olmstead v. L.C.* Community living should always be the expectation, and people of all ages, with and without

disabilities, should be able to live, grow, learn, work and create a better shared future, side by side. To achieve this goal, ACL invests in direct services, capacity-building, training and education, research and knowledge generation, and systems change initiatives. People with disabilities help with the planning and design of these programs.

Independent Living

ACL's Independent Living programs are rooted in upholding the rights of people with disabilities to have the same opportunities as people without disabilities to choose for themselves where to live, earn a living, lead the lives they want to live, and make decisions about their lives. Run by people with disabilities, Centers for Independent Living provide tools, resources, and supports, such as skills training, assistance with transitioning from institutions to the community, peer counseling, assistance with job searches, and much more to over 236,000 individuals living with a significant disability.

The Independent Living Services program works to expand and improve independent living services in each state and territory. Statewide Independent Living Councils and the Centers for Independent Living within the state develop a three-year State Plan for Independent Living for improving these services.

During the COVID-19 pandemic, people with disabilities have been disproportionately impacted, and the need for Centers for Independent Living services—particularly assistance with transition back to the community—has increased and is expected to remain elevated. The budget provides $148 million, an increase of $32 million, to support operation of 284 Centers for Independent Living that cover 352 service areas and 56 State Councils for Independent Living.

In addition, the budget includes up to $8 million within the Centers for Independent Living funding to develop, evaluate, and test evidence-based models for supporting people with disabilities in securing and sustaining competitive, integrated employment. These efforts will help to address health disparities directly attributed to low employment rates for people with disabilities, which have been exacerbated by the pandemic.

Supporting Individuals with Limb Loss, Paralysis, and Traumatic Brain Injury

An estimated two million people live with limb loss or limb difference in the United States, and an estimated 185,000 amputations are performed in the country every year. In addition, 1 in 50 people in the United States live with paralysis—approximately 5.4 million people. The budget provides $4 million for the Limb Loss Resource Center and $10 million for the Paralysis Resource Center to provide information, referral, education, outreach, and training services to individuals living with limb loss and paralysis.

Additionally, the budget provides $12 million for the Traumatic Brain Injury program, which develops comprehensive, coordinated family and person-centered service systems at the state and community level for these individuals and support for Protection and Advocacy services for this community. In 2014, there were approximately 2.5 million Traumatic Brain Injury-related emergency department visits in the United States, including over 812,000 among children.

These injuries often result in long-term disabilities and an increased need for care for the individual. These individuals and their caregivers often need to access services that are fragmented across state systems of care. This funding helps states address this challenge and enhance service delivery across the lifespan.

Developmental Disabilities Programs

The budget invests $196 million in programs, research, and services that promote opportunities for people with developmental disabilities to exercise self-determination and to be independent and included in the community. This includes $89 million for State Councils on Developmental Disabilities, $47 million for the Developmental Disabilities Protection and Advocacy programs, $47 million for University Centers for Excellence in Developmental Disabilities, and $13 million for Projects of National Significance. Collectively, these programs provide vital services to individuals with intellectual and developmental disabilities and their families, such as legal protection, systems advocacy, community education, support to families, research, and information dissemination. In addition, the budget will allow the Projects of National Significance program to fund an evaluation of the Developmental Disabilities Assistance Bill of Rights Act programs to determine the quality, nature, and extent of their outreach to unserved and underserved populations.

Investments in Disability Research

The budget provides $119 million for the National Institute on Disability, Independent Living, and Rehabilitation Research to invest in comprehensive and coordinated programs of research and related activities to maximize the full inclusion, integration, employment, and independence of individuals with disabilities. It will allow the program to increase the number of grants made through its field-initiated grant competitions and to address emerging research gaps in disability, independent living, and rehabilitation research. It also will fund three new Rehabilitation Research and Training Centers focused on equity, one in each of three outcome domains: community living and participation, employment, and health and function. Each of these centers will conduct research to support the development and testing of practices, policies, services, or supports to address the disparate outcomes experienced by people with disabilities from populations that have been historically underserved or marginalized.

CONSUMER INFORMATION, ACCESS, AND OUTREACH

ACL's consumer information, access, and outreach programs provide older adults and people with disabilities with the information they need to make informed decisions and access appropriate supportive services.

Aging and Disability Resource Centers

Aging and Disability Resource Centers support state efforts to create streamlined access to services that older Americans and people with disabilities need to live in the community. They deliver one-on-one, person-centered counseling to help people who are seeking long-term services and supports make informed decisions based on accurate and complete information. These services help to divert people from more costly institutional care and have played a key role in states' efforts to transform their long-term care systems. The budget provides $23 million, an increase of $15 million, which will allow the program to begin to scale nationwide.

Voting Access for People with Disabilities

The budget provides $10 million to assist Protection and Advocacy systems in each state and territory to ensure full and equal participation in the electoral process for individuals with disabilities, including registering to vote, accessing polling places, and casting votes.

State Health Insurance Assistance Programs

The budget provides $55 million for the State Health Insurance Assistance Program, which helps Medicare beneficiaries to fully understand the increasingly complex Medicare choices available to them so they can make informed enrollment decisions. Most clients use these counselors every year because of the complexity of their situations, including prescription needs, and the counseling can help to save them thousands of dollars per year. In 2017, an estimated 3,500,000 Medicare beneficiaries used these services. In addition to the 1,750,000 hours of direct one-on-one services, this program reached an additional 3,000,000 people in public events explaining Medicare and its benefits. The request would allow program grantees to expand capacity, while also incorporating modern technologies adopted during the COVID-19 epidemic into program business processes.

Assistive Technology

The FY 2022 request includes $44 million for programs that improve the ability of individuals with disabilities and their families to obtain Assistive Technology devices and services and legal advocacy to ensure access to Assistive Technology. These include programs that allow Individuals to borrow a device for a limited time to determine if it meets their needs. Loss of crucial community-based services and increased social isolation due to physical distancing measures significantly increased the need for Assistive Technology options; those needs will continue well into recovery.

FEDERAL ACCOUNTABILITY

Program Administration

The budget includes $47 million for program management and support activities. This funding supports the vital expansion of information technology services and addresses ACL's critical need for increased staff to fulfill its leadership responsibilities on aging and disability issues. This includes work to strengthen the caregiving infrastructure, as well as interagency work on expanding community living and home and community-based services for individuals with disabilities and older adults; advancing racial equity and support for underserved communities; ensuring equitable pandemic response and recovery; and improving and expanding access to care and treatment of COVID-19.

Office of the Secretary, General Departmental Management

The following table is in millions of dollars.

General Departmental Management	2020	2021	2022	2022 +/- 2021
Discretionary Budget Authority	480	486	577	+91
Public Health Service Evaluation Funds	65	65	85	+20
Total, Discretionary Program Level	**545**	**551**	**661**	**+110**
Full-Time Equivalents	912	982	1,104	+122

1/ This table does not include funding of Full-Time Equivalents for the Pregnancy Assistance Fund, allocation for Health Care Fraud and Abuse Control Program, or funding for the Physician-Focused Payment Model Technical Advisory Committee created by the Medicare Access and CHIP Reauthorization Act of 2015.

General Departmental Management supports the Secretary's role as chief policy officer and general manager of the Department.

LEADING THE NATION'S PUBLIC HEALTH ENTERPRISE

The U.S. Department of Health and Human Services (HHS) Secretary administers and oversees the largest cabinet department in terms of budget, directing an annual budget of over $2.4 trillion that accounts for almost one out of every four federal dollars, and administers more grant dollars than all other federal agencies combined. The Secretary oversees HHS programs, policies, and operations to ensure effective stewardship of Department resources to enhance and protect the health and well-being of every American. The HHS Office of the Secretary's administrative budget is less than 0.04 percent of the total $1.6 trillion HHS budget, and funds leadership, policy, legal, and administrative functions that help to support 11 staff divisions and provide management oversight for the Department as a whole.

The Fiscal Year (FY) 2022 President's Budget requests a program level of $661 million for General Departmental Management, a $110 million increase above FY 2021 enacted. The budget ensures health policy coordination and program integrity oversight across the Department, invests in administrative and operational resources to bolster operations, and supports Administration priorities such as implementation of President Biden's Executive Orders on Health and Racial Equity, Climate Change, among others.

PUBLIC HEALTH POLICY COORDINATION

The Office of the Assistant Secretary for Health (OASH), which makes up almost half of the General Departmental Management budget, serves as the senior advisor to the Secretary for public health, science, and medicine, and coordinates public health policy and programs across the HHS Operating and Staff Divisions. Additionally, the Assistant Secretary for Health (ASH) oversees the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps (Corps) and its newly established Ready Reserve.

OASH oversees 11 core program offices, including the Office of Minority Health (OMH) and the Office on Women's Health (OWH), that lead policy coordination across the Department, the government, and with nongovernmental partners. This coordination enables the Department to address a diverse range of public health challenges, including combatting the nation's opioid epidemic and ending the HIV epidemic in America. OASH focuses on supplying information and tools that empower individuals, communities, and health systems to emphasize health promotion and disease prevention.

TEEN PREGNANCY PREVENTION

The budget includes $101 million to support community efforts to reduce teen pregnancy. The program, implemented by the Office of Population Affairs, OASH, supports grants to replicate programs that have been proven effective through rigorous

evaluation to reduce teenage pregnancy; behavioral risk factors underlying teenage pregnancy, or other associated risk factors; and to support demonstration projects to develop, refine, and test additional models and innovative strategies to prevent teenage pregnancy. In addition, the budget includes $35 million for Sexual Risk Avoidance programs, and $1 million for Embryo Adoption Awareness.

MINORITY HIV/AIDS FUND

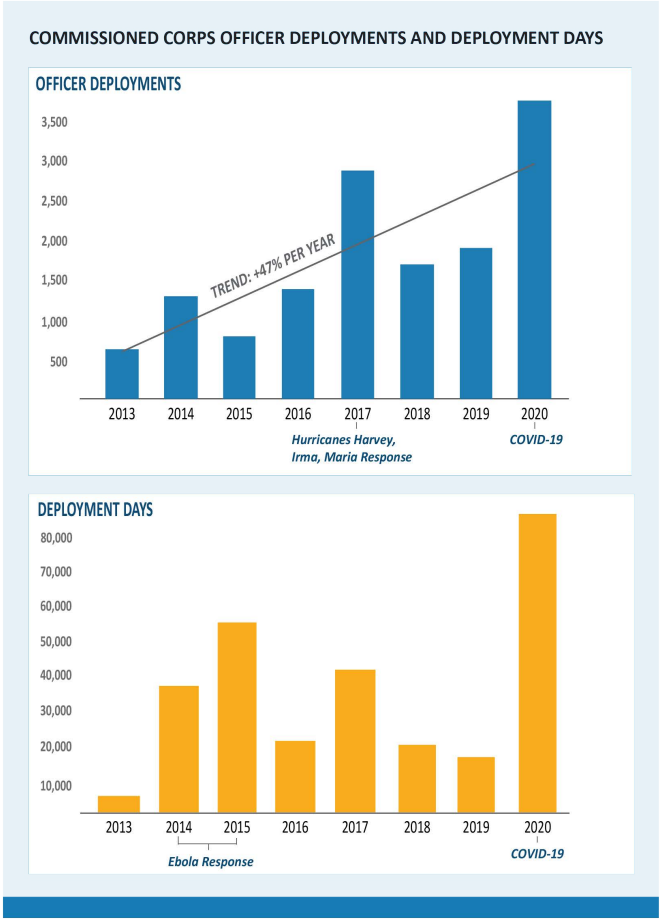
The budget includes $56 million for the Minority HIV/AIDS Fund (MHAF) to reduce new HIV infections, improve HIV-related health outcomes, and reduce HIV-related health disparities for racial and ethnic minority communities by supporting innovation, collaboration, and integration of best practices, effective strategies, and promising emerging models. The budget continues to support the management, oversight, and coordination of the *Ending the HIV Epidemic in the U.S.* (EHE) initiative with a focus on capacity building, technical assistance, and training support to assist geographic areas in navigating the EHE opportunity with the essential tools and resources necessary to be successful. Included in the budget is also continued support for the *Ready, Set, PrEP* program, a nationwide program to provide free pre-exposure prophylaxis (PrEP) medications to people who do not have insurance that covers prescription drugs.

OFFICE OF MINORITY HEALTH

The budget includes $62 million for OMH. OMH leads, coordinates, and collaborates on minority health activities across the Department, including leadership in coordinating policies, programs, and resources to reduce health care disparities and advance health equity in America. Specific activities include support of the Center for Linguistic and Cultural Competency in Health Care to implement the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) and support of information dissemination and education efforts, including the OMH Resource Center, to provide information resources with the goal of increasing awareness of strategies to address health disparities.

OFFICE ON WOMEN'S HEALTH

The budget includes $35 million for the OWH and funds prevention initiatives, such as maternal health initiatives to include addressing health disparities for women and health communication activities. OWH continues to support the advancement of women's health programs with other government organizations and consumer and health professional groups, with a special emphasis on maternal health.



OFFICE OF SURGEON GENERAL AND U.S. PUBLIC HEALTH SERVICE COMMISSIONED CORPS

As the nation's doctor, the Surgeon General provides Americans with the best scientific information available on how to improve their health and reduce the risk of illness and injury. The Surgeon General manages the daily operations of the U.S. Public Health Service Commissioned Corps ("Corps"), which consists of approximately 6,400 uniformed public health professionals who underpin the nation's response network for public health emergencies. Corps officers, including physicians, nurses, dentists, pharmacists, social workers, and engineers have supported the U.S. government's response to natural disasters and other public health emergencies.

Corps deployments increased an average of 47 percent annually over the past seven years. Between 2013 and 2020 Corps officers deployed 9,629 times contributing 197,561 deployment days for 154 different missions. Deployments include critical support to West Africa for the 2014-2015 Ebola response; public health support for displaced families during hurricanes Harvey, Irma, and Maria in 2017; and medical screenings and primary care for migrant children and families at the southwestern border in 2018-2021. The COVID-19 pandemic has seen the highest historic deployment of officers to-date, with over 4,400 officers deploying, in many instances multiple times, in support of COVID-19.

As part of reforming and improving the Corps, the ASH established the Ready Reserve Corps to provide surge capacity for deployments in public health emergencies, and backfill critical positions left vacant during regular Corps deployments, fulfilling the urgent need to have additional Corps personnel available on short notice to respond to routine public health and emergency response missions.

The budget includes new funding of $27 million in the Public Health and Social Services Emergency Fund to maintain and continue to operationalize COVID-19-related investments in the U.S. Public Health Service Commissioned Corps Ready Reserve, Public Health Emergency Response Team, and Commissioned Corps readiness and training activities. Funding will ensure sufficient resources to maintain these programs, stood up and initialized with the CARES Act. See the Public Health and Social Services Emergency Fund chapter for more details.

PROGRAM INTEGRITY OVERSIGHT AND OTHER GENERAL DEPARTMENTAL MANAGEMENT

The budget includes $40 million in new funding to allow the Office of the Secretary to ensure implementation of over 30 new Executive Orders, including those on Health and Racial Equity.

The budget includes $5 million for the Kidney Innovation Accelerator to catalyze innovation in the prevention, diagnosis, and treatment of kidney disease; $8 million to stand-up a Department-wide Electric Vehicle Fleet program; $6 million to create a Grants Quality Management Service Office, a government-wide storefront offering multiple solutions for technology and services in the Grants functional area; and $6 million in evaluation funding to create the Office of Climate Change and Health Equity and respond to President Biden's Executive Order on Health Equity.

The budget includes $306 million to support each of the 11 Staff Divisions and the remainder of activities supported by General Departmental Management in the Office of the Secretary; investments in administrative and operational resources to ensure program integrity oversight; modernizing IT systems and increasing capacity of understaffed offices unable to meet the basic functions and legislative requirements due to years of reduced or level funding.

Since FY 2012, HHS's leadership structure has managed with fewer resources and staff, but growing responsibilities and vulnerabilities. The budget ensures that going forward program integrity and leadership oversight are at the forefront of HHS's mission delivery

Office of the Secretary, Medicare Hearings and Appeals

Office of Medicare Hearings and Appeals	2020	2021	2022	2022 +/- 2021
Medicare Appeals Adjudication	172	172	172	--
Full-Time Equivalents	1,165	1,143	1,135	-8

Departmental Appeals Board – Medicare	2020	2021	2022	2022 +/- 2021
Medicare Appeals Adjudication	20	20	24	+4
Full-Time Equivalents	67	102	132	+30

Budget Total	2020	2021	2022	2022 +/- 2021
Total, Medicare Hearings and Appeal Program Level	**192**	**192**	**196**	**+4**

1/ FY 2020, 2021, and 2022 funding levels for OMHA and DAB represent allocations from the overall appropriation and are subject to change based on actual incoming appeal receipt levels and statuses of appeal backlogs at each level.
2/ Reflects appropriated funding levels and does not include any transfers or carryforward balances.

The Office of Medicare Hearings and Appeals provides beneficiaries, providers, and suppliers an opportunity for a hearing on disputed Medicare claims. The Departmental Appeals Board for Medicare provides final administrative review of claims for Medicare entitlement, payment, and coverage at HHS.

Medicare Hearings and Appeals is an account created by Congress in FY 2020 to consolidate the costs of the adjudicative expenses associated with appeals of Medicare claims brought by beneficiaries and health care providers. The appeals process is overseen by administrative law and appeals judges at the Office of Medicare Hearings and Appeals (OMHA) and the Departmental Appeals Board (DAB), respectively.

Beginning in FY 2011, an aging population and unintended consequences from HHS's Medicare program integrity efforts led to a significant increase in Medicare claims denials. This increase resulted in more appeals than OMHA and DAB could process within the 90-day case adjudication time frame required by law. Despite best efforts, this resulted in a backlog of appeals pending adjudication at both OMHA and DAB.

THE APPEALS BACKLOG

While the Medicare appeals backlog remains significant, the Department has taken a number of administrative actions to reduce the pending appeals workload, including alternative dispute resolution and multiple settlement actions. OMHA reduced the backlog of cases by 85 percent to approximately 131,961 appeals (from a high of nearly 900,000 in FY 2015). DAB continues to build capacity as their caseload has remained over 18,000 since the end of FY 2020. DAB's caseload still represents a reduction in the backlog from a high of nearly 31,000 in FY 2017.

OFFICE OF MEDICARE HEARINGS AND APPEALS

OMHA administers the nationwide hearing process for appeals arising from Medicare coverage and payment claims for items and services furnished to beneficiaries.

The FY 2022 President's Budget requests $172 million for OMHA, the same as the FY 2021 operating level, which is subject to change. The budget will allow OMHA to support the number of full-time equivalent (FTE) staff necessary to manage the anticipated workload.

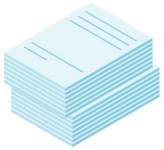
DEPARTMENTAL APPEALS BOARD

The DAB Medicare Appeals Council provides a final administrative review of claims for entitlement to Medicare, individual claims for Medicare coverage, and claims for payment filed by beneficiaries or health care providers and suppliers at HHS.

The FY 2022 President's Budget requests $24 million for DAB, $4 million above the projected FY 2021 operating level, which is subject to change. DAB's Medicare appeals adjudication costs have been funded out of the same appropriation as OMHA since FY 2020. The budget will allow DAB to continue to increase FTE to a level that supports reducing the balance of its pending appeals backlog.

WITH ADDITIONAL RESOURCES, DAB WILL:

Expand adjudicator capacity



Reduce backlog of pending appeals

Increase program enforcement and integrity

Office of the Secretary, Office of the National Coordinator for Health Information Technology

The following table is in millions of dollars.

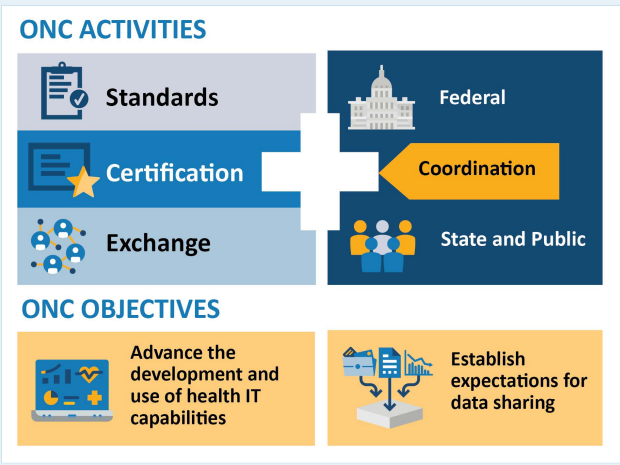
Office of the National Coordinator for Health Information Technology	2020 /2	2021 /3	2022	2022 +/- 2021
Total Discretionary Budget Authority	**60**	**62**	**0**	**-62**
Total PHS Evaluation Funds	--	--	87	+87
Total Program Level	**60**	**62**	**87**	**+25**
Full-Time Equivalents	157	177	177	--

1/ Totals may not add due to rounding.
2/ The FY 2020 column reflects final levels, including required and permissive transfers,
3/ The FY 2021 column reflects enacted levels, including required transfers.

The mission of the Office of the National Coordinator for Health Information Technology is to improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most.

The Office of the National Coordinator for Health Information Technology (ONC) leads health information technology (IT) efforts and is a resource to the entire health system to advance adoption of health IT and promote nationwide health information exchange to improve health care all around.

The Fiscal Year (FY) 2022 Budget requests $87 million for ONC, an increase of $25 million in program level. These resources will be entirely available through the Public Health Services Act Evaluation set-aside. The budget prioritizes funding to advance standards development; promote the interoperability and usability of electronic health information and electronic health records; and support the staff and operational costs that advance the agency's mission.



POLICY DEVELOPMENT AND COORDINATION

While ONC is a very small part of federal spending on health care, ONC encourages innovation and competition, transparency, and embracing person-centered care that values the whole individual, including their goals, culture, and privacy. ONC strives to ensure patient empowerment is a priority in the U.S. health care system and continues to work with federal partners, and other key stakeholders, to ensure patients are able to gain better access to information about their care.

As part of the agency's principles, ONC develops health IT policies through open, transparent, and accountable processes and leverages the expertise of the private sector to provide technology and services to execute on these policies, as appropriate.

For the past decade, national leaders have pursued an agenda that promotes innovation in health care built on widespread, interoperable health information. ONC continues to play a transformative role in moving towards the transparency in health care through the agency's health IT coordination.

Promoting Trusted Exchange of Health Information

ONC developed the Trusted Exchange Framework and Common Agreement (the Common Agreement) to establish a set of shared principles, terms, and conditions to facilitate trust between health information networks. The FY 2022 budget provides an increase of $13 million for ONC to build the future health care data infrastructure needed to better

respond to and prepare for public health emergencies, including the COVID-19 pandemic. ONC's progress on the Common Agreement will provide a pathway to nationwide connectivity and advance technology so that information can securely follow patients where and when they need it.

The budget will allow ONC to increase health care data connectivity and data services between health information networks, health information exchanges, public health agencies, and health care systems which will continue to align with the Common Agreement. ONC's work will increase opportunity for health information networks, including smaller networks with fewer resources or less capacity, to increase interoperability. As ONC continues to improve nationwide exchange, the additional funds in this area will allow the agency to continue developing standards that can be applied across the nation.

Health IT Advisory Committee

ONC oversees the federal Health IT Advisory Committee, which was first established in 2018 as required by the 21st Century Cures Act. This committee represents a broad and balanced spectrum of the health care system and provides recommendations to ONC on a variety of topics. The advisory committee has completed a policy framework, published annual reports, provided recommendations on the draft Trust Exchange Framework and Common Agreement and the United States Core Data for Interoperability, among other topics, and developed a new task force on Intersection of Clinical and Administrative Data.

The role of the Committee is to recommend policies, standards, implementation specifications, and certification criteria to the National Coordinator for Health Information Technology and focuses on three priority target areas as defined in the 21st Century Cures Act which include interoperability; privacy and security; and patient access.

STANDARDS, INTEROPERABILITY AND CERTIFICATION

ONC leads standards and interoperability work to advance the technical infrastructure necessary to support price transparency and implement strategies to make health information more readily available to patients. ONC's responsibilities have increased significantly since its establishment. Over the years, ONC has received congressional direction to address new and increasingly complex health IT issues, including advancing the Health IT Certification Program by maintaining a suite of certification criteria, which includes automated test procedures and certification companion guides that are used to standardize information. The budget provides $10 million to support building the future health care data infrastructure needed to better respond to and prepare for public health emergencies, including the COVID-19 pandemic.

Advancing Standards and Interoperability

ONC is uniquely situated to coordinate activities among different health care standards development organizations. This work supports ONC's effort to merge administrative and clinical data streams to enable access to real-time financial data at the point of care. ONC will continue to play a key role as a leader and convener of the health IT community to identify best practices and common approaches to implement secure, interoperable health IT systems.

ONC provides technical leadership and coordination within the health IT community to identify, evaluate, and influence the development of standards, implementation guidance, and best practices for standardizing and exchanging electronic health information. As a part of their work, ONC continues to coordinate with federal agencies and other public and private partners to implement and advance interoperability nationwide, while also leading the

development of electronic testing tools, resources, and data to achieve interoperability, enhanced usability, and aid in the optimization of health IT. The FY 2022 budget will increase the health care data connectivity and services, which will also revolutionize the less advanced health information networks and exchanges.

STANDARDS ADVISORY HIGHLIGHT:

ONC coordinated standards awareness and use through the publication and maintenance of the **Interoperability Standards Advisory**, a resource listing health information standards, models, and profiles. Public adoption of the Fast Healthcare Interoperability Resources standards work has been rapid, for example Apple's "Health App" allows iPhone using patients to access their own health information from dozens of health care organizations based on Fast Healthcare Interoperability Resources.

AGENCY WIDE SUPPORT

The budget includes funding to provide executive, clinical, and scientific leadership to coordinate outreach between ONC and key federal stakeholders, allowing ONC to multiply and maximize their impact. This funding also maintains https://HealthIT.gov to promote federal health IT policy and ensures effective operations and management through an integrated operations function. The increased funding will allow ONC to support the staff and operational activities needed to keep pace with its growing responsibilities.

Office of the Secretary, Office for Civil Rights

	dollars in millions			2022 +/- 2021
	2020	2021	2022	
Office for Civil Rights				
Discretionary Budget Authority	39	39	48	+9
Civil Monetary Settlement Funds	12	27	19	-8
Total, Program Level	**51**	**66**	**67**	**+1**
Full-Time Equivalents /1	142	190	229	+39

1/ Includes Full-Time Equivalents supported at the Program Level.

The Office for Civil Rights is the U.S. Department of Health and Human Services' primary enforcement and regulatory agency of civil rights and health information privacy and security.

The U.S. Department of Health and Human Services (HHS), Office for Civil Rights (OCR) ensures:

- Individuals receiving services from HHS-conducted or HHS-funded programs are not subject to discrimination; and
- People can trust the privacy, security, and availability of their health information.

The Fiscal Year (FY) 2022 President's Budget requests $48 million for OCR. OCR will use $19 million in civil monetary settlement funds to support Health Insurance Portability and Accountability Act (HIPAA) enforcement activities. The budget supports OCR's role to protect access to and delivery of HHS services free from discrimination and secure patient privacy.

Advancing equity is an Administration priority and at the core of the Department's mission to promote the health and well-being of all Americans. Vigorous enforcement of civil rights laws is central to the goal of achieving equity. The laws guarantee non-discrimination, equal access, and equal treatment to all who seek HHS services and programs.

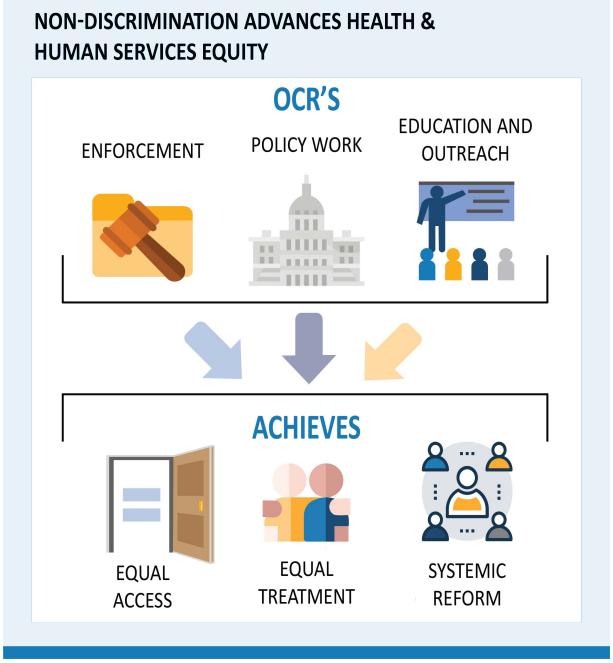
To carry out its functions, OCR investigates complaints, enforces the law, develops policy, promulgates regulations, and provides technical assistance and public education, to ensure understanding of, and compliance with, non-discrimination and privacy laws. OCR works to help promote positive change throughout the nation's social service and health care systems to advance equity and accountability.

CIVIL RIGHTS ENFORCEMENT AND PROTECTION FROM DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, DISABILITY, SEX, AGE, AND RELIGION

The FY 2022 funding request will empower OCR to bolster its enforcement; policy; and education and outreach, in all non-discrimination areas that include race, color, national origin, disability, sex, age, and religion. The investment will advance equity and non-discriminatory protections across America. Further, OCR will continue to enforce conscience protections for health care providers as part of its civil rights activities. In continuing this work, OCR will work to ensure that all individuals have access to programs and services.

To advance the Administration's priorities, OCR's budget includes a $9 million increase to carry out its civil rights and equity initiatives. The investment in additional staff and resources allows OCR to increase the number of subject matter experts and regional investigators to: (1) issue guidance, provide technical assistance, and conduct outreach to ensure compliance with civil rights laws; and (2) enable more robust enforcement to protect individuals' rights and facilitate systemic reform.

Additional funding allows OCR to evaluate and further assess the impact of HHS policies and regulatory role in health equity barriers for underserved populations.



Civil Rights Pandemic Response

Throughout the COVID-19 pandemic, OCR has established that civil rights laws remain in effect. OCR has issued multiple guidance documents on a variety of civil rights topics, including ensuring access to vaccines, and worked with states and health care providers to ensure compliance. OCR continues its work to ensure the HHS response to the COVID-19 pandemic and other public health emergencies includes awareness and enforcement of civil rights protections. Its work helps states and providers enhance access to underserved populations, including people with disabilities, and focuses on individualized assessments to ensure no one is denied care as a result of discrimination, bias, or stereotyping.

HEALTH INFORMATION PRIVACY AND SECURITY

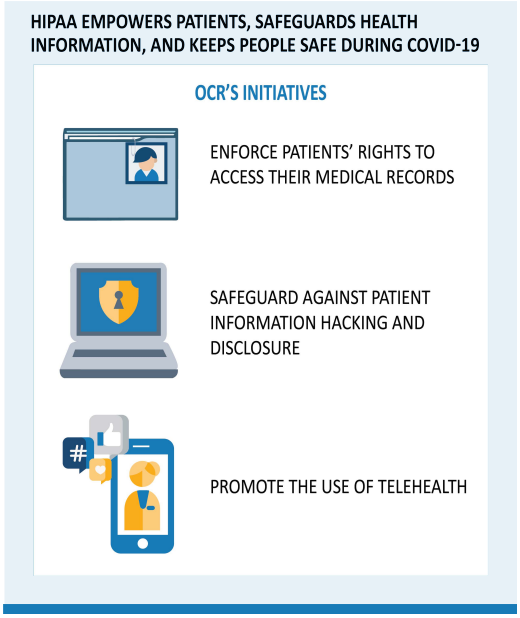
OCR administers and enforces the HIPAA Privacy, Security, and Breach Notification Rules (HIPAA Rules). In this role, OCR ensures covered entities understand and comply with the HIPAA Rules, increase patients' awareness and exercise of their HIPAA rights and protections; and facilitates coordination of care through appropriate information sharing. OCR accomplishes these objectives by issuing regulations and guidance, conducting stakeholder outreach, and providing technical assistance to the regulated community, in addition to pursuing investigations, settlement agreements, and civil monetary penalties.

In FY 2022, OCR will engage in rulemaking to further strengthen individuals' rights to access their own health information; improve information sharing for care coordination and case management; and reduce administrative burdens.

HIPAA Pandemic Response

OCR has been at the forefront of ensuring the HIPAA Rules promote continuity of care and support novel ways of delivering health care during COVID-19. As soon as the COVID-19 public health emergency was declared, OCR issued a Bulletin on HIPAA Privacy and COVID-19 to inform the public on how the HIPAA Rules permit protected health information to be disclosed during an emergency. OCR continues to take proactive actions that target key pandemic response actions, including disclosures to first responders, public health agencies, and health care provider notifications, about treatments. OCR also provided guidance on telehealth, testing sites, plasma donation, and vaccination registration sites. For example, OCR issued Guidance FAQ's and a Notification of Enforcement Discretion on Telehealth Remote Communications to help health care providers maintain continuity of care and empower patients to safely get needed health care remotely.

OCR also supports the government's and the health care industry's goals in ensuring the public's ability to expeditiously receive COVID-19 vaccinations. OCR issued both HIPAA Rules and civil rights guidance to promote scheduling vaccinations and accessibility in receiving them.



Office of the Secretary, Office of Inspector General

The following tables are in millions of dollars/1.

Public Health and Human Services (PHHS) Oversight	2020	2021	2022	2022 +/- 2021
PHHS Oversight Discretionary	80	80	100	+20
Cybersecurity and Digital Technology (non-add)	--	--	*15*	*+15*
Information Blocking (non-add)	--	--	*5*	*+5*
FDA & NIH Transfers/2	7	7	7	--

Health Care Fraud and Abuse Control (HCFAC) Oversight	2020	2021	2022	2022 +/- 2021
HCFAC Program Discretionary	93	99	102	+3
HCFAC Mandatory	205	214	209	-5
HCFAC Collections	12	12	12	--

Budget Total	2020	2021	2022	2022 +/- 2021
Total, Program Level /3	**397**	**412**	**430**	**+18**
Full-Time Equivalents	1,654	1,623	1,649	+26

1/ Totals may not add due to rounding.
2/ FY 2020 and FY 2021 Levels include $1.5 million for the Food and Drug Administration transfer and $5 million for the NIH transfer in the Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Bill. The table reflects same historical assumptions for FY 2022 transfers.
3/ Does not include COVID-19 Supplemental resources.

The mission of the Office of Inspector General is to provide objective oversight to promote the economy, efficiency, effectiveness, and integrity of HHS programs, as well as the health and welfare of the people they serve.

The U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG) is the largest inspector general's office in the federal government, with approximately 1,600 employees dedicated to combating fraud, waste, and abuse, and improving the efficiency and effectiveness of HHS programs.

The Fiscal Year (FY) 2022 President's Budget requests $430 million for OIG, a $18 million increase above FY 2021. Funding enables OIG to target oversight efforts and ensure efficient and effective resource use within the Department's programs, through the development of new models and tools to support data-driven audits, evaluations, and inspections.

PUBLIC HEALTH AND HUMAN SERVICES OVERSIGHT

The FY 2022 budget includes $100 million, a $20 million increase above FY 2021 for cybersecurity activities and information blocking in Public Health and Human Services Oversight.

OIG will continue its focus on the effective administration of grant programs for prevention and treatment of opioid addiction, substance use, and serious mental illness. Resources will support audits, evaluations, data analysis, and investigations into fraud schemes and vulnerabilities associated with effectively preventing, detecting, and treating substance use disorders.

CYBERSECURITY AND DIGITAL TECHNOLOGY

The FY 2022 budget includes $15 million to hire specialized personnel from a competitive cybersecurity job market, increase OIG's cybersecurity efforts, support needed expansions in digital technology, modernize OIG's IT infrastructure, and further promote an AI-ready workforce. HHS and the health care industry face significant cybersecurity risks that OIG oversight and enforcement work will help mitigate.

INFORMATION BLOCKING

The FY 2022 budget includes $5 million to execute investigative and enforcement authorities related to information blocking. The 21st Century Cures Act (Cures Act), 2016 P.L. 114-255, Section 4004, authorizes OIG to execute investigative and enforcement authorities related to a detrimental practice known as information blocking. Information blocking is a practice that inappropriately impedes the flow or use of electronic health information (EHI). The availability and liquidity of EHI is a critical element of a high-functioning health care system. OIG will invest in hiring personnel, training them, and funding investigative and enforcement litigation.

MEDICARE AND MEDICAID OVERSIGHT

OIG relies on prevention, detection, and enforcement to address fraud, waste, and abuse in Medicare and Medicaid programs.

The FY 2022 budget for OIG includes $323 million for Medicare and Medicaid oversight, approximately a $2 million decrease from FY 2021. OIG will continue to support data-driven audits, evaluations, and inspections to target illegal prescriptions and distribution of opioids to Medicare and Medicaid beneficiaries, and to enhance oversight of critical programs furnishing treatment for substance use disorders and serious mental illness.

PRIORITY OUTCOMES

With a $2.4 trillion portfolio to oversee, OIG sets priority outcomes to achieve the greatest impact across HHS's diverse programs. OIG's priority outcome areas demonstrate our focus on strategically targeting oversight, driving measurable results, and achieving overarching performance goals. OIG develops strategies, actions, and measures to provide solutions and improve outcomes for HHS programs and beneficiaries.

Public Health and Social Services Emergency Fund

The following tables are in millions of dollars.

Assistant Secretary for Preparedness and Response	2020 /2	2021 /3	2022	2022 +/- 2021
Preparedness and Emergency Operations	25	25	26	+1
National Disaster Medical System	57	63	92	+28
Hospital Preparedness Program	276	281	292	+11
Medical Reserve Corps	6	6	6	--
Preparedness and Response Innovation	--	2	2	--
Biomedical Advanced Research and Development Authority	562	597	823	+227
Project BioShield	735	770	770	--
Strategic National Stockpile	705	705	905	+200
Policy and Planning	15	15	20	+5
Operations	31	31	32	+1
Subtotal, Assistant Secretary for Preparedness and Response	**2,411**	**2,494**	**2,968**	**+474**

Other Office of the Secretary	2020 /2	2021 /3	2022	2022 +/- 2021
Office of National Security	9	9	9	--
OS - Cybersecurity	58	58	111	+53
HHS-wide Cyber Incident Response	--	--	73	+73
Office of the Assistant Secretary for Health	--	--	27	+27
Subtotal, Other Office of the Secretary	**66**	**66**	**220**	**+154**

Pandemic Influenza	2020 /2	2021 /3	2022	2022 +/- 2021
No-Year Funding	225	252	300	+48
Annual Funding	35	35	35	--
Subtotal, Pandemic Influenza	**260**	**287**	**335**	**+48**

PHSSEF Budget Totals	2020 /2	2021 /3	2022	2022 +/- 2021
Total, Discretionary Budget Authority	**2,737**	**2,848**	**3,523**	**+676**
Total, Program Level	**2,737**	**2,848**	**3,523**	**+676**
Full-Time Equivalents	948	1,152	1,388	+236

1/ Totals may not add due to rounding.
2/ The FY 2020 column reflects final levels, including required and permissive transfers, but does not include $228 billion in COVID-19 supplemental resources.
3/ The FY 2021 column reflects enacted levels, including required transfers, but does not include $118 billion in COVID-19 supplemental resources.

The Public Health and Social Services Emergency Fund's mission is to directly support the nation's ability to prepare for, respond to, and recover from, the health consequences of naturally occurring and man-made threats.

The Public Health and Social Services Emergency Fund (PHSSEF), within the Office of the Secretary, directly supports efforts across the government to safeguard the public and improve the nation's ability to prepare for, and respond to, natural and man-made disasters and other public health threats to the American people.

The Fiscal Year (FY) 2022 President's Budget includes $3.5 billion for the PHSSEF, an increase of $676 million above FY 2021 enacted, to prepare for future public health emergencies and build upon investments made in response to the COVID-19 pandemic. The budget makes significant investments in preparedness and response capabilities by advancing medical countermeasure development, stockpiling critical medical resources, strengthening the public health

workforce, and addressing cybersecurity needs. The pandemic has illuminated the need for increased investment in these core preparedness and response capacities to not only sustain the ongoing fight against COVID-19, but also to ensure the nation is prepared for the next public health crisis.

BIOTERRORISM AND EMERGENCY PREPAREDNESS

HHS prepares America to respond to, and recover from, natural and man-made disasters and other public health threats by supporting bioterrorism and emergency preparedness activities. HHS, particularly through ASPR, coordinates efforts across the Department. The budget supports the advanced development and procurement of medical countermeasures, stockpiling and distribution of medical equipment and supplies, deployment of medical services and logistical support to augment state and local response efforts, and development of health care sector readiness to provide coordinated, life-saving care during emergencies and disasters. These activities support HHS's responsibilities under the National Response Framework to coordinate public health and medical services and provide emergency assistance when response and recovery needs exceed the state and local capability.

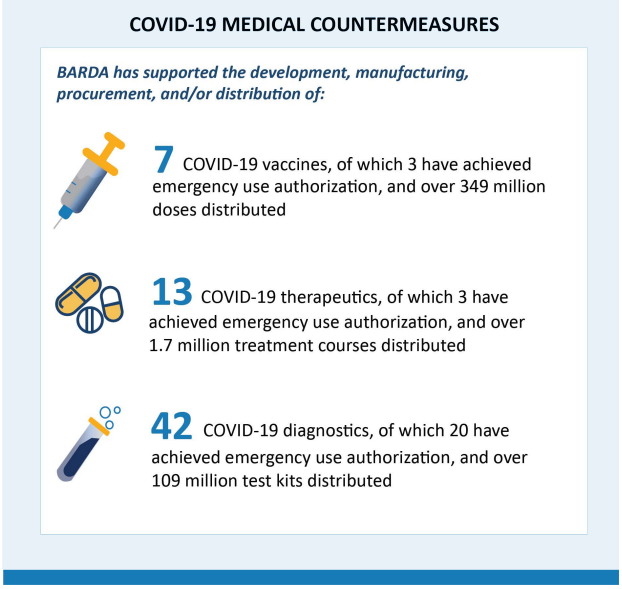
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

The Assistant Secretary for Preparedness and Response (ASPR) leads the country in preparing for, responding to, and recovering from the adverse health effects of emergencies and disasters. ASPR strengthens state and local governments' capacities to respond to public health threats; supports advanced development, procurement, and stockpiling of vaccines, therapeutics, and diagnostics; and provides operational leadership and policy development. Through supporting research and development of new medical countermeasures and deploying medical supplies and federal responders to areas in need across the country, ASPR has served a critical role as part of a whole-of-government response to combat the COVID-19 pandemic.

The FY 2022 budget provides ASPR $3.3 billion, an increase of $522 million, to enhance public health and medical response capabilities and ensure readiness for the next public health crisis. The budget supports new technologies to rapidly develop and manufacture innovative vaccines, drugs, and diagnostics; advances ASPR's public health workforce capacities; and strengthens ASPR's ability to deploy critical medical supplies to protect Americans from the impact of natural disasters, bioterrorism, and emerging infectious diseases, including pandemic influenza.

Biomedical Advanced Research and Development Authority

The Biomedical Advanced Research and Development Authority (BARDA) supports the advanced research, development, regulatory approval, and procurement of life-saving vaccines, drugs, therapies, and diagnostic tools for public health emergencies. BARDA works with public and private industry partners to accelerate the development and availability of these medical countermeasures to protect Americans from health security threats, including chemical, biological, radiological, and nuclear agents. BARDA also assists medical product developers with nonclinical, clinical, and manufacturing services to address capability gaps and accelerate product approvals by the Food and Drug Administration (FDA). Since its inception, BARDA has supported a total of 59 products that have been approved, licensed, or cleared by the FDA.



BARDA supports a diverse portfolio of medical products and technologies to detect and treat re-emerging and new infectious diseases, including COVID-19. In collaboration with private industry and other federal partners, BARDA has supported the advanced development, manufacturing, and distribution of a total of 81 COVID-19 vaccines, therapeutics, and diagnostics. BARDA will continue to support the

advanced development and large-scale production of COVID-19 medical countermeasures to ensure safe, effective products are available for the pandemic response.

The budget provides $823 million for BARDA, an increase of $227 million above FY 2021 enacted, to support a robust advanced research and development pipeline of medical countermeasures against 21st century health security threats. Building on COVID-19 response efforts, the budget supports the development of novel vaccine, therapeutic, and diagnostic platforms to address current public health needs and prepare for future diseases. The budget also supports BARDA's Broad Spectrum Antimicrobials program and its Division of Research, Innovation, and Ventures to accelerate the advanced development of antibacterial drugs and vaccines to combat drug-resistant pathogens and to drive the innovation of new technologies for detecting and responding to health emergencies.

Project BioShield

Under Project BioShield, BARDA procures and supports the late-stage development of medical products that are sufficiently mature for use during a public health emergency and ready to be delivered to the Strategic National Stockpile. Since 2004, Project BioShield has invested in 28 unique products, delivered 18 products to the stockpile, and supported FDA approval for 18 products. These products include therapeutics and vaccines for anthrax, smallpox, botulism, chemical and thermal burns, nerve-agent induced seizures, and radiation exposure.

The budget provides $770 million for Project BioShield to support late-stage development and procurement of the highest priority countermeasures for potential inclusion in the stockpile, including:

- New antimicrobial drugs to treat drug-resistant pathogens;
- Products to treat thermal burn injuries;
- Therapies for acute radiation exposure;
- Treatments for chemical agent exposure; and
- A new therapeutic for treating Marburg virus.

Strategic National Stockpile

The Strategic National Stockpile is a national repository of critical medical supplies, pharmaceuticals, and Federal Medical Stations that is available to supplement state and local resources during public health emergencies. When responding to an emergency mission, the stockpile can rapidly deploy life-saving drugs and equipment to state and local jurisdictions to mitigate shortages caused by supply chain disruptions and increasing demand.

In response to the COVID-19 pandemic, the Strategic National Stockpile has deployed a significant amount of personal protective equipment, ventilators, medicines, and other medical supplies to all 50 states as well as eight territories and islands to provide surge capacity for areas in need. Since the start of the pandemic, the stockpile has also expanded and enhanced its breadth and capacity to respond to a nationwide emerging infectious disease.

The budget provides $905 million for the Strategic National Stockpile, an increase of $200 million above FY 2021 enacted, to sustain a robust inventory of medical supplies and maintain restructuring efforts initiated during the COVID-19 pandemic response. Additional resources for the stockpile will bolster national health security and ensure readiness for a future pandemic. These efforts include modernizing the stockpile's distribution model and increasing visibility of the domestic supply chain to improve the stockpile's response capabilities.

Hospital Preparedness Program

The Hospital Preparedness Program fulfills ASPR's mission of protecting Americans from twenty-first century health security threats by strengthening health care sector readiness to provide coordinated, life-saving care during emergencies and disasters. During the COVID-19 pandemic, the program's portfolio of initiatives adapted to the evolving needs of hospitals and health care coalitions on the front lines, while continuing to support preparedness, response, and recovery efforts for episodes of civil unrest, wildfires, and hurricanes across the country. Health Care Coalitions are member-led and composed of health care and other response entities that voluntarily work together to prepare and implement coordinated emergency response efforts. Health care coalitions also ensure each member has access to critical emergency response resources, including medical equipment and supplies, real-time information, communication systems, and educated and trained health care personnel. Over 42,000 member organizations, including over 5,000 acute care hospitals, participate in 326 health care coalitions nationwide.

The budget provides $292 million to support 62 awardees, including all 50 states, eight U.S. territories and freely associated states, and four localities. In FY 2022, ASPR will prioritize incorporating lessons learned from the COVID-19 pandemic throughout the hospital preparedness portfolio to move closer towards their vision of an integrated national system for health care readiness and response. These initiatives complement other preparedness activities across the Department, such as the Centers for Disease Control and Prevention's Public Health Emergency Preparedness cooperative agreement, by ensuring local capacity exists to respond to episodes of medical surge resulting from public health emergencies and disasters.

National Disaster Medical System

The National Disaster Medical System is a nationwide partnership of health care and emergency response professionals that support state and local health and health care facilities during natural and man-made disasters by deploying trained medical teams and incident management personnel. National Disaster Medical System teams include clinical providers and specialized medical service professionals, including physicians, nurses, advance health care providers, fatality management professionals, paramedics, veterinarians, and other support staff, such as logisticians and information technology specialists. The program provides patient care, fatality management operations, federal patient movement, mortality services, and behavioral health services.

In response to the COVID-19 pandemic, ASPR increased its intermittent employee workforce to address the evolving needs of state and local communities. The intermittent employees onboarded during the COVID-19 response have augmented critical medical surge and vaccination support services in areas of needs across the country. This strengthening of the medical system workforce has brought ASPR closer to its goal of onboarding and training 6,720 intermittent employees.

The FY 2022 budget provides an additional $28 million, to a total of $92 million. The increase will support the salary and training costs of an estimated 1,300 new intermittent employees, which includes those onboarded during the COVID-19 response.

Medical Reserve Corps

The civilian Medical Reserve Corps is a national network of locally organized groups of approximately 200,000 volunteers organized into more than 750 local community-based units committed to improving local emergency response capabilities, reducing vulnerabilities, and building community preparedness and resilience. Medical Reserve Corps units bolster community preparedness and emergency response

infrastructures by providing supplemental personnel, when needed, which reduces dependency on state and federal resources. Since the declaration of the COVID-19 emergency, more than two-thirds of units have engaged in local response efforts and over 300 units have supported COVID-19 vaccination campaigns. The budget provides $6 million for the Medical Reserve Corps to provide technical assistance, coordination, communications, strategy and policy development, grants and contract oversight, training, and other associated services.

Preparedness and Response Innovation

Established in FY 2021, ASPR's Preparedness and Response Innovation program is developing paths for cooperative research and development with private and public sector partners. The budget includes $2 million to advance projects currently underway, including the development of a pipeline of applied clinical research and development project accelerators. ASPR will also create data and analytics tools, including ones to enable transfer of ownership of health records to the patient and to establish a new ecosystem for health care participation and drug discovery.

Policy and Planning

ASPR's policy and planning activities include developing, evaluating, aligning, and implementing the strategies, plans, requirements, and policies that ASPR uses to save lives and protect Americans from 21st century health threats. The FY 2022 budget provides $20 million for policy and planning activities, which is an increase of $5 million. The additional funds will be directed towards conducting after action reviews of the COVID-19 response effort.

PANDEMIC INFLUENZA

The budget provides $335 million, an increase of $48 million above FY 2021 enacted, for pandemic influenza preparedness activities carried out by ASPR and the Office of Global Affairs (OGA). ASPR will continue to support priorities in the 2019 Executive Order, "Modernizing Influenza Vaccines in the United States to Promote National Security and Public Health," and apply lessons learned from the COVID-19 response to improve pandemic influenza response capabilities. Through established public-private partnerships, ASPR will advance non-egg-based vaccine platforms, including more flexible manufacturing technologies that can produce influenza vaccine more quickly in the event of a pandemic. The budget also supports the development of alternative devices for vaccine administration to allow for rapid, large-scale vaccinations.

The COVID-19 pandemic response has demonstrated the importance of therapeutics that can prevent progression to severe disease and treat severely ill individuals. ASPR will continue to support the advanced development of new influenza therapeutics and diagnostic platforms to allow for earlier detection and, subsequently, faster treatment of influenza infections. OGA will continue to enhance international influenza preparedness by providing strategic coordination and technical expertise on health policy development and diplomacy to global partners, including nearly 200 Ministries of Health.

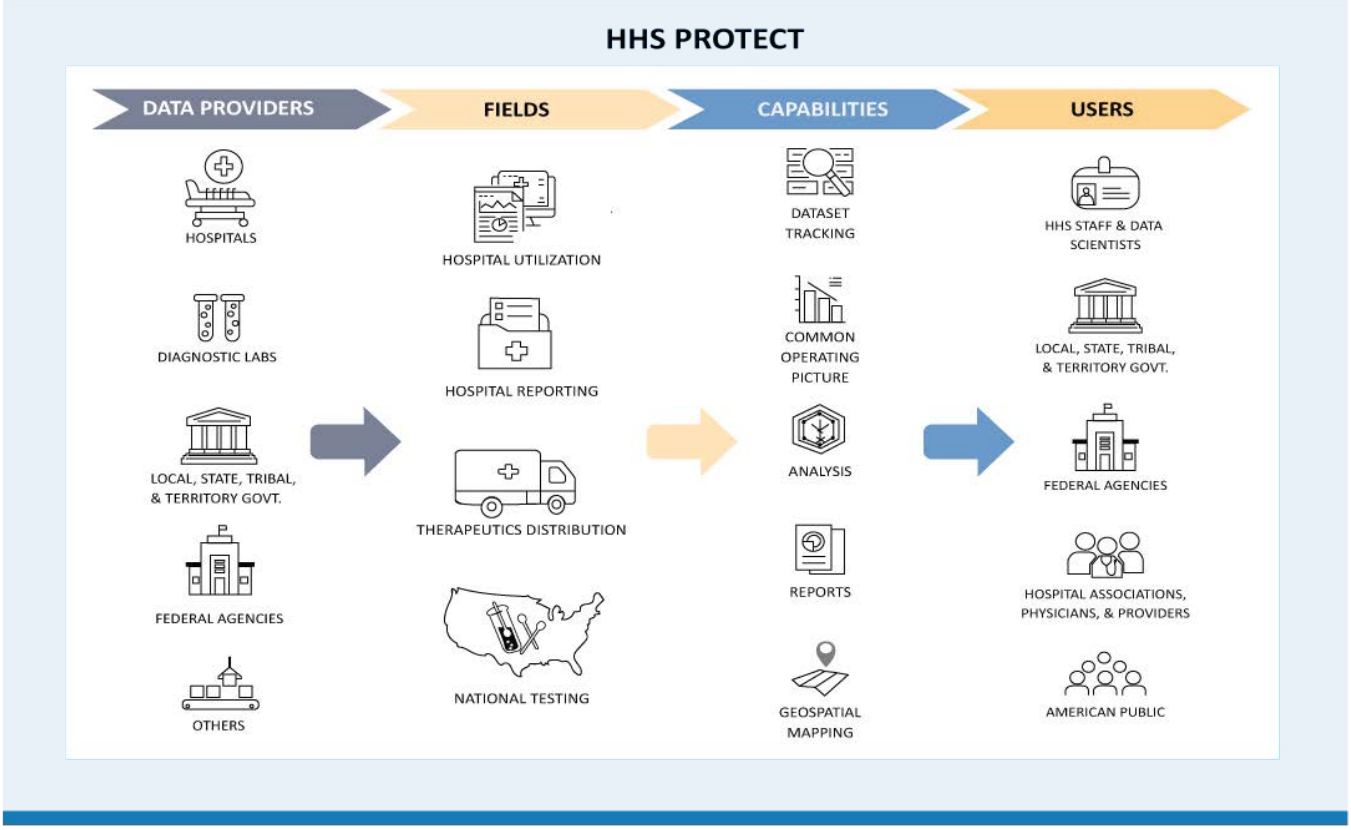
DEPARTMENT-WIDE INFORMATION SECURITY

Office of National Security

The Office of National Security (ONS) integrates national and homeland security information and collaborates with intelligence and law enforcement communities to synthesize information in support of the Department's evolving public heath missions. ONS coordinates intelligence and national security support for the Secretary, senior policymakers, and other consumers of intelligence across the Department, and is responsible for safeguarding and sharing classified intelligence and all-source information on public health, terrorism, national security, weapons of mass destruction, and homeland security. The budget includes $9 million for ONS to maintain its capability to provide timely, appropriately tailored and relevant intelligence, and other strategic information to inform HHS decision-makers and their programs on potential national security threats domestically and abroad.

Cybersecurity

The Cybersecurity program ensures the Department's critical information is secure and capabilities exist to quickly respond to any incidents occurring in the HHS cybersecurity environment. The evolving cyber threat landscape coupled with the rapid proliferation of information assets due to the COVID-19 pandemic, the increased mobility of the HHS workforce, and the need to derive value and intelligence from information assets has forced HHS to redefine its approach to managing and protecting information assets. The FY 2022 budget provides $111 million for the Cybersecurity program, an increase of $53 million



above FY 2021, to support the advancement of existing, and adoption of new, security technologies to protect the Department's information from the evolving number and complexity of cyber threats. The funding continues to support solutions to identify, evaluate, acquire, coordinate, and deploy cybersecurity information and tools across the Department as well as the Health and Public Health sector.

In April 2020, the Department deployed HHS Protect, a secure data ecosystem for sharing, parsing, housing, and accessing COVID-19 health care information, to inform the federal government's data-driven response to the COVID-19 pandemic. The Cybersecurity program plays a key role in the security and privacy of HHS Protect and its respective sub-component systems, including information stored, processed and transmitted. The funding increase in FY 2022 allows HHS Protect to continue providing critical public health surveillance capabilities by ensuring the platform remains secure.

In addition, the budget includes $73 million in the PHSSEF to build greater resilience into information technology systems across HHS by providing resources for Security Operations Center enhancements and increased logging functions.

ASSISTANT SECRETARY FOR HEALTH

U.S. Public Health Service Commissioned Corps

The U.S. Public Health Service Commissioned Corps is a cadre of approximately 6,400 full time uniformed officers that promote and advance public health and disease prevention programs, and fill essential public health, leadership, clinical and service roles across more than 21 federal agencies and programs. Corps officers maintain readiness to deploy and respond to public health crises, disease outbreaks, and humanitarian missions. Corps deployments increased an average of 47 percent annually over the past seven years, with an increase of 101 percent in 2020 over 2019. Between 2013 and 2020 Corps officers deployed around 6,700 times, contributing to over 123,000 deployment days to 142 different missions. Deployments during this timeframe include critical support to West Africa for the 2014-2015 Ebola response; public health support for displaced families during hurricanes Harvey, Irma, and Maria in 2017; and medical screenings and primary care for migrant

children and families at the southwestern border in 2018-2021. The COVID-19 pandemic has seen the highest historic deployment of officers to-date, with over 4,400 officers deploying in support of COVID-19 response.

The budget provides $27 million to maintain and continue to operationalize investments in the U.S. Public Health Service Commissioned Corps Ready Reserve, Public Health Emergency Response Team, and Commissioned Corps readiness and training activities that were initialized or expanded with CARES Act supplemental funding in response to the COVID-19 pandemic. These programs ensure that the Corps is fully trained and deployment-ready to respond to any number of public health and medical emergencies, including natural or man-made disasters and public health emergencies, and have the necessary personnel to both meet the demand for officers to respond to national and international public health crises, and for health professionals to provide urgent clinical care in underserved areas. With the establishment of the Ready Reserve and the emergency response teams, Commissioned Corps will meet the need to have additional trained personnel available on short notice, both in a reserve capacity, available to be "activated," or called-to-duty to assist Regular Corps personnel, and as active-duty officers dedicated to being in constant readiness, available for almost immediate deployment.

Abbreviations and Acronyms

A

ACA	Patient Protection and Affordable Care Act
ACF	Administration for Children and Families
ACL	Administration for Community Living
ACO	Accountable Care Organization
ACT NOW	Advancing Clinical Trials in Neonatal Opioid Withdrawal Syndrome
AHRQ	Agency for Healthcare Research and Quality
AI/ANs	American Indians and Alaska Natives
AIDS	Acquired Immune Deficiency Syndrome
AMP	Average Manufacturer Price
ANA	Administration for Native Americans
ARP Act	American Rescue Plan Act
ARPA-H	Advanced Research Projects Agency for Health
ASH	Assistant Secretary for Health
ASPR	Assistant Secretary for Preparedness and Response
ATSDR	Agency for Toxic Substances and Disease Registry
AWARE	Advancing Wellness and Resiliency in Education

B

BARDA	Biomedical Advanced Research and Development Authority

C

CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CCBHC	Certified Community Behavioral Health Clinic
CDC	Centers for Disease Control and Prevention
CHAP	Community Health Aide Program
CHIP	Children's Health Insurance Program
CMHS	Children's Mental Health Services
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CSBG	Community Services Block Grant
CVI	Community Violence Intervention
CY	Calendar Year

D

DAB	Departmental Appeals Board
DARPA	Defense Advanced Research and Development Agency
DHS	Department of Homeland Security
DOJ	Department of Justice
DPA	Defense Production Act

E

EHE	Ending the HIV Epidemic
EHI	Electronic Health Information
EHR	Electronic Health Record
EO	Executive Order

F

FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
FTE	Full-time Equivalent
FVPSA	Family Violence Prevention and Service Act Programs
FY	Fiscal Year

G

GDM	General Departmental Management
GSA	General Services Administration

H

HCBS	Home and Community-based Services
HCFAC	Health Care Fraud and Abuse Control
HEAL	Helping to End Addiction Long-term
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HRSA	Health Resources and Services Administration

I

IHS	Indian Health Service
IMPROVE	Implementing a Maternal Health and Pregnancy Outcomes Vision for Everyone

IT	Information Technology

L

LIHEAP	Low Income Home Energy Assistance Program
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer

M

MAT	Medication Assisted Treatment
MEPS	Medical Expenditure Panel Survey
MFP	Money Follows the Person
MHBG	Mental Health Block Grant

N

NCI	National Cancer Institute
NHSC	National Health Service Corps
NICHD	Eunice K. Shriver National Institute of Child Health and Human Development
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIGMS	National Institute of General Medical Sciences
NIH	National Institutes of Health
NIIT	Net Investment Income Tax
NIMH	National Institute of Mental Health
NINDS	National Institute of Neurological Disorders and Stroke
NIOSH	National Institute for Occupational Safety and Health

O

OASH	Office of the Assistant Secretary for Health
OCR	Office for Civil Rights
OD	Office of the Director
OGA	Office of Global Affairs
OIG	Office of Inspector General
OMH	Office of Minority Health
OMHA	Office of Medicare Hearings and Appeals
ONC	Office of the National Coordinator for Health Information Technology
ONS	Office of National Security
OPTN	Organ Procurement and Transplantation Network
OUD	Opioid Use Disorder
OWH	Office on Women's Health

P

PFAS	Polyfluoroalkyl Substances
PHE	Public Health Emergency
PHHS	Public Health and Human Services
PHS	Public Health Service
PHSS	Public Health Scientific Services
PHSSEF	Public Health and Social Services Emergency Fund
PPW	Pregnant and Postpartum Women
PrEP	Pre-Exposure Prophylaxis
PREP Act	Public Readiness and Emergency Preparedness Act

Q

QIO	Quality Improvement Organization

R

RPMS	Resource Patient Management System

S

SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SECA	Self-Employment Contributions Act
SMP	Senior Medicare Patrol Program
SOR	State Opioid Response
SRTR	Scientific Registry of Transplant Recipients
SUPPORT Act	Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018

T

TANF	Temporary Assistance for Needy Families

U

UIO	Urban Indian Organization
U.S.	United States
USPTF	U.S. Preventive Services Task Force

V

VFC	Vaccines for Children