DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2025

Health Resources and Services Administration

Justification of Estimates for Appropriations Committees

HRSA
Health Resources & Services Administration

5600 Fishers Lane
Rockville, MD 20857

MESSAGE FROM THE ADMINISTRATOR

I am pleased to transmit the Congressional Justification of the Health Resources and Services Administration (HRSA) request for the Fiscal Year (FY) 2025 Budget. Our FY 2025 Budget request includes $16.3 billion to support HRSA's vital work to expand access to health care services in the communities that need them most; grow, diversify, and promote the well-being of the health workforce; reduce maternal mortality and enhance maternal health; invest in rural health; increase access to behavioral health care; and modernize the organ transplant system.

Providing Health Care in Underserved and Rural Communities: Through 1,400 HRSA-supported health centers with 15,000 sites in underserved and rural communities across the country, HRSA's Health Center Program is a foundational element of the nation's health care safety net, providing primary care services regardless of patients' ability to pay. Through these investments, HRSA helps communities improve their health and well-being; prevent and manage chronic conditions like diabetes and hypertension; and care for families, children, and individuals with low incomes, experiencing homelessness, living with HIV, and who otherwise would not have access to a usual source of care. The FY 2025 Budget includes the second installment of mandatory funding for the President's plan to create a pathway to double the program and makes mental health and substance use disorder services essential health center services. The Budget supports accelerating cancer screening, increasing access to services for maternal and behavioral health, growing the health center workforce, and expanding street medicine services to ensure people experiencing homelessness have access to primary care.

Growing the Health Care Workforce: One of HRSA's highest priorities is growing the health care workforce and connecting skilled health care providers to communities in need. The Budget supports the second year of mandatory funding requested in the FY 2024 Budget for two critical workforce programs – the National Health Service Corps and the Teaching Health Center Graduate Medical Education Program – that support loans, scholarships, and residency training focused on underserved and rural communities. The Budget makes important investments in innovative new approaches to workforce development and training. It also invests in increasing the number of behavioral health professionals, peers and other providers to expand access to mental health and substance use disorder services and provides targeted investments to support the next generation of nurses, including addressing the need to grow the nursing workforce that makes it possible to sustain labor and delivery services in underserved communities.

Reducing Maternal Mortality and Enhancing Maternal Health: In recent decades, the United States' maternal mortality rate has been among the highest of any developed nation. Yet, more than 80% of pregnancy-related deaths are preventable. The Budget invests in several initiatives to respond to this crisis and improve maternal health outcomes. New investments include growing the nursing workforce to support maternal care, strengthening the home visiting

workforce, building an obstetric safety-net in maternity care deserts, and growing the doula workforce to provide direct support before, during, and after childbirth. Other initiatives focus on social determinants of maternal health, including screening and connection to services, expanding the uptake of evidence-based models of maternity care, and investment in state data collection and innovation to improve local response strategies.

Supporting Mental Health and Substance Use Disorder Services: The Budget includes a proposal to make mental health and substance use disorder an essential service in community health centers which serve more than 30 million people regardless of ability to pay. It also focuses on the critical need to grow the behavioral health workforce and recruit providers to underserved and rural communities by investing in growing the National Health Service Corps, which provides loan repayment and scholarships to providers in return for practicing in these high need communities, as well as supporting the training of new providers like psychologists, social workers, peer support counselors and therapists, to make behavioral health care more accessible. The Budget also makes important investments in expanding access to behavioral health care in rural communities through workforce supports and direct services, including treatment, in rural communities.

Improving the Organ Transplant System: More than 100,000 people are on the organ transplant waitlist. In 2023, HRSA launched the Organ Procurement and Transplantation Network (OPTN) Modernization Initiative to better serve patients in need of transplants and their families by strengthen accountability and the performance of the OPTN, which is responsible for organ matching. With enactment of the Securing the U.S. Organ Procurement and Transplantation Network Act, the Budget makes strategic investments to implement the new law and modernize the OPTN focused on critical areas such as technology, governance, transparency, quality, and operations.

Supporting Rural Health: The Budget invests in improving access to care in rural communities, ranging from the recruitment and retention of health care professionals to maintaining the economic viability of hospitals and rural health clinics to supporting innovative practices in rural communities. The Budget supports substance use disorder services in rural communities. It also provides targeted resources to support maternal health services in rural communities to help address the challenge of sustaining hospital obstetric services.

We look forward to working with Congress on these vital programs that serve the nation's highest need communities.

/ Carole Johnson /

Carole Johnson
Administrator

Organizational Chart

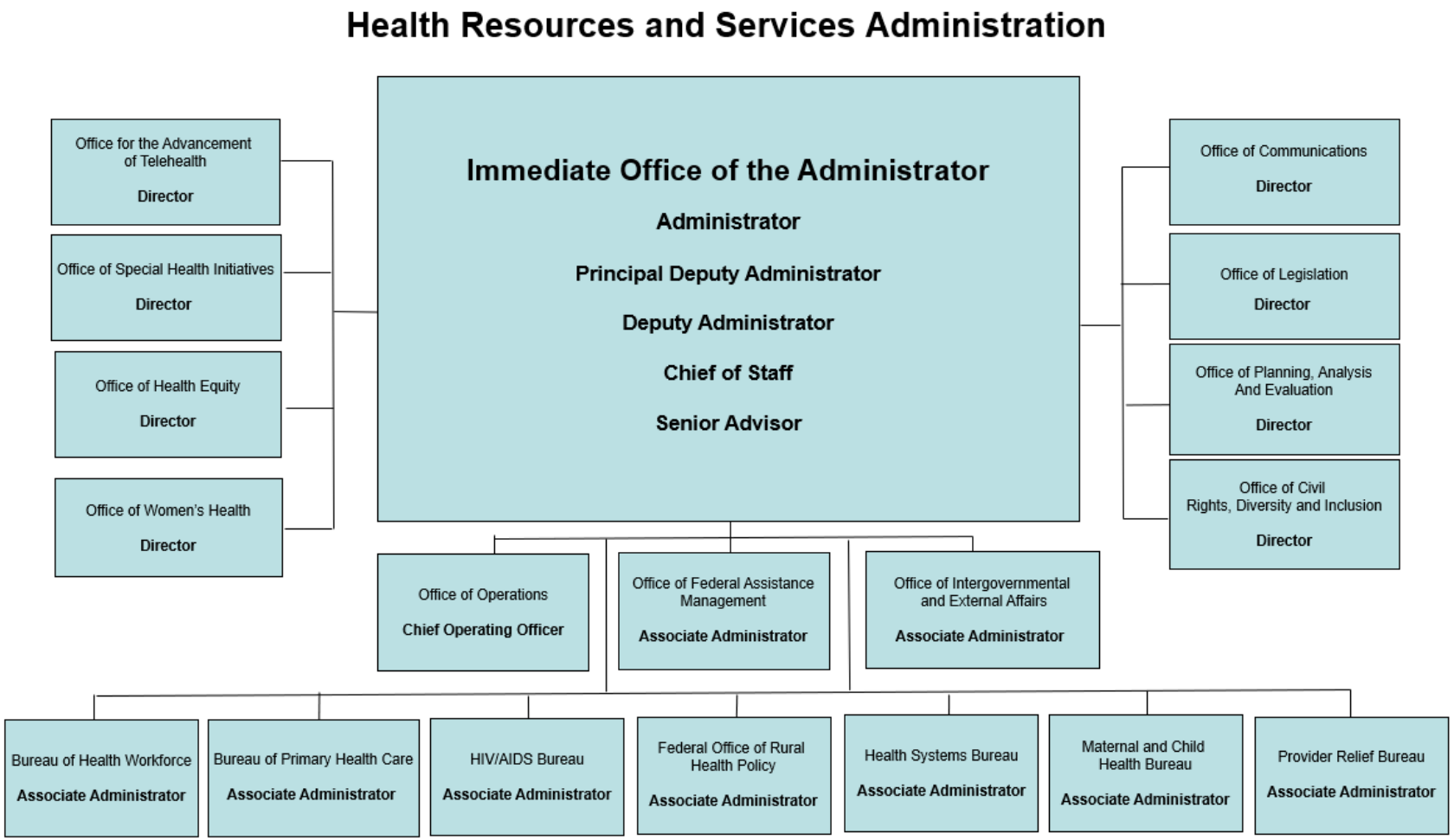


Table of Contents

EXECUTIVE SUMMARY

Introduction and Mission

The Health Resources and Services Administration (HRSA) is an Operating Division within the U.S. Department of Health and Human Services. The Department's mission is, in part, to enhance the health and well-being of Americans by providing effective health and human services. In alignment with this mission, HRSA provides equitable health care to the nation's highest-need communities—serving people who are geographically isolated and economically or medically vulnerable. HRSA programs support people with low incomes, people with HIV, pregnant people, children, parents, rural communities, transplant patients, and the health workforce.

HRSA supports programs and services that improve health equity. HRSA serves:

- More than 30.5 million people in rural and underserved communities;[1]
- More than 60 million pregnant women, infants, and children;[2]
- More than 560,000 people with HIV;[3]
- More than 1,900 rural counties and municipalities across the country;[4] and
- More than 18,500 clinicians that received loan services from the National Health Service Corps and Nurse Corps.[5]

[1] FY 2022 UDS data, as noted in the Primary Care Tab, performance measure 1010.01.
[2] FY 2022 MCH data, as noted in Maternal and Child Health Tab, Maternal and Child Health Block Grant, Program Description section.
[3] FY 2022 data, as noted in Ryan White HIV/AIDS Tab, measure number 4000.04.
[4] Between FY 2018 and FY 2022, as noted in Federal Office of Rural Health Policy Tab, Rural Communities Opioid Response, Program Description section.
[5] Health Resources and Services Administration. 2023, October 1. Bureau of Health Workforce Clinician Dashboards. https://data.hrsa.gov/topics/health-workforce/clinician-dashboard, accessed January 17, 2024. This number includes clinicians who reported that they work in the communities that they were deployed to or who report working in health provider shortage areas.

Overview of Budget

The FY 2025 President's Budget request is $16.3 billion for the Health Resources and Services Administration (HRSA). This level is $2 billion, or 13.8 percent, above the FY 2023 Final level. The FY 2025 Budget focuses on the critical Biden-Harris Administration priorities of reducing maternal mortality and improving maternal health outcomes; growing the health workforce, including nursing, primary care, and behavioral health workforces; and expanding access to care to meet mental health and substance use disorder needs in underserved and rural communities.

The FY 2025 Budget Request of $16.3 billion includes $8 billion in mandatory funding. The Budget prioritizes improving maternal health outcomes, provides investments in the next generation of the health workforce, provides funding to recruit and retain nurses, expands funding to support mental health services for children and youth, and provides additional family planning resources.

The Budget extends and increases mandatory funding for the Health Center Program, National Health Service Corps, and the Teaching Health Center Graduate Medical Education programs through FY 2026, consistent with the extension included in the previous budget and currently under consideration in Congress. Additionally, the Budget proposes to extend and increase mandatory funding for the Family-to-Family Health Information Centers Program.

Highlights of the major changes to programs are listed below:

Health Centers and Free Clinics: +$2.4 billion; total program $8.2 billion

The Budget includes $1.9 billion in discretionary resources and $6.3 billion in mandatory funding, which is $1.2 billion above the FY 2024 proposed mandatory level for a total increase of $2.4 billion above FY 2023. The Budget provides resources for Health Centers to serve approximately 37.4 million patients in FY 2025.

The Budget includes the second annual installment of the President's plan to create a pathway to double the program's funding. The first installment proposed in FY 2024 supports extended hours, new health centers and health center sites and increased behavioral health services at health centers. The second installment in FY 2025 targets expanding services across health centers, including high quality, patient-centered maternal health services, patient support and enabling services like transportation and case managers, and supporting health centers in better serving people experiencing homelessness. It also invests in recruitment, retention, and growth of the health center workforce.

In addition, the Budget retains the FY 2024 President's Budget proposal adding mental health and substance use disorder services under Section 330 of the Public Health Service Act.

Health Workforce: +$775.4 million; total program $2.6 billion

- *National Health Service Corps (NHSC): total program $915.6 million*
  The Budget, consistent with the FY 2024 request, increases and extends mandatory funding of $790 million per year through FY 2026 to ensure primary care clinicians practice in high

need underserved and rural areas in exchange for loan repayment and scholarships through the National Health Service Corps.

- *Behavioral Health Workforce Development Programs: +$56.5 million; total program $253.6 million*
  The Budget would grow the behavioral health workforce by funding the training of more mental health and substance use disorder providers. This investment will support the training of approximately 12,000 students in the Behavioral Health Education and Training programs. The Budget also includes a $10 million investment to develop a peer-to-peer support program to address current behavioral health needs among youth and young adults while also building an early pathway program for behavioral health careers for youth peers.

- *Nursing Workforce Development Programs: +$20 million, total programs $320.5 million*
  The Budget includes funding to grow the next generation of nurses. It also includes investments, consistent with the White House Blueprint on Addressing the Maternal Health Crisis, to increase the number of certified nurse midwives to expand maternal health care options and access as well as grow the nursing workforce to support sustaining labor and delivery services that are under stress in community hospitals across the country.

- *Health Care Workforce Innovation Program: +$10 million; total program $10 million*
  The Budget includes $10 million for a Health Care Workforce Innovation program that seeks to incentivize the development of innovative new ways to recruit and train health professionals in order to accelerate progress in addressing workforce shortages.

- *Teaching Health Center Graduate Medical Education: +$200.7 million; total program $320 million*
  The Budget proposes, consistent with the FY 2024 President's Budget proposal, to increase and extend mandatory funding through FY 2026 for the Teaching Health Center Graduate Medical Education Program, to train more primary care physicians in community-based settings, such as community health centers, where most primary care is delivered. The Budget includes $163 million above FY 2024 proposed mandatory for a total increase of $200.7 million over FY 2023. In FY 2025, the program will support over 1,800 resident full-time equivalent slots.

- *Medical Student Education: -$9.5 million; total program $50.5 million*
  The Budget includes $50.5 million to fund continuation awards to support graduate education for medical students preparing to become physicians in states with a projected primary care provider shortage. Proposed funding would support all eligible continuations.

<u>HIV/AIDS: +$10 million; total program $2.6 billion</u>
The Budget provides a comprehensive system of HIV primary medical care, medications, and essential support services for individuals with low-incomes with HIV. This includes $175 million, an increase of $10 million, to continue the Ending the HIV Epidemic (EHE) Initiative and build on its successes of connecting and re-connecting high-need people with HIV to high quality care. The total EHE investment will support HIV care and treatment needs for an estimated 46,000 clients.

Maternal and Child Health (MCH): +$135.7 million; total program $1.8 billion

In support of the Biden-Harris Administration's focus on maternal health and the White House Blueprint for Addressing the Maternal Health Crisis, the Budget invests in a broad array of activities aimed at reducing the maternal death rate, addressing unacceptable disparities in maternal health, and improving maternal health outcomes.

In addition to the proposed new maternal health workforce funding outlined above, the Budget includes $30 million for HRSA-supported Alliance for Innovation on Maternal Health, including an additional $15 million to build obstetric safety-net capacity in maternity care deserts to effectively recognize and respond to urgent and emergent obstetric-related emergencies in areas without ready access to obstetric care.

The Budget also provides $831.7 million for the Maternal and Child Health Block Grant, which provides core support for maternal and child health services provided across the country. This includes a proposed $16 million increase above the FY 2023 Final level for Special Projects of Regional and National Significance (SPRANS), consisting of an additional $6 million for State Maternal Innovation awards to improve maternal health care service delivery, an increase of $5 million to grow and diversify the community-based doula workforce and an increase of $5 million to address the social determinants of maternal health. The Budget also provides $15.5 million, an increase of additional $5.5 million, for the Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program to expand access to critical mental health supports for pregnant and new mothers.

The Budget provides $172 million for the Healthy Start program, and includes an additional $27 million for the Healthy Start program to support workforce development, including through building on lessons learned from the "Benefits Bundle" Peer Navigator pilot to train recent Healthy Start alumni to work with current Healthy Start families to improve access to community resources that address social determinants of health such as food insecurity, unstable housing, and a lack of transportation.

The Budget proposes an increase of $6.3 million in mandatory funding to extend and expand the Family-to-Family Health Information Centers Program to enable awardees – community-based organizations located in every state – to serve more families of children and youth with special health care needs and expand their capacity to partner and engage families, providers, and other community and state stakeholders. The Budget proposes to reauthorize and expand the program for FY 2025 – FY 2029 at $12 million per year for a total of $60 million over five years, and to include a new technical assistance component. Additionally, the Budget reflects an increase in the Maternal, Infant, and Early Childhood Home Visiting program as reauthorized in the Consolidated Appropriations Act, 2023.

Organ Transplantation: +$36 million, total program $67 million

Within the total for Health Systems, the Budget invests $67 million, an additional $36 million, to modernize the Organ Procurement and Transplantation Network (OPTN). In September 2023, the President signed bipartisan legislation to modernize and reform the OPTN to work better for

patients, families and providers. The FY 2025 request will enable HRSA to fully support a new and independent Board of Directors, multiple vendors for operations and Next-Generation IT activities to support the building of a modernized OPTN IT system that leverages industry-leading standards.

Family Planning +$103.5 million; total program $390 million

The Budget supports family planning services for approximately 3.6 million individuals, with approximately 90 percent having family incomes at or below 250 percent of the federal poverty level. The request expands services to additional clients and additional communities.

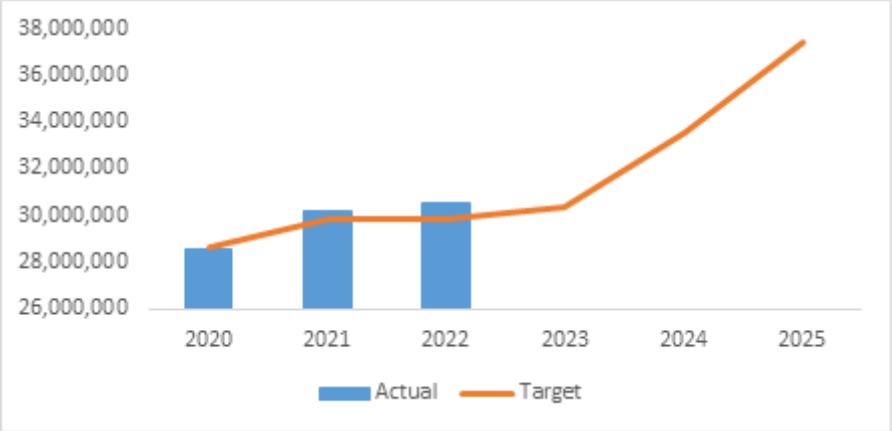
Overview of Performance

As articulated in HRSA's Strategic Plan, HRSA works to achieve health equity and improve public health. HRSA aims to improve access to quality health services, foster a health workforce and health infrastructure able to address current and emerging needs, and optimize HRSA operations and strengthen program engagement. The section below includes key program performance highlights and FY 2025 targets for select priority areas.

Primary Care

HRSA programs support the direct delivery of health services and health system improvements to improve access to quality health services and help reduce health disparities. The number of people served by health centers has grown by more than 6 percent between FY 2020 and FY 2022 and is anticipated to grow by more than 17 percent between FY 2020 and FY 2025. In FY 2025, the Health Centers Program expects to provide affordable, accessible, quality, and cost-efficient care to 37.4 million patients, anticipating that 91 percent of whom will have incomes at or below 200 percent of poverty.

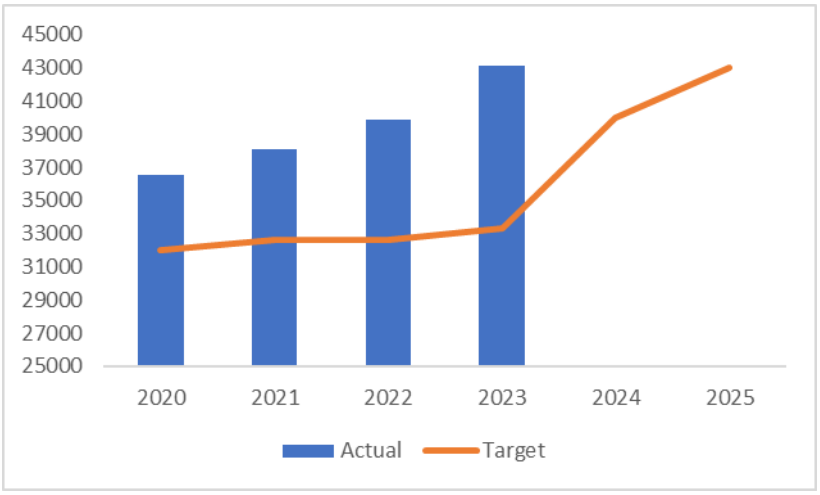
Figure 1. Number of People Served by the Health Centers Program (UDS, 2022)



Organ, Cord Blood, and Tissue Donation and Transplantation

The number of deceased donor organs transplanted has risen steadily, increasing by approximately five percent each year since FY 2020. The Organ Transplantation program projects that it will facilitate the transplantation of more than 43,000 deceased donor organs in FY 2025.[6]

Figure 2: Annual Number of Deceased Donor Organs Transplanted (OPTN, 2022)



To increase the number of patients from racially and ethnically diverse backgrounds able to find a suitably matched unrelated adult donor for their blood stem cell transplants, the Blood Stem Cell Transplantation Program calculates that it will have nearly 4 million adults on the donor registry in FY 2025 from underrepresented racial or ethnic populations.

In FY 2025, HRSA expects to have 175,770 cord blood units from underrepresented racial and ethnic populations available through the C.W. Bill Young Cell Transplantation Program, increasing the likelihood of finding suitably matched donors among these populations with a high rate of diversity in tissue types.

Behavioral Health

HRSA anticipates that 1,615 providers will provide Medication-Assisted Treatment through the Rural Communities Opioid Response program in FY 2025. HRSA will support the continuation of 26 awards in FY 2025.

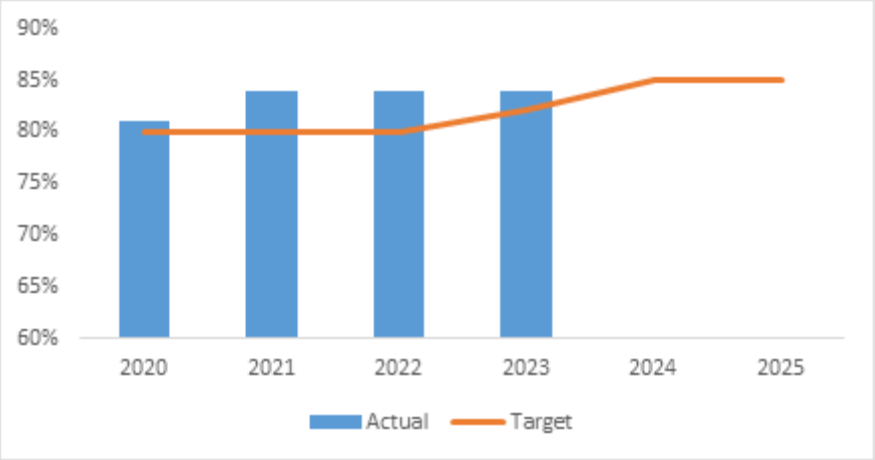
Behavioral Health Workforce Development programs trained more than 11,000 individuals in Academic Year 2022-2023. HRSA anticipates 12,000 people will participate in behavioral health degree or certificate programs in FY 2025.

Health Workforce and Infrastructure

HRSA works to foster a health workforce and health infrastructure able to address current and emerging needs, through provider placement, retention, and training activities. HRSA also seeks to advance the resiliency of the health workforce and improve the supply, geographic distribution, and diversity of the health workforce.

Since FY 2020, HRSA has achieved more than 80 percent retention of NHSC clinicians for at least one year beyond the completion of their service; in FY 2025, HRSA aims to retain 85 percent of NHSC clinicians for at least one year beyond the completion of their service. HRSA expects that National Health Service Corps clinicians will serve 26 million individuals in 2025.

Figure 3: ***Health Workforce Retention.*** *Percentage of National Health Service Corps Clinicians retained in service to the underserved for at least one year beyond the completion of their National Health Service Corps service*



In addition, HRSA estimates that 1,095 substance use disorder treatment providers will receive student loan repayment, in exchange for providing behavioral health services in Health Professional Shortage Areas.

Maternal and Infant Health

The percentage of pregnant women served by the Maternal and Child Health (MCH) Block Grant program has remained above 90 percent since FY 2018. In FY 2025, HRSA expects to serve 93 percent of pregnant women through this program.

The MCH Block Grant program aims to contribute to the reduction of the national infant mortality rate from 5.4 per 1,000 to 5.3 per 1,000 in FY 2025 by funding state maternal and child health activities to improve the health of mothers, children, and families, particularly among low-income mothers and families or those with limited availability of care.

In FY 2025, the MCH Block Grant program will contribute to decreasing the ratio of the Black infant mortality rate to the White infant mortality rate from 2.4 to 1, to 2 to 1. While overall infant mortality has decreased by 25 percent since 1997, HRSA will continue to strive to address racial and ethnic disparities.

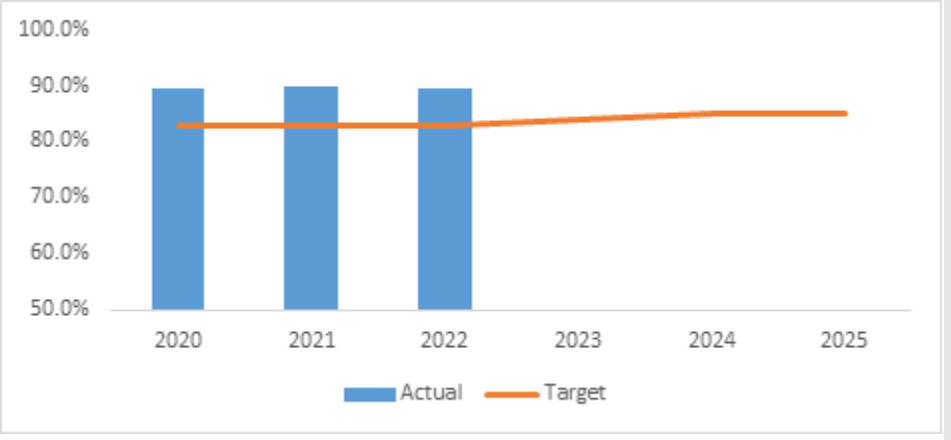
Rural Health

HRSA works to expand access to care for underserved people in rural communities through grants and public partnerships. In FY 2025, HRSA expects 525,000 unique individuals will receive direct services through Federal Office of Rural Health Policy Outreach grants, which improve rural health through community coalitions and evidence-based models by focusing on quality improvement, health care access, coordination of care, and integration of services.

People Living with HIV/AIDS

Since FY 2020, HRSA's Ryan White HIV/AIDS program achieved a viral suppression rate above 80 percent for its clients, meaning they cannot sexually transmit HIV to their partners and can live longer and healthier lives. In FY 2025, HRSA anticipates it will serve 565,000 clients through the Ryan White HIV/AIDS program and expects 85 percent of these clients who receive HIV medical care and at least one viral load test will be virally suppressed. Under the *Ending the HIV Epidemic* initiative, HRSA anticipates serving 20,000 new clients in FY 2025, with an aim of 76.2 percent of these new clients who receive medical care from RWHAP EHE-funded providers to be virally suppressed.

Figure 4. Percentage of Ryan White HIV/AIDS Program clients who are virally suppressed (RSR)



Performance Management

Performance management is central to the agency's overall management approach. HRSA routinely uses performance-related information to improve HRSA's operations and those of its grantees.

As the key element of the performance management process, HRSA Senior Staff establish annual fiscal year performance plans, including metrics and indicators of success, directly linked to implementation of the HRSA Strategic Plan and additional priorities, as appropriate.

Regular performance reviews take place several times a year between Senior Staff and the Administrator/Deputy Administrators, including during regularly scheduled one-on-one meetings, mid-year and year-end Senior Staff performance reviews, and ad hoc meetings to address emerging issues. Reviews focus on progress, challenges, and possible course corrections, with particular emphasis on root-causes of performance results.

These aspects of HRSA's performance management system promote accountability and transparency, support collaboration in problem solving and help drive performance improvement at the agency and among HRSA's grantees. Ultimately, HRSA holds itself to high standards to maximize program investment impacts and to improve health outcomes.

All Purpose Table

Health Resources and Services Administration

(*dollars in thousands)*

	FY 2023	FY 2024	FY 2025	
	Final/1	**Continuing Resolution**	**President's Budget**	**FY 2025 +/- FY 2023**
PRIMARY CARE:				
Health Centers:				
Health Centers	1,737,772	1,737,772	1,737,772	-
Health Centers Mandatory	3,905,348	1,753,425	-	-3,905,348
Health Centers Mandatory Proposed	-	3,417,575	6,340,000	+6,340,000
Health Center Tort Claims	120,000	120,000	120,000	-
Subtotal, Health Centers	***5,763,120***	***7,027,772***	***8,197,772***	***+2,434,652***
Free Clinics Medical Malpractice	1,000	1,000	1,000	-
Subtotal, Bureau of Primary Health Care (BPHC)	**5,764,120**	**7,028,772**	**8,198,772**	**+2,434,652**
Subtotal, Mandatory BPHC (non-add)	*3,905,348*	*5,170,000*	*6,340,000*	*+2,434,652*
Subtotal, Discretionary BPHC (non-add)	*1,858,772*	*1,858,772*	*1,858,772*	-
HEALTH WORKFORCE:				
National Health Service Corps (NHSC):				
NHSC	125,600	125,600	125,600	-
NHSC Mandatory	292,330	135,890		-292,330
NHSC Mandatory proposed	-	654,110	790,000	+790,000
Subtotal, NHSC	***417,930***	***915,600***	***915,600***	***+497,670***
Loan Repayment/Faculty Fellowships	2,310	2,310	2,310	-
Health Professions Training for Diversity:				
Centers of Excellence	28,422	28,422	28,422	-
Scholarships for Disadvantaged Students	55,014	55,014	55,014	-
Health Careers Opportunity Program	16,000	16,000	16,000	-
Subtotal, Health Professions Training for Diversity	***99,436***	***99,436***	***99,436***	***-***
Health Care Workforce Assessment	5,663	5,663	5,663	-
Primary Care Training and Enhancement	49,924	49,924	49,924	-
Oral Health Training Programs	42,673	42,673	42,673	-
Medical Student Education	60,000	60,000	50,500	-9,500
Interdisciplinary, Community-Based Linkages:				
Area Health Education Centers	47,000	47,000	47,000	-
Geriatric Programs	47,245	47,245	47,245	-
Behavioral Health Workforce Development Programs	197,053	197,053	253,553	+56,500

	FY 2023	FY 2024	FY 2025	
	Final/1	Continuing Resolution	President's Budget	FY 2025 +/- FY 2023
Subtotal, Interdisciplinary, Community-Based Linkages	***291,298***	***291,298***	***347,798***	***+56,500***
Public Health Workforce Development:				
Public Health/Preventive Medicine	18,000	18,000	18,000	-
Nursing Workforce Development:				
Advanced Nursing Education	95,581	95,581	105,581	+10,000
Nursing Workforce Diversity	24,343	24,343	24,343	-
Nurse Education, Practice and Retention	59,413	59,413	69,413	+10,000
Nurse Faculty Loan Program	28,500	28,500	28,500	-
NURSE Corps Scholarship and Loan Repayment Program	92,635	92,635	92,635	-
Subtotal, Nursing Workforce Development	***300,472***	***300,472***	***320,472***	***+20,000***
CHGME	385,000	385,000	385,000	-
Teaching Health Center Graduate Medical Education (THCGME):				
THCGME Mandatory	119,290	55,452		-119,290
THCGME Mandatory Proposed	-	101,548	320,000	+320,000
Subtotal, THCGME	***119,290***	***157,000***	***320,000***	***+200,710***
National Practitioner Data Bank (User Fees)	*18,814*	*18,814*	*18,814*	-
Pediatric Specialty LRP	10,000	10,000	10,000	-
Health Care Workforce Innovation Program	-	-	10,000	+10,000
Subtotal, Bureau of Health Workforce (BHW)	**1,820,810**	**2,356,190**	**2,596,190**	**+775,380**
Subtotal, User Fees BHW (non-add)	*18,814*	*18,814*	*18,814*	-
Subtotal, Discretionary BHW (non-add)	*1,390,376*	*1,390,376*	*1,467,376*	*+1,187,000*
Subtotal, Mandatory BHW (non-add)	*411,620*	*947,000*	*1,110,000*	*-411,620*
MATERNAL & CHILD HEALTH:				
Maternal and Child Health Block Grant	816,200	815,700	831,714	+15,514
Grants to States (non-add)	*593,808*	*593,308*	*593,308*	-500
SPRANS (non-add)	*212,116*	*212,116*	*228,130*	+16,014
CISS (non-add)	*10,276*	*10,276*	*10,276*	-
Innovation for Maternal Health	15,300	15,300	30,300	+15,000
Integrated Services for Pregnant and Postpartum Women	10,000	10,000	10,000	-
Maternal Mental Health Hotline	7,000	7,000	7,000	-
Autism and Other Developmental Disorders	56,344	56,344	56,344	-
Sickle Cell Service Demonstrations	8,205	8,205	8,205	-
Early Hearing Detection and Intervention	18,818	18,818	18,818	-
Emergency Medical Services for Children	24,334	24,334	24,334	-
Healthy Start	144,500	145,000	172,000	+27,500
Heritable Disorders	20,883	20,883	20,883	-

	FY 2023	FY 2024	FY 2025	
	Final/1	Continuing Resolution	President's Budget	FY 2025 +/- FY 2023
Pediatric Mental Health Care Access Grants	13,000	13,000	13,000	-
Screening and Treatment for Maternal Mental Health and SUD	10,000	10,000	15,500	+5,500
Poison Control Centers	26,846	26,846	26,846	-
Family-to-Family Health Information Centers (F2F HIC)				
F2F HIC Mandatory	5,658	5,658	-	-5,658
F2F HIC Mandatory Proposed	-	-	12,000	+12,000
Subtotal, F2F HIC	***5,658***	***5,658***	***12,000***	***+6,342***
Maternal, Infant and Early Childhood Home Visiting Mandatory	500,000	518,650	565,800	+65,800
Subtotal, Maternal and Child Health Bureau (MCHB)	**1,677,088**	**1,695,738**	**1,812,744**	**+135,656**
Subtotal, Discretionary MCHB (non-add)	*1,171,430*	*1,171,430*	*1,234,944*	*+63,514*
Subtotal, Mandatory MCHB (non-add)	*505,658*	*524,308*	*577,800*	*+72,142*
HIV/AIDS:				
Emergency Relief - Part A	680,752	680,752	680,752	-
Comprehensive Care - Part B	1,364,878	1,364,878	1,364,878	-
AIDS Drug Assistance Program (non-add)	*900,313*	*900,313*	*900,313*	-
Early Intervention - Part C	208,970	208,970	208,970	-
Children, Youth, Women & Families - Part D	77,935	77,935	77,935	-
AIDS Education and Training Centers - Part F	34,886	34,886	34,886	-
Dental Reimbursement Program Part F	13,620	13,620	13,620	-
Special Projects of National Significance (SPNS)	25,000	25,000	25,000	-
Ending HIV Epidemic Initiative	165,000	165,000	175,000	+10,000
Subtotal, HIV/AIDS Bureau	**2,571,041**	**2,571,041**	**2,581,041**	**+10,000**
HEALTH SYSTEMS:				
Organ Transplantation	31,549	31,049	67,049	+35,500
Cell Transplantation Program and Cord Blood Stem Cell Bank	51,775	52,275	52,275	+500
Hansen's Disease Center	13,706	13,706	13,706	-
Payment to Hawaii	1,857	1,857	1,857	-
National Hansen's Disease Program - Buildings and Facilities	122	122	122	-
Subtotal, Health Systems Bureau (HSB)	**99,009**	**99,009**	**135,009**	**+36,000**
RURAL HEALTH:				
Rural Health Policy Development	11,076	11,076	11,076	-
Rural Health Outreach Grants	92,975	92,975	92,975	-

	FY 2023	FY 2024	FY 2025	
	Final/1	Continuing Resolution	President's Budget	FY 2025 +/- FY 2023
Rural Hospital Flexibility Grants	64,277	64,277	64,277	-
State Offices of Rural Health	12,500	12,500	12,500	-
Radiation Exposure Screening and Education Program	1,889	1,889	1,889	-
Black Lung	12,190	12,190	12,190	-
Rural Communities Opioid Response	145,000	145,000	145,000	-
Rural Residency Planning and Development	12,500	12,500	12,500	-
Subtotal, Federal Office of Rural Health Policy	**352,407**	**352,407**	**352,407**	**-**
HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT:				
Program Management:				
Program Management	163,800	163,800	163,800	-
Program Management: Community Projects	1,521,681	1,521,681	-	-1,521,681
Subtotal, Program Management	**1,685,481**	**1,685,481**	**163,800**	**-1,521,681**
340B Drug Pricing Program/Office of Pharmacy Affairs	12,238	12,238	12,238	-
Telehealth	38,050	38,050	38,050	-
Subtotal, HRSA-Wide Activities	**1,735,769**	**1,735,769**	**214,088**	**-1,521,681**
FAMILY PLANNING	286,479	286,479	390,000	+103,521
Appropriation Table Match	**9,465,283**	**9,465,283**	**8,233,637**	**-1,231,646**
Funds Appropriated to Other HRSA Accounts:				
Vaccine Injury Compensation:				
Vaccine Injury Compensation Trust Fund (HRSA Claims)	174,926	261,497	266,727	+91,801
VICTF Direct Operations - HRSA	15,200	15,200	20,200	+5,000
Subtotal, Vaccine Injury Compensation	**190,126**	**276,697**	**286,927**	**+96,801**
Countermeasures Injury Compensation Program	7,000	7,000	10,000	+3,000
Total, HRSA Discretionary Program Level	**9,506,297**	**9,506,297**	**8,282,651**	**-1,223,646**
Mandatory Programs:	**4,822,626**	**6,641,308**	**8,027,800**	**+3,205,174**
Total, HRSA Program Level	**14,328,923**	**16,147,605**	**16,310,451**	**+1,981,528**
Less Programs Funded from Other Sources:				
User Fees	*-18,814*	*-18,814*	*-18,814*	-
Mandatory Programs	*-4,822,626*	*-6,641,308*	*-8,027,800*	*-3,205,174*
Total, HRSA Discretionary Budget Authority	**9,487,483**	**9,487,483**	**8,263,837**	**-1,223,646**

1/ Reflects amounts appropriated and any reprogrammings or reallocations notified to congress. Does not include $65 million in supplemental funding provided in the FY 2023 Consolidated Appropriations Act (PL 117-328).

BUDGET EXHIBITS

Appropriations Language

PRIMARY HEALTH CARE

For carrying out titles II and III of the Public Health Service Act (referred to in this Act as the "PHS Act") with respect to primary health care and the Native Hawaiian Health Care Act of 1988, $1,858,772,000: Provided, That no more than $1,000,000 shall be available until expended for carrying out the provisions of section 224(o) of the PHS Act: Provided further, That no more than $120,000,000 shall be available until expended for carrying out subsections (g) through (n) and (q) of section 224 of the PHS Act, and for expenses incurred by the Department of Health and Human Services (referred to in this Act as "HHS") pertaining to administrative claims made under such law: Provided further, That amounts made available under this heading in this Act are available for expenses incurred by HHS in administering programs under section 1905(l)(2)(B)(ii) and (iii) of the Social Security Act.

HEALTH WORKFORCE

For carrying out titles III, VII, and VIII of the PHS Act with respect to the health workforce, sections 1128E and 1921 of the Social Security Act, and the Health Care Quality Improvement Act of 1986, $1,467,376,000: Provided, That section 751(j)(2) of the PHS Act, 747(a)(2), and the proportional funding amounts in paragraphs (1) through (4) of section 756(f) of the PHS Act shall not apply to funds made available under this heading: Provided further, That for any program operating under section 751 of the PHS Act on or before January 1, 2009, the Secretary of Health and Human Services (referred to in this title as the "Secretary") may hereafter waive any of the requirements contained in sections 751(d)(2)(A) and 751(d)(2)(B) of such Act for the full project period of a grant under such section: Provided further, That section 756(c) of the PHS Act shall apply to paragraphs (1) through (4) of section 756(a) of such Act: Provided

further, That fees collected for the disclosure of information under section 427(b) of the Health Care Quality Improvement Act of 1986 and sections 1128E(d)(2) and 1921 of the Social Security Act shall be sufficient to recover the full costs of operating the programs authorized by such sections and shall remain available until expended for the National Practitioner Data Bank: Provided further, That funds transferred to this account to carry out section 846 and subpart 3 of part D of title III of the PHS Act may be used to make prior year adjustments to awards made under such section and subpart: Provided further, That the institutional requirement in section 756(c) of the PHS Act shall apply to paragraphs (1) through (4) of section 756(a) of such Act: Provided further, That $125,600,000 shall remain available until expended for the purposes of providing primary health services, assigning National Health Service Corps ("NHSC") participants to expand the delivery of substance use disorder treatment services, notwithstanding the assignment priorities and limitations under sections 333(a)(1)(D), 333(b), and 333A(a)(1)(B)(ii) of the PHS Act, and making payments under the NHSC Loan Repayment Program under section 338B of such Act: Provided further, That, within the amount made available in the previous proviso, $15,600,000 shall remain available until expended for the purposes of making payments under the NHSC Loan Repayment Program under section 338B of the PHS Act to individuals participating in such program who provide primary health services in Indian Health Service facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (as those terms are defined by the Secretary), notwithstanding the assignment priorities and limitations under section 333(b) of such Act: Provided further, That for purposes of the previous two provisos, section 331(a)(3)(D) of the PHS Act shall be applied as if the term "primary health services" includes clinical substance use disorder treatment services, including those provided by masters level, licensed substance use disorder treatment counselors: Provided

further, That of the funds made available under this heading, $6,000,000 shall be available to make grants to establish, expand, or maintain optional community-based nurse practitioner fellowship programs that are accredited or in the accreditation process, with a preference for those in Federally Qualified Health Centers, for practicing postgraduate nurse practitioners in primary care or behavioral health: Provided further, That of the funds made available under this heading, $10,000,000 shall remain available until expended for activities under section 775 of the PHS Act: Provided further, That the United States may recover liquidated damages in an amount determined by the formula under section 338E(c)(1) of the PHS Act if an individual either fails to begin or complete the service obligated by a contract under section 775(b) of the PHS Act: Provided further, That for purposes of section 775(c)(1) of the PHS Act, the Secretary may include other mental and behavioral health disciplines as the Secretary deems appropriate: Provided further, That the Secretary may terminate a contract entered into under section 775 of the PHS Act in the same manner articulated in section 206 of this title for fiscal year 2025 contracts entered into under section 338B of the PHS Act: Provided further, That of the funds made available under this heading, $10,000,000 shall be available for grants under section 756 of the PHS Act to public high schools and other entities that the Secretary may deem to be eligible for recruiting and training students and young adults to provide behavioral health support.

Of the funds made available under this heading, $50,500,000 shall remain available until expended for grants to public institutions of higher education to expand or support graduate education for physicians provided by such institutions, including funding for infrastructure development, maintenance, equipment, and minor renovations or alterations: Provided, That, in awarding such grants, the Secretary shall give priority to public institutions of higher education

located in States with a projected primary care provider shortage, as determined by the Secretary: Provided further, That grants so awarded are limited to such public institutions of higher education in States in the top half of States with a projected primary care provider shortage, as determined by the Secretary: Provided further, That the minimum amount of a grant so awarded to such an institution shall be not less than $1,000,000 per year: Provided further, That such a grant may be awarded for a period not to exceed 5 years: Provided further, That such a grant awarded with respect to a year to such an institution shall be subject to a matching requirement of non-Federal funds in an amount that is not more than 10 percent of the total amount of Federal funds provided in the grant to such institution with respect to such year.

MATERNAL AND CHILD HEALTH

For carrying out titles III, XI, XII, and XIX of the PHS Act with respect to maternal and child health and title V of the Social Security Act, $1,234,944,000: Provided, That notwithstanding sections 502(a)(1) and 502(b)(1) of the Social Security Act, not more than $228,130,000 shall be available for carrying out special projects of regional and national significance pursuant to section 501(a)(2) of such Act and $10,276,000 shall be available for projects described in subparagraphs (A) through (F) of section 501(a)(3) of such Act.

RYAN WHITE HIV/AIDS PROGRAM

For carrying out title XXVI of the PHS Act with respect to the Ryan White HIV/AIDS program, $2,581,041,000, of which $2,045,630,000 shall remain available to the Secretary through September 30, 2027, for parts A and B of title XXVI of the PHS Act, and of which not less than $900,313,000 shall be for State AIDS Drug Assistance Programs under the authority of section 2616 or 311(c) of such Act; and of which $175,000,000, to remain available until expended,

shall be available to the Secretary for carrying out a program of grants and contracts under title XXVI or section 311(c) of such Act focused on ending the nationwide HIV/AIDS epidemic, with any grants issued under such section 311(c) administered in conjunction with title XXVI of the PHS Act, including the limitation on administrative expenses.

HEALTH SYSTEMS

For carrying out titles III and XII of the PHS Act with respect to health care systems, and the Stem Cell Therapeutic and Research Act of 2005, $135,009,000, of which $122,000 shall be available until expended for facilities renovations and other facilities-related expenses of the National Hansen's Disease Program.

RURAL HEALTH

For carrying out titles III and IV of the PHS Act with respect to rural health, section 427(a) of the Federal Coal Mine Health and Safety Act of 1969, and sections 711 and 1820 of the Social Security Act, $352,407,000, of which $64,277,000 from general revenues, notwithstanding section 1820(j) of the Social Security Act, shall be available for carrying out the Medicare rural hospital flexibility grants program: Provided, That of the funds made available under this heading for Medicare rural hospital flexibility grants, up to $20,942,000 shall be available for the Small Rural Hospital Improvement Grant Program for quality improvement and adoption of health information technology, no less than $5,000,000 shall be available to award grants to public or non-profit private entities for the Rural Emergency Hospital Technical Assistance Program, and up to $1,000,000 shall be to carry out section 1820(g)(6) of the Social Security Act, with funds provided for grants under section 1820(g)(6) available for the purchase and implementation of telehealth services and other efforts to improve health care coordination for

rural veterans between rural providers and the Department of Veterans Affairs: Provided further, That notwithstanding section 338J(k) of the PHS Act, $12,500,000 shall be available for State Offices of Rural Health: Provided further, That $12,500,000 shall remain available through September 30, 2027, to support the Rural Residency Development Program.

FAMILY PLANNING

For carrying out the program under title X of the PHS Act to provide for voluntary family planning projects, $390,000,000: Provided, That amounts provided to said projects under such title shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that such amounts shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office.

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT

For carrying out title III of the Public Health Service Act and for cross-cutting activities and program support for activities funded in other appropriations included in this Act for the Health Resources and Services Administration, $214,088,000, of which $38,050,000 shall be for expenses necessary for the Office for the Advancement of Telehealth, including grants, contracts, and cooperative agreements for the advancement of telehealth activities: Provided, That funds made available under this heading may be used to supplement program support funding provided under the headings "Primary Health Care", "Health Workforce", "Maternal and Child Health", "Ryan White HIV/AIDS Program", "Health Systems", and "Rural Health".

Language Analysis

LANGUAGE PROVISION	EXPLANATION
Provided further, That amounts made available under this heading in this Act are available for expenses incurred by HHS in administering programs under section 1905(l)(2)(B)(ii) and (iii) of the Social Security Act.	Language requested to provide for administrative costs associated with health center look-alikes funded under Section 1905(l)(2)(B)(ii) and (iii) of the Social Security Act.
Provided, That section 751(j)(2) of the PHS Act, 747(a)(2), and the proportional funding amounts in paragraphs (1) through (4) of section 756(f) of the PHS Act shall not apply to funds made available under this heading:	Language requested to not withstand provision requiring awards to be a duration of 5 years in the Primary Care Training and Enhancement program.
Provided further, That the institutional requirement in section 756(c) of the PHS Act shall apply to paragraphs (1) through (4) of section 756(a) of such Act:	Language requested to facilitate priority funding of Historically Black Colleges and Universities and Minority Serving Institutions to train behavioral health providers.
Provided further, That of the funds made available under this heading, $10,000,000 shall be available for grants under section 756 of the PHS Act to public high schools and other entities that the Secretary may deem to be eligible for recruiting and training students and young adults to provide behavioral health support.	Language requested to provide authorization for HRSA to award grants to public health schools and other entities within the Behavioral Health Workforce Development Program.

Amounts Available for Obligation[6]

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget[7]
General Fund Discretionary Appropriation:			
Appropriation	$9,465,283,000	$ 9,465,283,000	$8,233,637,000
Hurricane Supplemental	+65,000,000		
Unobligated Balance of Appropriations Permanently Reduced	-11,000,000		
Subtotal, adjusted general fund discr. Appro.	**$9,519,283,000**	**$9,465,283,000**	**$8,233,637,000**
Bipartisan Safer Communities FY 2022 Advanced Appropriation	+32,000,000	+32,000,000	+32,000,000
Mandatory Appropriation:			
Family to Family Health Information Centers	+6,000,000	+6,000,000	+12,000,000
Primary Health Care Access:			
Community Health Center Fund	+4,000,000,000	+5,170,000,000	+6,340,000,000
National Health Service Corps	+310,000,000	+790,000,000	+790,000,000
Subtotal Primary Health Care Access	**+4,310,000,000**	**+5,960,000,000**	**+7,130,000,000**
Maternal, Infant, and Early Childhood Home Visiting Program	+500,000,000	+550,000,000	+565,800,000
Teaching Health Centers Graduate Medical Education	+126,500,000	+157,000,000	+320,000,000
Transfer to the Department of Justice	-5,000,000	-5,000,000	-5,000,000
Mandatory Sequestration	-119,875,000	-31,692,000	-34,200,000
Subtotal, adjusted mandatory appropriation	**$4,817,625,000**	**$ 6,636,308,000**	**$7,988,600,000**
Subtotal, adjusted appropriation	**$14,368,908,000**	**$16,133,591,000**	**$16,254,237,000**
Offsetting Collections	+18,814,000	+18,814,000	+18,814,000
Subtotal Spending Authority from offsetting collections	**+18,814,000**	**+18,814,000**	**+18,814,000**
Unobligated balance, start of year	+842,000,000	+331,000,000	+ 378,000,000
Unobligated balanced end of year	+331,000,000	+378,000,000	+424,000,000
Recoveries from prior year unpaid obligations	+83,000,000	-	-
Recoveries from prior year paid obligations	+1,000,000		
Unobligated balance, lapsing	-5,000,000	-	-
Total Obligations	**$15,639,722,000**	**$16,861,405,000**	**$17,075,051,000**

[6] Excludes the following amounts for reimbursable activities carried out by this account: FY 2023 -$48,000,000 and 34 FTE; FY 2024- $44,000,000 and 35 FTE; FY 2025 $44,000,000 and 35 FTE.

[7] FY 2025 level includes proposed mandatory funding for Health Centers, National Health Service Corps, Teaching Health Centers Graduate Medical Education and Family to Family Health Information Centers

Summary of Changes

2024 Continuing Resolution	$9,465,283,000
(Obligations)	($9,465,283,000)
2025 Estimate	$8,233,637,000
(Obligations)	($8,233,637,000)
2024 Mandatory	$6,641,308,000
(Obligations)	($6,641,308,000)
2025 Mandatory	$8,027,800,000
(Obligations)	($8,027,800,000)
Net Change	**$154,846,000**

No.	Program	FY 2024 Continuing Resolution		FY 2025 President's Budget	FY 2025+/- FY 2024	
		FTE	**Budget Authority**	**Budget Authority**	**FTE**	**Budget Authority**
		2,490	$465,716,000	$492,315,000	**+102**	+$26,599,000
	Increases:					
	A. Built in:					
1	January 2025 Civilian Pay Raise		19,313,000	11,988,000		-7,325,000
2	January 2025 Military Pay Raise		1,374,000	1,336,000		-38,000
3	Civilian Annualization of Jan. 2025		4,398,000	5,566,000		+ 1,168,000
4	Military Annualization of Jan. 2025		313,000	371,000		+ 58,000
	Subtotal, built-in increases		**25,398,000**	**19,261,000**		**-6,137,000**
	B. Program:					
	Discretionary Increases					
1	Behavioral Health Workforce Development Programs	27	197,053,000	253,553,000	+ 4	+56,500,000
2	Advanced Nursing Education	13	95,581,000	105,581,000	-	+10,000,000
3	Nurse Education, Practice and Retention	8	59,413,000	69,413,000	-	+10,000,000
4	Health Care Workforce Innovation Program	-	-	10,000,000	+ 2	+10,000,000
5	Maternal and Child Health Block Grant	69	815,700,000	831,714,000	+ 4	+16,014,000
6	Innovation for Maternal Health	4	15,300,000	30,300,000	+ 2	+15,000,000
7	Healthy Start	26	145,000,000	172,000,000	+ 1	+27,000,000
8	Screening and Treatment for Maternal Depression	2	10,000,000	15,500,000	-	+5,500,000
9	Ending HIV Epidemic Initiative	32	165,000,000	175,000,000	-	+10,000,000
10	Organ Transplantation	7	31,049,000	67,049,000	+ 18	+36,000,000
11	Family Planning	35	286,479,000	390,000,000	-	+103,521,000
12	Program Management	826	163,800,000	163,800,000	+ 10	-
	Subtotal Discretionary Program Increases	**1,049**	**1,984,375,000**	**2,283,910,000**	**+ 41**	**+299,535,000**
	Mandatory Increases			-		
1	Health Centers	344	5,170,000,000	6,340,000,000	+ 60	+1,170,000,000
3	Teaching Health Centers GME	16	157,000,000	320,000,000	-	+163,000,000
4	Family to Family Health Info Centers	1	5,658,000	12,000,000	+ 1	+$6,342,000
5	Maternal Child Health Home Visiting	51	518,650,000	565,800,000	-	+$47,150,000
	Subtotal Mandatory Program Increases	**412**	**5,851,308,000**	**7,237,800,000**	**61**	**+1,386,492,000**
				-		
	Decreases:			-		
	A. Built in:			-		
	Pay Costs	**2,490**	**465,716,000**	**492,315,000**	**+102**	**+26,599,000**

No.	Program	FY 2024 Continuing Resolution		FY 2025 President's Budget	FY 2025+/- FY 2024	
	B. Program:					
	Discretionary Decreases					
1	Graduate Medical Student Education	1	60,000,000	50,500,000	-	-9,500,000
2	Program Management: Community Projects	-	1,521,681,000	-	-	-1,521,681,000
	Subtotal Discretionary Program Decreases	**1**	**1,581,681,000**	**50,500,000**	**-**	**-1,531,181,000**
	Mandatory Decreases					
	Subtotal Mandatory Program Decreases	-	-	-	-	-
	Net Change Discretionary	**+1,050**	**$ 3,566,056,000**	**$ 2,334,410,000**	**+41**	**-$1,231,646,000**
	Net Change Mandatory	**+412**	**$5,851,308,000**	**$ 7,237,800,000**	**+61**	**+$1,386,492,000**
	Net Change Discretionary and Mandatory	**1,462**	**$ 9,417,364,000**	**$ 9,572,210,000**	**+102**	**+$154,846,000**

Authorizing Legislation[8,4]

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
PRIMARY HEALTH CARE:				
Health Centers (Discretionary): Public Health Service (PHS) Act, Section 330, as amended (and specifically subsection 330(r)(1)), including by P.L. 111-148, Section 5601; as amended by P.L. 115-123, Division E, Title IX, Section 50901; as amended by P.L. 116-136, Division A, Title III, Section 3211; as amended by P.L. 116-260, Consolidated Appropriations Act, 2021, Division BB, Title III, Section 311 Note: P.L. 117-2, American Rescue Plan Act, Title II, Subtitle G, Section 2601	Authorized for FY 2024 (and each subsequent year), an amount equal to the previous year's funding adjusted by the product of one plus the average percentage increase in costs incurred per patient served and one plus the average percentage increase in the total number of patients served	$1,737,722,000	Expired	$1,737,722,000
Health Centers (Community Health Center Fund) (Mandatory): P.L. 111-148, Patient Protection and Affordable Care Act, Section 10503(b)(1); as amended by P.L 111-152, Section 2303; as amended by P.L. 114-10, Section 221; as amended by P.L. 115-96, Division C, Title I, Section 3101; as amended by P.L. 115-123, Division E, Title IX, Section 50901; as amended by P.L. 116-59, Continuing Appropriations Act, 2020, and Health Extenders Act of 2019, Division B, Title I, Section 1101; as amended by P.L. 116-69, Further Continuing Appropriations Act, 2020, and Further Health Extenders Act of 2019, Division B, Title I, Section 1101; as amended by P.L. 116-94, Further Consolidated Appropriations Act, 2020, Division N, Title I, Subtitle D, Sec. 401; as amended by P.L. 116-136, CARES Act, Division A, Title III, Section 3831; as amended by P.L. 116-159, Continuing Appropriations Act, 2021 and Other Extensions Act, Division C, Title I, Section 2101; as amended by P.L. 116-215, Further Continuing Appropriations Act, 2021, and Other Extensions Act, Division B, Title II, Section 1201; as	Expired	Current Law: $1,753,425,000 Proposed: $3,416,575,000 Total: $5,170,000,000	Expired	$6,340,000,000

[8] Where authorizations of appropriations ended in prior fiscal years, authority still exists for particular activities if the enabling authorities continue to exist and if current appropriations extend to the programmatic activities.

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
amended by P.L. 116-260, Consolidated Appropriations Act, 2021, Division BB, Title III, Sec. 301; as amended by P.L. 118-15, Continuing Appropriations Act, 2024 and Other Extensions, Sec. 2321; as amended by P.L. 118-22, Further Continuing Appropriations and Other Extensions Act, 2024, Section 201. (see 42 U.S.C. 254b-2)				
Federal Tort Claims Act Coverage for Health Centers: PHS Act, Section 224(g)-(n), as added by P.L. 102-501; as amended by P.L. 103-183; P.L. 104-73; P.L. 108-163; and P.L. 114-255, Section 9025 (added subsection 224(q) for health center health professional volunteers)	Authorizes a fund of an amount equal to the amount estimated under paragraph (k)(1) that is attributable to entities receiving funds under each of the grant programs described in paragraph (g)(4), not to exceed a total of $10,000,000 for each fiscal year. Appropriations for purposes of this paragraph shall be made separate from appropriations made for purposes of sections 254b, 254b and 256a of this title.	$120,000,000	Authorizes a fund of an amount equal to the amount estimated under paragraph (k)(1) that is attributable to entities receiving funds under each of the grant programs described in paragraph (g)(4), not to exceed a total of $10,000,000 for each fiscal year. Appropriations for purposes of this paragraph shall be made separate from appropriations made for purposes of sections 254b, 254b and 256a of this title	$120,000,000
Federal Tort Claims Act Coverage for Free Clinics: PHS Act, Section 224(o), as added to the PHS Act by P.L. 104-191, Section 194; as amended by P.L. 111-148, Section 10608	Authorizes a fund of an amount equal to the amount estimated under paragraph (k)(1) that is attributable to entities receiving funds under each of the grant programs described in paragraph (g)(4), not to exceed a total of $10,000,000 for each fiscal year. Appropriations for purposes of this paragraph shall be made separate from appropriations made for purposes of sections 254b, 254b and 256a of this title	$1,000,000	Authorizes a fund of an amount equal to the amount estimated under paragraph (k)(1) that is attributable to entities receiving funds under each of the grant programs described in paragraph (g)(4), not to exceed a total of $10,000,000 for each fiscal year. Appropriations for purposes of this paragraph shall be made separate from appropriations made for purposes of sections 254b, 254b and 256a of this title	$1,000,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Liability Protections for Health Professional Volunteers at Community Health Centers: PHS Act, Section 224(q), as added by P.L. 114-255, Section 9025; as amended by Continuing Appropriations and Ukraine Supplemental Appropriations Act 2023, Title III, section 301	Not Specified	---	Not Specified	---
HEALTH WORKFORCE:				
National Health Service Corps (NHSC) (Discretionary) PHS Act, Sections 331-338, and 338A-H as amended by P.L. 110-355, Section 3; as amended by P.L. 111-148, Section 10501(n)(1)- (5)	Authorized for FY 2024 (and each subsequent year), based on previous year's funding, subject to adjustment formula	$125,600,000	Authorized for FY 2025 (and each subsequent year), based on previous year's funding, subject to adjustment formula	$125,600,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
NHSC (Fund) (Mandatory): P.L. 111-148, Patient Protection and Affordable Care Act, Section 10503(b)(2), as amended by P.L. 114-10, Section 221 [see 42 USC 254b-2 stand-alone provision—not in PHS Act], as amended by P.L. 115-96, Section 3101(b)(3)(F); as amended by P.L. 115-123, Section 50901, as amended by P.L. 116-59, Division B, Title I, Section 1101, as amended by P.L. 116-69, Further Continuing Appropriations Act, 2020, and Further Health Extenders Act of 2019, Division B, Title I, Section 1101, as amended by P.L. 116-94, Further Consolidated Appropriations Act, 2020, Division N, Title I, Subtitle D, Section 401; as amended by P.L. 116-136, CARES Act, Division A, Title III, Section 3831; as amended by P.L. 116-159, Continuing Appropriations Act, 2021 and Other Extensions Act, Division C, Title I, Section 2101; as amended by P.L. 116-215, Further Continuing Appropriations Act, 2021, and Other Extensions Act, Division B, Title II, Section 1201; as amended by P.L. 116-260, Consolidated Appropriations Act, 2021, Division BB, Title III, Section 301 (see 42 U.S.C. 254b-2); as amended by P.L. 118-15, Continuing Appropriations Act 2024 and Other Extensions Act, section 2321(c); as amended by P.L. 118-22, Further Continuing Appropriations and Other Extensions Act, 2024, Section 201.	Expired	Current Law: $135,890,000 Proposed: $654,110,000 Total: $790,000,000	Expired	$790,000,000
Mental Health and Substance Use Disorder Training for Health Care Professionals, Paraprofessionals, and Public Safety Officers: American Rescue Plan Act, Section 2705 (P.L. 117-2)	---	---	---	---
Grants for Health Care Providers to Promote Mental Health Among Their Health Professional Workforce: American Rescue Plan Act, Section 2705 (P.L. 117-2)	---	---	---	---

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
NHSC Students to Service Loan Repayment Program: PHS Act, Sections 338B, as amended by P.L. 107-251, Section 310; as amended by P.L. 108-163, Section 2; as amended by P.L. 111-148, Section 10501	Indefinite Note: An amount based on previous year's funding, subject to adjustment formula	---	Indefinite Note: An amount based on previous year's funding, subject to adjustment formula	---
State Loan Repayment Program (SLRP): PHS Act, Section 338I(a)-(i), as amended by P.L. 107-251, Section 315; as further amended by P.L. 110-355, Section 3(e)(2)	Expired Note: The American Rescue Plan Act (P.L. 117-2), Section 2602(b) set-aside $100,000,000 to the SLRP (to remain available until expended) from the $800,000,000 appropriated to the National Health Service Corps (Section 2602(a))	---	Expired Note: The American Rescue Plan Act (P.L. 117-2), Section 2602(b) set-aside $100,000,000 to the SLRP (to remain available until expended) from the $800,000,000 appropriated to the National Health Service Corps (Section 2602(a))	---
Loan Repayments and Fellowships Regarding Faculty Positions (Faculty Loan Repayment): PHS Act, Section 738(a) and 740(b), as amended by P.L. 111-148, Sections 5402 and 10501(d); as amended by P.L. 116-136, CARES Act, Section 3401	$1,190,000 (through FY 2025)	$2,310,000	$1,190,000 (through FY 2025)	$2,310,000
Centers of Excellence: PHS Act, Section 736, as amended by P.L. 111-148, Section 5401); as amended by P.L. 116-136, CARES Act, Section 3401	$23,711,000 (through FY 2025)	$28,422,000	$23,711,000 (through FY 2025)	$28,422,000
Scholarships for Disadvantaged Students: PHS Act, Section 737, as amended by P.L. 111-148, Section 5402(b), authorization of appropriations in Section 740(a); as amended by P.L. 116-136, CARES Act, Section 3401	$51,470,000 (through FY 2025)	$55,014,000	$51,470,000 (through FY 2025)	$55,014,000
Health Careers Opportunity Program: PHS Act, Section 739, as amended by P.L. 111-148, Section 5402, authorization of appropriation in Section 740(c); as amended by P.L. 116-136, CARES Act, Section 3401	$15,000,000 (through FY 2025)	$16,000,000	$15,000,000 (through FY 2025)	$16,000,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
National Center for Workforce Analysis: PHS Act, Section 761(e), as amended by P.L. 111-148, Section 5103; as amended by P.L. 116-136, CARES Act, Section 3401	$5,663,000 (through FY 2025)	$5,663,000	$5,663,000 (through FY 2025)	$5,663,000
Primary Care Training and Enhancement: PHS Act, Section 747, as amended by P.L. 111-148, Section 5301; as amended by P.L. 116-136, CARES Act, Section 340; as amended by the Bipartisan Safter Communities Act (BSCA) P.L. 117-159	$60,000,000 (through FY 2026)	$49,924,000	$60,000,000 (through FY 2026)	$49,924,000
Oral Health Training Programs (Training in General, Pediatric, and Public Health Dentistry): PHS Act, Section 748, as added by P.L. 111-148, Section 5303; as amended by P.L. 116-136, CARES Act, Section 3401	$28,531,000 (through FY 2025)	$42,673,000	$28,531,000 (through FY 2025)	$42,673,000
Graduate Medical Education for Physicians: as added by P.L. 115-245, Division B, Title II; as amended by P.L. 116-260, Consolidated Appropriations Act, 2021, Division H, Title II	--	$60,000,000	--	$50,500,000
Interdisciplinary, Community-Based Linkages: Area Health Education Centers: PHS Act, Section 751, as amended by P.L. 111-148, Section 5403; as amended by P.L. 113-128, Section 512(z)(2); as amended by P.L. 116-136, CARES Act, Section 3401	$41,250,000 (through FY 2025)	$47,000,000	$41,250,000 (through FY 2025)	$47,000,000
Education and Training Related to Geriatrics [Geriatric Workforce Enhancement Program (GWEP) and Geriatric Academic Career Awards (GACA)]: PHS Act, Section 753, as amended by P.L. 111-148, Section 5305; as amended by P.L. 116-136, CARES Act, Section 3403	$40,737,000 (through FY 2025)	$47,245,000	$40,737,000 (through FY 2025)	$47,245,000
Mental and Behavioral Health Education and Training Programs (MBHET): PHS Act, Section 756, as added by P.L. 111-148, Section 5306; as amended by P.L. 114-255, Section 9021; as amended by P.L. 115-271, Section 7073(b); as	MBHET: $50,000,000 (through FY 2027) PHS Act, Section 756, Subsection (a)(1)-- $15,000,000	$197,053,000	MBHET: $50,000,000 (through FY 2027)	$253,553,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
amended by section 1311 of chapter 2 of subtitle C of title I of division FF of the Consolidated Appropriations Act, 2023 (Pub. L. 117-328) • Behaviors Health Workforce Education and Training (BHWET) • Graduate Psychology Education (GPE) • Opioid Impacted Family Support Program (OIFSP) • Behavioral Health Workforce Technical Assistance and Evaluation (BHWD TAE) Program (also authorized under PHS Act 755 and 799)	Subsection (a)(2) $15,000,000; Subsection (a)(3): $10,000,000; Subsection (a)(4): $10,000,000		PHS Act, Section 756, Subsection (a)(1)-- $15,000,000 Subsection (a)(2) $15,000,000; Subsection (a)(3): $10,000,000; Subsection (a)(4): $10,000,000	
Training Demonstration Programs: PHS Act, 760; as amended by section 1311 of chapter 2 of subtitle C of title I of division FF of the Consolidated Appropriations Act, 2023 (Pub. L. 117-328) • Addiction Medicine Fellowship (AMF) • Integrated Substance Use Disorder Training Program (ISTP)	$31,700,000 through FY 2027		$31,700,000 through FY2027	
Substance Use Disorder Treatment Workforce (STAR) Loan Repayment Program (LRP): PHS Act Section 781; as amended by P.L. 115-271, Section 7071	Expired		Expired	

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Training for Health Care Providers: PHS Act, Section 763 as added by P.L. 117-103, Consolidated Appropriations Act, 2022, Section 132	$5,000,000 (through FY 2027)	---	$5,000,000 (through FY 2027)	---
Public Health /Preventive Medicine: PHS Act, Sections 765-768, as amended by P.L. 111-148, Section 10501; as amended by P.L. 116-136, CARES Act, Section 3401 (amends PHS Act, Section 766) Note: PHS Act, Section 770 provides the authorization of appropriations for subpart 2 of Part E of Title VII, which includes Sections 765-768	$17,000,000 (through FY 2025)	$18,000,000	$17,000,000 (through FY 2025)	$18,000,000
Nursing Workforce Development: Advanced Education Nursing: PHS Act, Section 811, as amended by P.L. 111-148, Title V, Subtitle D, Section 5308; as amended by P.L. 116-136, CARES Act, Section 3404 Note: PHS Act, Section 871(a) provides an authorization of appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D, which includes PHS Act, Section 811	See PHS Act, Section 871(a), which authorizes appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D.	$95,581,000	See PHS Act, Section 871(a), which authorizes appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D. Through FY 2025	$105,581,000
Nursing Workforce Diversity PHS Act, Section 821, as amended by P.L. 111-148, Section 5404; as amended by P.L. 116-136, CARES Act, Section 3404 Note: PHS Act, Section 871(a) provides an authorization of appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D, which includes PHS Act, Section 821	See PHS Act, Section 871(a), which authorizes appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D.	$24,343,000	See PHS Act, Section 871(a), which authorizes appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D. Through FY 2025	$24,343,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Nurse Education, Practice, Quality and Retention: PHS Act, Section 831, as amended by P.L. 111-148, Sec. 5309; as amended by P.L. 116-136, the CARES Act, Section 3404 (*Note: PHS Act, Section 831A previously authorized the program with section 831, but was struck by P.L. 116-136, CARES Act) Note: PHS Act, Section 871(a) provides an authorization of appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D, which includes PHS Act, Section 831	See PHS Act, Section 871(a), which authorizes appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D.	$59,413,000	See PHS Act, Section 871(a), which authorizes appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D. Through FY 2025	$69,413,000
Nurse Faculty Loan Program: PHS Act, Section 846A, as amended by P.L. 111-148, Section 5311; as amended by P.L. 116-136, CARES Act, Section 3404 Note: PHS Act, Section 871(a) provides an authorization of appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D, which includes PHS Act, Section 846A	See PHS Act, Section 871(a), which authorizes appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D.	$28,500,000	See PHS Act, Section 871(a), which authorizes appropriations of $137,837,000 for all programs under Title VIII Parts B, C, and D. Through FY 2025	$28,500,000
NURSE Corps (formerly Nursing Education Loan Repayment and Scholarship Programs): PHS Act, Section 846, as amended by P.L. 107-205, Section 103; and for NURSE Corps Loan Repayment only, as amended by P.L. 111-148, Section 5310(a); as amended by P.L. 116-136, CARES Act, Section 3404 Note: PHS Act, Section 871(b) provides an authorization of appropriations of $117,135,000 for all programs under Title VIII Part E, which includes PHS Act, Section 846	See PHS Act, Section 871(b), which authorized appropriations of $117,135,000 for all programs under Title VIII Part E	$92,635,000	See PHS Act, Section 871(b), which authorized appropriations of $117,135,000 for all programs under Title VIII Part E. Through FY 2025	$92,635,000
Children's Hospitals Graduate Medical Education (GME) Program: PHS Act, Section 340E, as amended by P.L. 106-129, Section 4; as amended by P.L. 106-310, Section 2001; as amended by P.L. 108-490, Section 1; as amended by P.L. 109-307, Section 2; as amended by P.L. 113-98, Sections 2, 3; as amended by P.L. 115-241, Section 2	Expired	$385,000,000	Expired	$385,000,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Teaching Health Centers (THC) Graduate Medical Education (GME) Program: PHS Act, Section 340H, as added by P.L. 111-148, Section.5508; as amended by P.L. 114-10, Section 221; as amended by P.L. 115-63, Section 301(a), as amended by P.L. 115-96 Section 3101(c)(2); as amended by P.L. 115-123, Section. 50901 as amended by P.L. 116-59, Continuing Appropriations Act, 2020, and Health Extenders Act of 2019, Section 1101, as amended by P.L. 116-69, Further Continuing Appropriations Act, 2020, and Further Health Extenders Act of 2019,Section 1101, as amended by P.L. 116-94, Division N, Title I, Subtitle D, Section 401; as amended by P.L. 116-136, CARES Act, Section 3831; as amended by P.L. 116-159, Continuing Appropriations Act, 2021 and Other Extensions Act, Section 2101; as amended by P.L. 116-215, Further Continuing Appropriations Act, 2021, and Other Extensions Act, Section 1201; as amended by P.L. 116-260, Consolidated Appropriations Act, 2021, Title III, Subtitle A, Section 301; as amended by P.L. 118-15, Continuing Appropriations Act, 2024 and Other Extensions Act, Section 2321(a); as amended by P.L. 118-22, Further Continuing Appropriations and Other Extensions Act, 2024.	Expired	Current Law: $55,452,000 Proposed: $101,548,000 Total: $157,000,000	Expired	$320,000,000
Teaching Health Centers (THC) Development Grants: PHS Act, Section 749A, as added by P.L. 111-148, Section 5508)	Such sums as may be- necessary (permanent)	---	Such sums as may be- necessary (permanent)	---
National Practitioner Data Bank (User Fees) Social Security Act (SSA) sections 1921 and 1128E Title IV, P.L. 99-660; Section 5, P.L. 100-93, SSA Section 1921; Section 221(a), P.L. 104-191, SSA Section 1128E (also includes: Health Care Integrity and Protection Data Bank (HIPDB), SSA, Section 1128E)	Not Specified	$18,814,000	Not Specified	$18,814,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Health Professional Shortage Areas: PHS Act, Section 332, as amended by P.L. 115-320, Section 2, added a new Subsection (k) authority for "Maternity Care Health Professional Target Areas"	---	---	---	---
Grants for Innovative Programs: PHS Act, Section 340G, as amended by P.L. 115-302, Section 3	Expired	---	Expired	---
Pediatric Loan Repayment: PHS Act, Section 775, as added by P.L. 111-148, Section. 5203; as amended by P.L. 116-136, CARES Act, Section 3401	Such sums as may be necessary (through FY 2025)	$10,000,000	Such sums as may be necessary (through FY 2025)	$10,000,000
Supporting the Mental Health of the Health Professions Workforce: PHS Act, Section 764, as amended by P.L. 117-105, Section 4	$35,000,000 (through FY 2024)	---	Expired	---
Education and awareness initiative encouraging use of mental health and substance use disorder services by health care professionals: as added by P.L. 117-105, Section 3 42 USC 294t note.	$10,000,000 (through FY 2024)		Expired	
Health Care Workforce Innovation: PHS Act, Section 741, 807	Expired	---	Expired	$10,000,000
MATERNAL AND CHILD				
Maternal and Child Health Block Grant: Social Security Act, Title V, as amended by P.L. 106-554, Section 921	$850,000,000 (permanent)	$815,700,000	$850,000,000 (permanent)	$831,714,000
Innovation for Maternal Health (AIM): PHS Act, Section 330O as added by P.L. 117-103, Consolidated Appropriations Act, 2022, Section 131	$9,000,000 (through FY 2027)	$15,300,000	$9,000,000 (through FY 2027)	$30,300,000
Integrated Services for Pregnant and Postpartum Women: PHS Act, Section 330P as added by P.L. 117-103, Consolidated Appropriations Act, 2022, Section 134(a)	$10,000,000 (through FY 2027)	$10,000,000	$10,000,000 (through FY 2027)	$10,000,000
Maternal Mental Health Hotline: PHS Act, Section 399V–7 as added by P.L. 117-328, Consolidated Appropriations Act, 2023, section 1112	$10,000,000 (through FY 2027)	$7,000,000	$10,000,000 (through FY 2027)	$7,000,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Autism Education, Early Detection and Intervention: PHS Act, Section 399BB, as added by P.L. 109-416, Section 3; as amended by P.L. 112-32, Section 2; as amended by P.L. 113-157, Section 4; as amended by P.L. 116-60, Autism Collaboration, Accountability, Research, Education, and Support Act of 2019, Section 3	$50,599,000 (through FY 2024)	$56,344,000	Expired	$56,344,000
Sickle Cell Service Demonstration Grants: P.L. 108-357, American Jobs Creation Act of 2004, Section 712(c), as amended by P.L. 115-327, Section 3 (which transferred Section 712(c) of P. L. 108–357, and re-designated it as PHS Act, Section 1106)	Expired	$8,205,000	Expired	$8,205,000
Early Hearing Detection and Intervention: PHS Act, Section 399M, as added by P.L. 106-310, Section 702; as amended by P.L. 111-337, Section 2; as amended by P.L. 115-71, Section 2; as amended by P.L. 117-241, Early Hearing Detection and Intervention Act of 2022, Section 2	$17,818,000 (through 2027)	$18,818,000	$17,818,000 (through 2027)	$18,818,000
Emergency Medical Services for Children: PHS Act, Section 1910, as amended by P.L. 105-392, Section 415; as amended by P.L. 111-148, Section 5603(1); as amended by P.L. 113-180, Section 2; as amended by P.L. 116-49, Emergency Medical Services for Children Program Reauthorization Act of 2019, Section 2	$22,334,000 (through FY 2024)	$24,334,000	Expired	$24,334,000
Healthy Start: PHS Act, Section 330H, as added by P.L. 106-310, Section 1501; as amended by P.L. 110-339, Section 2; as amended by P.L. 116-136, CARES Act, Section 3225	$125,500,000 (through FY2025)	$145,000,000	$125,500,000 (through FY2025)	$172,000,000
Heritable Disorders: PHS Act, Sections 1109-1112, 1114, and 1117, as amended by P.L. 106-310, Section 2601; as amended by P.L. 110-204, Section 2; as amended by P.L. 110-237, Section 1; as amended by P.L. 113-240, Section 10	Expired	$20,883,000	Expired	$20,883,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Pediatric Mental Health Care Access Grants: PHS Act, Section 330M, as added by P.L. 114-255, Section 10002; as amended by P.L. 117-159, Bipartisan Safer Communities Act, Section 11005	$31,000,000 (through FY 2027)	$13,000,000	$31,000,000 (through FY 2027)	$13,000,000
Screening and Treatment for Maternal Mental Health and Substance Use Disorders (formerly Screening and Treatment for Maternal Depression): PHS Act, Section 317L-1, as added by P.L. 114-255, Section 10005; as amended by P.L. 117-328, Consolidated Appropriations Act, 2023, section 1111	$24,000,000 (through FY 2027)	$10,000,000	$24,000,000 (through FY 2027)	$15,500,000
Poison Control: PHS Act, Sections 1271-1274, as amended by P.L. 108-194; as amended by P.L. 110-377; as amended by P.L. 113-77; as amended by P.L. 116-94, Further Consolidated Appropriations Act, 2020, Division N, Title I, Subtitle D, Section 403	Toll-free number: $700,000 Media campaign: $800,000 Grant program: $28,600,000 (through FY 2024)	$26,846,000	Expired	$26,846,000
Family to Family Health Information Centers: Social Security Act, Section 501(c)(1)(A), as added by P.L. 109-171, Section 6064; reauthorized by P.L. 111-148, Sec. 5507(b), as amended by P.L. 112-240, Section 624; as amended by P.L. 113-67, Section 1203; as amended by P.L. 113-93, Section 207; as amended by P.L. 114-10, Section 216; as amended by P.L. 115-123, Section 50501; as amended by P.L. 116-39, Sustaining Excellence in Medicaid Act of 2019, Section 5	$6,000,000 (through FY 2024)	$5,658,000[9]	Expired	$12,000,000

[9] Post-sequestration funding level.

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Maternal, Infant and Early Childhood Visiting (MIECHV) Program: Social Security Act, Section 511, as added by P.L. 111-148, Section 2951; as amended by P.L. 113-93, Section 209; as amended by P.L. 114-10, Sec. 218; as amended by P.L. 115-123, Sections 50601-50607; as amended by P.L. 116-260, Consolidated Appropriations Act, 2021, Section 10; as amended by P.L. 117-2, American Rescue Plan Act, Title IX, Part 4, Section 9101 (new Social Security Act, Section 511A added after Section 511); as amended by the Continuing Appropriations and Ukraine Supplemental Appropriations Act, P.L. 117-180); as amended by P.L. 117-328, Consolidated Appropriations Act, 2023, section 6101	$550,000,000	$518,650,000[10]	$600,000,000	$565,800,000[11]
HIV/AIDS:				
Emergency Relief - Part A PHS Act, Sections 2601-10, as amended by P.L. 106-345; as amended by P.L. 109-415; as amended by P.L. 111-87	Expired	$680,752,000	Expired	$680,752,000
Comprehensive Care - Part B: PHS Act, Sections 2611-31, as amended by P.L. 106-345, as amended by P.L. 109-415, as amended by P.L. 111-87	Expired	$1,364,878,000	Expired	$1,364,878,000
AIDS Drug Assistance Program (Non-Add) PHS Act, Sections 2611-31 and 2616, as amended by P.L. 106-345, as amended by P.L. 109-415, as amended by P.L. 111-87	Expired	$900,313,000	Expired	$900,313,000
Early Intervention Services – Part C: PHS Act, Sections 2651-67, as amended by P.L. 106-345, as amended by P.L. 109-415, as amended by P.L. 111-87	Expired	$208,970,000	Expired	$208,970,000
Coordinated Services and Access to Research for Women, Infants, Children and Youth - Part D: PHS Act, Section 2671, as amended by P.L. 106-345, as amended by P.L. 109-415, as amended by P.L. 111-87	Expired	$77,935,000	Expired	$77,935,000

[10] Post-sequestration funding level
[11] Post-sequestration funding level

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
AIDS Education and Training Centers - Part F: PHS Act, Section 2692(a), as amended by P.L. 106-345, as amended by P.L. 109-415, as amended by P.L. 111-87	Expired	$34,886,000	Expired	$34,886,000
Dental Reimbursement Program - Part F: PHS Act, Section 2692(b), as amended by P.L. 106-345, as amended by P.L.109-415, as amended by P.L.111-87	Expired	$13,620,000	Expired	$13,620,000
Special Projects of National Significance - Part F: PHS Act, Section 2691, as amended by P.L. 104-146, as amended by P.L. 109-415, as amended by P.L. 111-87	Expired	$25,000,000	Expired	$25,000,000
Ending HIV Epidemic Initiative: PHS Act, Section 311and PHS Act, Title XXVI	Expired	$165,000,000	Expired	$175,000,000
HEALTH SYSTEMS:				
Organ Transplantation: PHS Act, Sections 371-378, as amended by P.L. 108-216, P.L. 109-129, P.L. 110-144, P.L. 110-413, and P.L. 113-51; as amended by P.L. 118-14, Securing the U.S. Organ Procurement and Transplantation Network Act	Expired	$31,049,000	Expired	$31,049,000
National Cord Blood Inventory: PHS Act, Section 379; as amended by P.L. 109-129, Section 3; as amended by P.L. 111-264; as amended by P.L. 114-104, Section 3; as amended by TRANSPLANT Act of 2021, Section 3, P.L. 117-15 C.W. Bill Young Cell Transplantation Program: PHS Act, Sections 379-379B, as amended by P.L. 109-129, Section 3; as amended by P.L. 111-264; as amended by P.L. 114-104, Section 2; TRANSPLANT Act of 2021, Section 2, P.L. 117-15	$23,000,000 (through FY 2026) $31,009,000 (through FY 2026)	$52,275,000	$23,000,000 (through FY 2026) $31,009,000 (through FY 2026)	$52,275,000
National Hansen's Disease Program: PHS Act, Section 320, as amended by P.L. 105-78, Section 211; as amended by P.L. 107-220	Not Specified	$13,706,000	Not Specified	$13,706,000
Payment to Hawaii: PHS Act, Section 320(d), as amended by P.L. 105-78, Section 211	Not Specified	$1,857,000	Not Specified	$1,857,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
National Hansen's Disease - Buildings and Facilities: PHS Act, Section 320	Not Specified	$122,000	Not Specified	$122,000
RURAL HEALTH:				
Rural Health Policy Development: Social Security Act, Section 711, as amended through P.L. 108-173, Section 432; and PHS Act, Section 301; as amended through P.L. 114-255, Sections 2012, 2013, 2035, and 2043	Not Specified	$11,076,000	Not Specified	$11,076,000
Rural Health Outreach Network Development and Small Health Care Provider Quality Improvement: PHS Act, Section 330A, as amended by P.L. 107-251, Section 201; as amended by P.L. 110-355, Section 4; as amended by P.L. 116-136, CARES Act, Section 3213 and Social Security Act, Section 711, as amended through P.L. 108-173 Note that funding is authorized through PHS Act Section 330A.	$79,500,000 (through FY 2025)	$92,975,000	$79,500,000 (through FY 2025)	$92,975,000
State Offices of Rural Health: PHS Act, Section 338J, as amended by P.L. 105-392, Section 301, and P.L. 115-408, Section 2; as amended by the State Offices of Rural Health Program Reauthorization Act of 2022, P.L. 117-356	$12,500,000 (through FY 2027)	$12,500,000	$12,500,000 (through FY 2027)	$12,500,000
Rural obstetric network grants, PHS Act Section 330A-2, as added by P.L. 117-103 Section 142	$3,000,000 (through FY 2027)		$3,000,000 (through FY 2027)	
Radiogenic Diseases (Radiation Exposure Screening and Education Program): PHS Act, Section 417Cas amended by P.L. 106-245, Section 4, as amended by P.L. 109-482, Sections. 103, 104	Not Specified	$1,889,000	Not Specified	$1,889,000
Black Lung: P.L. 91-173, Federal Mine Safety and Health Act, Section 427(a); as amended by P.L. 95-239, Black Lung Benefits Reform Act of 1977, Section 9	$10,000,000	$12,190,000	$10,000,000	$12,190,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Rural Communities Opioid Response: SSA, Section 711, as added by P.L. 100-203, Section 4401; as amended by P.L. 100-360, Section 411(m)(1); as amended by P.L. 101-239, Section 6213(g); as amended by P.L. 108-173, Section 432	Not Specified	$145,000,000	Not Specified	$145,000,000
Rural Residency: SSA, Section 711(b)(5), as added by P.L. 108-173, Section 432	Not Specified	$12,500,000	Not Specified	$12,500,000
Rural Health Clinic Behavioral Health: SSA, Section 711, as amended by Public Law 108-173.	Not Specified	---	Not Specified	---
The Financial and Community Sustainability for At-Risk Rural Hospitals: Social Security Act, Section 711, as amended by 21st Century Cures Act, Sections 2012 2013 2035, and 2043, Public Law 114-255	Not Specified	---	Not Specified	---
Rural Hospital Stabilization Pilot: Social Security Act, Section 711, as amended by 21st Century Cures Act, Sections 2012 2013 2035, and 2043, Public Law 114-255	Not Specified	---	Not Specified	---
HRSA-WIDE ACTIVITIES				
Program Management	Indefinite	$163,800,000	Indefinite	$163,800,000
340B Drug Pricing Program: PHS Act, Section 340B, as added by P.L. 102-585, Section 602(a); as amended by P. L. 103-43, Section 2008(i)(1)(A); as amended by P.L. 111-148, Sections. 2501(f)(1), 7101(a) –(d), 7102; as amended by P.L. 111-152, Section 2302; as amended by P.L. 111-309, Section 204(a)(1)	Such sums as may be necessary (permanent)	$12,238,000	Such sums as may be necessary (permanent)	$12,238,000
Telehealth: PHS Act, Section 330I, Section 330N, as amended by P.L. 107-251, as amended by P.L. 108-163; as amended by P.L. 113-55, Section 103; as amended by P.L. 116-136, CARES Act, Section 3212; as amended by P.L. 116-260 Division BB, Title III Section 313 • Telehealth Network and Telehealth Resource Centers Grant programs (PHS Act Section 330I)	PHS Act Section 330I: $29,000,000 (through FY 2025) PHS Act Section 330N: $10,000,000 (through FY 2026)	$38,050,000	PHS Act Section 330I: $29,000,000 (through FY 2025) PHS Act Section 330N: $10,000,000 (through FY 2026)	$38,050,000

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
• Telehealth Technology-Enabled Learning Program (PHS Act Section 330N)				
OTHER PROGRAMS				
Family Planning: Grants: PHS Act Title X	Expired	$286,479,000	Expired	$390,000,000
Vaccine Injury Compensation Program (VICP) (funded through the VICP Trust Fund): PHS Act, Title XXI, Subtitle 2, Sections 2110-2134, as amended by P.L. 114-255, Section 3093(c).	Indefinite	$276,697,000	Indefinite	$286,927,000
Countermeasures Injury Compensation Program: PHS Act, Section 319F-4, as added by P.L. 109-148, Division C, Section 3. as amended by P.L. 113-5, Section. 402 (to Section 319F-3); as amended by P.L. 116-127, Families First Coronavirus Response Act, Sec.6005 (amends PHS Act, Section. 319F-3); as amended by P.L. 116-136, CARES Act Section 3103 (amends PHS Act, Sec. 319F-3)	Not Specified	$7,000,000	Not Specified	$10,000,000
UNFUNDED AUTHORIZATIONS:				
Health Center Demonstration Project for Individualized Wellness Plans: PHS Act, Section 330(s), as added to PHS Act by P.L. 111-148, Section 4206 Note: P.L. 115–123, Section 50901(b)(14) struck PHS Act, Subsection (s)	----	---	----	---
School Based Health Centers - Facilities Construction: P.L. 111-148, Section 4101(a); as amended by P.L. 116-260, Consolidated Appropriations Act, 2021, Title III, Subtitle A, Section 317; as amended by Consolidated Appropriations Act, 2023 Pub. L. 117-328, section 1401	Such Sums As May Be Necessary through FY 2026	---	Such Sums As May Be Necessary through FY 2026	---

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
School Based Health Centers – Operations: PHS Act, Section 399Z-1, as added by P.L. 111-148, Section 4101(b); as amended by P.L. 116-260, Consolidated Appropriations Act, 2021, Title III, Subtitle A, Section 317; as amended by Consolidated Appropriations Act, 2023 Pub. L. 117-328, section 1401	Such Sums As May Be Necessary through FY 2026	---	Such Sums As May Be Necessary through FY 2026	---
Health Information Technology Innovation Initiative: PHS Act, Section 330(e)(1)(C), (Grants for Operation of Health Center Networks and Plans), as amended	Such Sums As Are Necessary (within the Section 330 authorization)	---	Such Sums As Are Necessary (within the Section 330 authorization)	---
Health Information Technology Planning Grants: PHS Act, Section 330(c)(1)(B)-(C), as amended	Such Sums As Are Necessary (within the Section 330 authorization)	---	Such Sums As Are Necessary (within the Section 330 authorization)	---
Electronic Health Record Implementation Initiative: PHS Act, Section 330(e)(1)(C), as amended	Such Sums As Are Necessary (within the Section 330 authorization)	---	Such Sums As Are Necessary (within the Section 330 authorization)	---
Native Hawaiian Health Scholarships: 42 USC 11709, as amended by P.L. 111-148, Section 10221 (incorporating Section 202(a) of Title II of Senate Indian Affairs Committee-reported S. 1790—111th Congress)	Expired	---	Expired	---
Health Professions Education in Health Disparities and Cultural Competency: PHS Act, Section 741, as amended by P.L. 111-148, Section 5307	Expired	---	Expired	---
Training Opportunities for Direct Care Workers PHS Act, Section 747A, as added by P.L. 111-148, Section 5302	Expired	---	Expired	---
Comprehensive Geriatric Education: PHS Act, Section 865, as re-designated by P.L. 111-148, Section 5310(b)	Expired	---	Expired	---
Continuing Education Support for Health Professionals Serving in Underserved Communities: PHS Act, Section 752, as amended by P.L. 111-148, Section 5403	Such Sums As May Be Necessary	---	Such Sums As May Be Necessary	---
Rural Interdisciplinary Training (Burdick) PHS Act, Section 754; as amended by P.L. 116-136, CARES Act, Section 3401	Not Specified	---	Not Specified	---

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Grants for Pain Care Education & Training: PHS Act, Section 759, as added by P.L.111-148, Section 4305 and P.L. 115-271, Section 7073	Such Sums As May Be Necessary for each of the fiscal years 2019 through 2023 (amounts available until expended)	---	Expired	---
Advisory Council on Graduate Medical Education: PHS Act, Section 762, as amended by P.L. 111-148, Section 5103; as amended by P.L. 116-136, CARES Act, Section 3401	Amounts otherwise appropriated under this PHS Act, Subchapter (V-Health Professions Education) may be utilized by the Secretary to support its activities of the Council	---	Amounts otherwise appropriated under this PHS Act, Subchapter (V-Health Professions Education) may be utilized by the Secretary to support its activities of the Council	---
Health Professions Education in Health Disparities and Cultural Competency: PHS Act, Section 807, as amended by P.L. 111-148, Section 5307	Expired	---	Expired	---
Minority Faculty Fellowship Program: PHS Act, Section 738 (authorized appropriation in PHS Act Section 740(b)), as amended by P.L.111-148, Sections. 5402, 10501; as amended by P.L. 116-136, CARES Act, Section 3401	$1,190,000	---	$1,190,000	---
State Health Care Workforce Development Grants and Implementation Grants: [stand-alone 42 U.S.C. 294r (not as part of PHS Act)], as added by P.L. 111-148, Section 5102	Such Sums As Are Necessary (and for each subsequent fiscal year)	---	Such Sums As Are Necessary (and for each subsequent fiscal year)	---
Allied Health and Other Disciplines: PHS Act, Section 755; as amended by P.L. 116-136, CARES Act, Section 3401	Not Specified	---	Not Specified	---
Nurse Managed Health Clinics: PHS Act, Section 330A-1, as added by P.L. 111-148, Section 5208	Expired	---	Expired	---
Patient Navigator: PHS Act, Section 340A, as added by P.L. 109-18, Section 2; as amended by P.L. 111-148, Section 3510	Expired	---	Expired	---
Evaluation of Long-Term Effects of Living Organ Donation: PHS Act, Section 371A, as added by P.L. 108-216, Section 7	Not Specified	---	Not Specified	---
Congenital Disabilities:	Not Specified	---	Not Specified	---

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
PHS Act, Section 399T, as added by P.L. 110-374, Section 3, as renumbered by P.L. 111-148, Section 4003				
Clinical Training in Interprofessional Practice: PHS Act, Sections 755, 765, 831	Not Specified (Section 755) Expired (Sections 765 and 831)	---	Not Specified (Section 755) Expired (Sections 765 and 831)	---

Budget Authority By Activity

Health Resources and Services Administration

(*dollars in thousands)*

	FY 2023	FY 2024	FY 2025
	Final/1	Continuing Resolution	President's Budget
1. PRIMARY CARE:			
Health Centers:			
Health Centers	1,737,772	1,737,772	1,737,772
Health Centers Mandatory	3,905,348	1,753,425	-
Health Centers Mandatory proposed	-	3,416,575	6,340,000
Health Center Tort Claims	120,000	120,000	120,000
Subtotal, Health Centers	***5,763,120***	***7,027,772***	***8,197,772***
Free Clinics Medical Malpractice	1,000	1,000	1,000
Subtotal, Bureau of Primary Health Care (BPHC)	**5,764,120**	**7,028,772**	**8,198,772**
2. HEALTH WORKFORCE:			
National Health Service Corps (NHSC):			
NHSC	125,600	125,600	125,600
NHSC Mandatory	292,330	135,890	
NHSC Mandatory proposed	-	654,110	790,000
Subtotal, NHSC	***417,930***	***915,600***	***915,600***
Loan Repayment/Faculty Fellowships	2,310	2,310	2,310
Health Professions Training for Diversity:			
Centers of Excellence	28,422	28,422	28,422
Scholarships for Disadvantaged Students	55,014	55,014	55,014
Health Careers Opportunity Program	16,000	16,000	16,000
Subtotal, Health Professions Training for Diversity	***99,436***	***99,436***	***99,436***
Health Care Workforce Assessment	5,663	5,663	5,663
Primary Care Training and Enhancement	49,924	49,924	49,924
Oral Health Training Programs	42,673	42,673	42,673
Medical Student Education	60,000	60,000	50,500
Interdisciplinary, Community-Based Linkages:			
Area Health Education Centers	47,000	47,000	47,000
Geriatric Programs	47,245	47,245	47,245
Behavioral Health Workforce Development Programs	197,053	197,053	253,553
Subtotal, Interdisciplinary, Community-Based Linkages	***291,298***	***291,298***	***347,798***

	FY 2023	FY 2024	FY 2025
	Final/1	Continuing Resolution	President's Budget
Public Health Workforce Development:			
Public Health/Preventive Medicine	18,000	18,000	18,000
Nursing Workforce Development:			
Advanced Nursing Education	95,581	95,581	105,581
Nursing Workforce Diversity	24,343	24,343	24,343
Nurse Education, Practice and Retention	59,413	59,413	69,413
Nurse Faculty Loan Program	28,500	28,500	28,500
NURSE Corps Scholarship and Loan Repayment Program	92,635	92,635	92,635
Subtotal, Nursing Workforce Development	***300,472***	***300,472***	***320,472***
CHGME	385,000	385,000	385,000
Teaching Health Center Graduate Medical Education (THCGME):			
THCGME Mandatory	119,290	55,452	
THCGME Mandatory Proposed	-	101,548	320,000
Subtotal, THCGME	***119,290***	***157,000***	***320,000***
National Practitioner Data Bank (User Fees)	*18,814*	*18,814*	*18,814*
Pediatric Subspecialty LRP	10,000	10,000	10,000
Health Care Workforce Innovation Program	-	-	10,000
Subtotal, Bureau of Health Workforce (BHW)	**1,820,810**	**2,356,190**	**2,596,190**
3. <u>MATERNAL & CHILD HEALTH:</u>			
Maternal and Child Health Block Grant	816,200	815,700	831,714
Grants to States (non-add)	*593,808*	*593,308*	*593,308*
SPRANS (non-add)	*212,116*	*212,116*	*228,130*
CISS (non-add)	*10,276*	*10,276*	*10,276*
Innovation for Maternal Health	15,300	15,300	30,300
Integrated Services for Pregnant and Postpartum Women	10,000	10,000	10,000
Maternal Mental Health Hotline	7,000	7,000	7,000
Autism and Other Developmental Disorders	56,344	56,344	56,344
Sickle Cell Service Demonstrations	8,205	8,205	8,205
Early Hearing Detection and Intervention	18,818	18,818	18,818
Emergency Medical Services for Children	24,334	24,334	24,334
Healthy Start	144,500	145,000	172,000
Heritable Disorders	20,883	20,883	20,883
Pediatric Mental Health Care Access Grants	13,000	13,000	13,000
Screening and Treatment for Maternal Mental Health and SUD	10,000	10,000	15,500
Poison Control Centers	26,846	26,846	26,846

	FY 2023	FY 2024	FY 2025
	Final/1	Continuing Resolution	President's Budget
Family-to-Family Health Information Centers (F2F HIC)			
F2F HIC Mandatory	5,658	5,658	-
F2F HIC Mandatory Proposed	-		12,000
Subtotal, F2F HIC	***5,658***	***5,658***	***12,000***
Maternal, Infant and Early Childhood Home Visiting Mandatory	500,000	518,650	565,800
Subtotal, Maternal and Child Health Bureau (MCHB)	**1,677,088**	**1,695,738**	**1,812,744**
4. HIV/AIDS:			
Emergency Relief - Part A	680,752	680,752	680,752
Comprehensive Care - Part B	1,364,878	1,364,878	1,364,878
AIDS Drug Assistance Program (non-add)	*900,313*	*900,313*	*900,313*
Early Intervention - Part C	208,970	208,970	208,970
Children, Youth, Women & Families - Part D	77,935	77,935	77,935
AIDS Education and Training Centers - Part F	34,886	34,886	34,886
Dental Reimbursement Program Part F	13,620	13,620	13,620
Special Projects of National Significance (SPNS)	25,000	25,000	25,000
Ending HIV Epidemic Initiative	165,000	165,000	175,000
Subtotal, HIV/AIDS Bureau	**2,571,041**	**2,571,041**	**2,581,041**
5. HEALTH SYSTEMS:			
Organ Transplantation	31,549	31,049	67,049
Cell Transplantation Program and Cord Blood Stem Cell Bank	51,775	52,275	52,275
Hansen's Disease Center	13,706	13,706	13,706
Payment to Hawaii	1,857	1,857	1,857
National Hansen's Disease Program - Buildings and Facilities	122	122	122
Subtotal, Health Systems Bureau (HSB)	**99,009**	**99,009**	**135,009**
6. RURAL HEALTH:			
Rural Health Policy Development	11,076	11,076	11,076
Rural Health Outreach Grants	92,975	92,975	92,975
Rural Hospital Flexibility Grants	64,277	64,277	64,277
State Offices of Rural Health	12,500	12,500	12,500
Radiation Exposure Screening and Education Program	1,889	1,889	1,889
Black Lung	12,190	12,190	12,190
Rural Communities Opioid Response	145,000	145,000	145,000
Rural Residency Planning and Development	12,500	12,500	12,500

	FY 2023	FY 2024	FY 2025
	Final/1	Continuing Resolution	President's Budget
Subtotal, Federal Office of Rural Health Policy	**352,407**	**352,407**	**352,407**
7. HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT:			
Program Management:			
Program Management	163,800	163,800	163,800
Program Management: Community Projects	1,521,681	1,521,681	-
Subtotal, Program Management	**1,685,481**	**1,685,481**	**163,800**
340B Drug Pricing Program/Office of Pharmacy Affairs	12,238	12,238	12,238
Telehealth	38,050	38,050	38,050
Subtotal, HRSA-Wide Activities	**1,735,769**	**1,735,769**	**214,088**
8. FAMILY PLANNING	286,479	286,479	390,000
Total, HRSA Discretionary Budget Authority/2	**9,465,283**	**9,465,283**	**8,233,637**
FTE/2	2,579	2,716	2,778

1/ Reflects amounts appropriated and any reprogrammings or reallocations notified to Congress. Does not include $65 million in supplemental funding provided in the Consolidated Appropriations Act, 2023.

2/Excludes Vaccine Injury Compensation and Countermeasures Injury Compensation.

Appropriations History Table

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2016				
General Fund Appropriation:				
Base	6,217,677,000	5,804,254,000	5,987,562,000	6,139,558,000
Advance				
Supplemental				
Rescissions				
Transfers				
Subtotal	6,217,677,000	5,804,254,000	5,987,562,000	6,139,558,000
FY 2017				
General Fund Appropriation:				
Base	5,733,481,000	5,917,190,000	6,155,869,000	6,213,347,000
Advance				
Supplemental				
Rescissions				
Transfers				-14,100,000
Subtotal	5,733,481,000	5,917,190,000	6,155,869,000	6,199,247,000
FY 2018				
General Fund Appropriation:				
Base	5,538,834,000	5,839,777,000	6,217,794,000	6,736,753,000
Advance				
Supplemental				
Rescissions				
Transfers				-15,857,000
Subtotal	5,538,834,000	5,815,727,000	6,217,794,000	6,720,897,000
FY 2019				
General Fund Appropriation:				
Base	9,559,591,000	6,540,385,000	6,816,753,000	6,843,503,000
Advance				
Supplemental				60,000,000
Rescissions				
Transfers				-20,897,087
Subtotal	9,559,591,000	6,540,385,000	6,816,753,000	6,882,605,973

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2020				
General Fund Appropriation:				
Base	5,841,352,000	7,326,109,000	6,928,714,000	7,037,259,000
Advance				
Supplemental				975,000,000
Rescissions				
Transfers				
Subtotal	5,841,352,000	7,326,109,000	6,928,714,000	8,012,259,000
FY 2021				
General Fund Appropriation:				
Base	6,289,085,000	7,195,758,000	7,104,535,000	7,207,234,000
Advance				
Supplemental				9,430,000,000
Rescissions				
Transfers				-21,671,000
Subtotal	6,289,085,000	7,195,758,000	7,104,535,000	16,615,563,000
FY 2022				
General Fund Appropriation:				
Base	7,813,294,000	8,740,422,000		8,556,794,000
Advance				
Supplemental				140,000,000
Rescissions				
Transfers				
Subtotal	7,813,294,000	8,740,422,000		8,696,794,000
FY 2023				
General Fund Appropriation:				
Base	8,485,044,000	9,295,951,000		9,465,283,000
Advance				
Supplemental				65,000,000
Rescissions				
Transfers				
Subtotal	8,485,044,000	9,295,951,000		9,530,283,000

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
FY 2024				
General Fund Appropriation:				
Base	9,163,699,000	7,237,941,000	8,855,099,000	
Advance				
Supplemental				
Rescissions				
Transfers				
Subtotal	9,163,699,000	7,237,941,000	8,855,099,000	
FY 2025				
General Fund Appropriation:				
Base	8,233,637,000			
Advance				
Supplemental				
Rescissions				
Transfers				
Subtotal	8,233,637,000			

Appropriations Not Authorized by Law[12]

HRSA Program	Last Fiscal Year of Authorization	Last Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2025
NHSC – PHS Act, Sections 331-338 Authorization of appropriations ("Field"): Section 338(a)	2012	Such Sums As May Be Necessary	---	---
Nursing Workforce Development • Comprehensive Geriatric Education – PHS Act, Section 865	2014	Such Sums As May Be Necessary	$4,350,000	---
Emergency Relief - Part A – PHS Act, Sections 2601-10, as amended by P.L. 106-345; as amended by P.L. 109-415; as amended by P.L. 111-87	2013	$789,471,000	$649,373,000	$680,752,000
Comprehensive Care - Part B – PHS Act, Sections 2611-31, as amended by P.L. 106-345, as amended by P.L. 109-415, as amended by P.L. 111-87	2013	$1,562,169,000	$1,314,446,000	$1,364,878,000
Early Intervention Services – Part C – PHS Act, Sections 2651-67, as amended by P.L. 106-345, as amended by P.L. 109-415, as amended by P.L. 111-87	2013	$285,766,000	$205,544,000	$208,970,000
Coordinated Services and Access to Research for Women, Infants, Children and Youth - Part D – PHS Act, Section 2671, as amended by P.L. 106-345, as amended by P.L. 109-415, as amended by P.L. 111-87	2013	$87,273,000	$72,395,000	$77,935,000
Special Projects of National Significance - Part F – PHS Act, Section 2691, as amended by P.L. 104-146, as amended by P.L. 109-415, as amended by P.L. 111-87	2013	$25,000,000	$25,000,000	$25,000,000
AIDS Education and Training Centers - Part F – PHS Act, Section 2692(a), as amended by P.L. 106-345, as amended by P.L. 109-415, as amended by P.L. 111-87	2013	$42,178,000	$33,275,000	$34,886,000
Dental Reimbursement Program - Part F – PHS Act, Section 2692(b), as amended by P.L. 106-345, as amended by P.L.109-415, as amended by P.L.111-87	2013	$15,802,000	$12,991,000	$13,620,000
Minority AIDS Initiative – Part F – PHS Act section 2693	2013	---	Varies by Part	---

[12] Please note that even where authorizations of appropriations ended in prior fiscal years, authority still exists for particular activities if the enabling authorities continue to exist and if current appropriations extend to the programmatic activities.

HRSA Program	Last Fiscal Year of Authorization	Last Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2025
Heritable Disorders: PHS Act, Sections 1109-1112, 1114, and 1117, as amended by P.L. 106-310, Section 2601; as amended by P.L. 110-204, Section 2; as amended by P.L. 110-237, Section 1; as amended by P.L. 113-240, Section 10	2019	$11,900,000 (Sections 1109-1112); $8,000,000 (Section 1113)	$18,883,000	$20,883,000
Organ Transplantation – 42 U.S.C. 273-274g, PHS Act, Sections 371-378, as amended by P.L. 108-216, P.L. 109-129, P.L. 110-144, P.L. 110-413, and P.L. 113-51	2009	Section 377— $5,000,000 Section 377A— Such Sums As May Be Necessary Section 377B— Such Sums As May Be Necessary	$2,767,000	$67,049,000
Rural Hospital Flexibility Grants – SSA, Section 1820(j), and Social Security act 711, as amended by P.L. 105-33, Section 4201(a) and Section 4002(f), and P.L. 108-173, Section 405(f), as amended by, P.L. 110-275, Section 121; as amended by P.L. 111-148, Section 3129(a)	2012	Such Sums As May Be Necessary	$41,040,000	$64,277,000
Rural Access to Emergency Devices: Public Health Improvement Act P.L. 106-505, Section 413 (Rural Access to Emergency Devices)	Expired	---	Expired	$12,500,000
Telehealth: incentive grants regarding coordination among states. PHS Act Section 330L as added by P.L. 107-251, as amended by P.L. 108-163. • Licensure Portability Grant Program	Expired		Expired	---
Family Planning Grants – PHS Act, Title X	1985	$158,400,000	$142,500,000	$390,000,000
State Loan Repayment Program (SLRP): PHS Act, Section 338I(a)-(i), as amended by P.L. 107-251, Section 315; as further amended by P.L. 110-355, Section 3(e)(2)	Expired Note: The American Rescue Plan Act (P.L. 117-2), Section 2602(b) set-aside $100,000,000 to the SLRP (to remain available until expended) from the $800,000,000 appropriated to the National Health Service	---	Expired Note: The American Rescue Plan Act (P.L. 117-2), Section 2602(b) set-aside $100,000,000 to the SLRP (to remain available until expended) from the $800,000,000 appropriated to the National Health Service Corps (Section 2602(a))	---

HRSA Program	Last Fiscal Year of Authorization	Last Authorization Level	Appropriations in Last Year of Authorization	Appropriations in FY 2025
	Corps (Section 2602(a))			
Graduate Medical Education for Physicians: as added by P.L. 115-245, Division B, Title II; as amended by P.L. 116-260, Consolidated Appropriations Act, 2021, Division H, Title II	---	$50,000,000	---	$50,500,000

PRIMARY HEALTH CARE

TAB

PRIMARY HEALTH CARE

Health Centers

(dollars in thousands)

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$1,737,772	$1,737,772	$1,737,772	---
Current Law Mandatory Funding	$3,905,348	$1,753,425	---	-$3,905,348
Proposed Law Mandatory Funding	---	$3,416,575	$6,340,000	+$6,340,000
FTCA Program	$120,000	$120,000	$120,000	---
Total	$5,763,120	$7,027,772	$8,197,772	+$2,434,652
FTE	576	668	728	+152

Authorizing Legislation (discretionary): Public Health Service Act, Section 330, as amended by Public Law 116-260, Consolidated Appropriations Act 2021, Division BB, Title III, Section 311

Authorizing Legislation (mandatory): Patient Protection and Affordable Care Act, Section 10503, as amended by Public Law 116-260, Consolidated Appropriations Act 2021, Section 301. [Expired - currently under CR through 03/08/24]

FY 2025 Authorization (discretionary): FY 2024 appropriation level adjusted by the product of: (i) one plus the average percentage increase in costs incurred per patient served; and (ii) one plus the average percentage increase in the total number of patients served.
Allocation Method……Competitive grants/cooperative agreements

Program Description

For nearly 60 years, health centers have delivered affordable, accessible, high-quality, and cost-effective primary health care to patients regardless of their ability to pay. During that time, health centers have become an essential primary care provider for millions of people across the country, using a coordinated, comprehensive, and patient-centered approach. Today, approximately 1,400 health centers operate nearly 15,000 service delivery sites that provide care to over 30 million patients across every U.S. State, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin.

Health centers continue to deliver high quality and value-based care by using key quality improvement practices, including health information technology. Seventy-eight percent of

health centers are currently recognized by national accrediting organizations as Patient Centered Medical Homes– an advanced model of patient-centered primary care that emphasizes quality and care coordination through a team-based approach to care.

Populations served: Health centers serve a wide range of patients. In 2022:

- Approximately 29 percent of patients were children (age 17 and younger); approximately 12 percent were 65 or older. Over 59 percent were adult patients (18-64).
- Approximately 90 percent of health center patients are individuals or families living at or below 200 percent of the Federal Poverty Guidelines as compared to approximately 27.6 percent of the U.S. population.
- Nearly 81 percent of health center patients were uninsured or covered by Medicaid, Medicare, or other public insurance programs. Approximately 20% have Marketplace or other private insurance coverage.
- Special Populations: More than one third of health centers received specific funding in FY 2022 to provide primary care services for certain special populations that are identified in Health Center Program authorizing statute, including individuals and families experiencing homelessness, agricultural workers, those living in public housing, and Native Hawaiians (separate authority).
    - Health Care for the Homeless Program: The Health Care for the Homeless Program supports coordinated, comprehensive, integrated primary care including substance use disorder and mental health services for homeless persons in the United States, serving patients that live in unsheltered locations, in shelters, or in transitional housing. HRSA-funded health centers provided primary care services for over 1.3 million persons in supportive housing and/or experiencing homelessness.
    - Migrant Health Center Program: The Migrant Health Center Program supports comprehensive, integrated primary care services for agricultural workers and their families, with a particular focus on occupational health and safety. HRSA-funded health centers provided primary care services for nearly 1 million migratory and seasonal agricultural workers and their families.
    - Public Housing Primary Care Program: The Public Housing Primary Care Program increases access for residents of public housing to comprehensive, integrated primary care services by providing services that are responsive to identified needs of residents and in coordination with public housing authorities. Health centers deliver care at locations on the premises of public housing developments or immediately accessible to residents. HRSA-funded health centers provided primary care services for over 6.1 million people living in or near public housing.
    - Native Hawaiian Health Care Program: The Native Hawaiian Health Care Program, funded within the Health Center Program, improves the health of Native Hawaiians by making health education, health promotion, and disease prevention services available through a combination of outreach, referral, and linkage mechanisms. Services provided include nutrition programs, screening and control of hypertension and diabetes,

immunizations, and basic primary care services. Native Hawaiian Health Care Systems provided medical and enabling services to over 6,800 people.

Allocation Method: Public and non-profit private entities, including tribal, faith-based, and community-based organizations, are eligible to apply for funding under the Health Center Program. New health center grants are awarded based on a competitive process that includes an assessment of need and merit. In addition, health centers are required to compete for continued grant funding to serve their existing service areas at the completion of every project period (generally every 3 years). New Health Center Program grant opportunities are announced nationally, and applications are reviewed and rated by objective review committees (ORCs), composed of experts who are qualified by training and experience in particular fields related to the Program.

Funding decisions are made based on ORC assessments, announced funding preferences and program priorities. In making funding decisions, HRSA applies statutory awarding factors including funding priority for applications serving a sparsely populated area; consideration of the rural and urban distribution of awards (no more than 60 percent and no fewer than 40 percent of projected patients come from either rural or urban areas); and continued proportionate distribution of funds to the special populations served under the Health Center Program.

Patient Care: The number of health center patients served in 2022 was 30.5 million; an increase of nearly 10 million, or 49 percent, above the 21.1 million patients served in 2012. Of the 30.5 million patients served and for those for whom income status is known, approximately 90 percent were at or below 200 percent of the Federal poverty level and nearly 81 percent were uninsured or covered by Medicaid, Medicare, or other public insurance programs.

Federal Tort Claims Act (FTCA) Program: The Health Center Program administers the FTCA Program, under which participating health centers, their employees and eligible contractors may be deemed to be Federal employees qualified for medical malpractice liability protection under the FTCA. As Federal employees, they are immune from suit for medical malpractice claims while acting within the scope of their employment. The Federal Government assumes responsibility for such claims. In addition, the FTCA Program supports risk mitigation activities, including reviews of risk management plans and sites visits as well as risk management technical assistance and resources to support health centers. The enactment of the 21st Century Cures Act in December of 2016 extended liability protections for volunteers at deemed health centers under the FTCA Program.

Budget Request

The FY 2025 Budget Request for the Health Center Program is $8.2 billion, an increase of $2.4 billion above the FY 2023 Final level. This total consists of $1.9 billion in discretionary resources and includes $6.3 billion in mandatory funding. The proposed mandatory investments continue progress on the President's plan to put the Health Center Program on a pathway to doubling.

As a result of this expanded investment in FY 2025, approximately 3.9 million additional patients will be served by health centers, for a total of 37.4 million. Health centers will have resources to expand medical capacity at existing sites, including the expansion of behavioral health and oral health, as well as expand maternal health services and enabling/patient support

services. In addition, the FY 2025 request will support the creation of a new initiative to support new and expanded workforce training at health centers, and the establishment of a new street medicine and outreach program for individuals experiencing homelessness.

The FY 2025 Health Center Program investments included in the FY 2025 Budget Request will build on ongoing annual investments and Program enhancements proposed in FY 2024; notably, statutory changes requiring the provision of mental health and substance use disorder services in all health centers, and mandatory funding investments in health center expanded hours ($250 million), new access points ($150 million), and behavioral health service expansion ($700 million).

Mandatory Funding

The Budget request supports expanded service grants to all existing HRSA funded health centers. Through the rapid deployment of expanded service grants, HRSA will quickly expand access to medical care, behavioral health and oral health care, efficiently and effectively narrowing critical gaps in access to essential services in areas and for populations that need them most. The FY 2025 request includes $700 million to invest in approximately 1,400 health centers across the country to expand access to comprehensive services.

The FY 2025 Budget request includes $50 million to expand health center access to high quality, patient-centered maternal health services, including behavioral health services, in communities and for populations of greatest need. Through the FY 2025 request, HRSA plans to make 100 health center awards to expand, train and diversify their maternal health workforce, develop new and strengthen existing community partnerships, strengthen outreach and patient support services to facilitate access to care and help address health related social needs, and broaden service delivery modalities and locations, both within and beyond their current service areas.

Health center services such as transportation, translation, outreach, and education are often necessary to enable patients' initial and ongoing access to health center services. Likewise, health centers provide essential services to support enrollment in affordable insurance plans and to connect patients to community resources to address their other health-related social needs. These patient support and enabling services address the barriers to health experienced by health center patients, including food insecurity, housing insecurity, lack of transportation/access to public transportation, language access, and challenges with navigating health and social service systems. The FY 2025 Budget request includes an investment of $200 million through competitive awards to approximately 800 health centers to expand patient support and enabling services.

Health centers face challenges recruiting and retaining both clinical and non-clinical staff. Talented, high performing health center staff, dedicated to the organization, are often recruited to higher paying positions by providers with more resources. For FY 2025, HRSA proposes to invest $100 million to support 500 health centers to recruit, retain, and "grow their own" workforce. This new program will create new career pathways and enable employees to advance their careers while continuing to support the health center in their existing roles. For example, administrative staff could be trained or supported in training to become medical assistants, medical assistants to become licensed practical nurses, and registered nurses to become advanced nurse practitioners.

Health centers are currently providing access to high quality primary care services to more than 1.3 million individuals experiencing homelessness. However, given the significant need for additional homeless services, in the FY 2025 Budget request, HRSA proposes to invest $50 million for 150 health center awards to expand access to street medicine services, increasing street outreach and patient support services. These resources would be targeted to Health Care for the Homeless grantees and expand their capacity to provide outreach to homeless populations and enhance their ability to bring high quality care outside of traditional settings via street medicine.

Discretionary Funding

As part of the Ending the HIV Epidemic (EHE) Initiative, the HRSA Health Center Program provides HIV testing and prevention services, HIV care and treatment where appropriate, and assists with responding quickly to HIV cluster detection efforts. The HRSA Health Center Program's primary focus in the EHE initiative is on expanding HIV prevention services, including outreach, care coordination, and access to Pre-Exposure Prophylaxis (PrEP)-related services to people at high risk for HIV transmission through selected health centers in the identified jurisdictions. The targeted jurisdictions for Phase I of the EHE Initiative are 48 counties, Washington, D.C., and San Juan, Puerto Rico—where greater than 50% of HIV diagnoses occurred in 2016 and 2017—and an additional seven states with a substantial number of HIV diagnoses in rural areas. In FY 2025, the Budget includes $157 million to support the continued participation of health centers in the EHE initiative targeted jurisdictions. The Health Center Program will continue to provide prevention and treatment services to people at high risk for HIV transmission, including Pre-Exposure Prophylaxis (PrEP)-related services, outreach, and care coordination through grant awards in areas currently served by health centers.

The FY 2025 Budget request includes $30 million to support the continued provision of early childhood screening and development (ECD) services in existing health centers. Children experience rapid physical, cognitive, linguistic, and emotional growth and development. Having access to screening services where they receive primary health care is crucial to identify developmental or behavioral conditions, language delays, or other needs, such as food insecurity and housing instability, which affect school readiness and academic success. Health centers use the funding to strengthen their capacity to provide more children with recommended developmental screenings and follow-up services, including by developing the health center workforce necessary to deliver these services and focusing on the patient and caregiver experience. Health center recipients of ECD funding may increase capacity to provide ECD services through training of current staff and/or hiring or contracting with additional staff with ECD expertise.

The Budget request also includes a total of $11 million to support provision of cancer screening services in health centers under the Alcee L. Hastings Cancer Screening Program. The program focuses on leveraging outreach specialists and patient navigators to conduct patient outreach in underserved communities served by health centers to promote early detection of cancer, connect patients to screening services, and provide direct assistance with accessing high quality cancer care and treatment as needed.

The Budget also supports $120 million for the FTCA Program. The request supports costs associated with the grant review and award process, operational site visits, information technology, and other program support costs.

Health centers continue to be a critical element of the health system, largely because they can provide an accessible and dependable source of high quality, affordable, and cost-effective primary health care services in underserved communities. Health centers emphasize coordinated primary and preventive services that promote reductions in health disparities for low-income, rural, and underserved communities and populations. Health centers place emphasis on the coordination and comprehensiveness of care, the ability to manage patients with multiple health care needs, and the use of key quality improvement practices, including health information technology. The health center model also addresses geographic, cultural, linguistic, and other barriers through a team-based approach to care that includes physicians, nurse practitioners, physician assistants, nurses, dental providers, midwives, behavioral health care providers, social workers, and health educators.

Health centers also reduce costs to health systems; the health center model of care has been shown to reduce the use of costlier providers of care, such as emergency departments (Eds) and hospitals. In 2016, a study published in the American Journal of Public Health found that Medicaid fee for service patients seen at a health center saved nearly $2,400 in total health care spending per year when compared to those seen in a non-health center setting. Additionally, a study published in BMC Pediatrics in 2024 found that Medicaid fee for service child patients seen at a health center had a 7 percent lower chance of hospitalization and total expenditures 8 percent lower than non-health center patients.[13]

The FY 2025 Request supports efforts to improve the value, quality, and program integrity in all HRSA-funded programs that deliver direct health care. Health centers annually report on a core set of clinical performance measures that are consistent with Healthy People 2030, and include: immunizations; prenatal care; cancer screenings; cardiovascular disease/hypertension; diabetes; weight assessment and counseling for children and adolescents; adult weight screening and follow up; tobacco use assessment and counseling; depression screening and follow-up; dental sealants; asthma treatment; coronary artery disease/cholesterol; ischemic vascular disease/aspirin use; and colorectal cancer screening. In addition to tracking core clinical indicators, health centers report disaggregated data on health outcome measures (low birth weight, diabetes, and hypertension) to demonstrate progress towards eliminating health disparities in health outcomes.

To support quality improvement, the Program will continue to facilitate national and State-level technical assistance and training programs that promote quality improvements in health center data and quality reporting, clinical and quality improvement, and implementation of innovative value-based, quality activities. The Program continues to promote the integration of health information technology into health centers through the Health Center Controlled Network Program to assure that key safety-net providers are able to advance their operations through enhanced technology and tele-health systems.

[13] Volerman et al. “Utilization, quality, and spending for pediatric Medicaid enrollees with primary care in health centers vs non-health centers” BMC Pediatrics, Jan 2024

HRSA also utilizes a variety of methods to oversee the Health Center Program and to monitor Health Center Program grantees to identify potential issues, including non-compliance with program requirements and areas where technical assistance might be beneficial. HRSA accomplishes this monitoring through a variety of available resources, including the review of health center data reports, independent annual financial audits reports, ongoing communication with grantees, and site visits.

HRSA's efforts to strengthen evidence-building capacity in the Health Center Program include recent enhancements and modernization to the Uniform Data System (UDS). In FY 2024, a subset of health centers will begin reporting de-identified patient level data to further improve the delivery of care and develop more targeted interventions to improve health outcomes.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

Fiscal Year	Amount	Supplemental Funding
FY 2021	$1,674,203,000	---
FY 2021 Mandatory	$4,000,000,000	$7,600,000,000
FY 2022	$1,627,772,000	---
FY 2022 Mandatory	$3,905,348,000[14]	---
FY 2023	$1,857,772,000	---
FY 2023 Mandatory	$3,905,348,000[15]	---
FY 2024 Continuing Resolution	$1,857,772,000	---
FY 2024 Mandatory Continuing Resolution	$1,753,425,000	---
FY 2024 Proposed Mandatory	$3,416,575,000	---
FY 2025 Budget Request	$1,857,772,000	---
FY 2025 Budget Request Mandatory	$6,340,000,000	---

Program Accomplishments

In 2022, health centers served 30.5 million patients, an increase of approximately 300,000 patients from Calendar Year (CY) 2021. Health centers provided approximately 127 million

[14] FY 2022 reflects the post-sequestration amount of current law mandatory funding.
[15] FY 2023 reflects the post-sequestration amount of current law mandatory funding.

patient visits (an increase of over 2.7 million visits from CY 2021). In 2022, about 41 percent of all health centers served rural areas providing care to over 9.5 million patients.

Despite treating a sicker, poorer, and more diverse population than other health care providers, health centers were able to better control hypertension and diabetes for their patients compared to the NCQA/HEDIS 2021 Medicaid HMO averages. Health centers also reduce costs to health systems; the health center model of care has been shown to reduce the use of costlier providers of care, such as emergency departments and hospitals[16].

Patient Care: Health centers focus on integrating care for their patients across the full range of services – not just medical but services like oral health, vision, and pharmacy as well. Health centers also deliver crucial services such as case management, transportation, and health education, which enable target populations to access care. In 2022, health centers provided oral health services to over 6.0 million patients, an increase of nearly 40 percent since 2012.

Screening for substance use disorders has increased approximately 100 percent since 2016, with the number of patients receiving screening, brief intervention, referral and treatment (SBIRT) increasing from 716,677 in 2016 to 1,425,325 in 2022. From 2016–2022, the number of patients receiving medications for opioid use disorder (MOUD) increased from 39,075 in 2016 to 193,986 in 2022.

In FY 2023 HRSA awarded approximately $350 million in Expanding COVID-19 Vaccination (ECV) awards to support health centers to increase access to COVID-19 vaccines within their service areas. This funding was made available from the Paycheck Protection Program and Health Care Enhancement Act, P.L. 116-139, Division B, Title I. Health centers used these one-time funds, with an emphasis on activities within three months of award, on outreach and education, community engagement, and coordinated partner events to increase COVID-19 vaccinations among underserved populations, including health center patients and other residents of their service areas. Additionally in FY 2023, HRSA awarded approximately $81 million in support of the HHS Bridge Access Program for COVID-19 Vaccines and Treatments. Health centers use this funding to continue essential COVID-19-related services and mitigate adverse impacts of COVID-19 on underserved populations as vaccines and therapeutics transition to the commercial market in the fall of 2023. In FY 2023, health centers administered a total of 1,811,801 COVID-19 vaccine doses, and 44,539 patients received a course of COVID-19 oral antiviral pills through the HRSA Health Center COVID-19 Oral Antiviral Pills Program.

Improving Quality of Care and Health Outcomes: Health centers continue to provide quality primary and related health care services, improving the health of the Nation's underserved communities and populations. HRSA-funded health centers are evaluated on a set of performance measures emphasizing health outcomes and the value of care delivered. These measures provide a balanced, comprehensive look at a health center's services toward common conditions affecting underserved communities. Performance measures align with national standards and are commonly used by Medicare, Medicaid, and health insurance/managed care

[16] Nocon, Robert S. et al. "Health Care Use and Spending for Medicaid Enrollees in Federally Qualified Health Centers Versus Other Primary Care Settings" American Journal of Public Health, Nov 2016

organizations. Benchmarking health center outcomes to national rates demonstrates how health center performance compares to the performance of the nation overall.

Appropriate prenatal care management can also have a significant effect on the incidence of low birth weight (LBW), the risk factor most closely associated with neonatal mortality. Monitoring birth weight rates is one way to measure quality of care and health outcomes for health center female patients of childbearing age, approximately 25 percent of the total health center patient population served in 2022. In 2022, the health center rate was 8.43 percent, and has consistently been lower than the national rate during the past several years, despite health centers serving a higher risk prenatal population than represented nationally in terms of socio-economic status, health status and other factors. CDC low birth weight data for 2022 are not yet available to assess progress toward the FY 2022 target.

Health center patients, including low-income individuals, racial/ethnic minority groups, and persons who are uninsured, are more likely to suffer from chronic diseases such as hypertension and diabetes. Clinical evidence indicates that access to appropriate care can improve the health status of patients with chronic diseases and thus reduce or eliminate health disparities. The Health Center Program began reporting data from all grantees on the control of hypertension and diabetes via its Uniform Data System in 2008. In 2022, 63 percent of adult health center patients with diagnosed hypertension had blood pressure under adequate control (less than 140/90), and 70 percent of adult health center patients with type 1 or 2 diabetes had their most recent hemoglobin A1c (HbA1c) under control (less than or equal to 9 percent).

Health centers improve health outcomes by emphasizing the care management of patients with multiple health care needs and the use of key quality improvement practices, including health information technology. HRSA's Health Center Program Patient Centered Medical Home (PCMH) Initiative supports health centers to achieve national PCMH recognition, an advanced model of primary care using a team-based approach to improve quality through coordination of care and patient engagement. In FY 2022, more than three-fourths of HRSA-funded health centers were recognized as PCMHs. In addition, health centers have advanced quality and accountability by adopting Health Information Technology (HIT), including the use of certified Electronic Health Records (EHRs), telehealth and other technologies that advance and enable quality improvement. Over 98 percent of all health centers reported having a certified EHR in 2022.

External Evaluation: In addition to internal monitoring of health center performance, peer reviewed literature and major reports continue to document that health centers successfully increase access to care, promote quality and cost-effective care, and improve patient outcomes, especially for traditionally underserved populations. Recent findings include:

- Health centers that receive supplemental substance use disorder-specific HRSA grants had increased substance abuse disorder service capacity and utilization.[17]

[17] Pourat N, O'Masta B, Chen X, Lu C, Zhou W, Daniel M, Hoang H, Sripipatana A. Examining trends in substance use disorder capacity and service delivery by Health Resources and Services Administration-funded health centers: A time series regression analysis. PLoS One. 2020 Nov 30;15(11):e0242407. doi: 10.1371/journal.pone.0242407. PMID: 33253263; PMCID: PMC7703936

- Co-locating mental health staff, particularly psychiatrists, at health centers increases patients' likelihood to receive timely, on-site mental health treatment.[18]
- Culturally-sensitive patient-provider communication – i.e., provider was knowledgeable about patient medical history, provided information in a manner that was easily understandable, and spent adequate time with the patient –positively influences patient adherence to treatment for cholesterol management.[19]
- Organizational advances in health information technology have led to improved quality of care in health centers that augments patient care capacity for disease prevention, health promotion, and chronic care management.[20]
- Health center organizational characteristics positively associated with higher cancer screening rates.[21]
- Enabling services were associated with higher probability of getting a routine checkup, a higher likelihood of having had a flu shot, and a higher probability of patient satisfaction.[22]
- Total spending on health center Medicaid patients was 24 percent lower for health center patients than non-health center patients.[23]
- Health centers demonstrate lower total costs for Medicare beneficiaries: 10 percent lower compared to patients in physician offices and30 percent lower compared to patients in outpatient clinics.[24]

Federal Tort Claims Act (FTCA) Program: In accordance with the statute, HRSA implemented FTCA coverage for volunteers in FY 2018. Nearly 213 volunteers were covered under the FTCA Program in FY 2022. Overall for the Health Center FTCA Program, in FY 2021, 115

[18] Bonilla AG, Pourat N, Chuang E, Ettner S, Zima B, Chen X, Lu C, Hoang H, Hair BY, Bolton J, Sripipatana A. Mental Health Staffing at HRSA-Funded Health Centers May Improve Access to Care. Psychiatr Serv. 2021 Jun 2:appips202000337. doi: 10.1176/appi.ps.20

[19] Hair BY, Sripipatana A. Patient-Provider Communication and Adherence to Cholesterol Management Advice: Findings from a Cross-Sectional Survey. Popul Health Manag. 2021 Jan 7. doi: 10.1089/pop.2020.0290. Epub ahead of print. PMID: 33416441.

[20] Baillieu R, Hoang H, Sripipatana A, Nair S, Lin SC. Impact of health information technology optimization on clinical quality performance in health centers: A national cross-sectional study. PLoS One. 2020 Jul 15;15(7):e0236019. doi: 10.1371/journal.pone.0236019. PMID: 32667953; PMCID: PMC7363086.

[21] Chuang E, Pourat N, Chen X, et al. Organizational Factors Associated with Disparities in Cervical and Colorectal Cancer Screening Rates in Community Health Centers. *J Health Care Poor Underserved*. 2019;30(1):161-181. doi:10.1353/hpu.2019.0014.

[22] Systematic delivery of enabling services in health centers improve access to care and patient satisfaction. Yue D, Pourat N, Chen X, Lu C, Zhou W, Daniel M, Hoang H, Sripipatana A, Ponce NA. Enabling Services Improve Access To Care, Preventive Services, And Satisfaction Among Health Center Patients. Health Aff (Millwood). 2019 Sep;38(9):1468-1474. doi: 10.1377/hlthaff.2018.05228. PMID: 31479374.

[23] Nocon, Robert S. et al. "Health Care Use and Spending for Medicaid Enrollees in federally Qualified Health Centers Versus Other Primary Care Settings" American Journal of Public Health, Nov 2016.

[24] Dana B. Mukamel, Laura M. White, Robert S. Nocon, Elbert S. Huang, Ravi Sharma, Leiyu Shi and Quyen Ngo-Metzger; "Comparing the Cost of Caring for Medicare Beneficiaries in Federally Funded Health Centers to Other Care Settings" *Health Services Research*, Volume 51, No. 2, April 2016.

claims were paid totaling $72.5 million; in FY 2022, 151 claims were paid totaling $158.3 million; and in FY 2023, 145 claims were paid totaling 104.8 million.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
1010.01 Number of patients served by health centers (Output)	FY 2022: 30.5 million Target: 29.8 million (Target Exceeded)	33.5 million	37.4 million	+3.9 million
1010.06 Rate of births less than 2500 grams (low birth weight) to prenatal Health Center patients compared to the national low birth weight rate (Outcome)	FY 2022: 8.43% Target: Below national rate	Below national rate	Below national rate	Maintain
1010.07 Percentage of adult health center patients with diagnosed hypertension whose blood pressure is under adequate control (less than 140/90) (Outcome)	FY 2022: 63% Target: 63% (Target Met)	62%	63%	+1 percentage point
1010.08 Percentage of adult health center patients with type 1 or 2 diabetes with most recent hemoglobin A1c (HbA1c) under control (less than or equal to 9 percent) (Outcome)	FY 2022: 70% Target: 67% (Target Exceeded)	68%	69%	+1 percentage point
1010.09 Percentage of pregnant health center patients beginning prenatal care in the first trimester (Output)	FY 2022: 72% Target: 73% (Target Not Met)	72%	73%	+1 percentage point

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
1010.10 Percentage of health center patients who are at or below 200 percent of poverty (Output)	FY 2022: 90% Target: 91% (Target Not Met)	90%	91%	+1 percentage point
1010.11 Percentage of health centers with at least one site recognized as a patient centered medical home (Output)	FY 2022: 78% Target: 75% (Target Exceeded)	76%	77%	+1 percentage point
1010.13 Percentage of health center patients 12 years of age and older screened for depression and had a follow up plan documented as appropriate (Output)	FY 2022: 70% Target: Not Defined (Historical Actual)	68%	69%	+1 percentage point
1010.15 Percentage of health center patients seen within 30 days of first HIV diagnosis (Outcome)	FY 2022: 82% Target: Not Defined (Historical Actual)	82%	83%	+1 percentage point
1010.16 Percentage of health center patients 3-16 years of age receiving weight assessment and counseling (Output)	FY 2022: 69% Target: Not Defined (Historical Actual)	69%	70%	+1 percentage point
1010.17 Percentage of health center patients 18 years of age and older screened for tobacco use and provided intervention if appropriate (Output)	FY 2022: 85% Target: Not Defined (Historical Actual)	83%	84%	+1 percentage point

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
1010.02 Percentage of grantees that provide the following services either on-site or by paid referral: (b) Preventive Dental Care (Output)	FY 2022: 93% Target: 90% (Target Exceeded)	Discontinued	Discontinued	N/A
1010.03 Percentage of grantees that provide the following services either on-site or by paid referral: (c) Mental Health/Substance Abuse (Output)	FY 2022: 98% Target: 93% (Target Exceeded)	Discontinued	Discontinued	N/A
1010.04 Number of HIV tests conducted (Output)	FY 2022: 3.5 million Target: 2.8 million (Target Exceeded)	Discontinued	Discontinued	N/A
1010.05 Number of medical patients per medical physician in health centers (Efficiency)	FY 2022: 1,704 Target: 1,775 (Target Not Met)	1,704	Discontinued	N/A
1010.12 Percentage of health center grantees providing additional dental treatment services either on-site or by paid referral (Output)	FY 2022: 85% Target: Not Defined (Historical Actual)	85%	Discontinued	N/A
1010.14 Percentage of health center grantees that provide substance use disorder services (Output)	FY 2022: 55% Target: Not Defined (Historical Actual)	90%	Discontinued	N/A

Grants Awards Table

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	1,376	1,468	1,468
Average Award	$3.8 million	$4.22 million	$5.0 million
Range of Awards	$400,000 – $23 million	$400,000 - $25 million	$400,000 – $27 million

Free Clinics Medical Malpractice

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$1,000,000	$1,000,000	$1,000,000	---
FTE	---	---	---	---

Authorizing Legislation: Public Health Service Act, Section 224(o), as amended by Patient Protection and Affordable Care Act, Section 10608, Public Law 111-148.

FY 2025 Authorization……..Indefinite
Allocation Method……...Other

Program Description

The Free Clinics Medical Malpractice Program encourages health care providers to volunteer their time at qualified free clinics by providing medical malpractice protection at sponsoring health clinics, thus expanding the capacity of the health care safety net. In many communities, free clinics assist in meeting the health care needs of the uninsured and underserved. They provide a venue for providers to volunteer their services. Most free clinics are small organizations with annual budgets of less than $250,000.

In FY 2004, Congress provided first-time funding for payments of free clinic provider's claims under the Federal Tort Claims Act (FTCA). The appropriation established the Free Clinics Medical Malpractice Judgment Fund and extended FTCA coverage to medical professional volunteers in free clinics in order to expand access to health care services for low-income individuals in medically underserved areas.

Allocation Method: Qualifying free clinics submit applications to the Department of Health and Human Services to deem providers that they sponsor. Qualifying free clinics (or health care facilities operated by nonprofit private entities) must be licensed or certified in accordance with applicable law regarding the provision of health services. To qualify under the Free Clinics Medical Malpractice Program, the clinic cannot: accept reimbursements from any third-party payor (including reimbursement under any insurance policy or health plan, or under any Federal or State health benefits program including Medicare or Medicaid); or impose charges on the individuals to whom the services are provided; or impose charges according to the ability of the individual involved to pay the charge.

Budget Request

The FY 2025 Target Level for the Free Clinics Medical Malpractice Program is $1 million, which is equal to the FY 2023 Final level. In FY 2022, there was one paid claim under the Free Clinics Medical Malpractice Program. The Program Fund has a current balance of approximately $4 million. The request will support the Program's continued achievement of its performance targets addressing its goal of maintaining access and capacity in the health care

safety net. The funding request also includes costs associated with information technology and other program support costs.

Targets for FY 2025 focus on maintaining FY 2024 target levels for the number of patient visits provided by free clinic health care providers deemed eligible for FTCA malpractice coverage. The Program will also continue to promote efficiency by restraining growth in the annual Federal administrative costs necessary to deem each provider, with a target of $75 administrative cost per provider in FY 2025.

The FY 2025 Budget will also support the Program's continued coordination and collaboration with related Federal programs to further leverage and promote efforts to increase the capacity of the health care safety net. Areas of collaboration include coordination with the Health Center FTCA Program, also administered by HRSA, to share program expertise. In addition, the two programs control costs by sharing a contract to process future claims, and by providing technical support and outreach. The Program will coordinate with non-profit free clinic-related umbrella groups on issues related to program information dissemination and outreach and will continue to collaborate with the Department of Justice (DOJ) to assist in drafting items including deeming applications and related policies.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

Fiscal Year	**Amount**
FY 2021	$1,000,000
FY 2022	$1,000,000
FY 2023	$1,000,000
FY 2024 Continuing Resolution	$1,000,000
FY 2025 Budget Request	$1,000,000

Program Accomplishments

Increasing Access: In FY 2022, 11,463 health care providers received Federal malpractice insurance through the Free Clinics Medical Malpractice Program, exceeding the Program target. In FY 2022, 248 clinics participated, exceeding the program target. Free clinics realized an increase in patient visits in FY 2022, with over 1.1 million reported. The increase was due to the impact of COVID-19 on the demand for services at free clinics in FY 2022, which is expected to return to pre-COVID-19 levels.

Promoting Efficiency: The Free Clinics Medical Malpractice Program is committed to improving overall efficiency by controlling the Federal administrative costs necessary to deem each provider. By restraining these annual administrative costs, the Program is able to provide

an increasing number of clinicians with malpractice coverage, thus building the free clinic workforce capacity nationwide and increasing access to care for the target populations served by these clinics.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
1020.02 Patient visits provided by free clinics sponsoring Federal Tort Claims Act deemed clinicians. (Output)	FY 2022: 1,135,256 Target: 500,000 (Target Exceeded)	500,000	500,000	Maintain
1020.04 Administrative costs of the program per Federal Tort Claims Act covered provider. (Efficiency)	FY 2022: $42 Target: $75 (Target Exceeded)	$75	Discontinued	Maintain
1020.01 Number of free clinic health care providers deemed eligible for Free Clinics Federal Tort Claims Act malpractice coverage (Output)	FY 2022: 11,463 Target: 11,000 (Target Exceeded)	Discontinued	Discontinued	N/A
1020.03 Number of free clinics operating with Free Clinics Federal Tort Claims Act deemed clinicians (Output)	FY 2022: 248 Target: 220 (Target Exceeded)	Discontinued	Discontinued	N/A

Health Workforce TAB

HEALTH WORKFORCE

National Health Service Corps

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$125,600,000	$125,600,000	$125,600,000	---
Mandatory Funding	$292,330,000	$135,890,000	---	-$292,330,000
NHSC Mandatory Proposed	---	$654,110,000	$790,000,000	+$790,000,000
Total	**$417,930,000**	**$915,600,000**	**$915,600,000**	+$497,670,000
FTE	251	270	270	+19

Authorizing Legislation:

Public Health Service Act, Sections 338 and 338H, as amended by the Health Care Safety Net Act, Section 3, Public Law 110-355, and the Patient Protection and Affordable Care Act, Section 5207, Public Law 111-148.

Mandatory Funding: Patient Protection and Affordable Care Act, Section 10503(b)(2), Public Law 111-148, as amended by the Consolidated Appropriations Act, 2021, Division BB, Title III, Section 301, Public Law 116-260.

FY 2025 Mandatory Funding.....Expired

Allocation Method .....Other (Competitive Awards)

Program Description

Since its inception in 1972, the National Health Service Corps (NHSC) has increased access to care in underserved areas by supporting qualified health care providers working in underserved communities in urban, rural, and tribal areas. Across the nation, NHSC clinicians serve patients in Health Professional Shortage Areas (HPSAs) – areas that meet criteria for having a greater need for primary, oral health, or behavioral health care providers. Using scholarships and loan repayment, the NHSC incentivizes primary care clinicians to serve in the more than 22,000 Primary Care, Dental, and Mental Health HPSAs across the nation.

Section 332(k)(1) of the Public Health Service Act directed HRSA to identify Maternity Care Target Areas, or geographic areas within HPSAs that have a shortage of maternity care health professionals, and the agency has identified 6,383 Maternity Care Target Areas. In Fiscal Year (FY) 2023, HRSA began using Maternity Care Target Area scores, which are generated for each

Primary Care HPSA using its service area, to distribute NHSC loan repayment awards to maternity care health professionals to serve in Maternity Care Target Areas. Maternity care providers are defined as obstetricians and gynecologists, family practice physicians providing obstetric care, and certified nurse midwives.

The NHSC operates six programs to place clinicians at NHSC-approved sites in underserved communities across the nation. These health care delivery sites must meet certain requirements, including providing care to individuals regardless of their ability to pay using a sliding fee schedule.

NHSC Scholarship Program: The NHSC Scholarship Program provides financial support through scholarships that cover tuition, other reasonable education expenses, and a monthly living stipend, to health professions students committed to providing primary care in underserved communities with the greatest need. The NHSC Scholarship Program provides a supply of clinicians who will be available over the next one to eight years, depending on the length of their education and training programs. Upon completion of training, NHSC scholars become salaried employees of NHSC-approved sites in underserved communities. NHSC scholars will provide a one-year service commitment for each year of scholarship support received. There is a two-year minimum service commitment, and awardees can receive a maximum of four years of scholarship support.

NHSC Loan Repayment Program: The NHSC Loan Repayment Program offers fully trained primary care clinicians the opportunity to receive assistance to pay off qualifying educational loans in exchange for service at an NHSC-approved site in a HPSA. For an initial two years of service, providers serving in a Primary Care HPSA receive up to $75,000 in loan repayment assistance. Providers serving in a Mental Health HPSA or in a Dental Health HPSA receive up to $50,000 in loan repayment assistance. The NHSC Loan Repayment Program also offers participants in all HPSA types the option of continuing their service for an additional $20,000 for each year until all eligible educational debt has been satisfied. The Program recruits both clinicians as they complete training and clinicians who are practicing professionals and are immediately available for service.

The NHSC receives a dedicated appropriation to support awards to fully trained primary care, oral health, and behavioral health clinicians, including substance use disorder treatment providers, to deliver health care services in Indian Health Service facilities, tribally operated "638" health programs, and urban Indian health programs. Federal Indian Health Service clinics, tribal health clinics, urban Indian health programs, and dually funded tribal health clinics/community health centers are automatically designated as HPSAs. With this directed funding, the NHSC has awarded all eligible clinicians serving in these facilities and programs who have applied to the NHSC loan repayment programs.

NHSC Substance Use Disorder Workforce Loan Repayment Program: The NHSC receives a dedicated appropriation to expand and improve access to quality substance use disorder treatment in rural and underserved areas nationwide in a variety of settings, including Opioid Treatment Programs, Office-Based Opioid Treatment Facilities, and non-opioid outpatient substance use disorder facilities. The funding supports the recruitment and retention of health

professionals needed in underserved areas to provide evidence-based substance use disorder treatment and prevent overdose deaths. In exchange for three years of service at an NHSC-approved substance use disorder treatment facility, providers receive up to $75,000 in loan repayment assistance to reduce their educational financial debt.

NHSC Rural Community Loan Repayment Program: A portion of the dedicated appropriation provides funding for the NHSC Rural Community Loan Repayment Program, a program for providers working to combat the opioid epidemic in the nation's rural communities. The NHSC Rural Community Loan Repayment Program has made loan repayment awards in coordination with the Rural Communities Opioid Response Program initiative funded by the Federal Office of Rural Health Policy to provide evidence-based substance use treatment, assist in recovery, and prevent overdose deaths across the nation. Providers receive up to $100,000 in loan repayment assistance to reduce their educational financial debt in exchange for three years of service at rural NHSC-approved substance use disorder treatment facilities.

The loan repayment programs described above also offer a one-time award supplement of up to $5,000 to providers who demonstrate medical Spanish language proficiency and serve at sites that identify the recruitment need for providers capable of caring for limited English proficiency patients in HPSAs.

NHSC Students to Service Loan Repayment Program: The NHSC Students to Service Loan Repayment Program provides loan repayment assistance of up to $120,000 to health professions students in their last year of school in return for a three-year commitment to provide primary health care in rural and urban HPSAs of greatest need. To support HRSA's efforts to distribute the maternal health workforce to designated Maternity Care Target Areas, the Students to Service Loan Repayment Program offers a supplemental award of up to $40,000 to NHSC-awarded maternity care health professionals providing health services in Maternity Care Target Areas with high scores.

State Loan Repayment Program: The State Loan Repayment Program is a federal-state partnership grant program that requires a dollar-for-dollar match from the state for the federal funds it receives through the grant. The state uses the grant funds to enter into loan repayment contracts with clinicians who practice in a HPSA in that state. The program serves as a complement to the NHSC and provides flexibility to states to help meet their unique primary care workforce needs as states have discretion to focus on one, some, or all the eligible primary care disciplines within the NHSC and may also include pharmacists and registered nurses. States receiving funding from this opportunity are encouraged to allow health professionals to practice to the full extent of their licenses.

In FY 2022, HRSA made 50 new three-year State Loan Repayment Program awards through additional flexibilities authorized by the American Rescue Plan Act of 2021. These flexibilities included waiving the matching funds requirement and allowing up to 10 percent of grant funds to be spent on administrative costs.

Eligible Entities:

NHSC Scholarship Program and Students to Service Loan Repayment Program: Participants must be enrolled or accepted for enrollment as a full-time student pursuing a degree in an NHSC-eligible discipline at an accredited health professions school or program located in a state, the District of Columbia, or a U.S. territory.

NHSC Loan Repayment Program: Participants must be practicing in an NHSC-eligible discipline with qualified student loan debt for education that led to their degree.

NHSC Substance Use Disorder Workforce and Rural Community Loan Repayment Programs: Participants must be working, or have accepted a position to work, at an NHSC-approved substance use disorder treatment facility.

State Loan Repayment Program: The 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Republic of Palau, the Marshall Islands, and the Commonwealth of the Northern Mariana Islands.

Budget Request

The FY 2025 Budget Request for the NHSC of $915.6 million is $497.7 million more than the FY 2023 Final level. The Budget will enable HRSA to increase its anticipated field strength in in FY 2025 to more than 24,800 by recruiting primary care, behavioral health, and oral health providers to areas of greatest need. The NHSC will also continue to work to recruit a workforce that is well prepared to meet patients' needs, including addressing language access barriers to quality care. HRSA also will fund a new grant competition for the State Loan Repayment Program in FY 2025.

To support a qualified health workforce dedicated to serving in areas of the United States with limited access to care, the FY 2025 Budget Request also includes a new legislative proposal to expand eligibility for the NHSC Scholarship and Loan Repayment Programs to include lawful permanent residents of the U.S. Including qualified permanent residents as eligible applicants will align the NHSC with other health workforce training and service programs and support continued efforts to recruit and retain a highly qualified health workforce in underserved communities.

The funding request also includes costs associated with the award process, follow-up performance reviews, information technology enhancements, and other program support costs.

	FY 2024	FY 2025	FY 2026	Total Funding
Mandatory Enacted	$136 million	---	---	**$136 million**
Proposed Mandatory Funding	$654 million	$790 million	$790 million	**$2.23 billion**

Funding History[25]

FY	Amount	Supplemental Amount
FY 2021 Discretionary	$119,526,000	---
FY 2021 Mandatory	$310,000,000	$800,000,000
FY 2022 Discretionary	$121,600,000	---
FY 2022 Mandatory	$292,330,000	---
FY 2023 Discretionary	$125,600,000	---
FY 2023 Mandatory	$292,330,000	---
FY 2024 Discretionary CR	$125,600,000	---
FY 2024 Mandatory Enacted	$135,890,000	---
FY 2024 Mandatory Proposed	$654,110,000	---
FY 2025 Discretionary President's Budget	$125,600,000	---
FY 2025 Mandatory President's Budget	$790,000,000	---

Program Accomplishments

As of September 30, 2023, there were more than 18,000 primary care, oral health, and behavioral health practitioners serving in the NHSC across the United States at NHSC-approved sites. There are more than 21,000 NHSC-approved sites across the country. Eligible sites include facilities such as Federally Qualified Health Centers and Look-Alikes, American Indian and Alaska Native health clinics, rural health clinics, school-based clinics, and community mental health centers. One-in-three NHSC clinicians provide care in rural communities.

The discipline mix of the NHSC field strength reflects the program's efforts to respond to the demand for services in underserved communities as well as the program's commitment to an interdisciplinary approach to patient care. The NHSC continues to expand the number of behavioral health clinicians in the program by continuing the Substance Use Disorder Workforce and Rural Community Loan Repayment Programs.

Retention among NHSC clinician alumni, a measure of participants who continue to provide care in a HPSA after their service commitment has ended, continues to be high. The two-year

[25] FY 2022 and FY 2023 mandatory funding reflects post-sequestration amounts.

retention rate among NHSC participants who completed their service obligation in FY 2021 is 86 percent. The Health Workforce Clinician Dashboard calculates retention rates for NHSC providers and uses National Provider Identifier numbers from the Centers for Medicare & Medicaid Services as a baseline, in conjunction with other data sources, to determine the current practice locations of providers who previously served in the NHSC.

NHSC Students in Pipeline by Program as of September 30, 2023

Program	Students
Scholarship Program	2,813
Students to Service Program	365
Total	**3,178**

NHSC Students in Pipeline by Discipline as of September 30, 2023

Discipline	Students
Allopathic/Osteopathic Physicians	1,100
Dentists	905
Nurse Practitioners	253
Physician Assistants	874
Certified Nurse Midwives	46
Total	**3,178**

NHSC Field Strength by Program as of September 30, 2023

Program	Clinicians
Scholarship Program Clinicians (NHSC Scholars)	806
Loan Repayment Program Clinicians	10,019
State Loan Repayment Program Clinicians	2,417
Substance Use Disorder Workforce Loan Repayment Program Clinicians	2,552
Rural Community Loan Repayment Program Clinicians	1,879
Students to Service Loan Repayment Program Participants	662
Total	**18,335**

NHSC Field Strength by Discipline as of September 30, 2023

Discipline	Clinicians
Allopathic/Osteopathic Physicians	2,137
Dentists	1,419
Dental Hygienists	384
Nurse Practitioners	3,622
Physician Assistants	1,504
Nurse Midwives	246
Mental and Behavioral Health Professionals	8,737
Other State Loan Repayment Program Clinicians	286
Total	**18,335**

Average NHSC New Award by Program as of September 30, 2023

Program	Service Requirement for Initial Contract	Average Award Amount for Initial Contract
Scholarship Program	2 – 4 years	$254,252
Students to Service Loan Repayment Program	3 years	$107,451
Loan Repayment Programs	2 – 3 years	$53,293

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result/ (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2010.01: Default rate of National Health Service Corps Scholarship and Loan Repayment Program participants (Efficiency)	FY 2023: 0.93% Target: ≤ 2.0% (Target Exceeded)	≤ 2.0%	≤ 2.0%	Maintain
2010.02: Estimated number of patients served by National Health Service Corps clinicians (Outcome)	FY 2023: 19.25 million Target: 15.36 million (Target Exceeded)	22.0 million	26.0 million	+4.0 million

Measure	Year and Most Recent Result / Target for Recent Result/ (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2010.03: Field strength (participants in service) of the National Health Service Corps (Outcome)	FY 2023: 18,335 Target: 14,630 (Target Exceeded)	21,000	24,800	+3,800
2010.04: Percentage of National Health Service Corps clinicians retained in service to the underserved for at least one year beyond the completion of their National Health Service Corps service commitment (Outcome)	FY 2023: 84% Target: 82% (Target Exceeded)	85%	85%	Maintain
2010.05: Number of National Health Service Corps sites (Output)	FY 2023: 21,641 Target: 18,500 (Target Exceeded)	20,970	22,970	+2,000

Performance Narrative

The FY 2023 field strength reflects the continuation of the American Rescue Plan Act funded new placements awarded in FY 2021 and FY 2022.

While the program has grown, program default rates have remained consistently low and are trending lower. Overall, the NHSC maintained a ten-year total default rate in FY 2023 of 0.93 percent or 638 defaults across 68,968 awards.

The increased number of NHSC sites (Output Measure 2010.05) means more communities have the opportunity to recruit clinicians who train, serve, and become employed in high need, rural, urban, and tribal areas. Depending on their site type, NHSC-approved sites must provide documentation verifying compliance with statutorily defined eligibility requirements at the point of New Site Application, Site Recertification, site visits, and upon request to confirm site eligibility. During FY 2023, the NHSC opened a New Site Application Cycle in April 2023, and opened a Site Recertification Application Cycle in August 2023. In addition, the NHSC accepted streamlined applications from facilities classified as NHSC auto-approved sites (e.g., Federally

Qualified Health Centers and Indian Health Service sites) throughout FY 2023. The total number of NHSC site applications, including NHSC auto-approved sites, submitted during FY 2023 was 3,693.

Loan Repayments/Scholarships Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Loan Repayments	$253,972,732	$648,024,495	$628,978,259
State Loan Repayments[2]	---	---	$15,000,000
Scholarships	$48,527,283	$52,975,737	$55,691,312
Students to Service Loan Repayment	$16,869,747	$50,000,000	$50,000,000

NHSC Award By Year

Program	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Scholarships	205	181	222	200	251	1,192	1,199	180	180	180
Scholarship Continuations	8	7	7	11	12	7	25	48	14	14
Scholarships Subtotal	*213*	*188*	*229*	*211*	*263*	*1,199*	*1,224*	*228*	*194*	*194*
Loan Repayments	3,079	2,554	3,262	5,044	5,963	6,369	5,229	4,173	9,300	9,242
Loan Repayment Continuations	2,111	2,259	2,384	2,385	2,355	2,277	2,476	2,421	3,129	2,391
Loan Repayment Subtotal	*5,190*	*4,813*	*5,646*	*7,429*	*8,318*	*8,646*	*7,705*	*6,594*	*12,429*	*11,633*
State Loan Repayments	634	535	625	854	712	855	656[26]	1,047	806	625[27]
Students to Service Loan Repayments	92	175	162	127	148	257	368	157	410	410
Total Awards	**6,129**	**5,711**	**6,662**	**8,621**	**9,441**	**10,957**	**9,953**	**8,026**	**13,839**	**12,862**

[26] In late FY 2022, HRSA utilized $100 million provided in the American Rescue Plan Act to fully fund 3-year grants under the State Loan Repayment Program spanning FY 2022 through FY 2025. The FY 2022 reduction in total new awards reflects delays in awarding loan repayment contracts which appear in the higher-than-expected total in FY 2023.

[27] HRSA will also fund a new grant competition for the State Loan Repayment Program with the budget requested in FY 2025 and expects new grantees to require time to ramp up.

NHSC Field Strength By Year

Program	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Scholars	437	405	463	506	573	671	701	806	712	745
Loan Repayment	8,593	8,362	8,849	10,221	13,122	16,613	16,853	14,450[28]	18,049	22,262
Students to Service Loan Repayment	1,378	179	277	369	388	454	568	662	430	420
State Loan Repayment	85	1,233	1,350	1,957	2,146	2,246	2,093	2,417	1,853	1,431
Total Field Strength	**10,493**	**10,179**	**10,939**	**13,053**	**16,229**	**19,984**	**20,215**	**18,335**	**21,044**	**24,858**

[28] In FYs 2023 and 2024, significant funding supported one-year continuation contracts for providers previously awarded multi-year initial contracts using American Rescue Plan Act funding.

Faculty Loan Repayment Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$2,310,000	$2,310,000	$2,310,000	---
FTE	---	---	---	---

Authorizing Legislation: Public Health Service Act, Sections 738(a) and 740(b), as amended by the CARES Act, Section 3401, Public Law 116-136.

FY 2025 Authorization $1,190,000

Allocation Method ..... Other (Competitive Awards to Individuals)

Program Description

The Faculty Loan Repayment Program supports health professionals from economically and environmentally disadvantaged backgrounds serving in faculty positions at accredited health professions schools. The goal of the Faculty Loan Repayment Program is to decrease the economic barriers associated with pursuing careers as academic faculty. The Faculty Loan Repayment Program provides loan repayment to health profession graduates who serve as faculty at eligible health professions colleges or universities for a minimum of two years. In return, the federal government agrees to pay up to $20,000 of the outstanding principal and interest on the individual's health professions education loans for each year of service. The Faculty Loan Repayment Program awards a maximum of $40,000 for a two-year service obligation. The employing institution must also make payments to the faculty member that match the amount paid by HRSA or request a full or partial waiver of the match requirement.

Eligible Entities: Participants must come from a disadvantaged background, have an eligible health professions degree or certificate, and be a faculty member at an eligible health professions school.

Budget Request

The FY 2025 Budget Request for the Faculty Loan Repayment Program of $2.3 million is equal to the FY 2023 Final level. The FY 2025 funding will be used to continue to support 40 awards. The funding will allow HRSA to recruit and retain health professions faculty members and encourage students to pursue faculty roles in their chosen health care field.

The funding request also includes costs associated with the application review and award process, follow-up performance reviews, and information technology and other program support costs.

To further support the Faculty Loan Repayment Program, the FY 2025 Budget Request also includes a legislative proposal to extend the tax-exempt status that is provided to the National Health Service Corps Program recipients to HRSA's similar health care workforce loan repayment programs. If HRSA is not required to pay employer taxes on the award, more funds would be available for HRSA to make additional or higher awards through these programs.

Funding History

FY	Amount
FY 2021	$1,186,000
FY 2022	$1,226,000
FY 2023	$2,310,000
FY 2024 CR	$2,310,000
FY 2025 President's Budget	$2,310,000

Faculty Loan Repayment Program Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	41	40	40

Health Professions Training for Diversity

Centers of Excellence

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$28,422,000	$28,422,000	$28,422,000	---
FTE	1	1	1	---

Authorizing Legislation: Public Health Service Act, Section 736, as amended by the CARES Act, Section 3401, Public Law 116-136.

FY 2025 Authorization $23,711,000

Allocation Method .....Competitive Grant

Program Description

The Centers of Excellence Program provides grants to health professions schools and other public and nonprofit health or educational entities to serve as innovative resource and education centers for the recruitment, training, and retention of underrepresented minority students and faculty.

By statute, the Centers of Excellence Program awards funding to recipients who have demonstrated success in matriculating and graduating underrepresented minorities using a multifaceted approach that supports students and developing faculty. Grant recipients operate programs that establish, strengthen, and expand programs to enhance the academic performance of underrepresented minority students and improve information resources, clinical education, curricula, and cultural competence as they relate to minority health issues and social determinants of health. Additionally, the Centers of Excellence Program supports faculty and student research on health issues relating to the delivery of health care and health disparities that particularly affect underrepresented minority groups. Through strategic partnerships, grant recipients increase the applicant pool of underrepresented minority students within health professions schools, establish and expand programs to enhance academic performance of these students, and utilize stipends to assist underrepresented minority students and faculty with financial support.

Eligible Entities: Health professions schools and other public and nonprofit health or educational entities that operate programs of excellence for underrepresented minority individuals and meet the general conditions requirements in section 736(c)(1)(B) of the Public

Health Service Act, including certain Historically Black Colleges and Universities; Hispanic Centers of Excellence; Native American Centers of Excellence; and other Centers of Excellence.

Budget Request

The FY 2025 Budget Request for the Centers of Excellence Program of $28.4 million is equal to the FY 2023 Final level. In FY 2025, HRSA will support 26 existing grant recipients through non-competing continuation awards to train approximately 5,000 individuals in the health career pipeline.

The funding request also includes costs associated with follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$23,510,000
FY 2022	$24,422,000
FY 2023	$28,422,000
FY 2024 CR	$28,422,000
FY 2025 President's Budget	$28,422,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Centers of Excellence Program trained 4,512 high school, undergraduate, and graduate-level students, including medical, dental, and pharmacy graduate-level students entering or progressing through the health professions pipeline. A total of 2,445 students completed their Centers of Excellence Program, which included high school enrichment programs, pre-matriculation and post-baccalaureate programs, and summer programs, among others. Select program outcomes include:

- One year after completing a Centers of Excellence program, 56 percent of former program participants remained enrolled in their health professions training program, were accepted into a new training program, or were working or pursuing additional training in a medically underserved community or primary care setting; an additional 10 percent were pursuing a health career.
- 343 student-initiated, faculty-led collaborative research projects on health disparities that disproportionately affect underrepresented minority groups occurred because of the Centers of Excellence program. Project topics included health disparities (28 percent), underrepresented minority health issues (22 percent), and community health assessments (14 percent).

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2030.01 Number of individuals in the health career pipeline trained by the Centers of Excellence Program (Output)	FY 2022: 4,512 Target: Not Defined (Historical Actual)	5,000	5,000	Maintain
2030.02 Percentage of program completers who are also underrepresented minorities (Outcome)	FY 2022: 77% Target: Not Defined (Historical Actual)	65%	70%	+5 percentage points
6.I.C.21 Percent of program participants who received academic retention support and maintained enrollment in a health professions degree program (Outcome)	FY 2022: 18% Target: 40% (Target Not Met)	Discontinued	Discontinued	N/A

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022. Measure 6.I.C.21 was discontinued in the FY 2024 Congressional Budget Justification. The measure did not appropriately capture the full benefits that program participants received from academic retention support, since it only focused on students continuing their training and not those who graduated.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	26	26	26
Average Award	$1,026,317	$1,026,317	$1,026,317
Range of Awards	$503,475 – $3,000,000	$503,475 – $3,000,000	$503,475 – $3,000,000

Scholarships for Disadvantaged Students

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$55,014,000	$55,014,000	$55,014,000	---
FTE	7	7	7	---

Authorizing Legislation: Public Health Service Act, Sections 737 and 740(a), as amended by the CARES Act, Section 3401, Public Law 116-136.

FY 2025 Authorization $51,470,000

Allocation Method .....Competitive Grant

Program Description

The Scholarships for Disadvantaged Students Program provides grants to eligible health professions and nursing schools to award scholarships to students from disadvantaged backgrounds who are pursuing a degree in a health profession and have financial need. The program also connects students to retention services and activities that support their progression through their training program.

By statute, the schools must agree to give preference to students for whom the costs of attending the schools would constitute a severe financial hardship. In awarding grants, HRSA must give priority to schools based on the proportion of graduating students going into primary care, the proportion of underrepresented minority students, and the proportion of graduates working in medically underserved communities.

The Scholarships for Disadvantaged Students Program exposes students to primary care and facilitates placements in Medically Underserved Communities to improve distribution, diversity, and supply of primary care providers; strengthens the health workforce by facilitating the entry of individuals from disadvantaged backgrounds; and enhance quality and access to health care for individuals in Medically Underserved Communities. The Scholarships for Disadvantaged Students Program directs funds to educate midwives to address the national shortage of maternity care providers. Additionally, in an effort to combat behavioral health workforce shortages, up to 25 percent of Scholarships for Disadvantaged Students Program funding is designated for graduate programs in behavioral health.

Eligible Entities: Accredited schools of medicine, osteopathic medicine, dentistry, nursing, pharmacy, physical therapy, podiatric medicine, optometry, veterinary medicine, public health,

chiropractic, allied health, and a school offering a graduate program in behavioral and mental health practice or an entity providing programs for the training of physician assistants.

Budget Request

The FY 2025 Budget Request for the Scholarships for Disadvantaged Students Program of $55 million is equal to the FY 2023 Final level. In FY 2025, HRSA will hold a new competition and fund up to 85 new and competing continuation Scholarships for Disadvantaged Students Program awards. HRSA will continue to support grants to educate midwives to address the national shortage of maternity care providers within available funding. Additionally, to combat health workforce shortages, HRSA has designated up to 25 percent of funds for graduate programs in behavioral health and up to 25 percent for programs in allied health.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

Fiscal Year	Amount
FY 2021	$51,390,000
FY 2022	$53,014,000
FY 2023	$55,014,000
FY 2024 CR	$55,014,000
FY 2025 President's Budget	$55,014,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Scholarships for Disadvantaged Students Program provided scholarships to 2,613 health professions students from disadvantaged backgrounds. A total of 1,236 students graduated, including 471 nursing students, 299 behavioral health students, and 239 allied health students. Select program outcomes include helping disadvantaged students progress through their health professions training, and encouraging students to work in medically underserved communities and primary care:

- 3 percent of program graduates earned an associate degree, 24 percent earned a bachelor’s degree, 53 percent earned a master’s degree, and 19 percent earned a doctoral-level degree.
- 59 percent of graduates with follow-up data worked or trained in medically underserved communities one year after graduation, and 30 percent in primary care settings.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2040.01 Number of health professions students from disadvantaged backgrounds who received financial support through the Scholarships for Disadvantaged Students Program (Output)	FY 2022: 2,613 Target: 2,390 (Target Exceeded)	2,600	2,600	Maintain

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	85	85	85
Average Award	$609,069	$609,069	$650,000
Range of Awards	$230,000 – $1,000,276	$230,000 – $1,000,276	$610,000 – $650,000

Health Careers Opportunity Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$16,000,000	$16,000,000	$16,000,000	---
FTE	2	2	2	---

Authorizing Legislation: Public Health Service Act, Sections 739 and 740(c) as amended by the CARES Act, Section 3401, Public Law 116-136.

FY 2025 Authorization $15,000,000

Allocation Method .....Competitive Grant

Program Description

The Health Careers Opportunity Program provides individuals from economically and educationally disadvantaged backgrounds an opportunity to develop the skills needed to successfully compete for, enter, and graduate from, schools of health professions or allied health professions. The National Health Careers Opportunity Program Academies, a component of the program, provide a variety of academic and social supports to individuals from disadvantaged backgrounds through formal academic and research training, programming, and student enhancement or support services. Support includes tailored academic counseling and highly focused mentoring services, student financial assistance in the form of scholarships and stipends, financial planning resources, and health careers and training information. The goal of the Health Careers Opportunity Program is to provide a pathway for disadvantaged individuals to enter the health professions and equip them to deliver high quality, culturally competent care to underserved individuals.

Health Careers Opportunity Program activities are an integral part of structured programming for students throughout the academic year. Activities of Health Careers Opportunity Program grantees include post-baccalaureate, summer, and other programs that provide students with knowledge, experiences, and opportunities to participate in individualized and tailored academic coursework and community work in the health professions school areas. Health Careers Opportunity Program award recipients provide clinical and/or experiential training opportunities to health and allied health students through community-based training. In addition, the Health Careers Opportunity Program National Ambassador Program, a longitudinal, integrated curriculum-based program, aids students from disadvantaged backgrounds while matriculating through the educational pipeline.

Eligible Entities: Accredited health professions schools and other public or private nonprofit health or educational institutions.

Budget Request

The FY 2025 Budget Request for the Health Careers Opportunity Program of $16 million is equal to the FY 2023 Final level. The FY 2025 Request will be used to fund 21 existing grantees expand opportunities for at least 5,000 individuals from disadvantaged backgrounds to enter health professions.

The funding request also includes costs associated with follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$14,449,000
FY 2022	$15,450,000
FY 2023	$16,000,000
FY 2024 CR	$16,000,000
FY 2025 President's Budget	$16,000,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Health Careers Opportunities Program trained 4,805 students pursuing health careers. A total of 3,649 individuals completed their program.

A major component of the Health Careers Opportunities Program is the Ambassadors program, a longitudinal, curriculum-based program designed to assist students from disadvantaged backgrounds through the educational pipeline. A total of 2,801 students participated in an ambassadors program, 1,370 students completed their program, and 558 earned degrees. Select program outcomes include helping students progress through and advance to the next stage in the health professions pipeline:

- 24 percent of high school graduates with follow-up data were accepted into an associate degree program one year after completing their ambassadors program, and 63 percent were accepted into a bachelor's degree program.
- 35 percent of bachelor's degree graduates with follow-up data were accepted into a health professions training program one year after completing their ambassadors program, and 45 percent were pursuing health careers.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2050.01 Number of Health Careers Opportunity Program trainees from disadvantaged backgrounds participating in academic programming, clinical training and/or student support services (Outcome)	FY 2022: 4,805 Target: 3,474 (Target Exceeded)	4,500	5,000	+500

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	21	21	21
Average Award	$623,579	$623,579	$623,579
Range of Awards	$577,146 – $670,012	$577,146 – $670,012	$577,146 – $670,012

The National Center for Health Workforce Analysis

Health Care Workforce Assessment

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$5,663,000	$5,663,000	$5,663,000	---
FTE	5	7	7	+2

Authorizing Legislation: Public Health Service Act, Section 761, as amended by the CARES Act, Section 3401, Public Law 116-136.

FY 2025 Authorization $5,663,000

Allocation Method .....Competitive Grant/Contract

Program Description

The National Center for Health Workforce Analysis (NCHWA) is the primary Federal entity that collects, analyzes, and reports on data and information regarding the U.S. health workforce. NCHWA also evaluates the effectiveness of HRSA's workforce investment programs.

NCHWA serves as the focal point for HRSA's efforts to incorporate a data-driven approach to its work to strengthen the health workforce. To that end, NCHWA conducts the following activities:

- Provides timely data and reports on the current state and trends of the U.S. health workforce;
- Collects health workforce data for the nation;
- Develops and leads improvements in data collection capacity by working with other federal agencies, states, professional associations, and academic and research institutions to generate and promote guidelines for collection and analysis;
- Creates and improves tools for data management, analysis, and modeling to support health workforce research, policy analysis, and decision making;
- Collects annual performance data from HRSA's workforce programs and policies and evaluates their effectiveness;
- Responds to information and data needs by translating data and findings to inform policies, programs, and the public.

NCHWA continues to enhance its projection model to allow for even more sophisticated analysis and projection of health workforce supply and demand, taking into account changing national demographics, the demand for health care services, and the impact those changes have on the delivery of health care. These projections identify areas where there are projected shortages of

providers. Three alternative scenarios look at how many providers would be needed to further health equity in terms of insurance status, metro/nonmetro location, and demographics of those seeking care.

Since the nation's health care system is constantly changing – and preparing new providers requires long lead times – it is critical to have high quality, research-based evidence to ensure a workforce of sufficient size and skills capable of meeting the nation's health care needs. Policymakers and other decision makers need information on the health care and health support workforce that incorporates up-to-date research, data, modeling, and trends.

Budget Request

The FY 2025 Budget Request for the National Center for Health Workforce Analysis of $5.6 million is equal to the FY 2023 Final level. This request will fund continued work on health occupation projections and their visualization for the public, nine Health Workforce Research Centers, development and publication of the Area Health Resources Files, and publication and analyses using data from the 2022 National Sample Survey of Registered Nurses.

In FY 2025, NCHWA will continue to model supply and demand of health professionals across a range of health occupations, years, and metro and non-metro geographies, making these assessments of the adequacy of the health workforce available through briefs and online tools. These data are publicly released in an interactive projection visualization tool. As in prior years, projections data on more than 100 different health care occupations will continue to be published at the same time, including the following:

- Physicians by specialty
- Nurses, including advanced practice registered nurses
- Primary care providers
- Behavioral health providers
- Women's health providers
- Long-term care providers
- Oral health providers
- Allied health providers

These projections will also include alternative scenarios to show how the projected supply and demand would change if certain key inputs are altered. For example, one alternative scenario examines how demand would change for an occupation if everyone used its services at the same rate as the insured population.

In FY 2025, NCHWA will continue to oversee nine Health Workforce Research Centers that conduct and disseminate research and data analysis on health workforce issues of national importance and provide technical assistance to regional and local entities on workforce data

collection, analysis, and reporting.[29] Together, these nine centers examine a broad range of issues related to various sectors of the health care workforce, including (but not limited to) occupations in oral health, long term services and supports, allied health, behavioral health, emerging health workforce issues, public health, and health equity in health workforce education and training. Research conducted by these centers aims to strengthen the evidence base for effective education and training program strategies that can enable and empower a health workforce capable of meeting the needs of the population. Researchers, policymakers, and members of the media, among others, benefit from the research and analyses by the research centers. Examples of their research include the following:

- Developing a deeper understanding of the current behavioral health workforce and its readiness related to addressing the current opioid and overdose crisis.
- Investigating the impact of the COVID-19 pandemic on sectors of the U.S. health workforce, such as long-term services and support occupations.
- Identifying the public health workforce and assessing its capability to respond to the current and future needs of all Americans.
- Evaluating health workforce education and training programs to understand their impact on increasing access to primary care; mitigating provider shortages in underserved areas; delivering integrated primary, behavioral, and oral health care; addressing health workforce diversity; and strengthening community/provider partnerships.

In FY 2025, NCHWA will continue to maintain the Area Health Resources Files dataset on behalf of the Department of Health and Human Services. The Area Health Resources Files are updated annually and contain detailed information on health professions, health facilities, and population demographics from a variety of sources. In addition, the Area Health Resources Files dashboard allows members of the public to easily access information about topics such as the distribution and diversity of the health care workforce both by state and county.

In FY 2025, NCHWA will continue to publish results of the 2022 National Sample Survey of Registered Nurses, which will also be available in visualized formats in the recently released NCHWA Nursing Workforce Dashboard. The updated National Sample Survey of Registered Nurses represents the nation's largest sample survey of registered nurses and nurse practitioners and provides a comprehensive look at the state of the registered nurse workforce. Nurses are the largest single occupation in the health workforce, so it is imperative to have recent data on important aspects of their experience like their retirement plans, work environment, and education/training, so that programs can be tailored to best meet their needs. The forthcoming National Sample Survey of Registered Nurses data will show the effects of the COVID-19 pandemic on the nursing workforce with respect to burnout, how the work environment has changed, what factors are impacting nurses' decisions to stay or leave the nursing profession, and whether their retirement plans have been affected by the pandemic.

[29] In FY 2025, one Health Workforce Research Center administered by NCHWA will be funded from the Substance Abuse and Mental Health Services Administration and one HWRC will be partially funded from the Centers for Disease Control and Prevention.

In FY 2025, NCHWA will publish informational briefs on topics such as the primary care workforce, the behavioral health workforce, and an overview of the healthcare workforce with a focus on medicine, nursing, and oral health.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$5,646,000
FY 2022	$5,663,000
FY 2023	$5,663,000
FY 2024 CR	$5,663,000
FY 2025 President's Budget	$5,663,000

Program Accomplishments

In FY 2023, NCHWA released updated projections for the years 2021-2036 for more than 100 occupations in a publicly accessible interactive projection visualization tool. In addition to the release in a customizable tool, NCHWA also issued projections briefs in FY 2024 that interpreted data on key trends in the workforce in a more accessible format for policymakers and the general public. These included an updated brief on the Primary Care Workforce.

NCHWA also enhanced the projections methodology to further capture the effects of the pandemic on supply and demand projections and incorporate the most current sources of data. These enhancements allow for even more sophisticated analysis and projection of health workforce supply and demand, taking into account changing national demographics, the demand for health care services, and the impact those changes have on the delivery of health care, including the rapid attrition of providers and the extensive provision of behavioral health services by primary care providers.

In FY 2023, NCHWA updated modules of the Area Health Resources Files dashboard, which is one of the most comprehensive, publicly available sources of county, state, and national data on health care demographics. The dashboard allows users to access detailed data on the distribution and demographics of providers via an intuitive interface down to the county-level.

NCHWA completed data collection for the 2022 National Sample Survey of Registered Nurses during FY 2023. In FY 2024, NCHWA will publicly release data from the survey in the NCHWA Nursing Workforce Dashboard as well as in briefs and data files.

Finally, in an effort to better understand and demonstrate the outcomes of HRSA's workforce programs, NCHWA develops and publicly releases Program Accomplishment and Outcomes reports for grant programs overseen by the Bureau of Health Workforce. Between FY 2020 and FY 2023, NCHWA released 25 retrospective evaluation reports as well as annual program

accomplishment reports for graduate medical education programs. These reports highlight the ways in which HRSA programs impact access, supply, distribution, and quality of the health workforce.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	9	9	9
Average Award	$500,000	$500,000	$500,000
Range of Awards	$447,164 – $900,000	$447,164 – $900,000	$447,164 – $900,000

Primary Care Training and Enhancement Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$49,924,000	$49,924,000	$49,924,000	---
FTE	6	9	9	+3

Authorizing Legislation: Public Health Service Act, Section 747, as amended by the CARES Act, Section 3401, Public Law 116-136, and Public Law 117-159.

FY 2025 Authorization……$48,924,000

Allocation Method…….Competitive Grant/Cooperative Agreement/Contract

Program Description

The Primary Care Training and Enhancement Program aims to strengthen the primary care workforce by supporting training for future primary care clinicians and faculty and promoting primary care practice, particularly in rural and underserved areas. The focus of the program is to produce primary care providers who are prepared to practice in, teach, and lead transforming health care systems that work to improve access to care, quality of care, and cost effectiveness.

HRSA is investing in strategies to train primary care providers through the Primary Care Training and Enhancement Program with the following activities:

- Enhancing accredited residency training programs in family medicine, general internal medicine, general pediatrics, or combined general internal medicine and general pediatrics in rural and/or underserved areas;
- Focusing on the training of physician assistants and clinical preceptors to expand access to primary care services in rural areas and nationally;
- Training primary care physicians in maternal health care clinical services and population health to improve maternal health outcomes; and
- Promoting health equity by increasing access to care for patients with special needs such as individuals with intellectual and physical disabilities and individuals with limited English proficiency.
- Promoting the integration of behavioral health into primary care by training primary care residents in the prevention, identification, diagnosis, treatment, and referral of services for mental and behavioral, including substance use disorder.

Eligible Entities: Accredited public or nonprofit private hospitals, schools of allopathic or osteopathic medicine, academically affiliated physician assistant training programs, or public or private nonprofit entities determined eligible by the Secretary.

Budget Request

The FY 2025 Budget Request for the Primary Care Training and Enhancement Program of $49.9 million is equal to the FY 2023 Final level. The request will fund new awards to support training for primary care physician assistants to prevent, identify, diagnose, treat, and refer services for behavioral health conditions. Medical students will experience clinical rotations in rural and underserved settings where they can practice incorporating behavioral health into primary care service delivery. This aligns with the Administration's goal to integrate behavioral health care into primary care, and will help increase the number of trained physician assistants who choose to practice in rural and underserved areas after graduation.

The Budget Request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$48,777,000
FY 2022	$48,924,000
FY 2023	$49,924,000
FY 2024 CR	$49,924,000
FY 2025 President's Budget	$49,924,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Primary Care Training and Enhancement Program trained 7,388 health professions students and practicing health care professionals. A total of 2,113 individuals completed a Primary Care Training and Enhancement Program, including 1,052 physician assistant students and 383 physicians in residency or fellowship programs. Select Primary Care Training and Enhancement Program outcomes include providing medical care and strengthening the health care system through the following:

- 2.1 million patient encounters occurred through Primary Care Training and Enhancement residencies, fellowships, and training programs focused on primary care, rural health, community prevention, and maternal health.
- 420 students and practicing professionals with follow-up data were working/training in a primary care setting one year after completing their Primary Care Training and Enhancement Program, and 385 were in a medically underserved community and/or rural area.

HRSA conducted a four-year evaluation of the Training Primary Care Champions program, a single subprogram within the larger Primary Care Training and Enhancement program. The evaluation found that between AYs 2018 and 2022, 341 fellows participated in Training Primary Care Champions and 253 completed their fellowship. Fellows developed or enhanced 113 courses, reaching 2,948 professionals and students, and conducted nearly 300 health care transformation projects at community-based primary care sites. As of January 2023, one to three

years after program completion, 81% of Training Primary Care Champions alumni were employed in Health Professional Shortage Areas, 36% at a National Health Service Corps-approved site, and 27% in rural areas.[30]

Outputs and Outcomes Tables

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2070.01 Number of physicians completing a residency or fellowship through a Primary Care Training and Enhancement Program (Outcome)	FY 2022: 383 Target: 200 (Target Exceeded)	400	400	Maintain
2070.02 Number of physician assistants graduating from a Bureau of Health Workforce-funded program (Outcome)	FY 2022: 1,052 Target: 100 (Target Exceeded)	1000	1000	Maintain

Primary Care Training and Enhancement Program Outputs	Year and Most Recent Result
Number of physicians training in a Bureau of Health Workforce-funded residency or fellowship	AY 2022-2023: 1,146
Number of physician assistant students training in a Bureau of Health Workforce-funded program	AY 2022-2023: 3,317
Percent of physician and physician assistant trainees receiving at least a portion of their clinical training in an underserved area	AY 2022-2023: 48%

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022.

[30] Health Resources and Services Administration. (2023). Primary Care Training and Enhancement – Training Primary Care Champions Evaluation. U.S. Department of Health and Human Services. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/pcte-tpcc-evaluation-report-2018-2022.pdf

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	107	104	96
Average Award	$373,707	$351,835	$351,835
Range of Awards	$103,670 – $600,000	$103,670 – $600,000	$103,670 – $600,000

Oral Health Training Programs

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$42,673,000	$42,673,000	$42,673,000	---
FTE	6	6	6	---

Authorizing Legislation: Public Health Service Act, Section 748, as amended by Public Law 115-301; the CARES Act, Section 3401, Public Law 116-136; and Public Law 117–328.

FY 2025 Authorization….....$28,531,000

Allocation Method.....Competitive Grant/Contract

Program Description
The Oral Health Training Programs increase access to high-quality dental health services in rural and other underserved communities by increasing the number of oral health care providers working in underserved areas and improving training programs for these providers through the following activities:

***Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program*:** This program provides grants to fund the planning, development, operation of, and participation in, approved professional training programs in general, pediatric, or public health dentistry and dental hygiene for students. It also provides financial assistance to participating students. This program enhances the ability of the oral health care trainees to care for populations with special needs, focus on patient centered care, and gain a better understanding of the social determinants of health.

***Postdoctoral Oral Health Training Program in General, Pediatric, and Public Health Dentistry*:** This program provides grants to fund the planning, development, operation of, and participation in, approved professional training programs in general, pediatric, or public health dentistry for dental residents, practicing dentists, or other approved primary care dental trainees. Grantees may also provide financial assistance to dental residents or practicing dentists.

***Dental Clinician Educator Career Development Program*:** This program supports the development of primary care dental faculty within academic institutions. Specifically, it focuses on improving the competence of full-time, part-time, and community-based faculty to develop and enhance training focused on improving care for vulnerable and underserved populations.

***Primary Care Dental Faculty Development Program*:** This program funds a National Center that serves as a resource and training hub to support the development of primary care dental faculty within academic institutions.

***Dental Faculty Loan Repayment Program*:** This program provides grants to fund the planning, development, and operation of a program to provide loan repayment to dental faculty engaged in

general, pediatric, and public health dentistry and dental hygiene in exchange for service as full-time faculty members. The program enhances the recruitment and retention of dental and dental hygiene faculty through loan repayment.

***State Oral Health Workforce Improvement Grant Program*:** This program seeks to enhance dental workforce planning and development through the support of innovative programs to meet the individual needs of each funded state. The aim is to encourage and support state innovation of sustainable and effective programs that will increase the accessibility and quality of oral health services within Dental Health HPSAs.

Eligible Entities:

Predoctoral Training in General, Pediatric, and Public Health Dentistry and Dental Hygiene Program; Postdoctoral Oral Health Training Program in General, Pediatric, and Public Health Dentistry; Dental Clinician Educator Career Development Program; Primary Care Dental Faculty Development Program: Schools of dentistry and dental hygiene, public or non-profit private hospitals, and public or non-profit private entities that have approved residency or advanced education programs.

Dental Faculty Loan Repayment Program: Programs of general, pediatric, or public health dentistry in public or private nonprofit dental or dental hygiene schools, or approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry.

State Oral Health Workforce Improvement Grant Program: Eligible applicants include governor-appointed, state governmental entities. This program requires a 40-percent match by the state.

Budget Request

The FY 2025 Budget Request for the Oral Health Training Programs of $42.7 million is equal to the FY 2023 Final level. In FY 2025, HRSA will continue increasing access to high-quality dental health services in rural and other underserved communities by supporting oral health care providers working in underserved areas and improving training programs for these providers. The request funds 84 continuation awards that support dental faculty development, innovative oral health programs, and enhancement of clinical predoctoral dental and dental hygiene trainees' ability to care for populations and individuals with medically complex conditions, as well as funds 27 new postdoctoral awards in general dentistry, pediatric dentistry, and dental public health.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$40,673,000
FY 2022	$40,673,000
FY 2023	$42,673,000
FY 2024 CY	$42,673,000
FY 2025 President's Budget	$42,673,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Oral Health Training Programs supported 5,540 dental and dental hygiene students and professionals. A total of 1,897 individuals completed their Oral Health Training Program, including 1,145 dental students, 650 dentists, and 95 dental hygiene students. Select Oral Health Training Program outcomes include repaying student loans and expanding access to dental care:

- $3.7 million in student loans was repaid – the equivalent of 25 percent of Dental Faculty Loan Repayment Program participants' student loan debt.
- 1.5 million patient encounters occurred in medically underserved communities delivered by providers training in the Oral Health Training Program.
- 69 percent of graduates were working in medically underserved communities and 20 percent in primary care settings, such as Federally Qualified Health Centers after graduating from their Oral Health Training Program.

HRSA conducted a six-year evaluation of the Dental Faculty Loan Repayment Programs and found that between AYs 2016 and 2022, awardees provided $12,202,108 in loan repayment, which relieved an average of 43 percent of student loan debt for participants. In exchange for student loan repayment, 148 dentists and dental hygienists provided 424 years of service as full-time dental faculty. Without the dental faculty programs, dental faculty vacancies could have grown by 113 percent during AYs 2016 through 2021; instead, they grew by 78 percent.[31,32]

[31] Health Resources and Services Administration (2023). Dental faculty loan repayment programs evaluation. U.S. Department of Health and Human Services. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/dental-faculty-lrp-outcomes.pdf

[32] American Dental Education Association. (2023, June 12). 2020-21 dental school faculty vacant positions in United States. https://www.adea.org/Data/Faculty/2020-Vacancies/

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2080.01 Number of dental students trained through Bureau of Health Workforce Oral Health Training Programs (Output)	FY 2022: 4,339 Target: 4,000 (Target Exceeded)	5,000	5,000	Maintain
2080.02 Number of dental residents trained through Bureau of Health Workforce Oral Health Training Programs (Output)	FY 2022: 752 Target: 520 (Target Exceeded)	650	650	Maintain
2080.03 Number of dental faculty trained through a Bureau of Health Workforce Oral Health Training Program (Output)	FY 2022: 185 Target: 160 (Target Exceeded)	170	Discontinued	N/A

Oral Health Training and Workforce Program Outputs	Year and Most Recent Result
Number of dentists completing a Bureau of Health Workforce-funded dental residency or fellowship	AY 2022-2023: 590
Number of dentists graduating from a Bureau of Health Workforce-funded dental school	AY 2022-2023: 1,145

Performance Narrative

Most recent results are for activities in AY 2022-2023 funded in FY 2022.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	111	111	111
Average Award	$368,779	$378,354	$378,354
Range of Awards	$48,600 – $664,042	$81,000 – $664,042	$81,000 – $664,042

Medical Student Education Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$60,000,000	$60,000,000	$50,500,000	-$9,500,000
FTE	1	1	1	---

Authorizing Legislation: As added by Title II of Division B, Public Law 115-245, as amended by Public Law 117-328.

FY 2025 Authorization .....Expired

Allocation Method .....Grants

Program Description

The Medical Student Education Program provides grants to public institutions of higher education in the top quintile of states with a projected primary care provider shortage in 2025 to support graduate education for medical students preparing to become physicians. The program was established in FY 2019 and is designed to prepare and encourage medical students who are training in the most underserved states to choose residencies and careers in primary care that serve tribal communities, rural communities, and/or medically underserved communities after they graduate. The Medical Student Education Program supports the development of post baccalaureate programs, medical school curricula, clinical training site partnerships, and faculty training programs. The program also requires grant recipients to prepare medical students to address the social determinants of health, including access barriers to health services, and health literacy.

Eligible Entities: Eligible entities are limited to public institutions of higher education in the top quintile of states with projected primary care provider shortages in 2025 (Alabama, Arkansas, Indiana, Kentucky, Mississippi, Missouri, Oklahoma and Utah).

Budget Request

The FY 2025 Budget Request for the Medical Student Education Program of $50.5 million is $9.5 million less than the FY 2023 Final level. This request will fully fund the 12 non-competing continuation awards from the program's FY 2023 competition and will not result in a reduction in activities.

In FY 2023, HRSA held a new competition for the 12 eligible public colleges of medicine. Grant recipients are developing and implementing Postbaccalaureate Premedical Programs that support the transition from undergraduate to medical school and conducting targeted outreach to increase

enrollment of medical students from tribal, rural, and/or medically underserved communities. They also are providing clinical sites for medical students in primary care settings such as a Teaching Health Center or other community-based setting that has a primary care residency program and provide scholarships for medical students who intend to practice in primary care in tribal, rural, and/or medically underserved communities. In addition, funded medical schools will develop and implement new and/or expanded curricula to meet the needs of vulnerable populations, including those in tribal, rural, or medically underserved communities.

This funding request will continue these activities that prepare and encourage medical students to choose residencies and careers in primary care, particularly those serving tribal, rural, and/or medically underserved communities in the specified states.

The funding request also includes costs associated with follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$50,000,000
FY 2022	$55,000,000
FY 2023	$60,000,000
FY 2024 CR	$60,000,000
FY 2025 President's Budget	$50,500,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Medical Student Education Program trained 3,680 medical students and a total of 806 medical students graduated. Select program outcomes include encouraging medical students to pursue careers in primary care and supporting medical students who chose residency programs in high-need locations:

- 99 percent of Medical Student Education Program graduates matched to a residency, higher than the 93 percent rate for all medical school graduates;[33]
- 45 percent of program graduates matched to primary care residencies;[34] and
- 44 percent of program graduates matched to residencies where they trained in Health Professional Shortage Areas.

[33] National Residency Match Program (2023). *Results and data: 2023 main residency match*. https://www.nrmp.org/wp-content/uploads/2023/05/2023-Main-Match-Results-and-Data-Book-FINAL.pdf
[34] National Residency Match Program (2023). *Results and data: 2023 main residency match*. https://www.nrmp.org/wp-content/uploads/2023/05/2023-Main-Match-Results-and-Data-Book-FINAL.pdf

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2090.01 Number of medical students trained in underserved states (Output)	FY 2022: 3,680 Target: 1,089 (Target Exceeded)	3,600	3,600	Maintain
2090.02 Number of medical students matched to primary care residencies (Output)	FY 2022: 357 Target: 21 (Target Exceeded)	350	350	Maintain

Performance Narrative

Most recent results are for activities in AY 2022-2023 funded in FY 2022.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	12	12	12
Average Award	$3,327,026	$3,983,984	$3,983,984
Range of Awards	$1,750,000 – $4,000,000	$3,864,055 – $4,000,000	$3,864,055 – $4,000,000

Interdisciplinary, Community-Based Linkages

Area Health Education Centers Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$47,000,000	$47,000,000	$47,000,000	---
FTE	2	2	2	---

Authorizing Legislation: Public Health Service Act, Section 751, as amended by the CARES Act, Section 3401, Public Law 116-136.

FY 2025 Authorization $41,250,000

Allocation Method ..... Competitive Grant/Cooperative Agreement

Program Description

The Area Health Education Centers Program develops and enhances education and training networks including communities, academic institutions, and community-based organizations. These networks work to broaden the distribution of the health workforce, enhance health care quality, and improve health care delivery to rural and underserved areas and populations. Area Health Education Centers must establish and maintain community-based training programs with an emphasis on primary care in rural and underserved areas. Area Health Education Centers Program grantees invest in interprofessional networks that address the social determinants of health of surrounding communities and incorporate community-based field placement programs. The program also provides continuing education, simulation education and training activities, and information dissemination to practicing health professionals to increase their effectiveness in providing quality health care.

Eligible Entities: Public or private non-profit accredited schools of allopathic and osteopathic medicine. Accredited schools of nursing are eligible applicants in states and territories in which no Area Health Education Centers Program is in operation.

Budget Request

The FY 2025 Budget Request for the Area Health Education Centers Program of $47 million is equal to the FY 2023 Final level. This request will support non-competing continuation awards to the 49 current Area Health Education Centers Program grantees who are working to increase the number of health professions students who pursue careers in primary care and are prepared to practice in rural and underserved areas and populations.

The funding request also includes costs associated with follow-up performance reviews, information technology, and other program support costs.

Funding History

Fiscal Year	Amount
FY 2021	$43,250,000
FY 2022	$45,000,000
FY 2023	$47,000,000
FY 2024 CR	$47,000,000
FY 2025 President's Budget	$47,000,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Area Health Education Centers (AHEC) Program trained 390,552 health care trainees and professionals. A total of 378,853 individuals completed continuing education courses, AHEC Scholar programs, fellowships, practicums and field placements, or other curricula activities supported by AHEC.

A major component of AHEC is the Scholars Program, which provides two years of interdisciplinary training in medically underserved and/or rural community-based settings to medical residents and health professions students. A total of 8,714 individuals participated in an AHEC Scholars Program, and 2,728 AHEC Scholars completed their program. AHEC Scholars completers included 701 medical students, 570 nursing students, and 418 allied health students. Select AHEC Program outcomes include retaining AHEC Scholars in high-need areas, supporting the training needs of the Nation's health professionals, and maintaining infrastructure for clinical training:

- 41 percent of AHEC Scholars worked or trained in medically underserved communities and/or rural areas one year after program completion, and 36 percent in primary care settings.
- 1,444 continuing education courses were offered to 142,023 practicing health professionals, 26 percent of whom worked in medically underserved communities, and 17 percent of whom worked in rural areas.
- 4,706 clinical training sites were maintained across the United States, where AHECs provided hands-on training to 29,112 AHEC trainees and 12,304 interprofessional trainees.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2100.01 Number of Area Health Education Centers Scholars trained in medically underserved communities and/or rural areas (Output)	FY 2022: 8,714 Target: 5,060 (Target Exceeded)	8,500	8,500	Maintain
2100.02 Percentage of Area Health Education Centers participants practicing in primary care, medically underserved communities, and/or rural areas one year after program completion (Outcome)	FY 2022: 64% Target: 48% (Target Exceeded)	65%	Discontinued	N/A

AHEC Program Outputs	Year and Most Recent Result
Number of medical students who participated in community-based clinical training	AY 2022-2023: 8,651
Number of other health professions trainees who participated in community-based clinical training	AY 2022-2023: 11,784
Number of trainees who received continuing education on topics including cultural competence, women's health, diabetes, hypertension, obesity, and health disparities	AY 2022-2023: 142,023

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022. Measure 2100.02 has been discontinued because it does not capture the full range of Area Health Education Center program activities, such as continuing education, and therefore is not meaningful for the program overall.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	49	49	49
Average Award	$857,244	$857,244	$857,244
Range of Awards	$288,500 – $2,106,000	$288,500 – $2,106,000	$288,500 – $2,106,000

Geriatrics Programs

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$47,245,000	$47,245,000	$47,245,000	---
FTE	5	6	6	+1

Authorizing Legislation: Public Health Service Act, Section 753, as amended by the CARES Act, Section 3403, Public Law 116-136, and Public Law 117-328.

FY 2025 Authorization $40,737,000
Allocation Method ..... Cooperative Agreement

Program Description

HRSA's Geriatrics Programs improve health care for older adults by developing a health workforce to provide value-based care for older adults by integrating geriatrics and primary care delivery sites/systems; and support the career development of junior faculty in geriatrics at accredited schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health.

HRSA's Geriatric Workforce Enhancement Program and Geriatrics Academic Career Awards Program educate and train the healthcare workforce, within the context of the age-friendly health systems framework, to address dementia-risk reduction, dementia across the disease trajectory including training on dementia medications as they are approved for use, health disparities and social determinants of health, and nursing home care.

Geriatric Program Breakout

Program	FY 2023 Final	FY 2024 Continuing Resolution*	FY 2025 President's Budget*
Geriatrics Workforce Enhancement Program	$45,141,205	$44,911,188	$44,911,188
Geriatrics Academic Career Awards Program	$2,103,795	$2,333,812	$2,333,812

* By statute, Geriatrics Academic Career Award amounts will be adjusted in accordance with the consumer price index.

Eligible Entities:

Geriatric Workforce Enhancement Program: Accredited schools of health professions representing various health disciplines, health care facilities, and programs leading to certification as a certified nursing assistant.
Geriatrics Academic Career Awards Program: Accredited health professions schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health that apply on behalf of individuals where the individuals have a full-time junior faculty appointment.

Budget Request

The FY 2025 Budget Request for the Geriatrics Programs of $47.2 million is equal to the FY 2023 Final level. The request will fund approximately 43 non-competing continuation awards for the Geriatric Workforce Enhancement Program and 26 non-competing continuation awards for the Geriatrics Academic Career Awards Program. The programs provide training focused on interprofessional and team-based care across the educational continuum (students, faculty, providers, direct service workers, patients, families, and lay and family caregivers).

The funding request also includes costs associated with follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$42,859,000
FY 2022	$45,245,000
FY 2023	$47,245,000
FY 2024 CR	$47,245,000
FY 2025 President's Budget	$47,245,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards Program (the Geriatrics Programs) trained 67,154 health care professionals, students, patients, and caregivers. A total of 56,716 individuals completed trainings including 24,892 physicians, 5,217 nursing students, and 4,153 medical students. Select Geriatrics Program outcomes include providing geriatrics-related education:

- 25 percent of U.S. geriatrics fellows and 17 percent of U.S. geriatric psychiatry fellows were reached through the Geriatric Workforce Enhancement Program.
- 410,000 individuals received continuing education through the Geriatrics Programs, including 280,242 patients and caregivers, 81,641 practicing health professionals, and 48,760 other professionals (e.g., firefighters and law enforcement).

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2110.01 Number of Bureau of Health Workforce-sponsored educational courses and activities offered on topics related to Alzheimer's disease and related dementias (Output)	FY 2022: 529 Target: 150 (Target Exceeded)	670	Discontinued	N/A
2110.02 Number of trainees participating in educational courses and activities offered on topics related to Alzheimer's disease and related dementias (Output)	FY 2022: 113,351 Target: 10,000 (Target Exceeded)	130,000	Discontinued	N/A
2110.03 Number of continuing education trainees in geriatrics programs (Output)	FY 2022: 410,643 Target: 50,000 (Target Exceeded)	400,000	400,000	Maintain
2110.04 Number of students who received geriatric-focused training in settings across the care continuum (Output)	FY 2022: 67,154 Target: 10,000 (Target Exceeded)	65,000	65,000	Maintain

Geriatrics Program Outputs	Year and Most Recent Result
Number of continuing education offerings delivered by grantees	AY 2022-2023: 1,805
Number of faculty members participating in geriatrics trainings offered by grantees	AY 2022-2023: 13,048
Number of individuals trained in new or enhanced curricula relating to the treatment of health problems of elderly individuals	AY 2022-2023: 1,363,889

Performance Narrative

Most recent results are for activities in AY 2022-2023 funded in FY 2022. Measures 2110.01 and 2110.02 have been discontinued since measures 2110.03 and 2110.04 better demonstrate the broader output of the program.

Geriatric Workforce Enhancement Program Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	48	43	43
Average Award	$866,610	$1,000,000	$1,000,000
Range of Awards	$664,124- $872,011	$990,000 - $1,000,000	$990,000 - $1,000,000

In FY 2025, the Geriatric Workforce Expansion Program anticipates an increase in each grantee's average award amount, resulting in slightly fewer grantees overall.

Geriatrics Academic Career Awards Program Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution*	FY 2025 President's Budget*
Number of Awards	26	26	26
Average Award	$86,978	$89,762	$89,762
Range of Awards	$86,978	$89,762	$89,762

* By statute, Geriatrics Academic Career Award amounts will be adjusted in accordance with the consumer price index.

Behavioral Health Workforce Development Programs

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$197,053,000	$197,053,000	$253,553,000	+$56,500,000
FTE	18	27	31	+13

Authorizing Legislation: Public Health Service Act, Sections 755, 756, 760, and 781, as amended by Public Law 117-328.

FY 2025 Authorization:
Behavioral Health Workforce Education and Training: $50,000,000
Mental and Behavioral Health Education and Training: Public Health Service Act, Section 756, Subsection (a)(1): $15,000,000; Subsection (a)(2): $15,000,000; Subsection (a)(3): $10,000,000; Subsection (a)(4): $10,000,000; Public Health Service Act, Section 781: Expired.

Allocation Methods..... Competitive Grant/Cooperative Agreement/Contract/ Other (competitive awards to individuals)

Program Description

HRSA's Behavioral Health Workforce Development Programs support the training of behavioral health students and providers and seek to place these providers in rural and underserved communities across the United States and its territories. The Behavioral Health Workforce Development Programs expand the number of behavioral health professionals and paraprofessionals, improve the quality of care by recruiting a diverse behavioral health workforce and training them to work collaboratively on interprofessional teams, and promote the integration of behavioral health into primary care settings to increase access to behavioral health services. In addition, through the Substance Use Disorder Treatment and Recovery Loan Repayment Program, HRSA funds loan repayment for medical, nursing, behavioral health clinicians and paraprofessionals in exchange for providing substance use disorder treatment services in high need areas.

The United States is currently facing a shortage of behavioral health providers and more than half of the U.S. population lives in a Mental Health Professional Shortage Area. Workforce shortages projected through 2036 include addiction counselors, marriage and family therapists, mental health counselors, psychologists, and psychiatrists. Rural counties are more likely than urban counties to lack behavioral health providers. When they receive care, residents of rural counties are also more likely to receive behavioral health services from primary care providers.

Behavioral Health Workforce Development Programs

The Behavioral Health Workforce Development Programs support several activities that increase the behavioral health workforce and expand access to behavioral health services. Programs include the Behavioral Health Workforce Education and Training Programs for Professionals and Paraprofessionals, Opioid-Impacted Family Support Program, the Graduate Psychology Education Program, the Addiction Medicine Fellowship Program, the Integrated Substance Use Disorder Training Program, and the Substance Use Disorder Treatment and Recovery Loan Repayment Program.

HRSA Behavioral Health Workforce Development Program grantees may provide training and other resources to support the delivery of culturally and linguistically appropriate behavioral health care and services to meet the need of underserved communities. Many HRSA Behavioral Health Workforce Development Programs encourage grantees to offer experiential training within community-based settings that disproportionately serve underserved communities.

Eligible Entities

Program/Activity	Entities
Behavioral Health Workforce Education and Training for Professionals, Paraprofessionals, and Opioid-Impacted Family Support Program	• Accredited masters and doctoral level behavioral health institutions of higher education or professional training programs • Accredited doctoral, internship, and post-doctoral residency programs of health service psychology • State-licensed mental health non-profit and for-profit organizations • Health professions schools, community colleges, academic health centers, state-licensed organizations, or other public or private nonprofit entities that provide services and training to health professions
Graduate Psychology Education	• American Psychological Association-accredited health service psychology doctoral level schools and programs, internships, and postdoctoral residency programs • Psychological Clinical Science Accreditation System-accredited doctoral level schools of psychology
Addiction Medicine Fellowship	• Accreditation Council for Graduate Medical Education-accredited Addiction Medicine or Addiction Psychiatry fellowship programs • Consortium (i.e., teaching health center and at least one sponsor Addiction Medicine or Addiction Psychiatry fellowship program)
Integrated Substance Use Training Program	• Teaching health centers, Federally Qualified Health Centers, Community Mental Health Centers, Rural Health Clinics, health centers operated by the Indian Health Service, an Indian tribe, a tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act); or Entities with a demonstrated record of success in providing training for nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and/or social workers (including individuals completing clinical training requirements for licensure) including entities that serve pediatric populations

Program/Activity	Entities
Substance Use Disorder Treatment and Recovery Loan Repayment Program	• Fully-licensed clinicians, credentialed in an eligible discipline and working at Substance Use Disorder Treatment and Recovery Loan Repayment Program-approved facilities • Registered substance use disorder treatment professionals working at Substance Use Disorder Treatment and Recovery Loan Repayment Program-approved facilities

Budget Request

The FY 2025 Budget Request for the Behavioral Health Workforce Development Programs of $253.6 million is $56.5 million above the FY 2023 Final level. This request will support the training of approximately 15,500 individuals through training grants. This includes funding to support the training of 12,000 individuals to become new behavioral health providers through the Behavioral Health Workforce Education and Training Programs for Professionals and Paraprofessionals.

HRSA will use $46.5 million of the requested increase to support the Behavioral Health Workforce Education and Training for Professionals and Paraprofessionals Programs. The goal of these programs is to increase the supply, distribution, and quality of behavioral health professionals such as psychologists, psychiatrists, social workers, counselors, marriage and family therapists, and other mental health and addiction counselors as well as peer support specialists and other behavioral health-related paraprofessionals. Funding will primarily focus on the knowledge and understanding of children, adolescents, and young adults at risk for behavioral health disorders. Additionally, HRSA will use a portion of the requested funding increase to support activities to increase the access to and quality of family behavioral health services, including maternal behavioral health services.

HRSA will direct $10 million to support a new Youth Behavioral Health Training Program to help address behavioral health needs of youth and young adults while also building an early pathway program for youth peers interested in behavioral health careers. Through this program, young people will be trained to provide much needed direct behavioral health support to their peers. In addition, peers will be able to train in behavioral health core competencies that will put them on a pathway to a behavioral health career. The program will engage youth in peer-to-peer support.

In FY 2025, HRSA will re-compete the Addiction Medicine Fellowship and the Graduate Psychology Education programs. Additionally, HRSA will fund continuation awards under the Integrated Substance Use Disorder Training Program and Opioid-Impacted Family Support Program and provide approximately 295 new loan repayment awards through the Substance Use Disorder Treatment and Recovery Loan Repayment Program.

The funding request also includes costs associated with the award process, follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$149,207,000
FY 2022	$162,053,000
FY 2023	$197,053,000
FY 2024 CR	$197,053,000
FY 2025 President's Budget	$253,553,000

Program Accomplishments

In Academic Year (AY) 2022-2023, 7,000 behavioral health providers graduated from the Behavioral Health Workforce Development programs. Individuals who graduated from these programs include 4,739 professionals, such as social workers, psychologists, school and clinical counselors, psychiatric nurse practitioners, and marriage and family therapists, as well as 2,261 paraprofessionals, such as community health workers, social services aides, and mental health workers. Select Behavioral Health Workforce Development program outcomes include:

- 2.9 million hours of patient care occurred in medically underserved areas because of Behavioral Health Workforce Development Programs.
- 75 percent of Behavioral Health Workforce Development Program graduates were working in underserved areas immediately after completing their training program.
- 200,000 patient encounters occurred in medically underserved communities through the Addiction Medicine Fellowship Program and the Integrated Substance Use Disorder Training Program.

Furthermore, as of September 30, 2023, a total of 707 Substance Use Disorder Treatment and Recovery Loan Repayment Program providers were currently in the field, providing behavioral health services at eligible facilities in communities where the mean drug overdose death rate is significantly higher than the national average in return for HRSA providing loan repayment for eligible debt. This includes 295 participants who entered into service contracts in FY 2023.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2120.01 Number of graduates from behavioral health degree or certificate programs supported by Bureau of Health Workforce Behavioral Health Workforce Education and Training Programs (Outcome)	FY 2022: 4,460 Target: 5,000 (Target Not Met)	4,000	4,000	Maintain
2120.02 Number of students in behavioral health degree or certificate programs supported by Bureau of Health Workforce Behavioral Health Workforce Education and Training Programs (Output)	FY 2022: 6,853 Target: 6,000 (Target Exceeded)	7,300	12,000	+4,700
2120.03 Number of graduate-level psychology students supported through Bureau of Health Workforce behavioral health workforce development programs (Output)	FY 2022: 414 Target: 200 (Target Exceeded)	390	390	Maintain
2120.04 Number of interprofessional students trained in psychology field placement settings through the Graduate Psychology Education Program (Output)	FY 2022: 3,989 Target: 1,900 (Target Exceeded)	4,000	Discontinued	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2120.05 Number of new addiction medicine and addiction psychiatry fellowship graduates entering workforce (Outcome)	FY 2022: 134 Target: 63 (Target Exceeded)	130	130	Maintain
2120.06 Number of substance use disorder treatment providers receiving loan repayment in exchange for providing behavioral health services (Output)	FY 2023: 707 Target: 350 (Target Exceeded)	800	1,095	+295

Performance Narrative

The most recent results are for activities in AY 2022-2023 funded in FY 2022. The Behavioral Health Workforce Education and Training Program Measure 2120.01 did not take into account the growth in the percentage of professionals in the program, where training takes longer, compared to paraprofessionals. The target has been adjusted to reflect this breakdown of program participants. The target for the Behavioral Health Workforce Education and Training Program Measure 2120.01 was not increased proportionally because it takes two to three years for students to graduate. Measure 2120.4 has been discontinued as it is not consistent with the central focus of the Graduate Psychology Education Program. The primary goal of the Program is to train graduate-level psychologists whereas this measure focuses on interprofessional students who are not directly trained through this or any other Behavioral Health Workforce Development Program.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	380	380	483
Average Award	$453,889	$453,889	$500,000
Range of Awards	$93,166 – $800,000	$93,166 – $800,000	$93,166 – $800,000

Substance Use Disorder Treatment and Recovery Loan Repayment Program Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	295	295	295
Average Award	$127,244	$127,244	$127,244
Range of Awards	$16,178 – $263,557[35]	$16,178 – $263,557	$16,178 – $263,557

[35] FY 2023 award amounts reflect accommodations made for federal tax burden.

Public Health Workforce Development

Public Health and Preventive Medicine Training Grant Programs

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$18,000,000	$18,000,000	$18,000,000	---
FTE	4	6	6	+2

Authorizing Legislation: Public Health Service Act, Sections 765-768 and 770 as amended by the CARES Act, Section 3401, Public Law 116-136.

FY 2025 Authorization $17,000,000

Allocation Method ..... Competitive grant/Cooperative Agreement

Program Description

The Preventive Medicine and Public Health Training Grant Programs train the current and future workforce by developing and delivering new public health training content and coordinating student placements and collaborative projects. The programs aim to improve the health of communities by increasing the number and quality of public health and preventive medicine personnel who can address public health needs and advance preventive medicine practices.

Public Health Workforce Development Breakout

Program	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Public Health Training Centers Program	$10,000,000	$10,000,000	$10,000,000
Preventive Medicine Residency Program	$8,000,000	$8,000,000	$8,000,000

Eligible Entities

Public Health Training Center Program: Accredited schools of public health or public or nonprofit private entities accredited for the provision of graduate or specialized training in public health. Faith-based and community-based organizations, tribes, and tribal organizations.

Preventive Medicine Residency Program: Accredited schools of public health, allopathic, or osteopathic medicine; accredited public or private non-profit hospitals; state, local, or tribal health departments or a consortium of two or more of the above entities.

Budget Request

The FY 2025 Budget Request for the Preventive Medicine and Public Health Training Grant Programs of $18 million is equal to the FY 2023 Final level. Specifically, the Public Health Training Center Program will continue to fund the current 10 regional awardees and support the development and implementation of training focused on regional public health needs that align with agency priorities. Some activities include developing micro learning instructional sessions on real-time public health issues, aiding in the formulation of state and local workforce development plans, and expanding regional Public Health Leadership Institutes.

The Preventive Medicine Residency Program will fund 19 continuation awards. These awards support enhanced experiential activities with a focus on residents having longitudinal clinical rotations in a Federally Qualified Health Center in rural and/or medically underserved communities.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$17,000,000
FY 2022	$17,000,000
FY 2023	$18,000,000
FY 2024 CR	$18,000,000
FY 2025 President's Budget	$18,000,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Public Health Workforce Development programs trained 212 public health students who completed a training program by Public Health Training Centers and 52 physicians who completed a residency supported by the Preventative Medicine Residency Program. Select Public Health Workforce Development program outcomes include:

- 43 percent of graduates were working or training in medically underserved communities one year after graduation; 41 percent in public health/preventive medicine settings; and 12 percent in state, local, or Tribal health departments.
- 2,957 continuing education courses were developed and delivered to public health front-line workers, program managers, and senior managers, including courses on infectious disease, clinical training, and health equity.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2130.01 Number of individuals trained in continuing education courses offered by Public Health Training Centers (Output)	FY 2022: 321,765 Target: 160,000 (Target Exceeded)	320,000	320,000	Maintain
2130.02 Number of hours of public health-related continuing education offered by Public Health Training Centers (Output)	FY 2022: 6,135 Target: 6,000 (Target Exceeded)	5,700	Discontinued	N/A
2130.03 Number of public health students and preventive medicine residents training or working in medically underserved communities after completing a Bureau of Health Workforce public health training program (Outcome)	FY 2022: 275 Target: 180 (Target Exceeded)	275	275	Maintain

Preventive Medicine Residency Program Outputs	Year and Most Recent Result
Number of preventive medicine residents participating in residencies	AY 2022-2023: 118
Number of preventive medicine residents completing training	AY 2022-2023: 52

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022. Measure 2130.02 is being discontinued since it overlaps with Measure 2130.01. The measure relating to the number of people trained is a more meaningful.

Grant Awards Table – Public Health Training Centers Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	10	10	10
Average Award	$939,571	$986,861	$987,024
Range of Awards	$805,380 – $1,140,962	$769,047 – $1,105,000	$770,676 – $1,105,000

Grant Awards Table – Preventive Medicine Residency Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	19	19	19
Average Award	$368,218	$367,065	$367,065
Range of Awards	$160,161 – $400,000	$156,417 – $400,000	$156,417 – $400,000

Nursing Workforce Development

Advanced Nursing Education Programs

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$95,581,000	$95,581,000	$105,581,000	+$10,000,000
FTE	11	13	13	+2

Authorizing Legislation: Public Health Service Act, Sections 811 and 871, as amended by Public Law 116-136.

FY 2025 Authorization $137,837,000

Allocation Method .....Formula Grant/Competitive Grant

Program Description

The Advanced Nursing Education Programs increase the number of qualified nurses in the primary care workforce by funding enhancements of training and practice of advanced nurses and traineeships for nursing students. By statute, grant applications with projects that substantially benefit rural or underserved populations or help public health nursing needs in state or local health departments, receive a funding preference.

Eligible Entities: Schools of nursing, nursing centers, academic health centers, state or local governments, and other non-profit public or private entities determined appropriate by the Secretary such as Federally Qualified Health Centers and rural health clinics. Community-based organizations and Tribes and Tribal organizations may apply for these funds, if otherwise eligible.

Budget Request

The FY 2025 Budget Request for the Advanced Nursing Education Programs of $105.6 million is $10 million above the FY 2023 Final level. This funding level will train an estimated 8,200 nurses in FY 2025.

The request supports 10 new awards for the Maternity Care Nursing Workforce Expansion Program. The program will grow and diversify the maternal and perinatal health nursing workforce by training an estimated 224 additional certified nurse midwives and preparing them to serve in rural and underserved communities nationwide. Licensed nurse midwives are clinically trained health care practitioners who assist in pregnancy and childbirth. Furthermore,

U.S. nursing schools report that they turned away qualified applications from baccalaureate and graduate nursing programs due to insufficient number of faculty, clinical sites, classroom space, and clinical preceptors, as well as budget constraints. The new awards will help address these gaps.

The request also supports a total of 201 continuation awards for the Advanced Nursing Education Programs to increase the number of qualified nurses in the primary care workforce, including nurse practitioners, nurse midwives, clinical nurse specialists, and Sexual Assault Nurse Examiners.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$80,581,000
FY 2022	$85,581,000
FY 2023	$95,581,000
FY 2024 CR	$95,581,000
FY 2025 President's Budget	$105,581,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Advanced Nursing Education Programs trained 8,017 advanced practice nurses. A total of 3,474 nurses completed their training program (for example, a sexual assault nurse examiner certificate program) or graduated from a nursing degree program, including 1,552 nurse practitioners, 1,322 nurse anesthetists, and 251 forensic nurses, among others. Select Advanced Nursing Education Program outcomes include:

- Over 2 million hours of patient care and nearly 900,000 patient encounters occurred in medically underserved communities because of the Advanced Nursing Education Program.

- 72 percent of Advanced Nursing Education-trained nurses worked in underserved areas after graduation, including 751 who were hired by a grantee or partner organization.

- 60 percent of Advanced Nursing Education nurses worked in medically underserved communities and/or rural areas one year after graduation.

During AYs 2017 through 2022, 6,906 advanced practice registered nurses (APRNs) graduated from Advanced Nursing Education Workforce (ANEW)-supported degree programs and entered the workforce, including 4,282 APRNs who completed ANEW clinical traineeships in rural and medically underserved communities. Graduates who trained in rural areas, primary care settings, and medically underserved communities were significantly more likely to work in those settings

(nearly 5 times, 3.6 times, and 2.5 times, respectively) than graduates who did not train in those settings.[36]

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2140.01 Number of students trained in Advanced Nursing Education and Workforce (ANEW) degree programs (Output)	FY 2022: 2,668 Target: 3,700 (Target Not Met)	2,600	2,600	Maintain
2140.03 Number of graduates from Advanced Nursing Education and Workforce (ANEW) degree programs (Outcome)	FY 2022: 1,201 Target: 1,000 (Target Exceeded)	1,200	1,200	Maintain

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022. The Advanced Nursing Education Workforce (ANEW) Program, one of the Advanced Nursing Education programs, did not meet the FY 2022 target of 3,700 students for Measure 2140.01, as nursing program enrollment has been declining across the country in part because of infrastructure challenges and ramifications of the COVID-19 pandemic.

Advanced Nursing Education Programs Outputs	Year and Most Recent Result
Number of new nurse anesthetists produced through the Nurse Anesthetist Training Program	AY 2022-2023: 1,322

[36] Health Resources and Services Administration. (2023). Advanced Nursing Education Workforce program evaluation. U.S. Department of Health and Human Services. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/funding/anew-5-year-evaluation.pdf

Percentage of nurse anesthetists working in medically underserved communities and/or rural areas one year after completing the Nurse Anesthetist Training Program	AY 2022-2023: 59%
Number of new sexual assault nurse examiners produced through the Advanced Nursing Education-Sexual Assault Nurse Examiners Program	AY 2022-2023: 632
Percentage of sexual assault nurse examiners working in medically underserved communities and/or rural areas one year after completing the Advanced Nursing Education-Sexual Assault Nurse Examiners Program	AY 2022-2023: 48%
Number of nurse practitioner residency or fellowship program completers	AY 2022-2023: 319
Percentage of new nurse practitioners working in medically underserved communities and/or rural areas after completing a HRSA-funded nurse practitioner residency or fellowship program	AY 2022-2023: 78%

Grant Awards Table

	FY 2023 Final	**FY 2024 Continuing Resolution**	**FY 2025 President's Budget**
Number of Awards	201	201	211
Average Award	$475,527	$475,527	$500,383
Range of Awards	$3,785 – $1,000,000	$3,785 – $1,000,000	$3,785 – $1,000,000

Nursing Workforce Diversity

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$24,343,000	$24,343,000	$24,343,000	---
FTE	5	5	5	---

Authorizing Legislation: Public Health Service Act, Section 821, as amended by the CARES Act, Section 3404, Public Law 116-136.

FY 2025 Authorization $137,837,000

Allocation Method .....Competitive Grant/Contract

Program Description

The Nursing Workforce Diversity Program increases nursing education opportunities for individuals from disadvantaged backgrounds, including racial and ethnic minorities who are underrepresented among registered nurses. The overarching goal of the Nursing Workforce Diversity Program is to help build a high-quality registered nurse workforce that reflect the diversity of the communities served. The program provides student stipends, scholarships, pre-entry preparation and retention activities. It also supports diploma-prepared or associate degree-prepared registered nurses to ascend through the career ladder to become baccalaureate-prepared registered nurses and practicing registered nurses to become advanced practice nurses.

Eligible Entities: Accredited schools of nursing, nursing centers, academic health centers, state, or local governments, and other private or public entities, including tribes and tribal organizations.

Budget Request

The FY 2025 Budget Request for the Nursing Workforce Diversity Program of $24.3 million is equal to the FY 2023 Final level. In FY 2025, the Nursing Workforce Diversity Program will conduct a new grant competition and expects to fund 42 new awards to increase nursing education opportunities for individuals from disadvantaged backgrounds.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$19,843,000
FY 2022	$23,343,000
FY 2023	$24,343,000
FY 2024 CR	$24,343,000
FY 2025 President's Budget	$24,343,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Nursing Workforce Diversity Program trained 2,033 nursing students enrolled in degree programs or academic support programs. A total of 531 nursing students completed their Nursing Workforce Diversity Program, including 453 registered nurses and 42 nurse practitioners, among others. Select Nursing Workforce Diversity Program outcomes include:

- 27 percent of Nursing Workforce Diversity degree program graduates earned an associate degree, 57 percent earned a bachelor's degree, 9 percent earned a master's degree, and 7 percent earned a doctoral-level degree.
- 65 percent of AY 2021-2022 graduates worked or trained in medically underserved communities one year later.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2150.01 Percentage of Nursing Workforce Diversity participants who are underrepresented minorities and/or from disadvantaged backgrounds (Outcome)	FY 2022: 100% Target: 98% (Target Exceeded)	100%	Discontinued	N/A
2150.02 Number of Nursing Workforce Diversity participants who participated in academic support programs during the academic year (Outcome)	FY 2022: 174 Target: 4,500 (Target Not Met)	3,000	Discontinued	N/A
2150.03 Number of Nursing Workforce Diversity participants who are enrolled in a nursing degree program (Outcome)	FY 2022: 1,859 Target: 2,500 (Target Not Met)	3,000	3,000	Maintain

Nursing Workforce Diversity Program Outputs	Year and Most Recent Result
Number of nursing students graduating from nursing programs	AY 2022-2023: 473

Performance Narrative

Most recent results are for activities in AY 2022-2023 funded in FY 2022. The Nursing Workforce Diversity Program did not meet the FY 2022 targets for Measure 2150.02 and Measure 2150.03 due to challenges with data collection which resulted in partial data reporting The program transitioned from reporting aggregated trainee data to individual-level trainee data, but some awardees did not collect the detailed data required to complete this individual-level reporting in time for the AY 2022-2023 reporting deadline. In the coming year, the trainee count is expected to improve as awardees grow accustomed to the new reporting requirements.

In FY 2025, measures 2150.01 and 2150.02 will be discontinued since they do not reflect the primary focus of the Nursing Workforce Diversity Program.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	42	42	42
Average Award	$463,961	$465,976	$403,853
Range of Awards	$372,922 – $555,000	$376,951 – $555,000	$252,706 – $555,000

Nurse Education, Practice, Quality and Retention Programs

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$59,413,000	$59,413,000	$69,413,000	+$10,000,000
FTE	4	8	8	+4

Authorizing Legislation: Public Health Service Act, Section 831, as amended by the CARES Act, Section 3404, Public Law 116-136.

FY 2025 Authorization $137,837,000

Allocation Method .....Competitive Grant/Contract

Program Description

The Nurse Education, Practice, Quality and Retention programs address national nursing needs and strengthen nursing workforce capacity in three priority areas: education, practice, and retention. The programs support projects to enhance nursing education, improve the quality of patient care, increase nurse retention, and strengthen the nursing workforce.

The Nurse Education, Practice, Quality and Retention programs have several statutory purposes that support developing, distributing, and retaining a diverse, culturally competent nursing workforce that can adapt to the population's changing health care needs and provide the highest quality of care for all. The programs aim to increase the number of nursing students exposed to meaningful clinical experiences and training in medically underserved and rural communities, who will then be more likely to choose to work in these settings upon graduation.

Eligible Entities: Accredited schools of nursing, community colleges, health care facilities, and partnerships of a nursing school and health care facility.

Budget Request

The FY 2025 Budget Request for the Nurse Education, Practice, Quality and Retention programs of $69.4 million is $10 million above the FY 2023 Final level. The additional funding will allow HRSA to support dedicated training resources to grow the maternal health nursing workforce. New awards will increase the number of nurses trained to provide prenatal and perinatal maternal health care in rural and underserved community settings. Hospitals – particularly community hospitals and rural hospitals – are facing significant challenges in recruiting and retaining labor and delivery nurses, and this issue has impacted hospital labor and delivery closures and increased maternal care deserts. As the Administration works to address the country's maternal health needs, as outlined in the *White House Blueprint for Addressing the Maternal Health*

Crisis, it is vital to leverage innovative training approaches to increase the maternal health care nursing workforce. With this funding, HRSA anticipates making 13 new awards that will train approximately 637 nurses.

In FY 2025, HRSA will also recompete the Nurse Education, Practice, Quality and Retention-Registered Nurse Training Program, which will increase the number of nursing students trained in acute care settings in underserved communities.

Additionally, in FY 2025, the Nurse Education, Practice, Quality and Retention programs will continue to provide education and training opportunities within community-based mobile health units; create a pathway from academic training to clinical practice; and increase nurse training using simulation-based technology.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$46,757,000
FY 2022	$54,413,000
FY 2023	$59,413,000
FY 2024 CR	$59,413,000
FY 2025 President's Budget	$69,413,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Nurse Education, Practice, Quality, and Retention programs trained 10,342 nurses and nursing students. A total of 5,245 nurses and nursing students completed a training program supported by the Nurse Education, Practice, Quality, and Retention program during the academic year. Select Nurse Education, Practice, Quality, and Retention program outcomes include:

- 2,255 participants completed clinical training experiences in a wide variety of high-need and community-based settings. The 767 clinical training sites included community-based organizations, Federally Qualified Health Centers or Look-alikes, Rural Health Clinics or Critical Access Hospitals, mobile health clinics, and local health departments.

- 853 courses, workshops, simulations, clinical rotations, and practicums were developed on topics such as primary care nursing, health equity, evidence-based practice, and interprofessional care. Nurse Education, Practice, Quality, and Retention programs trained 42,465 nurses and nursing students through these curricula.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2160.01 Number of nurses and nursing students trained to provide care in medically underserved communities through Nurse Education, Practice, Quality and Retention Programs (Output)	FY 2022: 10,342 Target: 2,179 (Target Exceeded)	10,300	11,000	+700
2160.02 Number of Nurse Education, Practice, Quality and Retention Programs trainees and professionals contributing to interprofessional care teams at clinical training sites (Output)	FY 2022: 9,052 Target: 4,856 (Target Exceeded)	6,500	Discontinued	N/A

Performance Narrative

Most recent results are for activities in AY 2022-2023 funded in FY 2022. In FY 2022, the calculation was modified to include all Nurse Education, Practice, Quality, and Retention programs instead of a subset. Program results will better align with targets in future years.

In FY 2025, Measure 2160.02 will be discontinued as it only captures a basic component of all nursing education - being part of interprofessional care teams, whereas Measure 2160.01 highlights the key output of nursing education.

Grant Awards Table

	FY 2023 Enacted Level	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	81	81	94
Average Award	$742,500	$733,494	$738,436
Range of Awards	$259,126 – $1,000,000	$264,639 – $1,000,000	$226,959 – $1,000,000

Nurse Faculty Loan Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$28,500,000	$28,500,000	$28,500,000	---
FTE	4	5	5	+1

Authorizing Legislation: Public Health Service Act, Section 846A, as amended by the CARES Act, Section 3404, Public Law 116-136.

FY 2025 Authorization $117,135,000

Allocation Method .....Formula Grant

Program Description

The Nurse Faculty Loan Program seeks to increase the number of qualified nursing faculty nationwide by providing low interest loans for individuals studying to become nurse faculty and loan cancelation for those who then proceed to work as faculty. A robust, geographically dispersed nurse faculty workforce is essential to producing the nursing workforce needed to meet the nation's health care needs. Successful applicants establish and operate a student loan program, including maintaining a fund, providing loans to students enrolled in advanced education nursing degree programs, and monitoring compliance with program requirements. In exchange for completing up to four years of post-graduation full-time nurse faculty employment in an accredited school of nursing, graduates receive cancellation of up to 85 percent of the original student loan amount (plus interest thereon) as authorized by the program. The Nurse Faculty Loan Program also encourages advance practice registered nurses to serve as full-time preceptors within an academic-practice partnership framework in an effort to expand clinical training opportunities for nursing students.

New Nurse Faculty Loan Program awards are made to eligible new applicants (with no current award) and continuing applicants (with a current award), who apply for the funding annually. To receive a new Nurse Faculty Loan Program award, continuing applicants must meet certain criteria regarding program compliance and loan fund balances. Grantees are expected to continue conducting training activity and maintaining the loan fund account throughout the duration of the project. Currently, the Nurse Faculty Loan Program has a total 213 awardees maintaining the loan fund account. Schools that do not receive a new award may continue making loans from the student loan fund accounts they have already established.

Eligible Entity: Accredited schools of nursing that offer advanced nursing education degree program(s) that prepare graduate students for roles as nurse educators.

Budget Request

The FY 2025 Budget Request for the Nurse Faculty Loan Program of $28.5 million is equal to the FY 2023 Final level. In FY 2025, the Nurse Faculty Loan Program will provide funding to accredited schools of nursing to establish and operate a student loan fund and provide loans to students enrolled in advanced education nursing degree programs who are committed to becoming nurse faculty. The FY 2025 funding will be used to support 80 new awards to new and continuing Nurse Faculty Loan Program applicants.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$28,414,000
FY 2022	$28,500,000
FY 2023	$28,500,000
FY 2024 CR	$28,500,000
FY 2025 President's Budget	$28,500,000

Program Accomplishments

In Academic Year (AY) 2022-2023, the Nurse Faculty Loan Program provided loans to 2,746 advanced practice nursing students in exchange for their commitment to become nurse faculty. A total of 924 nurses graduated, including 689 Nurse Faculty Loan Program nurses in doctoral programs and 235 Nurse Faculty Loan Program nurses in master's degree programs. Select Nurse Faculty Loan Program outcomes include:

- 74 percent of AY 2021-2022 graduates were in faculty roles one year later, with the majority teaching at the bachelors and graduate levels.[37]

- 28 percent of Nurse Faculty Loan Program nurses were hired by the grantee organizations or one of their partners after they graduated.

According to the American Association of Colleges of Nursing, the vacancy rate for full-time faculty nurse positions was 9 percent in AY 2022-2023. Without the Nurse Faculty Loan Program's AY 2021-2022 graduates working as nurse faculty, the vacancy rate would have been nearly 11 percent.[38]

[37] Due to COVID-19, the requirement to obtain full-time nurse faculty employment within 12 months of graduation was extended to 24 months for NFLP beneficiaries with graduation dates from AY 2019-2020 to AY 2021-2022.
[38] American Association of Colleges of Nursing. (2022). Faculty vacancy surveys: 2022 results. https://www.aacnnursing.org/news-data/research-data-center/annual-surveys/faculty-vacancy-surveys

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2170.01 Number of nurses in advanced nursing degree programs who received a loan in exchange for a commitment to become nurse faculty (Output)	FY 2022: 2,746 Target: 1,900 (Target Exceeded)	2,700	2,700	Maintain
2170.02 Number of graduates from advanced nursing degree programs who received a loan and committed to becoming nurse faculty (Outcome)	FY 2022: 924 Target: 400 (Target Exceeded)	900	900	Maintain

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	80	80	80
Average Award	$301,136	$301,136	$301,136
Range of Awards	$27,485 – $3,405,375	$27,485 – $3,405,375	$27,485 – $3,405,375

Nurse Corps

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$92,635,000	$92,635,000	$92,635,000	---
FTE	34	34	34	---

Authorizing Legislation: Section 846 of the Public Health Service Act as amended by the CARES Act, Section 3404, Public Law 116-136.

FY 2025 Authorization $92,635,000

Allocation Method ..... Other (Competitive Awards to Individuals)

Program Description

The Nurse Corps Program addresses the distribution of nurses by supporting professional nurses and nursing students committed to working in communities with inadequate access to care. In exchange for scholarship support or loan repayment assistance, Nurse Corps participants fulfill their service obligation by working in Critical Shortage Facilities located in Health Professional Shortage Areas and underserved communities throughout the nation, which include rural communities and other identified geographic areas, populations, or facilities that lack access to primary care or behavioral health services. In addition, Nurse Corps provides loan repayment assistance to faculty working in eligible schools of nursing. As of September 30, 2023, more than three-quarters of the Nurse Corps providers were serving in community-based settings, and 20 percent were serving in rural communities.

Nurse Corps Loan Repayment Program: The Nurse Corps Loan Repayment Program assists in the recruitment and retention of professional registered nurses, including advanced practice registered nurses (i.e., nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists), who are dedicated to working in Critical Shortage Facilities or as faculty in eligible schools of nursing. The Nurse Corps Loan Repayment Program decreases the economic barriers associated with pursuing careers at Critical Shortage Facilities or in academic nursing by repaying 60 percent of the principal and interest on nursing education loans in exchange for two years of full-time service at a Critical Shortage Facility or in academic nursing. For an optional third year of service (via a continuation contract), the Nurse Corps Loan Repayment Program will award participants an additional 25 percent of their original total qualifying educational loan balance as of the effective date of their initial two-year contract.

Nurse Corps Scholarship Program: The Nurse Corps Scholarship Program provides scholarships to individuals who are enrolled or accepted for enrollment in an accredited school of nursing in exchange for a service commitment of at least two years in a Critical Shortage Facility after graduation. Nurse Corps Scholarship Program awards reduce the financial barrier to nursing

education for all levels of professional nursing students and increase the pipeline of nurses who will serve in Critical Shortage Facilities.

Eligible Entities:
Nurse Corps Loan Repayment Program: Participants must have a current license to practice as a registered nurse and be employed full-time at a public or private Critical Shortage Facility (at least 32 hours per week) or at an accredited public or private school of nursing (full-time as defined by the employer for at least nine months per service year).

Nurse Corps Scholarship Program: Participants must be enrolled or accepted for enrollment in an accredited diploma, associate, or collegiate (bachelor's, master's, or doctoral) school of nursing program.

Budget Request

The FY 2025 Budget Request for the Nurse Corps Program of $92.6 million is equal to the FY 2023 Final level. This request will fund an estimated 259 scholarship (new and continuation) and 659 loan repayment (new and continuation) awards. The funds will increase the number of well-trained nurses available to provide services, such as mental/behavioral health and women's/maternal health services, in communities experiencing a shortage in nurses.

The funding request also includes costs associated with the application review and award process, follow-up performance reviews, and information technology as well as other program support costs.

To further support the Nurse Corps Program, the FY 2025 Budget Request also includes a legislative proposal to extend the tax-exempt status that is provided to the National Health Service Corps Program recipients to HRSA's similar health care workforce loan repayment programs. If HRSA is not required to pay employer taxes on the award, more funds would be available for HRSA to make additional or higher awards through these programs.

Funding History

FY	Amount
FY 2021	$88,116,000
FY 2022	$88,635,000
FY 2023	$92,635,000
FY 2024 CR	$92,635,000
FY 2025 President's Budget	$92,635,000

Program Accomplishments

The Nurse Corps performance measures gauge the program's contribution towards improving the recruitment and retention of nurses working in Critical Shortage Facilities.

In FY 2021, the American Rescue Plan Act provided the Nurse Corps Program with $200 million in additional funding to support the nation's COVID-19 emergency response. In FY 2023, the remaining American Rescue Plan Act funds allowed HRSA to further bolster the nursing workforce with a total of 505 Nurse Corps Loan Repayment Program continuation awards to nurses serving in Critical Shortage Facilities and at accredited schools of nursing, and 33 continuation awards to Nurse Corps Scholarship Program recipients. In addition, Nurse Corps funded 20 Career Pathway scholarship awards to entry-level health professionals obtaining qualifying degrees to become registered nurses. As of September 30, 2023, the Nurse Corps field strength comprised 3,628 nurses working in Critical Shortage Facilities located in Health Professional Shortage Areas and nurse faculty members working in academic institutions. By using the remaining American Rescue Plan Act funds to make continuation awards in FY 2023, HRSA was able to make additional new awards.

In an effort to address the opioid epidemic and other substance use disorders across the nation, the Nurse Corps Program continues supporting the behavioral health nursing workforce. In FY 2023, Nurse Corps awarded 152 nurse practitioners or students specializing in psychiatric-mental health. HRSA will continue to dedicate a portion of the scholarships and loan repayment awards to nurse practitioners specializing in psychiatric-mental health with the goal of leveraging HRSA funding to address the opioid crisis and the nation's mental health needs.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2180.01: Proportion of Nurse Corps Loan Repayment Program participants who extend their service contracts to commit to work at a Critical Shortage Facility for an additional year. (Outcome)	FY 2023: 41% Target: 52% (Target Not Met)	52%	52%	Maintain

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2180.02: Proportion of Nurse Corps Loan Repayment Program/Scholarship Program participants retained in service at a Critical Shortage Facility for at least one year beyond the completion of their Nurse Corps Loan Repayment Program/Scholarship Program commitment. (Outcome)	FY 2023: 89% Target: 80% (Target Exceeded)	89%	89%	Maintain
2180.03: Proportion of Nurse Corps Scholarship Program awardees obtaining their baccalaureate degree or advanced practice degree in nursing. (Outcome)	FY 2023: 78% Target: 85% (Target Not Met)	85%	85%	Maintain
2180.05: Default rate of Nurse Corps Loan Repayment Program participants (Efficiency)	FY 2023: 1% Target: 3% (Target Exceeded)	2%	2%	Maintain
2180.06: Default rate of Nurse Corps Scholarship Program participants (Efficiency)	FY 2023: 4% Target: 15% (Target Exceeded)	4%	4%	Maintain

Nurse Corps Loan Repayments/Scholarships Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Loan Repayments	$61,756,667	$61,756,667	$61,756,667
Scholarships	$30,878,333	$30,878,333	$30,878,333

Nurse Corps Awards Table[39]

Fiscal Year	2018	2019	2020	2021	2022	2023	2024	2025
Scholarships								
New Awards	215	220	244	529	567	293	232	220
Continuation Awards	4	6	13	15	25	33	36	39
Loan Repayment								
New Awards	544	561	465	1,246	2,071	492	17	376
Continuation Awards	279	292	291	341	208	505	1,190	283
Total	**1,042**	**1,079**	**1,013**	**2,131**	**2,871**	**1,323**	**1,475**	**918**

Nurse Corps Field Strength Table[40]

Fiscal Year	2018	2019	2020	2021	2022	2023	2024	2025
Scholarship	465	450	415	400	412	512	1,047	884
Loan Repayment	1,129	1,279	1,293	1,907	3,171	2,823	1,531	614
Loan Repayment Nurse Faculty	271	199	135	214	349	293	168	62
Total	**1,865**	**1,928**	**1,843**	**2,521**	**3,932**	**3,628**	**2,746**	**1,560**

[39] FYs 2021, 2022, and 2023 awards and field strength are include American Rescue Plan Act funding.
[40] *Ibid.*

Children's Hospitals Graduate Medical Education Payment Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$385,000,000	$385,000,000	$385,000,000	---
FTE	22	22	22	---

Authorizing Legislation: Public Health Service Act, Section 340E, as amended by the Dr. Benjy Frances Brooks Children's Hospital GME Support Reauthorization Act of 2018, Section 2, Public Law 115-241.

FY 2025 Authorization…….Expired
Direct GME: $105,000,000; Indirect Medical Education: $220,000,000

Allocation Method .....Formula-Based Payment

Program Description

The Children's Hospitals Graduate Medical Education Payment Program supports graduate medical education in freestanding children's teaching hospitals to train physicians across multiple specialties provide quality care to children. The Children's Hospitals Graduate Medical Education Payment Program compensates for the disparity in federal graduate medical education funding for freestanding children's teaching hospitals as compared to other types of teaching hospitals who primarily serve adults and receive federal graduate medical education funding through the Medicare Program.

The Children's Hospitals Graduate Medical Education Payment Program supports freestanding children's teaching hospitals that educate and train future pediatricians, pediatric subspecialists, and other non-pediatric residents; provides care for vulnerable and underserved children; and conducts innovative and valuable pediatric research. It supports the training of residents to care for the pediatric population and enhances the supply of primary care and pediatric medical and surgical subspecialties. The program supports more than half of the pediatric residents trained in the United States.

The Children's Hospitals Graduate Medical Education Payment Program statute allows for a Quality Bonus System payment to be distributed to hospitals participating in the program that meet certain eligibility criteria. Currently, the Quality Bonus System allows for additional limited payments to be made to Children's Hospitals Graduate Medical Education payment recipients on data collected about their graduate medical education programs, which will assist in measuring and demonstrating long-term programmatic impacts and effectiveness.

An assessment is conducted annually to verify the number of full-time equivalent (FTE) resident counts reported by eligible awardees and payment amounts are reconciled per the statute.

Eligible Entities: Freestanding children's teaching hospitals.

Budget Request

The FY 2025 Budget Request for Children's Hospitals Graduate Medical Education of $385 million is equal to the FY 2023 Final level. This request will fund 59 awards to current eligible children's hospitals. The request will enable HRSA to continue to support approximately 8,300 physician FTEs for direct and indirect medical expenses for graduate medical education and implement the Quality Bonus System. Direct medical education spending includes expenditures related to stipends and fringe benefits for residents, salaries and fringe benefits for supervising faculty, a hospital's specific geographic variations in costs, and inflation. Indirect medical education spending includes expenditures associated with the productivity of the hospital staff as they assist in training residents, processing of additional diagnostic tests that residents may order during their clinical experience, the number of available beds, and the number of residents the hospital trains.

The FY 2025 Budget Request will support the FTE resident verification through an annual FTE assessment contract to ensure funded FTE counts are reported correctly and are not funded by other federal programs to avoid an overlap in payments. The funding will also support costs associated with the award process, program performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$349,297,000
FY 2022	$375,000,000
FY 2023	$385,000,000
FY 2024 CR	$385,000,000
FY 2025 President's Budget	$385,000,000

Program Accomplishments

In Academic Year (AY) 2022–2023, the Children's Hospital Graduate Medical Education Payment Program funded 59 children's hospitals. These hospitals trained 8,390 resident FTEs: 41 percent of resident FTEs were in general pediatrics, 32 percent in pediatric subspecialties, and 27 percent in non-pediatric subspecialties. Children's Hospital Graduate Medical Education-funded hospitals served as sponsoring institutions for 44 residency programs and 267 fellowship programs, and served as major participating rotation sites for 680 other residency and fellowship programs.

Through the 8,390 FTE slots, the Children's Hospital Graduate Medical Education Payment Program funded 15,860 individual residents and fellows:[41] 6,146 pediatrics residents, including 682 in combined programs (e.g., family medicine/pediatrics); 3,163 pediatric medical subspecialty residents, including 235 child and adolescent psychiatry fellows; 375 pediatric

[41] Awardees may use one FTE slot to fund multiple residents at less than full time, so there are more residents trained than FTE slots.

surgical subspecialty residents; 510 adult and pediatric dentistry residents; and 5,666 adult medical and surgical specialty residents. A total of 4,706 residents and fellows completed their Children's Hospital Graduate Medical Education training. Select Children's Hospital Graduate Medical Education Payment Program outcomes include:

- 55 percent of all pediatrics residents trained in the United States were supported by a Children's Hospital Graduate Medical Education-funded residency program, as were 53 percent of all pediatric medical and surgical specialists and subspecialists.[42]
- Patient care was provided through more than 1.7 million patient encounters in primary care settings and 5.5 million patient contact hours in medically underserved communities because of the Children's Hospital Graduate Medical Education Payment Program.
- 59 percent of Children's Hospital Graduate Medical Education graduates chose to remain and practice in the state where they completed their residency training, 4 percent higher than the national average of 55 percent.[43]

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2190.01 Number of full-time equivalent medical and dental residents training in eligible children's teaching hospitals (Output)	FY 2022: 8,390 Target: 7,700 (Target Exceeded)	8,000	8,300	+300
2190.02 Percentage of hospitals with full-time equivalent residents counts and caps (Output)	FY 2022: 90% Target: 90% (Target Met)	90%	Discontinued	N/A
2190.03 Percentage of payments made on time. (Efficiency)	FY 2022: 100% Target: 100% (Target Met)	100%	Discontinued	N/A

[42] Accreditation Council for Graduate Medical Education. (2023). Data resource book for academic year 2022-2023. https://www.acgme.org/globalassets/pfassets/publicationsbooks/2022-2023_acgme_databook_document.pdf
[43] Association of American Medical Colleges. (2022). Report on residents. https://www.aamc.org/datareports/students-residents/interactive-data/report-residents/2022/table-c6-physician-retention-state-residency-training-state

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022. Targets for performance measures 2190.02 and 2190.03 were discontinued due to repeated success and no additional room for improvement. Measure 2190.01 and the number for residents trained under the Children's Hospital Graduate Medical Education Payment Program remains the primary metric to assess program performance.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	59	59	59
Average Award	$6,164,842	$6,136,549	$6,136,549
Range of Awards	$32,898 – $26,712,922	$31,883 – $27,691,669	$31,883 – $27,691,669

Teaching Health Center Graduate Medical Education Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
Mandatory	$119,290,000	$55,452,000	---	-$119,290,000
Mandatory Proposed	---	$101,548,000	$320,000,000	+$320,000,000
TOTAL	$119,290,000	$157,000,000	$320,000,000	+$200,710,000
FTE	10	16	16	+6

Authorizing Legislation: Public Health Service Act, Section 340H, as amended by the Consolidated Appropriations Act, 2021, Title III, Subtitle A, Section 301, Public Law 116-260.

FY 2025 Authorization .....Expired

Allocation Method .....Formula-Based Payment

Program Description

The Teaching Health Center Graduate Medical Education (THCGME) Program increases the number of primary care physician and dental residents trained in community-based settings where most people receive their health care. Unlike most federal funding for graduate medical education, which goes directly to hospitals, THCGME payments are made to community-based ambulatory care sites that provide primary care training.

Program funds support the educational costs incurred by new and expanded residency programs. Along with supporting the salaries and benefits of residents and faculty, THCGME funds are also used to foster innovation and support curriculum enhancements aimed at improving the quality of patient care, such as the Patient-Centered Medical Home model, Electronic Health Record utilization, population health, telemedicine, and health care leadership. These activities ensure residents receive high quality training and are well-prepared to practice in community-based outpatient care settings after graduation.

There are many benefits to training physicians and dental residents in community-based settings. In a national census of third-year family medicine residents, those who trained in teaching health centers were more likely to plan to work in safety net clinics than residents who did not train in

these centers.[44] Teaching health centers have been shown to attract residents from rural and/or disadvantaged backgrounds.[45]

Eligible Entities: Community-based ambulatory patient care centers identified in statute.

Budget Request

The FY 2025 Budget Request for the THCGME Program of $320 million is $200.7 million above the FY 2023 Final level. This request will fund up to 1,842 resident full-time equivalent (FTE) slots in Academic Year 2025-2026 (July 1, 2025 – June 30, 2026) to coincide with national residency training dates. At the start of FY 2024, the number of resident FTEs supported through this program was 1,100. At this funding level, the program would expect to support to grow to up to 1,842 FTEs by the end of FY 2025 with additional resident FTEs at current THCGME-supported residency programs and new resident FTEs at newly awarded teaching health center programs.

The Budget also proposes to extend mandatory funding through FY 2026 for a total investment of $841 million over three years. This request would provide resources to support a total of 2,094 resident FTEs in existing, expanded, and new THCGME residency programs at the current per-resident payment level by FY 2026. Continued mandatory THCGME base funding will provide teaching health centers with the confidence to launch full recruitment efforts to fill and expand their available resident slots. The Budget also proposes to remove the cap on total THCGME payments to enable funds to be recouped and obligated through statutorily required annual reconciliation process.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program costs.

	FY 2024	FY 2025	FY 2026	Total Funding
Enacted	$55.5 million	---	---	$55.5 million
Proposed Mandatory Funding	$101.5 million	$320 million	$364 million	$785.5 million
FTEs	1,469	1,842	2,094	---

[44] Bazemore A, Wingrove P, Petterson S, Peterson L, Raffoul M, Phillips RL Jr. Graduates of Teaching Health Centers Are More Likely to Enter Practice in the Primary Care Safety Net. *Am Fam Physician*. 2015;92(10):868.
[45] Talib, Z, Jewers, MM, Strasser, JH, Popiel, DK, Goldberg, DG, Chen, C, Kepley, H, Mullan, Regenstein, M. Primary Care Residents in Teaching Health Centers: Their Intentions to Practice in Underserved Settings After Residency Training. Academic Medicine. 2018; 93(1): 98-103

Funding History[46]

FY	Amount
FY 2021	$126,500,000
FY 2022	$119,290,000
FY 2023	$119,290,000
FY 2024 CR	$157,000,000
FY 2025 President's Budget	$320,000,000

* FY 2022 and FY 2023 reflect post-sequestration amounts.

Program Accomplishments

In Academic Year (AY) 2022–2023, the Teaching Health Center Graduate Medical Education Program funded 72 teaching health centers. These teaching health centers supported 969 resident FTE slots, which provided funding to 1,096 individual full and part-time medical and dental residents,[47] including 670 family medicine residents, 238 internal medicine residents, 92 psychiatry residents, 51 pediatrics residents, 35 other physician residents and fellows, and 10 general dentistry residents. A total of 341 physicians and dentists completed their Teaching Health Center Graduate Medical Education residencies. Select Teaching Health Center Graduate Medical Education Program outcomes include:

- 934,297 patients received care from Teaching Health Center Graduate Medical Education residents during more than 1.4 million patient encounters. This included nearly 1.1 million patient contact hours and 822,926 patient encounters in medically underserved communities—an average of 751 patient encounters in medically underserved communities per resident.
- 60 percent of Teaching Health Center Graduate Medical Education-supported residents worked in primary care settings at completion of their residency program, 52 percent in medically underserved and/or rural communities

[46] FY 2022 and FY 2023 reflect post-sequestration amounts.
[47] Awardees may use one FTE slot to fund multiple residents at less than full time, so there are more residents trained than FTE slots.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/-FY 2024 Target
2200.01 Number of primary care medical and dental resident positions supported by Teaching Health Centers (Outcome)	FY 2022: 969 Target: 740 (Target Exceeded)	1,105	1,842	+737
2200.02 Percentage of Teaching Health Centers Graduate Medical Education-supported medical and dental residents training in rural and/or medically underserved communities (Outcome)	FY 2022: 94% Target: 80% (Target Exceeded)	85%	88%	+3%

THCGME Program Outputs	Year and Most Recent Result
Number of primary care residents funded by THCGME residencies	AY 2022-2023: 1,096
Number of primary care residents completing training	AY 2022-2023: 341

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022. The FY 2025 target for Measure 2200.02 is based upon the FY 2022 result and the proposed increase in funding.

Grants Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	81	100	138
Average Award	$2,172,840	$2,350,400	$2,135,652
Range of Awards	$160,000 – $10,252,864	$160,000 – $10,252,864	$160,000 – $10,252,864

National Practitioner Data Bank

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$18,814,000	$18,814,000	$18,814,000	---
FTE	33	34	34	+1

Authorizing Legislation: Title IV of the Health Care Quality Improvement Act of 1986, Public Law 99-660, as amended by the Patient Protection and Affordable Care Act, Section 6403, Public Law 111-148.

FY 2025 Authorization ..... Indefinite

Allocation Method ..... User Fee Program

Program Description

The National Practitioner Data Bank is a workforce tool that improves health care quality, promotes patient safety, and deters fraud and abuse in the health care system by providing information about past adverse actions of practitioners, providers, and suppliers to authorized health care entities and agencies. With more than 1.7 million reports since its inception in 1990, the National Practitioner Data Bank helps reduce health care fraud and abuse by collecting and disclosing information to authorized entities on health care-related civil judgments and criminal convictions, adverse licensure and certification actions, exclusions from health care programs, and other adjudicated actions taken against health care providers, suppliers, and practitioners. Authorized health care entities use this information to make informed hiring, credentialing, and privileging decisions to ultimately determine whether, or under what conditions, it is appropriate for health care practitioners, providers, and suppliers to provide health care services.

Budget Request

The FY 2025 Budget Request for the National Practitioner Data Bank of $18.8 million in user fees is equal to the FY 2023 Final level.

As mandated by the Health Care Quality Improvement Act, the National Practitioner Data Bank does not receive appropriated funds and is financed exclusively by the collection of user fees. Annual appropriations act language requires that user fee collections cover the full cost of National Practitioner Data Bank operations; therefore, there is no request for appropriations for operating the National Practitioner Data Bank. User fees are established based on forecasts of query volume to result in adequate, but not excessive, revenues to cover all program costs to allow the National Practitioner Data Bank to meet annual and long-term program performance goals.

Funding History

The table below shows the user fees (revenue) collected or expected to be collected:

FY	Amount
FY 2021	$18,814,000
FY 2022	$18,814,000
FY 2023	$18,814,000
FY 2024 CR	$18,814,000
FY 2025 President's Budget	$18,814,000

Program Accomplishments

Prior to the National Practitioner Data Bank's inception, health care providers who lost their licenses or had serious unprofessional conduct could move from state to state with impunity, making it difficult for employers and licensing boards to learn about these providers' prior acts. The National Practitioner Data Bank provides employers and other authorized health care entities reliable information on health care practitioners, providers, and suppliers.

- In FY 2023, the National Practitioner Data Bank responded to more than 12.2 million queries, a 7 percent increase over FY 2022, from authorized health care entities, practitioners, providers, and suppliers.
- The National Practitioner Data Bank has enabled digitally certified self-query responses, providing a paperless process with faster response times and assurances that the responses are unaltered. Fifty-eight percent of self-queriers in FY 2023 opted for paperless responses.
- The National Practitioner Data Bank continues to enhance web content, allowing for more user transactions to be processed in the system without increasing calls to the Customer Service Center. Transaction-to-case ratios have increased by 46 percent, from 172 transactions per case in FY 2019 to 251 transactions per case in FY 2023.
- In FY 2022 and FY 2023, the National Practitioner Data Bank conducted several efforts to engage and educate stakeholders, including the following:
    - Hosting 6 webinars for more than 11,000 attendees to provide an overview of National Practitioner Data Bank reporting and querying requirements and best practices.
    - Developing and deploying 3 micro-training videos offering technical assistance on National Practitioner Data Bank reporting and querying. These videos have been viewed more than 10,000 times.
- Additionally, the National Practitioner Data Bank launched a phased deployment of multifactor authentication to enhance the security of the system and users.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2210.01: Number of practitioners enrolled by health care entities in the National Practitioner Data Bank's Continuous Query subscription service	FY 2023: 6,389,567 Target: 6,000,000 (Target Exceeded)	6,600,000	6,800,000	+200,000
2210.02: Number of disclosures of National Practitioner Data Bank reports to health care organizations	FY 2023: 2,202,959 Target: 2,130,000 (Target Exceeded)	2,130,000	2,230,000	+100,000

Performance Narrative

The National Practitioner Data Bank has seen a rate of steady and significant continuous query[48] growth that will begin to slow in the coming years, although overall growth will continue. By encouraging the use of continuous query as an alternative to one-time query, queriers receive report notifications an average of 10 months sooner, increasing the likelihood that health care entities are informed when making important hiring, licensing, and credentialing decisions.

The measure of disclosures is important in measuring the effectiveness of the National Practitioner Data Bank program, as it reflects that the Data Banks is being used to put critical information about health care practitioners, providers, and suppliers into the hands of those making important hiring, licensing, and credentialing decisions regarding the nation's health care workforce.

[48] There are two types of query services available through the National Practitioner Data Bank website: continuous query and one-time query. Continuous query on enrolled practitioners meets legal and accreditation requirements for querying the National Practitioner Data Bank and allows organizations to receive a query response and all new or updated report notifications during the year-long enrollment for each practitioner. Continuous query is only for querying on practitioners, not health care organizations.

Pediatric Specialty Loan Repayment Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$10,000,000	$10,000,000	$10,000,000	---
FTE	---	---	---	---

Authorizing Legislation: Public Health Service Act, Section 775(e) as amended by the CARES Act, Section 3401, Public Law 116-136.

FY 2025 Authorization (discretionary): Authorized for FY 2025 (and each subsequent year), based on previous year's funding, subject to adjustment formula.

Allocation Method .....Other (Competitive Award to Individuals)

Program Description

In FY 2023, HRSA launched the Pediatric Specialty Loan Repayment Program to support the pediatric health care workforce. The Consolidated Appropriations Act, 2023, provided $10 million for this program. This funding has enabled HRSA to expand the range of providers eligible for loan repayment awards to include child and adolescent behavioral health providers, including substance use disorder prevention and treatment service providers, as well as pediatric subspecialists and/or physicians participating in an accredited pediatric medical subspecialty, pediatric surgical specialty, or a child and adolescent mental health subspecialty that involves work in a Health Professional Shortage Area (HPSA), in a Medically Underserved Area (MUA), or serving a Medically Underserved Population (MUP).

The Pediatric Specialty Loan Repayment Program provides up to $100,000 to eligible health professionals in exchange for a three-year, full-time service commitment. The program will continue to expand the eligible pool of pediatric subspecialties and add to the list of eligible facilities serving populations located in either a HPSA, MUA, or MUP.

Eligible Entities: Clinicians who provide patient care as pediatric medical subspecialists; pediatric surgical specialists; providers of child and adolescent mental and behavioral health services, including substance use disorder prevention and treatment. Participants must be engaged in an accredited eligible residency or fellowship, or full-time employment, in or for a Pediatric Specialty Loan Repayment Program-approved site serving a HPSA, MUA, or MUP.

Budget Request

The FY 2025 Budget Request for the Pediatric Specialty Loan Repayment Program of $10 million is equal to the FY 2023 Final level. The request will support approximately 100 new awards to bolster the pediatric health care workforce by providing loan repayment to pediatric medical specialists, pediatric surgical specialists, and child and adolescent mental and behavioral health care providers. In FY 2025, the Pediatric Specialty Loan Repayment Program will

continue to support an expanded eligible pool of pediatric subspecialties and broader list of eligible facilities to serve populations located in a HPSA, MUA or an MUP, complementing other HRSA loan repayment programs, including the those administered through the National Health Service Corps.

The funding request also includes costs associated with the award process, follow-up performance reviews, information technology, and other program support costs.

To further support the Pediatric Specialty Loan Repayment Program, the FY 2025 Budget Request also includes a legislative proposal to extend the tax-exempt status that is provided to the National Health Service Corps Program recipients to HRSA's similar health care workforce loan repayment programs. If HRSA is not required to pay employer taxes on the award, more funds would be available for HRSA to make additional or higher awards through these programs.

Funding History

FY	Amount
FY 2021	---
FY 2022	$5,000,000
FY 2023	$10,000,000
FY 2024 CR	$10,000,000
FY 2025 President's Budget	$10,000,000

Program Accomplishments

HRSA launched the program to support the pediatric health care workforce, and with dedicated appropriations in FY 2022 and FY 2023, funded 121 new awards in the program's inaugural application and award cycle in FY 2023.

Three-quarters of the new awardees who make up the Pediatric Specialty Loan Repayment Program's field strength as of September 30, 2023, are specialists not eligible for other loan repayment programs such as those offered by the National Health Service Corps. These awardees include pediatric medical, surgery, and mental and behavioral health specialists, including specialists in substance abuse prevention and treatment.

In FY 2024, HRSA will fund approximately 100 new Pediatric Specialty Loan Repayment Program awards.

Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	121	100	100
Average Award	$98,934	$100,000	$100,000
Range of Awards	$6,550 - $107,650	$7,000 - $110,000[49]	$7,000-$110,000[50]

[49] Range of award estimates made prior to the availability of actual fiscal year award data are based on FY 2023 data.
[50] Range of award estimates made prior to the availability of actual fiscal year award data are based on FY 2023 data.

Health Care Workforce Innovation Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	---	---	$10,00,000	+$10,000,000
FTE	---	---	2	+2

Authorizing Legislation: Public Health Service Act, Section 741 and Section 807, as amended by Public Law 116-136.

Allocation Method……Competitive Grant

Program Description

The Health Care Workforce Innovation Program will jumpstart new, leading-edge education and training models to expand the supply of health care professionals in underserved and rural areas where they are urgently needed. This new effort will seed innovative strategies to grow a more modern, robust, and responsive health care workforce at a time of significant concern about workforce shortages across physicians, nursing, behavioral health, and other essential disciplines.

This competitive grant program will fund new approaches to combat systemic barriers to educational opportunities while advancing innovative solutions to increase matriculation in and graduation from health professions training programs, as well as the number of individuals who choose to provide clinical care upon graduation. Training should better align with the type of health care that Americans hope to receive – high quality, comprehensive, convenient, and compassionate. Examples of innovative models and approaches may include the following:

- Developing new health professions admission models to better reflect and meet community health needs;
- Revamping health professions pre-admission readiness programs to better serve students from rural, underserved, or disadvantaged backgrounds;
- Building training and employment models that better integrate clinical practitioners into faculty development programs;
- Building a training-to-practice model for behavioral health professionals; and
- Expanding career pathways by creating career ladders for paraprofessionals.

Innovative, community-driven approaches to health professions education are needed today more than ever. The National Center for Health Workforce Analysis has identified current projected shortages through 2036 in a wide range of health care occupations. In addition, the Surgeon General has identified health worker burnout as a major concern that will require multi-faceted solutions, including how workers are prepared and trained to practice. Many training curricula and models for training health professionals, particularly in medicine, remain unchanged from decades ago; they do not fully leverage the technology available today.

Budget Request

The FY 2025 Budget Request for the Health Care Workforce Innovation Program of $10 million is $10 million above the FY 2023 Final level. This request will support awards to organizations that will use innovative approaches to recruit and grow the health care workforce and deliver a more modern, robust, and diverse workforce pipeline. The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	---
FY 2022	---
FY 2023	---
FY 2024 CR	---
FY 2025 President's Budget	$10,000,000

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	---	---	5
Average Award	---	---	$2,000,000
Range of Awards	---	---	$1,800,00-$2,200,000

Health Workforce Cross-Cutting Performance Measures

During Academic Year (AY) 2022-2023, the Bureau of Health Workforce (BHW) tracked six cross-cutting measures for over 40 health professions programs. The cross-cutting measures highlight training and employment in underserved areas, and clinical training through interprofessional care teams and in community-based settings.

Training and Employment in Underserved Areas

- 51 percent of students and health care professionals trained in underserved communities.
- 63 percent of BHW graduates and alumni were employed in underserved areas at program completion.
- 43 percent of graduates and alumni who completed their BHW program in AY 2021-2022 were employed in underserved areas one year later.

Clinical Training through Interprofessional Care Teams and in Community-Based Settings

- 83 percent of clinical training sites provided interprofessional training.
- 26 percent of clinical training sites were in community-based settings (e.g., Federally Qualified Health Centers, Rural Health Clinics). Health care delivery sites in community-based settings are vital sources of primary care in medically underserved areas.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2000.02 Percentage of trainees in Bureau of Health Workforce-supported health professions training programs who receive training in medically underserved communities. (Outcome)	FY 2022: 51% Target: 55% (Target Not Met)	52%	51%	-1 percentage point

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
2000.03 Percentage of individuals supported by the Bureau of Health Workforce who completed a primary care training program and are currently employed in underserved areas. (Outcome)	FY 2022: 43% Target: 40% (Target Exceeded)	40%	40%	Maintain
2000.04 Percentage of clinical training sites that provide interprofessional training to individuals enrolled in a primary care training program. (Outcome)	FY 2022: 83% Target: 55% (Target Exceeded)	68%	70%	+2 percentage points
2000.05 Percentage of clinical training sites utilized in health workforce training programs that are located in community-based settings. (Outcome)	FY 2022: 26% Target: Not Defined (Historical Actual)	25%	25%	Maintain
2000.06 Percentage of graduates and alumni of Bureau of Health Workforce programs employed in underserved areas at graduation. (Outcome)	FY 2022: 63% Target: Not Defined (Historical Actual)	59%	60%	+1 percentage point

Performance Narrative

Most recent results are for activities in Academic Year (AY) 2022-2023 funded in FY 2022. Measure 2000.02 did not meet its FY 2022 target even though many individual programs do exceed the target. This measure is also impacted by grant programs that are in their startup or closeout years and ramping up or winding down activities. HRSA is increasing its emphasis in this area and expects the measure to recover after previous declines due to the COVID-19 pandemic. Measure 2000.03 is based on service location data for students who graduated from or completed their program in Academic Year 2021-2022 and reported follow-up employment data one year later in Academic Year 2022-2023. Because measures in this section are based on performance of 40+ grant programs, targets were based upon a review of the past two to three years' worth of data.

MATERNAL AND CHILD HEALTH TAB

MATERNAL AND CHILD HEALTH

Maternal and Child Health Block Grant

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$816,200,000	$815,700,000	$831,714,000	+$15,514,000
FTE	69	69	73	+4

Authorizing Legislation: Social Security Act, Title V, as amended by Public Law 106-554, Section 921

FY 2025 Authorization $850,000,000

Allocation Methods:
- Direct federal/intramural
- Contract
- Formula grant/co-operative agreement
- Competitive grant/co-operative agreement

Program Description

The Maternal and Child Health (MCH) Block Grant program, authorized under Title V of the Social Security Act, seeks to improve the health of mothers, children, and their families. The activities authorized as part of the MCH Block Grant program include the State MCH Block Grant program, Special Projects of Regional and National Significance (SPRANS), and Community Integrated Service Systems (CISS) grants.

The MCH Block Grant program funding, combined with state investments, improves access to quality health care services for mothers, children, and their families in all 50 states, the District of Columbia, and other jurisdictions. The MCH Block Grant program enables each state to:
- Assure access to quality maternal and child health care services for mothers and children, especially those with low incomes or limited availability of care;
- Reduce infant mortality;
- Provide access to prenatal, delivery, and postnatal care to women, especially pregnant women who are low income and at-risk for adverse maternal health outcomes;
- Increase regular screenings and follow-up diagnostic and treatment services for children who are low income;
- Provide access to preventive and primary care services for children who are low income and rehabilitative services for children with special health needs;
- Implement family-centered, coordinated health and social services and supports for children with special health care needs; and

- Set up toll-free hotlines and assistance for parents with infants and children, including those eligible for Medicaid, for accessing information on health care services and providers.

State MCH Block Grant Program

The Title V State MCH Block Grant Program, a partnership between the federal government and states, awards formula grants to 59 states and jurisdictions to address the health needs of mothers, infants, and children, as well as children with special health care needs in their state or jurisdiction. Over 60 million pregnant women, infants, and children, including children with special health care needs, benefitted from a service supported by the State MCH Block Grant program in FY 2022. Nationwide, the 59 State MCH Block Grant programs reached approximately 93 percent of pregnant women and 63 percent of children. Infants are included within the percent of children reached, and when looked at separately, 99 percent of infants were reached. The MCH Block Grant Program gives states flexibility in meeting their unique health needs, while HRSA assures accountability and impact through performance measurement and technical assistance. Additionally, HRSA continues to implement efforts to reduce administrative burden, and improve accountability.

HRSA distributes funding based on a statutory funding formula tied to a state's level of child poverty compared to the overall level of child poverty in the United States. Federal funds, combined with required state matching investments, support activities that address an individual state's MCH needs. The program reports progress annually, and HRSA provides technical assistance on request to assist states in improving performance. A comprehensive needs assessment is required by law every five years to determine each state's highest MCH priorities.

States use State MCH Block Grant funding to support infant screening and other preventive services, address gaps in coverage and services for both insured and uninsured mothers and children, and to support quality improvement initiatives, workforce training, outreach, and disease prevention and health promotion.

HRSA also provides technical assistance to states in addressing their MCH priority needs, as well as performance and programmatic requirements of the MCH Block Grant program. HRSA makes state-reported financial, program, performance, and health indicator data available to the public through the Title V Information System.[51]

Special Projects of Regional and National Significance (SPRANS)

SPRANS grants address national or regional needs, priorities, or emerging issues, and demonstrate methods for improving care and outcomes for mothers and children.
As in prior years, in FY 2023, Congress directed a portion of funds to address priority issues, such as maternal mortality and morbidity, early childhood development, and regional pediatric pandemic preparedness efforts. Additionally, the FY 2023 appropriation set aside funds to address four specific priorities: oral health, epilepsy, sickle cell disease, and fetal alcohol syndrome. The remainder supports additional activities authorized by statute. SPRANS awards

[51] Title V Information System (TVIS). https://mchb.tvisdata.hrsa.gov/

drive innovation, help improve systems of care for MCH populations, and enable efforts to address emerging issues.

Critical and Emerging Issues in Maternal and Child Health

- ***Maternal Mortality*** – SPRANS funding is integral to promoting maternal health and reducing maternal mortality and morbidity. In FY 2023, HRSA continued support for the State Maternal Health Innovation (State MHI) Program, which supports state-specific actions and innovations that address disparities in maternal health and improve maternal health outcomes. For example, Montana is addressing maternal health disparities by providing mobile medical simulation training to reduce medical errors, improve patient outcomes and increase medical team performance. The program has trained over 150 providers at 18 participating critical access hospitals in Eastern Montana, helping to prepare providers for rare labor events in rural and frontier parts of the state.
- ***Children's Mental Health*** – SPRANS funding supports the mental health of children and youth in communities across the country through the Children's Safety Network (CSN). CSN works with states and jurisdictions to strengthen their capacity to use data to identify and implement effective strategies to reduce fatal and serious injuries among children and youth, including suicide. The CSN is launching a new Child Safety Learning Collaborative for state and jurisdiction Title V agencies that will begin in fall of 2023.
- ***Supporting the Maternal and Child Health (MCH) Workforce*** – SPRANS funding plays a vital role in enhancing and expanding the MCH workforce in communities across the country. The National MCH Workforce Development Center, for example, partners with states and jurisdictions tackle complex challenges through training, collaborative learning, coaching, and consultation. The Center has helped address challenges such as helping states develop connected and coordinated care for children and youth with special health care needs (CYSHCN) and creating models of multi-stakeholder collaboration to support perinatal women with SUD.

Community Integrated Service Systems (CISS)

CISS grants help states and communities build a comprehensive, integrated system of care to improve access and outcomes for all children, including children with special health care needs. For example, CISS funding supports the Early Childhood Comprehensive Systems (ECCS) program, which helps states improve access to and quality of preventive health and support services for people who are pregnant or have young children. Through ECCS, 20 states are engaging more family representatives as leaders in designing better health systems, connecting services across health, social services, and other sectors, and planning specific improvements to state, local and/or program policies and practices that ensure children from all backgrounds are thriving at age three and school-ready by age five.

Budget Request

The FY 2025 Budget Request for the MCH Block Grant program of $831.7 million is $15.5 million above the FY 2023 Final level. The request includes $593.3 million for formula awards to states to promote and improve the health and well-being of the nation's mothers, children

(including CYSHCN), and their families. Additionally, the request includes $228.1 million in SPRANS to continue to address critical and emerging issues in maternal and child health.

Within SPRANS, the FY 2025 Budget Request includes an additional $16.0 million, for a total of $81.0 million, to support HRSA's efforts to improve maternal health with a specific focus on areas with high rates of adverse maternal health outcomes or with disparities in maternal health outcomes:

- *Doula Workforce:* $5.0 million to support a doula workforce initiative to provide grants for up to 7 community-based organizations (CBOs) to develop and/or expand programs to recruit doula candidates (health workers who provide support before, during and after childbirth), support their training/certification, and then employ them as doulas to support improved birth outcomes in the community. HRSA will also provide technical support and expertise in furthering community-based doula services and maternal and child health to advance the training and development of a doula workforce.
- *State Maternal Health Innovation Awards:* An additional $6.0 million, for a total of $61.0 million, to continue to expand the program. This program provides funding for awardees to launch new maternal health service delivery activities, including data-driven innovations and direct clinical care.
- *Addressing Emerging Issues and Social Determinants of Maternal Health*: $5.0 million to provide support for community-based organizations to conduct innovative pilot projects to reduce maternal mortality and adverse maternal health outcomes, particularly in areas with significant disparities in maternal health outcomes.
- *Funding for Minority-Serving Institutions:* $10 million to continue funding a multi-institutional research network to support minority-serving institutions to study health disparities in maternal health outcomes and identify community-based solutions to address those disparities, including a component to create and disseminate curricula to train health professionals on the impact of climate change on maternal health.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, collection and reporting of performance and outcome measure data to include the National Survey on Children's Health, and information technology and other program support costs.

Table 1. MCH Block Grant Activities ($ in thousands)

MCH Activities	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
State MCH Block Grant Awards	$593,808	$593,308	$593,308
SPRANS	$212,116	$212,116	$228,130
CISS	$10,276	$10,276	$10,276
Total	**$816,200**	**$815,700**	**$831,714**

Table 2. MCH Block Grant SPRANS Set-Aside Grants ($ in thousands)

MCH SPRANS Set-Aside Programs	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
SPRANS – Other	$195,224	$195,224	$211,238
SPRANS - Oral Health	$5,250	$5,250	$5,250
SPRANS – Epilepsy	$3,642	$3,642	$3,642
SPRANS - Sickle Cell	$7,000	$7,000	$7,000
SPRANS - Fetal Alcohol Syndrome Demo	$1,0003	$1,000	$1,000
Total SPRANS	**$212,116**	**$212,116**	**$228,130**

Funding History

FY	Amount
FY 2021	$698,545,000
FY 2022	$733,003,000[52]
FY 2023	$816,200,000[53]
FY 2024 CR	$815,700,000
FY 2025 President's Budget	$831,714,000

Program Accomplishments

As a longstanding source of funding for MCH populations, the State MCH Block Grant supports a wide range of services for millions of women and children, including low-income children and children with special health care needs. Program achievements include:

- Access to health services for mothers has improved with the support of the State MCH Block Grant program. Seventy-seven percent of women received early prenatal care in the first trimester of pregnancy in 2022. Recognizing the importance of improving women's health before pregnancy, 47 states and jurisdictions are now working to improve access to preventive and primary care for all women of childbearing age.
- The infant mortality rate is a widely used indicator of the nation's health. The State MCH Block Grant program has played a lead role in the 25 percent decline in U.S. infant mortality from 7.2 infant deaths per 1,000 live births in 1997 to 5.4 infant deaths per 1,000 live births in 2021.

[52] Retroactively adjusted to reflect shift in funding from SPRANS for Innovation for Maternal Health, Integrated Services for Pregnant and Postpartum Women, and the Maternal Mental Health Hotline to their own budget lines due to newly passed stand-alone authorities.
[53] Reflects a shift in funding from SPRANS for the Maternal Mental Health Hotline to its own budget line due to a stand-alone authority for the Hotline.

- States are also working to reduce maternal mortality, which has risen over the past two decades. All states use MCH Block Grant funds for women and maternal health activities such as promoting well-woman visits, increasing access to prenatal care, supporting Maternal Mortality Review Committees (MMRCs), and enhancing systems of care for maternal mental health.
- States are addressing behavioral and mental health needs of the MCH population. For example, Connecticut's Title V program supported a *1 Word 1 Voice 1 Life* campaign to educate Connecticut residents on how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis, and where to find professional help and resources. In addition, Kansas's Title V program added behavioral health screening tools to their data collection system to increase the availability of evidence-based screenings to local MCH agencies in the state, and provides supporting resources to assist local providers with conducting these screenings.
- State Title V programs work with partners and Title V funding is a key resource to support newborn screening throughout the nation to ensure every newborn receives a screening as well as the appropriate follow-up services, care, and intervention. Title V assures that referrals to providers take place for those infants that were screened that are confirmed positive for a metabolic or genetic condition. In 2022, 98% of all infants received at least one newborn screening.

Select National Outcome and National Performance Measures in effect from 1997 to 2022 illustrate the program's successes:

National Outcome or Performance Measures	Percent Change (1997 – 2022 unless otherwise noted)	Data Source
Infant mortality rate per 1,000 live births	25% decrease	National Vital Statistics System (NVSS)
Neonatal mortality rate per 1,000 live births	27% decrease	NVSS
Postneonatal mortality rate per 1,000 live births	24% decrease	NVSS
Perinatal mortality rate per 1,000 live births plus fetal deaths	25% decrease (1997-2021)	NVSS
Child mortality rate, ages 1 through 9 per 100,000 children	32% decrease	NVSS
Percent of children who have completed the combined 7-vaccine (includes Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B) series by age 24 months[54]	5% increase (2011-2018)	National Immunization Survey (NIS)

[54] Childhood vaccination measure definition has been updated to align with CDC reporting of vaccination rates by birth year cohort.

National Outcome or Performance Measures	Percent Change (1997 – 2022 unless otherwise noted)	Data Source
Percentage of children without health insurance	70% decrease	National Health Interview Survey (NHIS)
Percent of infants breastfed exclusively through 6 months of age	84% increase (2007-2020)	NIS
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	8% increase (2007-2022)	NVSS

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3010.01**:** The percentage of children served by the Maternal and Child Health Block Grant *(Outcome)*	FY 2022: 63% Target: 63% (Target Met)	63%	64%	+1 percentage point
3010.02**:** The percentage of pregnant women served by the Maternal and Child Health Block Grant *(Outcome)*	FY 2022: 93% Target: 93% (Target Met)	93%	93%	Maintain
3010.03**:** Decrease the ratio of the Black infant mortality rate to the White infant mortality rate *(Output)*	FY 2021: 2.4 to 1 Target: 2 to 1 (Target Not Met)	2 to 1	2 to 1	Maintain
3010.04: Reduce the infant mortality rate *(Outcome)*	FY 2021: 5.4 per 1,000 Target: 5.5 per 1,000 (Target Met)	5.3 per 1,000	5.3 per 1,000	Maintain

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3010.05: Reduce the incidence of low birth weight births *(Outcome)*	FY 2022: 8.6% Target: 8% (Target Not Met)	8%	8%	Maintain
3010.06**:** Increase percentage of pregnant women who received prenatal care in the first trimester *(Outcome)*	FY 2022 77.0% Target: 80% (Target Not Met)	80%	Discontinued	N/A
3110.10: Percentage of women who attended a postpartum checkup up to 12 weeks after giving birth	FY 2021: 90.8% Target: N/A (Historical Actual)	91.9%	92.6%	+0.7 percentage point

Performance Narrative

- For measure 3010.01, the term "children" includes all infants and children 0-21 years of age as well as CYSHCN. When looked at separately, 99 percent of infants and 50 percent of CYSHCN 0 to 21 years of age were reached in FY 2022.
- For measure 3010.03, numerator data for infant deaths by race was taken from the Centers for Disease Control and Prevention, National Center for Health Statistics' CDC WONDER Online Database for Underlying Cause of Death by Single-Race Categories from 2018-2021 (https://wonder.cdc.gov/controller/saved/D158/D319F451).
- For measure 3010.03, denominator data for live births by race was taken from the Centers for Disease Control and Prevention, National Center for Health Statistics' CDC WONDER Online Database for Natality public-use data 2007-2021 (https://wonder.cdc.gov/controller/saved/D66/D268F641).
- For measure 3010.05, MCHB is proposing to maintain the previous target for FY 2025 because the target has not been met. This is in line with the established target setting method for this measure.
- MCHB is proposing a new measure for FY 2025 that aligns with the new Universal National Performance Measure and is also an important addition to MCHB's portfolio as a postpartum measure. Currently, the Pregnancy Risk Assessment Monitoring System (PRAMS) captures postpartum check-ups within 4 to 6 weeks after giving birth. This will be reported until the new data become available that will report on the new timeframe of "up to 12 weeks." This measure will replace measure 3010.06, which will be discontinued.

Grant Awards Table – Maternal and Child Health Block Grant

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	59	59	59
Average Award	$9,775,818	$9,735,241	$9,735,241
Range of Awards	$155,729-$41,906,430	$155,083-$41,141,757	$155,083-$40,729,660

Grant Awards Table – SPRANS

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	316	320	341
Average Award	$605,267	$587,433	$596,252
Range of Awards	$27,562-$11,150,000	$32,236-$11,150,000	$32,236-$11,150,000

Grant Awards Table – CISS

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	26	26	26
Average Award	$295,862	$296,353	$296,018
Range of Awards	$249,208-$700,000	$252,959-$700,000	$252,959-$700,000

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration

FY 2025 Discretionary State/Formula Grants
CFDA NUMBER/PROGRAM NAME: 93.994/Maternal and Child Health Block Grant

STATE/TERRITORY	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
Alabama	12,060,270	12,021,521	12,072,723	12,453
Alaska	1,169,840	1,154,059	1,159,172	-10,668
Arizona	8,057,500	7,883,984	7,706,771	-350,729
Arkansas	7,376,761	7,395,081	7,387,031	10,270
California	41,906,430	41,141,757	40,729,660	-1,176,770
Colorado	7,620,800	7,627,798	7,629,029	8,229
Connecticut	4,969,761	4,982,499	4,978,819	9,058
Delaware	2,126,787	2,123,786	2,095,757	-31,030
District of Columbia	7,014,114	7,009,375	6,987,899	-26,215
Florida	21,691,453	21,476,976	21,442,031	-249,422
Georgia	18,105,904	18,117,885	17,962,643	-143,261
Hawaii	2,249,007	2,278,624	2,301,020	52,013
Idaho	3,407,322	3,390,950	3,411,022	3,700
Illinois	22,117,528	22,018,756	22,095,714	-21,814
Indiana	12,805,884	12,714,886	12,698,230	-107,654
Iowa	6,750,301	6,775,678	6,775,166	24,865
Kansas	5,008,331	4,979,710	4,987,014	-21,317
Kentucky	11,722,692	11,745,133	11,768,942	46,250
Louisiana	13,320,243	13,292,035	13,320,304	61
Maine	3,356,471	3,379,052	3,366,599	10,128
Maryland	12,243,942	12,377,616	12,464,214	220,272
Massachusetts	11,480,471	11,455,660	11,482,218	1,747
Michigan	19,735,627	19,632,540	19,670,661	-64,966
Minnesota	9,477,092	9,456,394	9,479,033	1,941
Mississippi	9,738,802	9,765,962	9,782,461	43,659

STATE/TERRITORY	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
Missouri	12,834,718	12,742,556	12,760,503	-74,215
Montana	2,366,470	2,370,296	2,365,326	-1,144
Nebraska	4,122,683	4,108,001	4,151,601	28,918
Nevada	2,435,643	2,470,858	2,483,667	48,024
New Hampshire	2,020,741	2,013,420	1,983,605	-37,136
New Jersey	12,222,582	12,311,101	12,390,564	167,982
New Mexico	4,445,279	4,389,676	4,366,536	-78,743
New York	39,915,601	39,814,720	40,127,451	211,850
North Carolina	18,607,695	18,402,403	18,327,873	-279,822
North Dakota	1,786,380	1,790,702	1,821,233	34,853
Ohio	23,434,428	23,363,076	23,384,036	-50,392
Oklahoma	7,732,382	7,749,511	7,767,796	35,414
Oregon	6,412,551	6,323,242	6,289,073	-123,478
Pennsylvania	24,940,352	25,015,256	25,051,148	110,796
Rhode Island	1,706,187	1,697,898	1,660,797	-45,390
South Carolina	12,125,016	12,067,472	12,031,675	-93,341
South Dakota	2,279,765	2,273,223	2,281,244	1,479
Tennessee	12,664,123	12,546,579	12,419,841	-244,282
Texas	38,954,671	38,866,502	39,000,985	46,314
Utah	6,313,258	6,242,538	6,241,912	-71,346
Vermont	1,674,448	1,661,083	1,664,181	-10,267
Virginia	13,061,969	13,041,712	13,079,474	17,505
Washington	9,291,061	9,190,025	9,202,741	-88,320
West Virginia	6,367,323	6,299,105	6,333,568	-33,755
Wisconsin	11,240,191	11,213,448	11,213,592	-26,599
Wyoming	1,257,930	1,257,992	1,265,557	7,627
Subtotal	**555,726,780**	**553,420,112**	**553,420,112**	**-2,306,668**
American Samoa	519,096	516,941	516,941	-2,155
Guam	801,715	798,388	798,388	-3,327
Marshall Islands	242,243	241,238	241,238	-1,005

STATE/TERRITORY	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
Micronesia	547,935	545,661	545,661	-2,274
Northern Mariana Islands	490,258	488,223	488,223	-2,035
Palau	155,729	155,083	155,083	-646
Puerto Rico	16,714,888	16,645,510	16,645,510	-69,378
Virgin Islands	1,574,592	1,568,056	1,568,056	-6,536
Subtotal	**21,046,456**	**20,959,100**	**20,959,100**	**-87,356**
TOTAL RESOURCES	**576,773,236**	**574,379,212**	**574,379,212**	**-2,394,024**

Innovation for Maternal Health

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$15,300,000	$15,300,000	$30,300,000	+$15,000,000
FTE	4	4	6	+2

Authorizing Legislation: Section 330O of the Public Health Service Act, as added by Public Law 117-103

FY 2025 Authorization $9,000,000

Allocation Methods:

- Contract
- Competitive grant/co-operative agreement

Program Description

The Alliance for Innovation on Maternal Health (AIM) program supports the identification, development, and dissemination of best practices to improve maternal health care quality and outcomes, improve maternal and infant health, and eliminate preventable maternal mortality and severe maternal morbidity. The program promotes safety and quality of care during pregnancy, delivery, and in the postpartum period. It works to reduce disparities in health outcomes through the development and implementation of patient safety bundles, which are collections of best practices for birthing facilities to use on topics related to causes of maternal mortality and morbidity. The bundle elements are actionable steps that are implemented through rapid quality improvement cycles; they can be adapted to a variety of birth settings.

As of December 2023, AIM offers eight patient safety bundles. AIM state enrollees can choose which bundle(s) to implement, according to their needs and priorities. These bundles address the following topics:

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy
- Safe Reduction of Primary Cesarean Birth
- Cardiac Conditions in Obstetric Care
- Care for Pregnant and Postpartum People with Substance Use Disorder
- Postpartum Discharge Transition
- Sepsis in Obstetrical Care
- Perinatal Mental Health Conditions

The program supports AIM Capacity grants for states to increase the number of participating birthing facilities and the overall number of patient safety bundles implemented and sustained. In

addition, these grants build data capacity for participating entities to track quality improvement cycles for bundle implementation and support improvement of data collection.

Through the AIM Technical Assistance Center award, HRSA continues to support technical assistance for implementation of the AIM program's patient safety bundles within birthing facilities in states, the District of Columbia, territories, and tribal entities, and dissemination of these bundles to a broader array of providers, health care settings, and organizations within communities across the United States. As of August 2023, 49 states and the District of Columbia are enrolled in AIM, with participation from 1,996 birthing facilities.

Budget Request

The FY 2025 Budget Request for the Alliance for Innovation on Maternal Health (AIM) program of $30.3 million is $15.0 million higher than the FY 2023 Final level.

This request continues support for existing AIM Capacity grants and Technical Assistance Center activities. The request also includes $15.0 million to strengthen the obstetric safety-net by helping health care settings such as hospital emergency departments effectively recognize and respond to obstetric emergencies. This proposal is a cost-effective, evidence-informed, and collaborative strategy for directly addressing the worsening maternal health crisis in the United States. Many pregnant women do not reside near a hospital with obstetric services. A 2022 report from the March of Dimes on maternity care in the U.S. noted that more than 2.2 million women of childbearing age live in "maternity care deserts", defined as counties with no hospitals or birth centers offering obstetric care and no obstetric providers. When a pregnant or postpartum woman experiences an emergency and needs to be seen right away, she is often seen at the closest hospital available. A growing number of hospitals do not provide obstetric services, including many rural hospitals, so preparing emergency departments to recognize, triage and stabilize women in labor or with pregnancy-related emergencies will help to improve the quality of maternity care in these settings, making pregnancy and birthing safer for both mom and baby. This is a critical step toward addressing the current maternal health crisis and improving maternal health outcomes nationwide. With the proposed funding, the AIM program will be able to provide an estimated 75 awards to support clinical care teams in more health care settings that do not offer obstetric care.

Funding will support:

- Training (Obstetric Emergency Readiness drills and simulation training, ultrasound training, and life support training for maternal/infant populations);
- Equipment for non-obstetric facilities (ultrasounds, maternal/fetal medicine monitoring equipment);
- Targeted support, best practices, and resources for non-obstetric, lower resourced, and rural facilities to help with recognition and response to obstetric emergencies in non-obstetrical care settings, and in facilities with limited access to specialty care providers; and

- Activities to build relationships with specialists for telemedicine consults, develop transport protocols, and EMS training and protocols for transfer.

The funding request additionally includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$9,000,000
FY 2022	$11,775,000
FY 2023	$15,300,000
FY 2024 CR	$15,300,000
FY 2025 President's Budget	$30,300,000

Program Accomplishments

Sample accomplishments from states showing improvements from implementation of the AIM safety bundles include:

- **Louisiana:** The Louisiana Perinatal Quality Collaborative (LaPQC) began implementing AIM's Obstetric Hemorrhage patient safety bundle in August of 2018, eventually recruiting 43 of the state's 49 birthing facilities. A regular standardized assessment of patient blood loss is a key strategy for improving outcomes of patients with maternal hemorrhage. Between August 2018 and January 2022, the percentage of facilities with standard processes to measure patients' blood loss from birth through the recovery period increased from 28.6 percent to 93.4 percent. During the same time, the percentage of facilities who established a standardized process to complete a hemorrhage risk assessment at the time of admission for birth increased from 85.2 percent to 100 percent. The LaPQC continues to work with participating AIM facilities to refine readiness and response structures through the provision of support focused on drills, staff education and competencies, and debriefs.
- **West Virginia:** In 2020, the West Virginia Perinatal Partnership recruited all 21 birthing facilities in the state to implement AIM's Severe Hypertension in Pregnancy patient safety bundle. This was in response to West Virginia's 2017 rate of severe maternal morbidity (SMM) among people with preeclampsia, excluding blood transfusions alone of 7.6 percent. To support implementation, the West Virginia Perinatal Partnership provided patient education materials to birthing facilities and implemented a home blood pressure monitoring program to encourage early recognition of severe hypertension during pregnancy and postpartum. Between Q4 2020 and Q1 2022, the percentage of facilities that had established unit policies and procedures to respond to hypertensive emergencies increased from 23.8 percent to 71.4. Additionally, the statewide rate of SMM among people with preeclampsia was reduced by 28.9 percent. The West Virginia

Perinatal Partnership continues to support facilities in the state by providing education to rural Emergency Departments and facilitating opportunities for collaborative learning.

- **Florida:** In 2020, the Florida Perinatal Quality Collaborative (FPQC) expanded the number of birthing facilities implementing AIM's Safe Reduction of Primary Cesarean Birth patient safety bundle from 46 to 76 of the state's 113 birthing facilities, representing 80 percent of births in the state. From Q1 of 2017 – before bundle implementation began - to Q3 of 2020, Florida's statewide nulliparous, term, singleton, vertex (NTSV) cesarean birth rate was reduced by 6 percent. Participating facilities will continue to track and benchmark their NTSV cesarean birth rates with support from FPQC.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3020.01: Number of participating birthing facilities implementing Alliance for Innovation on Maternal Health (AIM) patient safety bundles *(Output)*	FY 2023: 1,996 Target: N/A Historical Actual	N/A	2,028	N/A

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	33	33	108
Average Award	$406,887	$406,887	$245,587
Range of Awards	$199,978-$3,000,000	$199,978-$3,000,000	$175,000-$3,000,000

Integrated Services for Pregnant and Postpartum Women

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$10,000,000	$10,000,000	$10,000,000	---
FTE	---	---	---	---

Authorizing Legislation: Section 330P of the Public Health Service Act, as added by Public Law 117-103

FY 2025 Authorization $10,000,000

Allocation Methods:

- Competitive grant/co-operative agreement

Program Description

The Integrated Services for Pregnant and Postpartum Women program funds projects to foster demonstration and development of models of care that coordinate appropriate services and supports across care providers to ensure consideration of the whole person and their needs to improve maternal health outcomes.

Core program components include:

- Coordinating prenatal and perinatal health care services among health care providers, social services organizations/providers, state Medicaid programs, and state and local health departments to improve maternal health outcomes;
- Developing and enhancing maternal health data infrastructure at the maternal health care practice and population levels; and
- Assessing the viability of models that support integrated health services for pregnant and postpartum women to ensure they bring about measurable improvements in maternal health, especially those that can be replicated in the future.

Over three million births occur in the United States each year.[55] Despite advances in medical care and investments in improving access to care, rates of maternal mortality and severe maternal morbidity (SMM) have not improved.[56] Over 800 women die each year in the United States from maternal causes[57] and more than 25,000 women experience unexpected outcomes of labor or delivery that have serious short- or long-term effects on their health and well-being (i.e.,

[55] https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-01.pdf
[56] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
[57] https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/E-stat-Maternal-Mortality-Rates-2022.pdf

maternal morbidity).[58] Maternal health disparities vary significantly by race, ethnicity, geography, and select indicators of socio-economic status.[59,60]

In FY 2023, HRSA funded five awards that aim to reduce adverse maternal health outcomes, pregnancy-related deaths, and maternal health disparities by taking a whole-person approach to care.

This program helps address the high rates of adverse maternal health outcomes by supporting and testing innovative strategies for engaging and caring for patients, identifying the most effective approaches to address their needs and circumstances, and accelerating progress toward improving maternal health outcomes. This work is modeled on one such strategy, the Pregnancy Medical Home (PMH) model, which organizes and coordinates the often-fragmented network of social, behavioral, and health care services. PMH promotes evidence-based care management to improve outcomes for people with Medicaid benefits. While early evaluations of PMH models show some positive impact on birth outcomes,[61] more evidence is needed to demonstrate and determine its impact on maternal health, including the reduction of health disparities.

HRSA seeks to build the evidence for integrated models of care, such as PMH and other models, through this program. The Integrated Services statute requires evaluation of the programs being funded.

The program funds projects that foster use and demonstration of existing models like PMH that integrate care and services, or develop, implement, and test new models in collaboration with stakeholders, including:

- State, Tribal, and local agencies responsible for Medicaid, public health, social services, mental health, and substance use disorder treatment and services;
- Health care providers that serve pregnant and postpartum women; and
- Community-based health organizations and health workers, including providers of home visiting services and individuals representing communities with disproportionately high rates of maternal mortality and severe maternal morbidity.

This program advances the goals of the White House Blueprint for Addressing the Maternal Health Crisis.[62]

Budget Request

The FY 2025 Budget Request for the Integrated Services for Pregnant and Postpartum Women program of $10.0 million is equal to the FY 2023 Final level. This request will continue projects to foster the development and demonstration of innovative models that integrate care and

[58] https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadContent?fileName=FadResourceDocument.pdf&isForDownload=False
[59] https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm
[60] https://mchb.tvisdata.hrsa.gov/Admin/FileUpload/DownloadContent?fileName=FadResourceDocument.pdf&isForDownload=False
[61] https://www.commonwealthfund.org/publications/issue-briefs/2021/mar/community-models-improve-maternal-outcomes-equity
[62] https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal-Health-Blueprint.pdf

services, such as the Pregnancy Medical Home (PMH) model, to reduce adverse maternal health outcomes, pregnancy-related deaths, and maternal health disparities. At this funding level, HRSA anticipates continuing support for the 5 awards.

The funding request also includes costs associated with the cooperative agreement review and award process, follow-up performance reviews, evaluation and technical assistance activities, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	---
FY 2022	---
FY 2023	$10,000,000
FY 2024 CR	$10,000,000
FY 2025 President's Budget	$10,000,000

Program Accomplishments

The program was initially competed in FY 2023 and will complete its first full year of implementation in FY 2024. Awardees are expected to launch projects within the first year of funding and establish integrated health services model of care.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	5	5	5
Average Award	$1,778,192	$1,794,692	$1,787,229
Range of Awards	$1,715,550-$1,800,000	$1,715,550-$1,800,000	$1,715,550-$1,800,00

Maternal Mental Health Hotline

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$7,000,000	$7,000,000	$7,000,000	---
FTE	---	---	---	---

Authorizing Legislation: Section 399V-7 of the Public Health Service Act, as added by Public Law 117-328

FY 2025 Authorization $10,000,000

Allocation Method:

- Contract
- Grant

Program Description

The National Maternal Mental Health Hotline program supports a national hotline (1-833-TLC-MAMA) that provides 24/7 free, confidential emotional support, resources, and referrals to pregnant and postpartum women facing mental health challenges and their loved ones. The hotline was first launched on Mother's Day 2022. Professional counselors – including licensed mental health clinicians and health care providers such as nurses or doctors, certified doulas or childbirth educators, and certified peer support specialists – staff the hotline. They provide support in English and Spanish via telephone and text, so people can get the help they need, when they need it. Interpreter services are available in 60 additional languages, and a relay service is available for people who are deaf or hard-of-hearing.

With the increase of $3 million in FY 2023 appropriations, HRSA increased resources to support the operations and staffing of the hotline (e.g., technology, staff, training, and data management) as capacity of the hotline increases. HRSA also used a portion of funds to promote widespread national awareness and use of the hotline through public service announcements, a paid social media campaign, presentations, conference exhibitions for maternal and child health care providers, and offering free printed promotional materials.

Budget Request

The FY 2025 Budget Request for the Maternal Mental Health Hotline program of $7.0 million is equal to the FY 2023 Final level. In FY 2025, HRSA will continue outreach to key target audiences, including pregnant women, new parents and their family members, including those specified in statute (i.e., underserved populations, individuals with disabilities, and family and household members of pregnant or postpartum women at risk of experiencing maternal mental health and substance use disorders) and their support networks.

Requested funding will also support continued operation of the hotline and maintain staffing capacity. The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$3,000,000
FY 2022	$4,000,000
FY 2023	$7,000,000
FY 2024 CR	$7,000,000
FY 2025 President's Budget	$7,000,000

Program Accomplishments

HRSA launched the hotline in a phased manner during its first year of implementation, which included partner outreach to more than 100 relevant provider associations, national organizations, community groups, and federal partners to promote the hotline to their constituents. HRSA developed a social media campaign, presentations, conference exhibitions, and downloadable and printed promotional materials in English and Spanish to support hotline promotion.

During its first 18 months of operation,[63] the hotline's professional counselors had nearly 23,500 conversations, of which about 70 percent were by phone and 30 percent were by text. The average speed of answer for phone was less than 30 seconds and text was less than 20 seconds. The top reasons individuals contacted the hotline included: feeling overwhelmed, anxiety, depression, issues related to pregnancy, and relationship conflict. Most individuals contacting the hotline were seeking help for themselves (76 percent), while 5 percent of individuals were calling on behalf of someone else, like a family member or friend.

The hotline has received contacts from every state in the country.

[63] May 2022-October 2023

Autism and Other Developmental Disabilities

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$56,344,000	$56,344,000	$56,344,000	---
FTE	9	9	9	---

Authorizing Legislation: Section 399BB of the Public Health Service Act, as amended by Public Law 116-60

FY 2025 Authorization .....Expired

Allocation Methods:
- Direct federal/intramural
- Contract
- Competitive grant/co-operative agreement
- Other

Program Description

The Autism and Other Developmental Disabilities portfolio improves care and outcomes for children, adolescents, and young adults with autism and other developmental disabilities. The portfolio does this primarily by:
- Training health care professionals to screen, refer, and provide services for children with autism and other developmental disabilities;
- Supporting autism research networks and programs; and
- Ensuring state health agencies implement best practices.

Through these efforts, the portfolio aims to increase access to early screening, diagnosis, and treatment for children and youth with autism and other developmental disabilities and public awareness of issues affecting the children and their families. In addition, the portfolio engages individuals with autism and other developmental disabilities and their families in program design and implementation, as well as efforts to address discrimination due to disability status.

Training Programs
The Autism and Other Developmental Disabilities portfolio includes training programs: Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) and Developmental-Behavioral Pediatrics (DBP).
- LEND supports interdisciplinary training for health care and other students and professionals that addresses the needs of children and youth with autism and other developmental disabilities. LEND also provides academic, clinical, leadership, and community-oriented training opportunities.
- DBP prepares fellows in developmental-behavioral pediatrics for leadership roles as teachers, researchers, and clinicians. It provides pediatric practitioners, residents, and

medical students with the clinical expertise necessary to support children and youth with autism and other developmental disabilities.

Both LEND and DBP focus on training professionals to provide culturally and linguistically relevant care and recruiting diverse students and professionals into their programs. Programs include individuals with autism and other developmental disabilities and family members as trainees and faculty. These participants enhance trainee understanding of lived experiences while also increasing the leadership skills of self-advocates and family members.

Research Program

Research investments respond to questions raised in the HHS Interagency Autism Coordinating Committee (IACC) Strategic Plan and focus on improving early identification of children with autism and other developmental disabilities and advancing the effectiveness of interventions and services for children with autism and other developmental disabilities. Examples of current research projects include developing reliable screening tools to allow for earlier diagnosis, implementing interventions to improve the health of individuals with autism and other developmental disabilities across the life course, and addressing barriers to access to care.

Demonstration Program

In FY 2024, the Autism and Other Developmental Disabilities portfolio will implement a new demonstration program to improve outcomes, including quality of life and well-being, for youth with autism and/or epilepsy and their families/caregivers as the youth transition from child to adult serving systems. This demonstration is called the National Transition Center for Autism and Epilepsy (Transition Center).

Budget Request

The FY 2025 Budget Request for the Autism and Other Developmental Disabilities program of $56.3 million is equal to FY 2023 Final level. This request continues support for the Autism and Other Developmental Disabilities training, research, and the Transition Center programs. The requested funding allows the Autism and Other Developmental Disabilities portfolio to continue to serve approximately 137,000 children and supports the LEND, DBP, research, and Transition Center programs to address unmet needs and disparities in evaluation, diagnosis, and treatment of children and youth with autism and other developmental disabilities.

HRSA is requesting a 5-year extension of the authorization for the Autism and Other Developmental Disabilities programs, which sunsets at the end of FY 2024. Extending the authority will allow the Autism and Other Developmental Disabilities Program to continue to address the screening, diagnostic, and intervention needs of increasing numbers of individuals with autism and other developmental disabilities through its training and research activities. Reauthorization is vital to improve health outcomes and reduce associated disparities of individuals with autism and other developmental disabilities.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$53,184,000
FY 2022	$54,344,000
FY 2023	$56,344,000
FY 2024 CR	$56,344,000
FY 2025 President's Budget	$56,344,000

Program Accomplishments

Recent Training Accomplishments

Data from FY 2021 showed that the LEND and DBP programs collectively provided:

- Diagnostic services to confirm or rule out autism and other developmental disabilities to over 137,000 children;
- Training to over 22,000 trainees in pediatrics, developmental-behavioral pediatrics, other health professions, and people with lived experience; and
- Over 3,900 continuing education events on early screening, diagnosis, and services that reached over 260,000 pediatricians and other health professionals.

Recent Research Accomplishments

In FY 2022 the Autism Research Networks and Autism Single Investigator Innovation Programs:

- Completed 104 studies on physical and behavioral health issues related to autism and other developmental disabilities, screening and diagnostic measures, early intervention, and transition to adulthood;
- Enrolled 10,191 participants in primary research studies through 63 research sites across the country and included 1,311,007 participants in secondary data analyses; and
- Developed 66 peer-reviewed publications in leading scholarly journals.

Research findings contributed to the evidence that supports clinical and public health recommendations. For example, the HRSA-supported Developmental-Behavioral Pediatrics Research Network (DBPNet) launched the Safe Access for Everyone (SAFE) initiative that established a standard of practice in healthcare for supporting youth with neurodevelopmental disabilities, including autistic children. DBPNet is working with partners to broadly disseminate the SAFE consensus statement to promote the adoption of the recommendations.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3020.02**:** Percentage of Leadership Education Neurodevelopmental and Other Related Disabilities (LEND) Training Program long-term trainees who at 5 years post-training have worked in an interdisciplinary manner to serve the MCH population *(Outcome)*	FY 2021 Result: 94% Target: Not Defined (Historical Actual)	92%	94%	+2 percentage points
3020.04: Percentage of Developmental-Behavioral Pediatrics (DBP) Training Program long-term trainees working with underserved populations, 5 years post-training *(Outcome)*	FY 2021 Result: 92% Target: Not Defined (Historical Actual)	90%	92%	+2 percentage points
3020.05: Percentage of Developmental-Behavioral Pediatrics (DBP) Training Program long-term trainees who at 5 years post-training have worked in an interdisciplinary manner to serve the MCH population *(Outcome)*	FY 2021 Result: 92% Target: Not Defined (Historical Actual)	92%	92%	Maintain

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3020.06: Percentage of Leadership Education in Neurodevelopmental and Other Related Disabilities (LEND) Training Program long-term trainees working with underserved populations 5 years post-training *(Outcome)*	FY 2021 Result: 84% Target: Not Defined (Historical Actual)	84%	84%	Maintain

Performance Narrative

- For all measures, FY 2021 targets are "N/A" as the program was zeroed out in the FY 2021 Congressional Justification and did not set FY 2021 targets.
- FY 2025 targets have been set based on the most recent results. For measures 3020.02 and 3020.04, most recent results are slightly above FY 2024 targets. Thus, the FY 2025 targets for these two measures are slightly above FY 2024 targets. For measures 3020.05 and 3020.06, most recent results are equal to FY 2024 targets and FY 2025 targets have been maintained. The DBP program also recompeted in 2023, which includes a new cohort of grantees.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
LEND	$37,335,135	$36,981,093	$36,981,093
DBP	$3,529,032	$3,480,488	$3,480,488
Research	$7,534,496	$7,604,091	$7,604,091
State Systems	$1,800,000	$1,800,000	$1,800,000
Resource Centers	$1,043,000	$975,000	$975,000
Number of Awards	91	90	93
Average Award	$563,095	$564,896	$546,674

Sickle Cell Disease Treatment Demonstration Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$8,205,000	$8,205,000	$8,205,000	---
FTE	3	3	3	---

Authorizing Legislation: Section 1106 of the Public Health Service Act, as amended by Public Law 115-327

FY 2025 Authorization .....Expired

Allocation Methods:

- Competitive grant/co-operative agreement
- Contract

Program Description

The Sickle Cell Disease Treatment Demonstration Program (SCDTDP) helps individuals with sickle cell disease (SCD) access quality, coordinated, comprehensive care by building comprehensive sickle cell disease care teams that extend specialty care from centrally based SCD experts in hospitals, clinics, or university health centers to the communities where people live. This program:

- Increases the number of individuals living with sickle cell disease that are served by comprehensive sickle cell care teams;
- Increases the number of clinicians or health professionals knowledgeable on evidence-based treatment of SCD and improving quality of care; and
- Improves care coordination with other providers.

Sickle Cell Disease is a genetic condition where abnormal red blood cells can block blood flow to organs and tissues, causing anemia, periodic pain episodes, tissue and organ damage, and increased risk of infections and early death. SCD affects over 100,000 individuals in the United States, and disproportionately affects Black (1 of every 365 births) and Hispanic Americans (1 of every 16,300 births).[64] While advances in science and medicine mean individuals with SCD have an increased life expectancy, not everyone who needs therapy and treatment has been able to benefit equally. Individuals with SCD have unequal access to comprehensive, quality health care and treatment because the distribution of specialized providers across the United States and the jurisdictions is uneven; some primary care providers have less comfort treating and caring for individuals with SCD; primary care providers lack training; and social factors, such as income levels and stigma also play a substantial role. The program uses a regional model to address these barriers and help prevent and treat SCD complications.

[64] https://www.cdc.gov/ncbddd/sicklecell/data.html

The program currently supports five regional SCDTDPs that work collectively to improve health equity by increasing access to evidence-based care in the communities in which SCD patients live and leveraging telehealth support to link individuals in communities with specialty services within the region. The program also supports partnerships between clinicians and community organizations to improve patients' quality of care with SCD, and educates providers, families, and patients to improve knowledge and capacities, particularly as patients transition to adult health care settings.

The Hemoglobinopathies National Coordinating Center (HNCC) provides technical assistance to the SCDTDP by leading quality improvement activities and supporting topic-specific workgroups to address priorities and emerging needs identified by grantees. The HNCC collects information from the SCDTDP that provides clinicians, nurses, allied health professionals, community-based organizations and public health agencies with best practices and strategies to improve sickle cell disease care. The HNCC also collects SCDTDP activity data that informs a report to Congress, which is planned for delivery in FY 2026.

Budget Request

The FY 2025 Budget Request for the Sickle Cell Disease Treatment Demonstration program of $8.2 million is equal to the FY 2023 Final level. This request will continue support for the regional SCD infrastructure so that individuals with SCD can lead full and productive lives regardless of where they live. HRSA will continue to partner with states to develop and support knowledgeable SCD care teams to improve and increase access to appropriate care; implement telehealth technologies for health care delivery, education, and health information services; increase access to evidence-based care and the latest treatment options; and increase collaboration and care coordination within each region.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$7,183,000
FY 2022	$7,010,000
FY 2023	$8,205,000
FY 2024 CR	$8,205,000
FY 2025 President's Budget	$8,205,000

Program Accomplishments

According to data from August 1, 2021 through July 31, 2022, the program successfully reached individuals with SCD, health care providers, and the community. The following accomplishments were reported:

- Served over 22,000 individuals in 51 sites, representing about a quarter of the SCD population in the United States.
- Partnered with more than 184 community organizations to link individuals and families to knowledgeable providers within the community and provide resources on treatment options and social services. This strategy ultimately improves access and quality of care for individuals with SCD.
- 1,805 providers participated in 247 SCD-based Project ECHO sessions or tele-mentoring calls. Project ECHO serves as an effective model for SCD information sharing, which helps expand number of providers with improved SCD knowledge and care tools and resources.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3030.01: Number of sickle cell patients served by Sickle Cell Disease Treatment Demonstration Program network providers in the past year *(Output)*	FY 2022: 22,121 Target: Not Defined (Historical Actual)	22,000	24,000	+2,000
3030.02: Percentage of individuals with sickle cell disease receiving disease modifying therapies within a Sickle Cell Disease Treatment Demonstration Program *(Outcome)*	FY 2022: 80% Target: Not Defined (Historical Actual)	80%	80%	Maintain

Performance Narrative

- Measure 3030.01: The Sickle Cell Disease Treatment Demonstration Program's data source has changed from a provider survey tool to grantee reported data. The number of patients served decreased from FY 2021 to FY 2022 due to the change in data collection methodology, which reflects a more accurate number of SCD patients served by the program.

- For measure 3030.02, the percentage of individuals with SCD receiving disease modifying therapies (DMTs) increased significantly due to an increase of different DMTs that were approved by the FDA in 2019. Grantees report this data through an OMB-approved instrument.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	5	5	5
Average Award	$1,190,000	$1,150,000	$1,150,000
Range of Awards	$1,090,000-$1,340,000	$1,050,000-$1,300,000	$1,050,000-$1,300,000

Early Hearing Detection and Intervention

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$18,818,000	$18,818,000	$18,818,000	---
FTE	5	5	5	---

Authorizing Legislation ..... Public Health Service Act, Title III, Section 399M, as amended by Public Law 117-241

FY 2025 Authorization $17,818,000

Allocation Methods:

- Competitive grant/cooperative agreement

Program Description

The Early Hearing Detection and Intervention (EHDI) program helps states, territories, families, and providers ensure that newborns, infants, and young children up to three years of age who are deaf or hard of hearing get the care they need when they need it. Early involvement can help these children meet age-appropriate language, social, and developmental milestones. This program:

- Recruits, educates, and trains staff and health care providers on current evidence-based practices and national EHDI system goals;
- Improves access to early intervention services and language acquisition; and
- Improves family engagement, education, partnership, and leadership to strengthen family support.

The program funds 59 competitive grants to states and jurisdictions and three national centers to enhance the state/territory EHDI systems of care to improve language acquisition for deaf and hard of hearing (DHH) children up to age 3. All three national centers provide technical assistance in a specific focus area to improve the EHDI system: implementation and change, family leadership, and provider education. The program also empowers families to serve as leaders through activities that train families to increase their engagement and support in EHDI systems of care.

Funding also supports supplemental awards to 12 Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training programs supported by the Autism and Other Developmental Disabilities program to train future leaders in pediatric audiology.

Budget Request

The FY 2025 Budget Request of $18.8 million for the Early Hearing Detection and Intervention (EHDI) program is equal to the FY 2023 Final level. The request will continue to support 59

competitive grants to states and jurisdictions, technical assistance, and supplemental awards to 12 Leadership Education in Neurodevelopmental and Related Disabilities training programs to train future leaders in pediatric audiology.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$17,765,000
FY 2022	$17,818,000
FY 2023	$18,818,000
FY 2024 CR	$18,818,000
FY 2025 President's Budget	$18,818,000

Program Accomplishments

Before 1993, fewer than 1 in 10 newborns in the United States were screened for hearing loss; however, today nearly all newborns are screened. Since the start of the EHDI program, states and territories have realized significant success in identifying and obtaining services for newborns and infants with hearing loss. The EHDI program continues to work with states to meet the Healthy People 2030 objectives of screening no later than one month of age, conducting audiologic evaluations no later than three months of age, and enrolling in early intervention services no later than six months of age (1-3-6 objectives). In 2020, 97.2 percent of infants were screened before one month of age, 60.6 percent were diagnosed before three months of age, and 72.4 percent were enrolled in early intervention before six months of age.[65] Despite the progress, a lack of comprehensive data reporting requirements for service providers in states and variability across states in timely access to such providers, among other factors, continue to be challenging.

Overall system improvements have led to more infants being screened and identified as deaf or hard of hearing, and fewer infants being lost to follow-up (when an infant does not receive the recommended follow-up services) or lost to documentation (when an infant has received services, but results have not been reported to the EHDI program). In addition, the EHDI program encourages awardees to develop an integrated EHDI health information system that allows communication and protected data sharing among health care providers. This ensures that newborns, infants, and young children up to three years of age receive pertinent screenings and follow-up services.

Additionally, awardees were required to develop plans by the end of FY 2021 to ensure their activities are inclusive of, and address the needs of, the populations that they serve. States

[65] 2020 CDC EHDI Hearing Screening & Follow-up Survey (HSFS) data. https://www.cdc.gov/ncbddd/hearingloss/ehdi-data2020.html

identified priority areas to increase access to services, supports, and education in rural areas for non-English speaking families and increased opportunities for family engagement and leadership for diverse families. Since the program's inception, states and jurisdictions have had significant success in identifying newborns and infants who are deaf or hard of hearing.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3040.01: Percentage of infants screened for hearing loss prior to one month of age *(Output)*	FY 2020: 97.2% Target: 98% (Target Not Met)	98%	98%	Maintain
3040.02: Percentage of infants suspected of having a hearing loss with a confirmed diagnosis by three months of age *(Output)*	FY 2020: 60.6% Target: 77% (Target Not Met)	79%	79%	Maintain
3040.03: Increase the percentage of infants with hearing loss enrolled in early intervention before six months of age *(Output)*	FY 2020: 72.4% Target: 72% (Target Exceeded)	73%	73%	Maintain

Performance Narrative

- Infants who do not pass the initial hearing screening will be referred to a pediatric audiologist for further evaluation and testing to confirm hearing levels. "Confirmed" diagnosis refers to a documented diagnosis, which is consistent with terminology used in newborn hearing screening programs.
- For measure 3040.02, the percent decrease in FY 2020 is due to several factors associated with the pandemic, including staffing shortages, facility closures, limited hours for outpatient procedures, families sick or quarantining, and parental hesitancy to return for follow-up services. HRSA maintained targets for FY 2024 and FY 2025 based on FY 2020 results. It is anticipated that numbers will rebound to pre-COVID 19 pandemic levels in future years. For comparison, the FY 2019 result for this measure was 79.1%.

Grant Awards Table[66]

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	59	59	59
Average Award	$236,521	$235,000	$235,000
Range of Awards	$77,873 $310,000	$77,873-$310,000	$77,873-$310,000

[66] Please note that the Grant Awards Table captures the 59 awards made to states and jurisdictions. It does not capture additional program efforts, such as the supplemental awards to 12 Leadership Education in Neurodevelopmental and Related Disabilities training programs to train future leaders in pediatric audiology.

Emergency Medical Services for Children

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$24,334,000	$24,334,000	$24,334,000	---
FTE	8	8	8	---

Authorizing Legislation: Section 1910 of the Public Health Service Act, as amended by Public Law 116-49

FY 2025 Authorization .....Expired

Allocation Method
- Competitive grant/co-operative agreement
- Contract

Program Description

The Emergency Medical Services for Children (EMSC) Program works to save the lives of children by expanding access to, and improving the quality of, pediatric emergency medical care. This program helps emergency medical services (EMS) agencies and emergency departments (EDs) be optimally prepared to provide life-saving emergency medical care for children.

The EMSC Program is the only federal grant program specifically focused on ensuring that seriously ill or injured children have access to high-quality pediatric emergency care, no matter where they live in the United States. Though children have unique emergency care needs, especially during serious or life-threatening emergencies, the majority of the nation's children are treated in community and rural EDs closest to where they live, rather than in specialized pediatric medical care centers.

When EMS agencies and EDs have optimal pediatric readiness—the right training, equipment, staffing, and procedures to best take care of children—the children whom they care for are more likely to survive and thrive. The EMSC Program investments that support pediatric emergency care across the United States include:

- The **EMSC State Partnership program** supports states to increase uptake and adoption of evidence-based system improvements and Pediatric Readiness guidelines. This work includes the establishment and maintenance of Pediatric Readiness Recognition Programs.[67]

[67] A Pediatric Readiness Recognition Program is a standardized statewide, territorial, or regional program, based upon State-defined criteria and/or adoption of national current published pediatric emergency care consensus guidelines that address administration and coordination of pediatric care; the qualifications of emergency staff; a formal pediatric quality improvement or monitoring program; patient safety; policies, procedures, and protocols; and the availability of pediatric equipment, supplies, and medications.

- The **National Pediatric Readiness Project** is a collaborative national initiative that assesses Pediatric Readiness in our nation's more than 5,000 EDs and more than 16,000 EMS agencies and develops resources to expand Pediatric Readiness.
- The **EMSC Innovation and Improvement Center** supports quality improvement initiatives in states, hospital systems, and EMS agencies, to increase implementation of evidence-based clinical guidelines and drive expansion of Pediatric Readiness.
- Data and research investments, including the **Pediatric Emergency Care Applied Research Network (PECARN)** and the **EMSC Data Center**, support research that improves pediatric emergency clinical care and gather data to track performance improvement efforts.

Budget Request

The FY 2025 Budget Request for the EMSC program of $24.3 million is equal to the FY 2023 Final level. This request will continue support to states to address critical gaps in emergency care for children by ensuring that EMS agencies and EDs have optimal Pediatric Readiness and are able to provide high-quality emergency care for children.

Currently, only 26 percent (as of FY 2022) of EMS agencies require emergency personnel to demonstrate the effective use of pediatric equipment, and only 37 percent (as of FY 2022) have a dedicated pediatric emergency care coordinator.[68] This funding request will continue to support the EMSC State Partnership Program to help states and jurisdictions increase Pediatric Readiness among EMS agencies and EDs through quality improvement efforts and policy initiatives.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$22,267,000
FY 2022	$22,276,000
FY 2023	$24,334,000
FY 2024 CR	$24,334,000
FY 2025 President's Budget	$24,334,000

Program Accomplishments

The EMSC Program has:

- **Expanded Pediatric Emergency Care Education Program in Native American Communities**: In 2023, in partnership with the Indian Health Service, HRSA expanded a simulation-based pediatric education program across 13 tribal EDs. These simulations

[68] Data reported in EMSC State Partnership Program performance reports (FY22).

trained ED staff in critical pediatric emergency care skills to improve emergency care for American Indian/Alaska Native children.

- **Expanded Pediatric Workforce Oversight in EMS Agencies**: The proportion of EMS agencies with a pediatric emergency care coordinator increased from 30 percent in 2019 to 37 percent in 2022.[69]
- **Advanced EMSC Care for Children in Rural and Tribal Areas**: EMSC State Partners are providing trainings focused on the needs of children in rural and tribal areas; increasing diverse representation on EMSC advisory councils; and increasing relationship-building with the families of children with special health care needs.
- **Assessed the Pediatric Readiness of EDs across the Nation:** In 2021, through the National Pediatric Readiness Project, the EMSC program and national partners assessed the Pediatric Readiness of more than 5,000 EDs nationwide. The project assesses the capability of an ED to provide high-quality care for children and provides resources to address gaps. In 2023, the EMSC program demonstrated that Pediatric Readiness saves lives.[70,9] EMSC-funded analyses show that high ED Pediatric Readiness is independently associated with long-term survival among injured children.[71] An additional analysis found that children who were cared for in a trauma center ED with higher Pediatric Readiness were less likely to die than children cared for in a trauma center ED with lower Pediatric Readiness.[72]
- **Supported the Expansion of Evidence Based Guidelines:** In 2022, to improve the emergency care of children in pain, HRSA jointly funded the development of Evidence-Based Guidelines for Prehospital Pain Management.[73,74] These recommendations help EMS agencies learn how to safely treat pain in children as they are transported to an ED.[75]

[69] Data reported by the EMSC Data Center (FY22)
[70] Ames SG, Davis BS, Marin JR, Fink EL, Olson LM, Gausche-Hill M, Kahn JM. Emergency Department Pediatric Readiness and Mortality in Critically Ill Children. Pediatrics. 2019 Sep;144(3):e20190568. doi: 10.1542/peds.2019-0568. Erratum in: Pediatrics. 2020 May;145(5): PMID: 31444254; PMCID: PMC6856787.
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[72] Remick K, Smith M, Newgard CD, et al. Impact of individual components of emergency department pediatric readiness on pediatric mortality in US trauma centers. J Trauma Acute Care Surg. 2023 Mar 1;94(3):417-424.
[73] Lindbeck G, Shah MI, Braithwaite S, et al. Evidence-based guidelines for prehospital pain management: Recommendations. Prehospital Emergency Care. 2021 Dec 23:1-10.
[74] Powell JR, Browne LR, Guild K, et al. Evidence-based guidelines for prehospital pain management: Literature and methods. Prehospital Emergency Care. 2021 Dec 23:1-8.
[75] Harris MI, Adelgais KM, Linakis SW, et al. Impact of prehospital pain management on emergency department management of injured children. Prehospital Emergency Care. 2023;27(1):1-9, doi: 10.1080/10903127.2021.2000683

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3050.01: Percentage of responding Emergency Medical Services agencies nationwide that have a pediatric emergency care coordinator (Outcome)	FY 2022: 37% Target: 38% (Target Not Met)	40%	Discontinued	Discontinued
3050.02: Percentage of states and jurisdictions that have an established Pediatric Readiness Recognition program for hospital emergency departments capable of managing and stabilizing pediatric emergencies (Outcome)	FY 2022: 33% Target: Not Defined (Baseline)	35%	35%	Maintain
3050.03: Number of children enrolled in Pediatric Emergency Care Applied Research Network (PECARN) studies (Outcome)	FY 2023: 171,538 Target: 144,000 (Target exceeded)	168,000	176,000	+8,000
3050.04: Percentage of states and jurisdictions that have an established Pediatric Readiness Recognition program for 911 responding Emergency Medical Services (EMS)agencies (Developmental)	FY 2022: 7% Target: Not Defined (Baseline)	8%	14%	+6 percentage points

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
14.4: Percentage of responding hospitals nationwide that have written interfacility transfer guidelines that cover pediatric patients and that include specific components of transfer (Outcome)	FY 2021: 62% Target: Not Defined (Historical Actual)	Discontinued	Discontinued	N/A

Performance Narrative

- The EMS agencies noted in the narrative are synonymous to the EMS agencies noted in the 3050.01 measure. The FY 2022 results were likely a result of staffing shortages and a focus on adult emergency care during the pandemic.
- The EMSC Program is dedicating more resources and emphasizing the development of the Pediatric Readiness Recognition Programs for EMS agencies. Measure 3050.01 will be replaced by the new measure 3050.04, which looks at the percent of states and jurisdictions that have an established Pediatric Readiness Recognition program for 911 responding EMS agencies.
- Data for Measure 3050.01 comes from the annual EMSC survey. The annual EMSC survey is no longer collecting this data as it is being replaced by the National Prehospital Pediatric Readiness Project (NPRP) Assessment of overall EMS agencies readiness. Therefore, HRSA will have no data to report on the FY 2023 and FY 2024 targets.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	71	66	66
Average Award	$298,574	$317,680	$317,680
Range of Awards	$130,000-$3,200,000	$130,000-$3,200,000	$130,000-$3,200,000

Healthy Start

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$144,500,000	$145,000,000	$172,000,000	+$27,500,000
FTE	26	26	27	+1

Authorizing Legislation: Section 330H of the Public Health Service Act, as amended by Public Law 116-36, Section 3225

FY 2025 Authorization $125,500,000

Allocation Method:

- Competitive grant/co-operative agreement

Program Description

The purpose of the Healthy Start Program is to improve infant and maternal health outcomes before, during, and after pregnancy. The program also aims to reduce persistent racial and ethnic disparities in infant deaths and adverse perinatal (immediately before and after birth) health outcomes. To accomplish this, the program funds local entities in communities with infant mortality rates that are at least 1½ times the U.S. national average and/or with high indicators of poor perinatal outcomes, particularly among non-Hispanic Black and other disproportionately affected populations including American Indians/Alaskan Natives.

In 2021[76], the U.S. infant mortality rate dropped to a record low of 5.44 infant deaths per 1,000 live births. However, the non-Hispanic Black infant mortality rate (10.55 infant deaths/1,000 live births) continues to be more than double that for non-Hispanic Whites (4.36 infant deaths/1,000 live births).[77] In 2021, the five leading causes of infant mortality in the United States were preterm birth and low birthweight, birth defects, sudden infant death syndrome, accidents (unintentional injuries) and maternal pregnancy complications.[78]

Healthy Start projects improve perinatal health outcomes for enrolled participants and the communities they serve by customizing interventions to address the main causes of infant mortality and improving social determinants of health for the entire project area. Healthy Start projects serve populations with the highest rates of infant mortality and women who are at an increased risk of adverse maternal health outcomes. Each enrolled family receives a standardized, comprehensive assessment that facilitates discussion about individual and household characteristics, physical and behavioral health, health care access and use, health and

[76] NCHS Data Brief No. 456, December 2022; Mortality in the United States, 2021 (cdc.gov). Accessed at https://www.cdc.gov/nchs/data/databriefs/db456.pdf on Jan 19, 2023.
[77] NVSS Vol. 72 No. 11, September 2023: https://www.cdc.gov/nchs/data/nvsr/nvsr72/nvsr72-11.pdf
[78] NCHS Data Brief No. 456, December 2022; Mortality in the United States, 2021 (cdc.gov). Accessed at https://www.cdc.gov/nchs/data/databriefs/db456.pdf on Jan 19, 2023.

parenting behaviors, the need for referrals to additional services, and more. The program also actively recruits fathers and partners for education, activities, services, and events. Prior program evaluations show positive outcomes related to Healthy Start program goals.[79] These include earlier and more frequent prenatal care visits, greater engagement in infant safe sleep practices, and lower rates of low birthweight deliveries.

In FY 2023, Healthy Start funded 101 grants to higher-risk communities in 35 States, the District of Columbia, and Puerto Rico. In FY 2023, Healthy Start also supported the Enhanced Healthy Start Initiative to fund grantees in 10 new communities with the highest racial/ethnic disparities in infant mortality rates and poor perinatal health outcomes.

In FY 2024, the program is funding a cohort of 113 Healthy Start grantees across the country. As part of Healthy Start's ongoing effort to implement innovative and evidence-based interventions that more effectively address the key drivers of infant and maternal mortality, the new FY 2024-FY 2029 cohort of grantees will be required to offer their HS participants -and all pregnant women in their project areas- group prenatal health & parenting education sessions. Group-based health education sessions provide women with social support (including peer support from other pregnant women in their community) and interactive education on critical prenatal health, parenting, and child safety topics. Researchers believe the effectiveness of group prenatal education in improving perinatal outcomes is due to this social support. This support helps address key drivers of preterm and low birthweight births, such as chronic stress, feelings of isolation, and lack of support; and provides clients with additional time for health education and skills building. The group health education sessions will provide participants with high-quality health information, and pregnant women who participate will receive more extensive prenatal health education. Healthy Start grantees will continue to support clinical service providers at each Healthy Start site, who provide direct access to well-woman care and maternity care services. This builds on the program's previous commitments to dedicate $15 million to hire such providers.

Healthy Start staff, such as community health workers, case managers, and health educators, provide the services below for Healthy Start participants in individualized and/or group settings as well as provide referrals and help link Healthy Start participants to those services when needed.

- **Health promotion and education**: Health and parenting education on topics such as prenatal health and wellness, nutrition, childbirth education, breastfeeding, immunizations, reducing the risk of sudden infant death syndrome, and supporting mental health.
- **Health care services**: Clinical care including prenatal, postpartum, well-baby/child, and well-woman care, and behavioral health services (e.g., treatment for depression and substance use, and support for people experiencing interpersonal violence).
- **Services that increase access to health care and improve health outcomes:**
    - Insurance enrollment, screening and referrals for treatment and care for maternal depression, smoking cessation, and assistance with enrollment in programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children

[79] Abt Associates (2020). Evaluation of the Implementation and Outcomes of the Maternal & Child Health Bureau's Federal Healthy Start Program.

program (WIC), Supplemental Nutrition Assistance Program (SNAP), and housing support.
    - Social support, peer support, reducing social isolation, and providing social support for fathers/partners, and childcare.
    - Transportation, language interpretation, job training, and adolescent pregnancy prevention.

Healthy Start grantees collaborate with neighborhood residents, community leaders, Healthy Start participants, medical and social service providers, faith-based leaders, and business representatives in local communities to build upon the communities' existing care and support resources. Grantees also collaborate with other federal and/or state-funded programs that support the communities' maternal and child health populations. Some collaborations include:

- Title V State Maternal and Child Health Block Grant
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Early Head Start
- Medicaid
- Children's Health Insurance Program (CHIP)
- Maternal, Infant, and Early Childhood Home Visiting Program
- Local community health centers that provide maternity care services

These collaborations strengthen the services provided to Healthy Start families, reduce risk factors, such as food insecurity during pregnancy, and promote healthy behaviors that can lead to improved outcomes for women and their families.

HRSA also supports technical assistance, training, and education for grantees to strengthen staff skills to implement evidence-based practices in maternal and child health; facilitate grantee-to-grantee sharing of expertise and lessons learned from the field; and facilitate resource sharing for effective program delivery.

Budget Request

The FY 2025 Budget Request for the Healthy Start program of $172.0 million is $27.5 million above the FY 2023 Final level. Recognizing that improving birth outcomes begins with improving women's health before, during, and after pregnancy, FY 2025 funding will continue to support 113 Healthy Start awards, including the 10 Enhanced Healthy Start grantees. This funding will improve access to quality health care and support services for women and children throughout the prenatal, postpartum, and inter-conception periods. Funding will also continue to support grantees to hire clinical service providers at Healthy Start sites to provide direct access to well-woman care and maternity care services. This will reduce barriers to care and better address health disparities among high-risk and underserved women.

The Budget also includes $27.0 million for the Healthy Start program to support workforce needs and development, including building on lessons learned from the "Benefits Bundle" Peer Navigator pilot. The pilot supports the training and staffing of Peer Navigators (recent Healthy Start alumni) who work with current Healthy Start families to improve access to community resources that address social determinants of health (food insecurity, unstable housing, lack of

transportation), and increase social and community supports among pregnant Healthy Start participants. With this additional funding Healthy Start grantees will increase their workforce capacity to provide services and supports to Healthy Start families to help ensure positive short and long-term health outcomes for mothers and their newborns.

The funding request also includes costs associated with the Healthy Start Monitoring and Evaluation Data (HSMED) system, the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$128,000,000
FY 2022	$131,340,000
FY 2023	$144,500,000
FY 2024 CR	$145,000,000
FY 2025 President's Budget	$172,000,000

Program Accomplishments

In FY 2019, Healthy Start funded a new initiative to reduce maternal mortality by hiring clinical service providers (e.g., nurse practitioners, certified nurse midwives, physician assistants, behavioral health providers, and other maternal-child advanced practice health professionals) to provide clinical support, such as well-woman care and maternity care services, within program sites nationwide. From FY 2019 through FY 2024, HRSA used/will use $15 million per year to support these activities within existing Healthy Start awards. By the end of 2022, 218 clinicians were providing care at 92 grant sites through this funding. Between November 2019 and October 2022, these clinicians provided 51,364 in-person visits and nearly 20,000 telehealth visits, including well-woman care, prenatal care, postpartum care, and behavioral health counseling.

In FY 2021, HRSA funded supplemental grants to help train, certify, and pay for doulas in Healthy Start service areas to provide continuous physical, emotional, and informational support to a mother before, during, and shortly after childbirth. This funding increased the pool of available doulas in communities with high rates of infant deaths and racial and ethnic differences in the health outcomes of infants and pregnant women. In FY 2021, the first round of supplemental awards supported 25 Healthy Start projects in 19 states. In FY 2022, HRSA announced a second funding round for current Healthy Start sites to further grow, diversify, and sustain the community-based doula workforce. An additional 19 sites received awards, increasing the total number of Healthy Start doula programs from 25 to 44 nationwide.

The Healthy Start Program served approximately 79,500 women and children in FY 2022, in addition to over 5,450 men (age 25+ years). During the same period, Healthy Start projects screened 99 percent of women participants for depression, with 84 percent of those who screened positive receiving referral for services (of the remainder, some were already receiving services or

declined a referral). In addition, nearly 98 percent of Healthy Start women participants were screened for intimate partner violence.

Healthy Start parenting education services have had positive outcomes on parenting practices: nearly 85 percent of Healthy Start infants were placed to sleep in a safe manner (on their back, alone, and on a firm surface with no loose bedding or soft objects). In comparison, approximately 80 percent of infants nationally were placed to sleep on their backs per CDC's Pregnancy Risk Assessment Monitoring System's sample (2020).

As noted in the table below, Healthy Start single-year IMRs have decreased with each successive year as grantees continue to serve their participants. In recent years, Healthy Start community grantees report that infant mortality rates among Healthy Start participants have decreased faster than the national rate during the same time period.

- These results may be due in part to the effectiveness of Healthy Start programs in ensuring that their participants have access to, and use, health care services. For example, 93 percent of program participants had insurance in 2022 (likely a high proportion due to Healthy Start's efforts to link participants to Medicaid) and over 87 percent women participants and 95 percent of child participants had a usual source of care.
- Furthermore, 86 percent of women participants had a well-woman healthcare visit in the previous year, and 94 percent of children had a well-child visit in the past year following the recommended schedule of the American Academy of Pediatrics.

Table 1.0 Single Year Infant Mortality Rates in the U.S. and among Healthy Start Participants

Year	U.S. Single Year Infant Mortality Rates (per 1,000 live births)	Healthy Start Single Year Infant Mortality Rates (per 1,000 live births)[80]
2019	5.58	8.05
2020	5.42	7.04
2021	5.44	6.67
2022	TBD	6.24

Healthy Start is committed to data-driven and evidence-based decision-making. In FY 2021, HRSA invested in a four-year contract to conduct a national evaluation of the Healthy Start program to determine the effectiveness of the program. The evaluation concludes in FY 2025, and results will be used to inform decision-making and develop recommendations to improve implementation of the Healthy Start program.

[80] The higher rates for Healthy Start participants likely reflects the high-risk populations that are targeted by the program.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3060.01: Increase the percentage of pregnant women enrolled in Healthy Start who have a prenatal care visit in the first trimester (Outcome)	FY 2022: 85% Target: 80% (Target Exceeded)	84%	84%	Maintain
3060.02: Decrease the percentage of singleton births weighing less than 2,500 grams (low birthweight) born to women enrolled in Healthy Start (Outcome)	FY 2022: 12.4% Target: 9.6% (Target Not Met)	9.6%	9.6%	Maintain
3060.03: The number of persons case managed in the Healthy Start Program (Outcome)	FY 2022: 84,947 Target: 80,000 (Target Exceeded)	82,000	Discontinued	N/A

Performance Narrative

- Key program accomplishments highlighted above reflect FY 2022 outcomes among Healthy Start grantees initially funded in FY 2019. In FY 2022, the program exceeded two of the three performance measure targets: timely prenatal care utilization and number of participants served. The program did not meet the target for low birthweight infants, possibly reflecting the national increase in preterm birth rate, as well as the program's focus on reaching the highest risk populations in communities with elevated rates of infant mortality and adverse perinatal outcomes.
- Fiscal year targets reflect calendar year data. Awards are made annually in April, thus the bulk of the data coincide with two fiscal years. Data do not reflect Enhanced Healthy Start Initiative awards as those began in FY 2023.
- The FY 2024 target for measure 3060.01 is maintained for FY 2025. The Healthy Start program uses a five-year grant cycle, with several new awards expected in FY 2024 that could go to new communities. New communities will need time to hire and train staff before service provisions become available. With the potential for supporting new communities, the target is maintained rather than increased.
- Measure 3060.03 has been discontinued as the new FY 2024 Healthy Start competition provides greater flexibility in use of grant funds to include group-based education services and community action network activities rather than just case managed visits. To align with the programmatic update, this measure is being discontinued.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	111	113	113
Average Award	$1,103,692	$1,084,158	$1,309,538
Range of Awards	$664,356-$1,159,121	$664,356-$1,159,121	$889,736-$1,369,501

Heritable Disorders in Newborns and Children

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$20,883,000	$20,883,000$	$20,883,000	---
FTE	6	6	6	---

Authorizing Legislation: Section 1109-1112 and 1114 of the Public Health Service Act, as amended by Public Law 113-240, Section 10

FY 2025 Authorization……Expired

Allocation Methods:

- Contract
- Competitive grant/co-operative agreement

Program Description

The Heritable Disorders in Newborns and Children portfolio works to reduce the morbidity and mortality in newborns and children caused by genetic disorders passed from parent to child. The portfolio supports state newborn screening systems (NBS) and local public health agencies so that birthing facilities and providers screening newborns can quickly identify, diagnose, and treat newborns with serious health conditions. Early diagnosis and intervention can prevent serious problems such as brain damage, organ damage, and even death.

Newborn screening saves or improves the lives of nearly 13,000 babies in the United States each year. In the United States, all babies are eligible for newborn screening. To guide state NBS programs, the Secretary of Health and Human Services (HHS) recommends a list of health conditions for screening called the Recommended Uniform Screening Panel (RUSP). The Advisory Committee on Heritable Disorders in Newborns and Children (ACHDNC) also supports this panel. Nationwide, approximately four million newborns each year undergo newborn screening for at least 31 of the 36 core conditions on the RUSP.

The Heritable Disorders portfolio includes funding for state newborn screening programs to directly improve processes and ensure that infants and their families receive timely information and services. The portfolio design is based on a prior evaluation of the program as well as feedback from stakeholders and the ACHDNC.

The following programs comprise the Heritable Disorders portfolio:

- The **Cooperative Newborn Screening System Priorities Program (NBS Co-Propel)** initiated in FY 2024, and the **State Newborn Screening Priorities Program (NBS Propel),** which began in FY 2023. These programs support more than 28 state NBS programs to address state-specific challenges, and enhance, improve, and expand state NBS systems through two focus areas:

    - **Focus area 1** is early diagnosis and treatment of NBS-identified infants. Activities include improving timely collection and reporting of NBS specimens and implementing screening for newly added RUSP conditions.
    - **Focus area 2** is optimizing health outcomes for newborns diagnosed with a genetic disorder and increasing family engagement. Focus area 2 also supports activities to strengthen communication with families of infants diagnosed with **Severe Combined Immune Deficiency (SCID) and other NBS disorders,** to ensure infants have access to specialty care and treatment, particularly in underserved populations, and that families are actively engaged at all levels of the newborn screening system.
- The **National Center for Newborn Screening System Excellence (NBS Excel),** awarded in FY 2023, supports a national organization to strengthen state public health agencies and NBS system partners to provide screening, counseling, or health care services to newborns and children with, or at risk for, heritable disorders. NBS Excel provides leadership, technical assistance, and quality improvement expertise; collects data to identify barriers to achieving equitable access to NBS services for all infants and families; enhances state performance in NBS; and provides training, education, and other resources to families and/or individuals with heritable disorders to promote engagement and partnership at all levels of the newborn screening system.
- The **Newborn Screening Information Center (NBSIC)** is a clearinghouse of NBS information and serves as a central hub of clear and up-to-date educational resources, research, and data on NBS, as well as family support information. These resources increase awareness, knowledge, and understanding of NBS and genetic conditions.

The ACHDNC provides national NBS guidance and standards by making systematic evidence-informed and peer-reviewed recommendations regarding conditions for inclusion on the RUSP. It also advises the Secretary on reducing mortality or morbidity from heritable disorders and considers ways to ensure state and jurisdiction capacity to screen for RUSP conditions.

Budget Request

The FY 2025 Budget Request for the Heritable Disorders in Newborns and Children program of $20.9 million is equal to the FY 2023 Final level. This request will continue support of the projects and associated awards in the Heritable Disorders in Newborns and Children portfolio. This includes continued support of state and local public health agencies, public health professionals, and primary and specialty care providers in their ability to provide screening, counseling, and health care services to reduce morbidity and mortality caused by heritable disorders in newborns and children. The request will continue to fund efforts to increase awareness, knowledge and understanding of NBS and enhance, improve, or expand access to screening, counseling, and health care services for newborns and children having or at risk for genetic disorders.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$18,826,000
FY 2022	$19,558,000
FY 2023	$20,883,000
FY 2024 CR	$20,883,000
FY 2025 President's Budget	$20,883,000

Program Accomplishments

In FY 2023, multiple states implemented screening for the latest conditions added to the RUSP, a key program goal. Adding a new condition to a newborn screening state lab is a complicated process. Technical assistance and resources were provided to all 53 state and territory newborn screening programs as they implemented new conditions including Guanidinoacetate Methyltransferase Deficiency (GAMT) and Mucopolysaccharidosis Type II (MPS II). Approximately 78 percent of state newborn screening programs have implemented or are in the process of implementing screening for Spinal Muscular Atrophy (SMA), x-linked Adrenoleukodystrophy (x-ALD); and Mucopolysaccharidosis Type I (MPS I).

The program has also supported many quality improvement activities to improve timely newborn screening. To effectively reduce disability, morbidity, and mortality, the NBS process must occur within the short window between birth and the onset of symptoms. These benchmarks were set by the ACHDNC as a critical measure of the success of state NBS programs. In FY 2022, 91 percent of states reported collecting 95 percent or more of specimens within 48 hours of birth and 26 state NBS programs participated in quality improvement activities, which included support to implement new conditions and timeliness in reporting NBS results.

In addition, the program funded dozens of toolkits, webinars, model practices, videos, publications, educational tools, reports, data visualizations, and presentations to increase public education and awareness of NBS. These are available for state NBS programs and the public.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3070.01: Percentage of states that reported collecting 95% or more of specimens within 48 hours of birth *(Output)*	FY 2022: 91% Target: Not Defined (Historical Actual)	80%	82%	+2 percentage point

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3070.02: Percentage of states that reported 95% or more of all newborn screening results (normal and out-of-range) within seven days of birth *(Output)*	FY 2022: 22% Target: Not Defined (Historical Actual)	25%	28%	+3 percentage point

Performance Narrative

- During COVID-19, data submission and completeness was inconsistent due to strain on state capacity. Voluntary reporting to national databases was greatly reduced. Starting in FY23, funding was provided to state newborn screening programs directly. Along with this programmatic change, the 28 grantees are required to submit data annually, which will allow for consistent reporting. Considering this new reporting requirement and new funding cycle, the FY 2025 targets for measures 3070.01 and 3070.02 have increased modestly.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	36	36	39
Average Award	$ 459,149	$ 459,149	$394,698
Range of Awards	$126,554-$2,650,000	$126,554-$2,650,000	$122,401-$2,300,000

Pediatric Mental Health Care Access

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$13,000,000	$13,000,000	$13,000,000	---
FTE	7	8	8	---

Authorizing Legislation: Public Health Service Act, Section 330M, as amended by Public Law 117-159, Section 11005

FY 2025 Authorization……..$31,000,000

Allocation Method

- Competitive grant/co-operative agreement

Program Description

The Pediatric Mental Health Care Access (PMHCA) program promotes behavioral health integration in pediatric primary care by developing new, or expanding existing, statewide, or regional pediatric mental health care access programs. PMHCA programs provide:

- Tele-consultation and training to support pediatric primary care providers to diagnose, treat, and refer children with behavioral health conditions; and
- Resources and referrals to providers, families, and community members

PMHCA addresses the shortages of psychiatrists, developmental-behavioral pediatricians, psychologists, and other behavioral health clinicians who furnish care to children and adolescents with behavioral concerns. Pediatric primary care providers are often the first responders in behavioral disorder identification and service provision. However, they may not have adequate knowledge, training, or resources to screen, diagnose, and treat behavioral disorders. Telehealth strategies, like the ones the PMHCA program supports, connect primary care providers with specialty mental and behavioral health care providers. Participating providers also gain knowledge and increase their capacity/capability over time to address some behavioral concerns on their own, which over time will decrease the need for consultation. This approach increases access to behavioral health services.

The need for PMHCA programs is great. There have been significant increases in the number of children diagnosed with mental health conditions between 2016 and 2020. The number of children ages 3-17 years old diagnosed with anxiety grew by 29 percent and those with depression grew by 27 percent.[81] In addition, only 58 percent of children with mental or

[81] Lebrun-Harris, L. A., Ghandour, R. M., Kogan, M. D., & Warren, M. D. (2022). Five-Year Trends in US Children's Health and Well-being, 2016-2020. *JAMA Pediatrics*, *176*(7), e220056. https://doi.org/10.1001/jamapediatrics.2022.0056

behavioral conditions receive mental health treatment or counseling,[82] and research highlights significant geographic and racial and ethnic disparities in receipt of behavioral health care.[83] Black/African American children residing in urban areas and Hispanic/Latino children residing in both rural and urban areas are less likely to receive mental health care than White children.[3] White children in rural areas are significantly less likely to receive mental health services than their counterparts in urban areas.[3]

Budget Request

The FY 2025 Budget Request for the PMHCA program of $13.0 million is equal to the FY 2023 Final level. The request will continue to support at least 25 statewide or regional pediatric mental health care telehealth access programs funded through the FY 2023 competition. These programs will continue to provide tele-consultation, training, technical assistance, and care coordination support for pediatric primary care providers to diagnose, treat, and refer children with behavioral health conditions.

In total, HRSA will support a total of 65 awards in FY 2025. The remaining 40 awards are supported by funds obligated from the American Rescue Plan Act of 2021 and the $20 million in funding appropriated in the Bipartisan Safer Communities Act in FY 2022.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$9,970,000
FY 2022	$11,000,000
FY 2023	$13,000,000
FY 2024 CR	$13,000,000
FY 2025 President's Budget	$13,000,000

Program Accomplishments

PMHCA program award recipients addressed behavioral health issues among children and adolescents, including anxiety, depression, and suicidal ideation and attempts. Award recipients also supported resilience strategies among families and clinicians. Across 45 states, Tribes, and territories in FY 2022 the program achieved the following:

- Over 16,400 primary care providers enrolled in a statewide or regional PMHCA program;

[82] Child and Adolescent Health Measurement Initiative. 2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [**07/11/23**] from [www.childhealthdata.org].

[83] Hodgkinson,S., Godoy,L., Beers,L.S., Lewin, A.(2017) Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting. *Pediatrics, 139* (1): e20151175. 10.1542/peds.2015-1175

- Over 8,700 providers used consultation and care coordination support services and over 10,500 providers were trained; and
- Pediatric primary care providers who contacted the pediatric mental health team served approximately 27,000 children and adolescents.

Approximately 21 awardees of the Program's 45 recipients funded in FY 2022 were funded through annual appropriations. Additional recipients were funded from the American Rescue Plan Act.

Outputs and Outcomes Table
*(*Results and targets in the table below reflect annual discretionary funding. This does not include results/targets from PMHCA programs supported through supplemental appropriations.)*

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3080.01**:** Number of providers using the Pediatric Mental Health Care Access Program consultation (teleconsultation and in-person) and care coordination services for treatment and referral of children with behavioral health conditions (Output)	FY 2022: 4,220 Target: 4,750 (Target Not Met)	5,000	5,500	+500
3080.04: Number of providers trained through the Pediatric Mental Health Care Access Program to better screen, diagnose, treat, or refer children with behavioral health conditions (Output)	FY 2022: 7,078 Target: Not Defined (Baseline)	8,000	8,250	+250
3080.05: Number of children and adolescents for whom a provider contacted the Pediatric Mental Health Care Access Program for consultation or referral (Output)	FY 2022: 12,088 Target: Not Defined (Baseline)	11,500	13,000	+1,500
3080.02: Percentage of providers using the teleconsultation line (Output)	FY 2022: 34.1% Target: 45% (Target Not Met)	Discontinued	Discontinued	N/A

Performance Narrative

- For measure 3080.01, the FY 2022 results were impacted by COVID-19.
- The FY 2022 results for discontinued measure 3080.02 were impacted by a number of factors. COVID-19 may have impacted the number of patients seen by providers and thus the percentage of providers using the teleconsultation line. Existing participating providers gain knowledge and increase their capacity/capability over time to address some behavioral concerns on their own; hence, a decrease in the need to contact teams for consultation. Additionally, existing programs that already have many enrolled providers tend to have a smaller percentage of providers utilizing the consult line.
- Data presented reflect 21 awardees funded by annual appropriations. Data from the additional 24 awardees funded through the American Rescue Plan Act (ARP) appropriations are not included in the outputs and outcomes table, but are included in the narrative.

Grant Awards Table[84]

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	21	25	25
Average Award	$445,000	$444,867	$444,867
Range of Awards	$445,000	$441,673-$445,000	$441,673-$445,000

[84] Does not include ARP and BSCA awards.

Screening and Treatment for Maternal Mental Health and Substance Use Disorders

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$10,000,000	$10,000,000	$15,500,000	+$5,500,000
FTE	2	2	2	-

Authorizing Legislation: Section 317L-1 of the Public Health Service Act, amended by Public Law 117-328, section 1111

FY 2025 Authorization……$24,000,000

Allocation Method

- Competitive co-operative agreement

Program Description

The Screening and Treatment for Maternal Mental Health and Substance Use Disorders program helps expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal mental health and substance use disorders. This is accomplished by supporting statewide, tribal, or regional[85] networks that provide:

- real-time psychiatric consultation;
- care coordination support services; and
- culturally and linguistically appropriate training to maternity care providers and clinical practices.

Through this work, the program aims to improve the mental health and well-being of women who are pregnant, postpartum or have given birth within the preceding 12 months and reduce maternal health inequities.

Maternal mental health conditions, such as depression, anxiety, and substance use disorder, are common complications during pregnancy and the postpartum period. Across the country, there is a significant shortage of psychiatrists and mental health providers. Thus, it is important to train front-line providers to identify and treat behavioral health conditions as part of routine primary care so that pregnant and postpartum women affected by these conditions receive timely, appropriate care.

[85] Regional MMHSUD teams are defined as MMHSUD care teams within regions of a state, jurisdiction, or Tribal area.

In FY 2023, the program was recompeted and expanded to support 12 awardees. The FY 2023 competition included program modifications to reflect changes outlined in the recent reauthorization. The program:

- Requires grant recipients to provide a 10 percent match to support program activities.
- Expands eligible entities to include Indian Tribes and Tribal Organizations, in addition to States.
- Gives priority, as appropriate, to entities that: 1) focus on enhancing screening, prevention, and treatment; 2) partner with community-based organizations that address maternal mental health and substance use disorders; 3) are in, or provide services to, areas with disproportionately high rates of maternal mental health or substance use disorders, or other related disparities; and 4) operate in a health professional shortage area.

The program's long-term goals are to:

- Increase routine mental and behavioral health screening for pregnant and postpartum women;
- Increase routine detection, assessment, treatment, and referral of maternal mental health conditions using evidence-based practices; and
- Increase access to treatment and recovery support services for pregnant and postpartum women that are affordable, culturally and linguistically appropriate, community-based, and provided via telehealth and traditional in-person services.

Budget Request

The FY 2025 Budget Request for the Screening and Treatment for Maternal Mental Health and Substance Use Disorders program of $15.5 million is $5.5 million above FY 2023 Final level. This request increases access to behavioral health care for perinatal women by expanding the Screening and Treatment for Maternal Mental Health and Substance Use Disorders program. It will support approximately six new awards, bringing the total number of awards to approximately 18. This investment increases the availability of consultation (teleconsultation or in-person) and care coordination support, and training to expand front-line health care provider capacity to screen, assess, treat, and refer women who are pregnant, postpartum, or have given birth within the past 12 months for maternal mental health and substance use disorders. This funding will help address ongoing and growing maternal mental health needs.

Funding will also support a joint effort for the ongoing exchange of effective practices, resources, and peer-to-peer learning and mentorship to Screening and Treatment for Maternal Mental Health and Substance Use Disorder programs and the national network of Pediatric Mental Health Care Access program, as well as evaluation support for state behavioral health telehealth programs.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount
FY 2021	$5,000,000
FY 2022	$6,500,000
FY 2023	$10,000,000
FY 2024 CR	$10,000,000
FY 2025 President's Budget	$15,500,000

Program Accomplishments

Training
Awardees trained 1,875 providers in FY 2022, an increase from 782 providers trained in FY 2021. Trainings covered a variety of evidence-based practices such as: Screening, Brief Intervention, and Referral to Treatment (SBIRT); Medication Assisted Treatment; how to use standardized validated screening tools for perinatal depression and anxiety; ways to integrate behavioral health in primary care settings; and training on perinatal mood and anxiety disorders. Providers trained include obstetricians/gynecologists, psychiatrists, licensed clinical social workers, licensed professional counselors, nurses/nurse practitioners, certified nurse midwives, physician assistants, care coordinators/patient navigators, family medicine physicians, and other health professionals.

Consultation[86]
Providers sought/received expert consultation for 1,860 pregnant and postpartum women in FY 2022. This was an increase from 1,405 pregnant and postpartum women in FY 2021.

Screening
Practices with providers who participated in the MMHSUD program:

- Screened 46,005 pregnant and post-partum women for depression in FY 2022, a 22 percent increase over FY 2021.
- Screened 35,845 pregnant and post-partum women for anxiety in FY 2022, a 15 percent increase over FY 2021.
- Screened 27,657 pregnant and post-partum women for substance use in FY 2022, a 29 percent increase over FY 2021.

[86] "Consultation" refers to psychiatric consultation and/or care coordination support provided either via telehealth or in-person by the program.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3090.01: Number of pregnant or postpartum women about whom a provider contacted the Maternal Mental Health and Substance Use Disorders Program for consultation or referral *(Output)*	FY 2022: 1,860 Target: Not Defined (Historical Actual)	2,500	6,750	+4,250
3090.03: Number of providers using the Maternal Mental Health and Substance Use Disorders Program for consultation (teleconsultation or in-person) and care coordination support services for treatment and referral of pregnant and postpartum women with behavioral health conditions (Output)	FY 2022: 824 Target: Not Defined (Historical Actual)	1,500	2,700	+1,200
3090.04: Number of providers trained through the Maternal Mental Health and Substance Use Disorders Program to better screen, diagnose, treat, and refer pregnant and postpartum women with behavioral health conditions *(Output)*	FY 2022: 1,875 Target: Not Defined (Historical Actual)	3,000	5,400	+2,400

Performance Narrative

- Measure 3090.03 represents the unduplicated count of providers who contacted the program for consultation & care coordination support.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	12	12	18
Average Award	$744,076	$737,051	$763,889
Range of Awards	$687,000 - $750,000	$687,000 - $750,000	$763,889

Poison Control Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$26,846,000	$26,846,000	$26,846,000	---
FTE	3	3	3	---

Authorizing Legislation: Sections 1271-1274 of the Public Health Service Act, as amended by P.L. 116-94

FY 2025 Authorization .....Expired

Allocation Method:

- Contracts
- Competitive grants/co-operative agreements

Program Description

The Poison Control Program (PCP) ensures that individuals can call a national toll-free Poison Help line (1-800-222-1222) to connect to a local poison control center (PCC) in a poisoning emergency. The PCP:

- Supports the national toll-free number to ensure access to poison control services;
- Implements a national media campaign to educate and support outreach to the public and health care providers; and
- Supports PCCs to help prevent poisonings and toxic exposures, provide recommendations for managing poisonings and toxic exposures, and comply with accreditation requirements.

The program ensures that individuals can call from anywhere in the United States and the U.S. territories and connect to the PCC that serves their respective area. The program maintains the toll-free Poison Help line, provides interpretation services in over 161 languages, and offers services for the hearing impaired.

Through the PCCs, individuals have access to health care providers and other specially trained toxicology experts twenty-four hours a day, seven days a week who provide assessments, triage, and treatment recommendations at no cost to callers across the United States, American Samoa, the District of Columbia, the Federated States of Micronesia, Guam, Puerto Rico, and the U.S. Virgin Islands. PCCs are consulted for a range of exposures including, for example, when a child swallows a household product; when an adolescent intentionally ingests an over-the-counter medication; when a worker is exposed to harmful substances; or when a senior takes an additional dose of a prescribed medication. Emergency 911 operators refer poison-related calls to PCCs, and emergency and in-patient health care professionals regularly consult PCCs for expert consultation in managing poisonings. PCCs also conduct follow-up calls to monitor case progress and document medical outcomes.

PCCs are important partners in public health emergencies, response, and preparedness. By ensuring free, around-the-clock, equitable access to every individual in the nation, PCCs can provide critical real-time surveillance data to identify public health emergencies. Access to around-the-clock professional guidance from PCCs decreases unnecessary visits to emergency departments and underscores the PCCs' role as easily accessible and trusted sources of public health information to prevent and manage poisonings and related health concerns. For example, PCCs provide education about the safe use of generators during loss of electrical power to reduce risk of carbon monoxide posioning and death; and when new poisons such as the synthetic opioid fentanyl enter a community, PCCs help community providers address life threatening poisonings and provide education to the public. In February 2023, during the train derailment in Palestine, Ohio, local PCCs provided guidance regarding health risks to the public resulting from the release of hazardous chemicals and collected near-real-time surveillance data.

Additionally, the PCP supports a national Poison Help media campaign, which provides education and outreach to the public and health care providers about poison and toxic exposure prevention, shares the availability of poison control resources in local communities, and advertises the national toll-free Poison Help line. Key activities include:

- Partnering with health departments to increase awareness of emerging poisoning threats, and education departments and other state agencies to educate the public on poisoning prevention;
- Promoting safe prescription medication use and storage; and
- Collaborating to develop media campaigns focused on preventing poisonings.

PCCs also participate in National Prescription Drug Take-Back events to provide a safe, convenient, and responsible means of prescription drug disposal.

Budget Request

The FY 2025 Budget Request for the Poison Control program of $26.8 million is equal to the FY 2023 Final level. This request will provide 52 grants to the 55 PCCs in the United States. These grants provide a small base of support to each PCC, contributing on average 13 percent to each PCC's overall budget that is needed to maintain infrastructure and core triage and treatment services.

The FY 2025 request will also continue to support interpretation services for non-English speaking callers and maintenance of the national toll-free Poison Help line. The nationwide media campaign will continue to educate the public and health care providers about poisoning and toxic exposure prevention, the availability of the national toll-free number, and local PCC services.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount
FY 2021	$24,846,000
FY 2022	$25,846,000
FY 2023	$26,846,000
FY 2024 CR	$26,846,000
FY 2025 President's Budget	$26,846,000

Program Accomplishments

In 2021, PCCs managed 2.85 million encounters.[87] In 2021, drug information requests increased 146 percent compared with 2020. Calls from health care facilities increased 7 percent compared to 2020, accounting for 24 percent of all human exposure cases in 2021. Sixty-nine percent of calls originated from residences and were managed by the PCC without requiring emergency medical attention.

In FYs 2021 and 2022, the Poison Help campaign distributed paid public service announcements (PSAs) through traditional platforms, including broadcast television networks, national and regional cable networks, and radio stations. The campaign also distributed the PSAs on several social media platforms.

Outputs and Outcomes

Measure	Year and Most Recent Result/ Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
5030.02: Number of calls received each fiscal year via the national, toll-free, Poison Help line *(Output)*	FY 2022: 2,981,276 Target: Not Defined (Baseline)	2,900,000	2,900,000	Maintain

[87] Gummin DD, Mowry JB, Beuhler MC, Spyker DA, Rivers LJ, Feldman R, Brown K, Nathaniel PTP, Bronstein AC, & Weber JA. (2022). 2021 Annual Report of the National Poison Data System (NPDS) from America's Poison Centers: 39th Annual Report. Clinical Toxicology, 60;12:1381-1643.

Measure	Year and Most Recent Result/ Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
5030.03: Number of human cases of poison exposure managed by the Nation's Poison Control Centers *(Output)*	FY 2022: 2,064,875 Target: Not Defined (Baseline)	2,150,000	2,130,000	-20,000
25.III.D.6: Percent of human exposure calls made to Poison Control Centers that came from health care facilities *(Output)*	FY 2021: 24% Target: 24% (Target Met)	Discontinued	Discontinued	N/A
5030.01: Percentage of inbound volume on the toll-free number. *(Output)*	FY 2021: 82% Target: 78% (Target Exceeded)	Discontinued	Discontinued	N/A

Performance Narrative

- For measure 5030.02, the data source for this measure is Verizon Enterprise Information Solutions (EIS).
- For measure 5030.03, the source for this data is the National Poison Data System (NDPS).
- For measure 5030.03, the FY 2025 target is lower than the FY 2024 in alignment with an overall downward trend over the last ten years. Human exposure cases have decreased 9.24 percent since 2012. The FY 2025 target is consistent with this trend.

Grants Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards[88]	52	52	52
Average Awards	$450,523	$450,523	$450,523
Range of Award	$91,632-$2,782,395	$91,632-$2,782,395	$91,632-$2,782,395

Contracts Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Contracts	2	2	2
Average Contract	$568,358	$584,214	$597,874
Range of Contracts	$565,375-$571,341	$581,796-$586,632	$593,373-$602,375

[88] There are 55 Poison Control Centers across the U.S. Fifty-two awards were made in FY 2023 and are anticipated in FY 2024 under the Poison Control Stabilization and Enhancement Program, representing all of the poison centers. For grant purposes, HRSA counts the California Poison Control System as a single entity, while it encompasses four California poison centers.

Family-To-Family Health Information Centers

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
Current Law Mandatory[89]	$5,658,000	$5,658,000	---	-$5,658,000
Proposed Mandatory	---	---	$12,000,000	+$12,000,000
Total	**$5,658,000**	**$5,658,000**	**$12,000,000**	**+$6,342,000**
FTE	1	1	2	+1

Authorizing Legislation: Section 501(c)(1)(A) of the Social Security Act, Title V, as amended by Public Law 116-39, Section 5

FY 2025 Authorization……Expired

Allocation Method:

- Competitive grant/co-operative agreement

Program Description

The Family-to-Family Health Information Centers (F2F HICs) program offers families of children and youth with special health care needs (CYSHCN) peer support and information on accessing care and coverage for their children's complex needs. Staffed by family members of CYSHCN with first-hand experience navigating health care and other needed services and supports for their children, F2F HICs also advise health care professionals on developing more effective partnerships with families. The program aims to empower families of CYSHCN to be active partners in health care decision making.

F2F HIC supports include:

- Guidance on building productive relationships between families and health professionals
- Training and guidance for health professionals on caring for CYSHCN
- Promoting F2F HIC services and resources to families, health professionals, schools, etc.
- Engaging families of CYSHCN and health professionals as staff and leaders for these programs

When it was initially authorized by the Deficit Reduction Act of 2005, the program funded one F2F HIC in each of the 50 states and the District of Columbia. Since then, HRSA expanded F2F HICs to all jurisdictions and to Indian tribes. The Sustaining Excellence in Medicaid Act of 2019 (P.L. 116-39) reauthorized the program through 2024.

[89] Amount reflects post-sequestration

Research supports the effectiveness of the F2F HIC strategy.[90] Evidence shows CYSHCN experience improved health outcomes and cost-savings when families are empowered to make informed choices about their care and partner with health professionals.[91] Outcomes include:

- Improved transition from pediatric to adult health care systems;
- Fewer unmet health needs;
- Better community-based systems;
- Fewer problems with specialty referrals;
- Lowered out-of-pocket costs;
- Improved physical and behavioral health; and
- Increased access to preventive health care in a medical home.

Budget Request

The FY 2025 Budget Request proposes reauthorization and $12 million per year in mandatory resources for the Family-to-Family Health Information Centers (F2F HIC) program, which is an additional $6 million per year above the current authorized level. The request will extend and expand the program for FY 2025 – FY 2029 at $12 million per year for a total of $60 million over five years. Funding will continue to support patient-centered information, education, technical assistance, and peer support to families of CYSHCN. Moreover, HHS/HRSA requests a technical change to provide specific statutory authority to create a technical assistance center and authorize funding for the center to coordinate and provide intensive technical assistance to grantees of the F2F HIC program. The technical assistance center would help F2F HICs, including the newly established territorial and tribal HICs, receive the support necessary to fulfill their statutory requirements and collect data to evaluate the reach of the program.

Table 1. Proposed Funding (FY 2025 – FY 2029)[92]

Fiscal Year	Amount
FY 2025	$12,000,000
FY 2026	$12,000,000
FY 2027	$12,000,000
FY 2028	$12,000,000
FY 2029	$12,000,000

Increased funds will allow F2F HIC awardees to serve more families of CYSHCN and expand their capacity to partner and engage families, providers, and other community and state stakeholders. F2F HICs will expand activities to support a system of care so that CYSHCN can play, go to school, and become healthy adults, which aligns with the CYSHCN *Blueprint For Change*.[93] At this funding level, the F2F HIC program will:

[90] Marbell, P. (2017). Engaging families in improving the health care system for children with special health care needs. Lucile Packard Foundation for Children's Health

[91] Smalley et al. (2014). Family perceptions of shared decision-making with health care providers: Results of the National Survey of CYSHCN, 2009-2010. Doi 10.1007/s10995-013-1365-z

[92] Data in Table 1 represent the total proposed funds per fiscal year for the F2F HIC Program with the increase in funds to expand the capacity of F2F HIC grantees to reach more communities and families.

[93] https://publications.aap.org/pediatrics/issue/149/Supplement%207?autologincheck=redirected

- Increase the number and availability of family leader staff and peer mentors providing services to families of CYSHCN in making informed choices about health care.
- Increase the amount of individualized, intensive support for families.
- Expand the number of awards to tribal organizations from three to eight.
- Increase technical assistance through a coordinating center to help F2F HICs nationwide, including new jurisdictional and tribal F2F HICs, to effectively carry out award activities and report on their progress.

Current funding provides services to 197,003 families and 92,131 health professionals across 59 family-staffed centers nationwide. With increased funds, HRSA estimates serving approximately 350,000 families of CYSHCN per year. HRSA also estimates that approximately 185,000 health professionals per year could receive training and resources in the care of CYSHCN. Increased funds will also support up to 5 additional tribal awards and almost double the award for each F2F HIC.

The F2F HICs will continue to support targeted outreach and leadership development to specific underrepresented populations, such as populations living in rural or urban areas, those with limited English proficiency, and those that reflect other demographic factors. F2F HICs also continue to develop partnerships with organizations serving underrepresented families.

The F2F HICs will continue to address the long-term impact of COVID-19 by providing education, guidance, and support to families of CYSHCN on the Medicaid redetermination process.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Funding History

FY	Amount[94]
FY 2021	$5,658,000
FY 2022	$5,658,000
FY 2023	$5,658,000
FY 2024 CR	$5,658,000
FY 2025 President's Budget	$12,000,000

Program Accomplishments

F2F HICs provided services to 197,003 families according to FY 2022 grantee data reported to HRSA. FY 2023 survey data reveal that ninety-two percent of families reported that the information they received from an F2F HIC met their needs and ninety-six percent reported they would recommend F2F HIC services to another family. Ninety percent of families reported that

[94] FY 2021-FY 2024 funding amounts reflect the post-sequestration amount.

the information or services received from F2F HICs helped prepare them to work with those who serve their children.

Additionally, F2F HICs trained and provided information, resources, and referrals to 92,131 health professionals who serve CYSHCN and their families within community and state public health agencies, managed care and insurance organizations, medical practices, children's hospitals, universities, Federally Qualified Health Centers, and more according to FY 2022 grantee data reported to HRSA. FY 2023 survey data show ninety-two percent of professionals served by an F2F HIC reported they were satisfied with the information and ninety-eight percent would recommend F2F HIC services to families or other professionals. Ninety-three percent of professionals reported the information or services received from F2F HICs helped prepare them to work better with families and/or others who serve CYSHCN.

An objective of the F2F HIC program is to increase the number of individuals from underrepresented communities trained to partner with families at all levels of decision making. For example, HRSA funded three tribal organizations since FY 2019. These tribal F2F HICs have been able to increase their family reach more than eightfold with a reach of 70 families in FY 2019 (baseline) to 599 families in FY 2022.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3100.01**:** Number of families with children with special health care needs who have been provided information, education, and/or training from Family-to-Family Health Information Centers *(Outcome)*	FY 2022: 197,003 Target: 200,000 (Target Not Met)	210,000	350,000	+140,000

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3100.02**:** Number of professionals who serve children with special health care needs who have been provided information, education, and/or training from Family-to-Family Health Information Centers *(Output)*	FY 2022: 92,131 Target: 100,000 (Target Not Met)	100,000	185,000	+85,000
3100.03**:** Percentage of families with children with special health care needs served who report that the information or services received from Family-to-Family Health Information Centers helped prepare them to work with those who serve their children *(Outcome and Developmental)*	FY 2023: 90% Target: 90% (Target Met)	Discontinued	Discontinued	N/A
3100.04**:** Percentage of professionals served who reported the information or services received from the Family-to-Family Health Information Centers helped prepare them to work better with families of children with special health care needs and/or others who serve children with special health care needs *(Outcome and Developmental)*	FY 2023: 93% Target: 97% (Target Not Met)	Discontinued	Discontinued	N/A

Performance Narrative

- For measures 3100.01 and 3100.02, results were impacted by COVID-19. Additionally, due to sequestration, F2F HICs received reduced funding in FY 2022 and FY 2023, impacting the services that they could provide. Starting in FY 2022, HRSA has provided new guidance to F2Fs to better standardize data collection and reduce potential duplication in counts.
- The data for measures 3100.03 and 3100.04 are collected from awardee surveys.
- For measure 3100.04, results may have been slightly lower due to the ongoing impacts of COVID-19. Additionally, reduced funding to F2F HICs due to sequestration and a new cohort of grantees impacted results.

Grant Awards Table[95]

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	59	59	64
Average Award	$83,737	$83,737	$160,000
Range of Awards	$74,469-$89,140	$74,469-$89,140	$160,000

[95] Does not include carryover funding. FY 2023 and FY 2024 reflect post-sequestration funding.

Maternal, Infant, and Early Childhood Home Visiting Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA[96]	$500,000,000	$518,650,000	$565,800,000	+$65,800,000
FTE	51	51	51	---

Authorizing Legislation: Section 511 of the Social Security Act, Title V, as amended by Public Law 117-328, Section 6101

FY 2025 Authorization $600,000,000

Allocation Methods:

- Direct federal/intramural
- Contract
- Formula grant/co-operative agreement
- Competitive grant/co-operative agreement

Program Description

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program supports pregnant women and parents with young children who live in communities that face greater risk and barriers to achieving positive maternal and child health outcomes. The MIECHV Program builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy, and in the first years of life have the potential to improve the lives of children and families by:

- Helping to prevent child abuse and neglect;
- Encouraging positive parenting;
- Improving maternal and child health; and
- Promoting child development and school readiness.

The MIECHV Program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families. State and jurisdiction grantees conduct statewide needs assessments to identify eligible at-risk communities, determine priority populations, and choose one or more of the 23 approved evidence-based home visiting models or identify promising approaches that will best meet the specific needs of their states and communities. As part of all MIECHV programs, trained home visiting professionals meet regularly with expectant parents or families with young children in their homes to build strong, positive relationships. Home visitors work with families to provide services tailored to their needs, such as:

- Advising on topics such as breastfeeding, safe sleep, injury prevention, and nutrition.

[96] FY 2024 and FY 2025 reflect the post-sequestration funding amount.

- Screening and providing referrals to address caregiver depression, substance abuse, and family violence.
- Screening children for developmental delays and facilitating early diagnosis and intervention for autism and other developmental disabilities.
- Teaching parenting skills and modeling effective parenting techniques.
- Creating a language-rich environment that stimulates early language development.

Consistent with the statute, HRSA distributes MIECHV funds through base and matching grants to states, jurisdictions, and nonprofit organizations and ACF distributes MIECHV funds through competitive cooperative agreements to Indian tribes, tribal organizations, and urban Indian organizations. Statute sets aside funds for other purposes, such as technical assistance, workforce supports, including the Jackie Walorski Center for Evidence-Based Case Management, and research, evaluation, and federal administration.

- **Base Grants:** In FY 2023, HRSA awarded $435 million in MIECHV base grants to 56 states, jurisdictions, and nonprofit organizations. Grants are generally administered by the lead state agency for home visiting designated by the Governor, or they can be competitively awarded to a nonprofit organization in those states or jurisdictions that opted not to participate in the grant program. By law, state and jurisdictional grantees must spend the majority of their MIECHV funds to implement evidence-based home visiting models, with up to 25 percent of funding available to implement promising approaches that undergo rigorous evaluation.
- **Tribal Awards:** Six percent of total MIECHV funding is reserved for grants to Indian tribes, tribal organizations, and urban Indian organizations. In FY 2023, funding supported 41 awards to tribal entities through the Tribal MIECHV Program. The program:
    - Develops and strengthens tribal capacity to support and promote the health and well-being of American Indian and Alaska Native families through home visiting programs;
    - Expands the evidence base around home visiting in tribal communities; and
    - Supports and strengthens cooperation and linkages between programs that serve Native children and their families.

Budget Request

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is funded at $565.8 million in FY 2025, with sequestration, and funding will increase incrementally up to $800 million in FY 2027. Funding will continue to support the state, jurisdictional, and tribal administration of locally-run, voluntary, evidence-based home visiting services that have been proven to help prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. In FY 2025, This level of funding will provide:

- Awards to 54 state and territory grantees and two non-profit organizations.
- Awards to approximately 45 tribal entities.
- Technical assistance for state, jurisdictional, and tribal MIECHV grantees.
- Support for the home visiting workforce, workforce retention, and case management, including workforce-related technical assistance and the establishment and operation of the Jackie Walorski Center for Evidence-Based Case Management.

- Support for research, evaluation, and federal administration.

Table 1. Mandatory Funding (FY 2023 – FY 2027)[97]

MIECHV Program	FY 2023	FY 2024[98]	FY 2025[99]	FY 2026	FY 2027	Five-Year Total
Mandatory Funding	$500,000,000	$550,000,000	$600,000,000	$650,000,000	$800,000,000	$3,100,000,000

The increase in funds will expand the capacity of MIECHV grantees to reach more communities and families. Currently, MIECHV-funded programs serve over 70,000 families, reaching approximately 14 percent of the more than 488,000 families who are likely currently eligible and in need of MIECHV services.[100] Over 5 years, funding increases will allow MIECHV-funded programs to provide comprehensive, coordinated home visiting services to additional communities and families through targeted evidence-based home visiting.

The increased appropriations may be used by states and jurisdictions to expand services to additional communities and families. Funds will also support the recruitment and retention of the home visiting workforce, including increasing home visitor supports, and training and hiring a diverse workforce. Additionally, in FY 2025, up to 6 new awards will be made to tribal entities to expand services to additional tribal communities.

Funds will continue to support a portfolio of research and evaluation on home visiting, technical assistance to ensure families have access to quality evidence-based and promising home visiting service delivery models, and workforce supports to ensure a well-trained and stable workforce.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

FY	Amount[101]
FY 2021	$377,200,000
FY 2022	$377,200,000
FY 2023	$500,000,000
FY 2024	$518,650,000
FY 2025	$565,800,000

[97] FY 2024 – FY 2027 subject to sequestration
[98] Appropriation as provided through the Consolidated Appropriations Act, 2023 (Public Law 117-328, Section 6101). However, FY24 post-sequestration amount is $518.7 million..
[99] Appropriation as provided through the Consolidated Appropriations Act, 2023 (Public Law 117-328, Section 6101). However, FY25 post-sequestration amount is $565.8 million.

[100] HRSA internal analysis using 2022 Current Population Survey data.
[101] Reflects post-sequestration amounts in FY 2021, FY 2022, FY 2024, and FY 2025.

Program Accomplishments

MIECHV state and jurisdictional grantees provided over 9.7 million visits from FY 2012 through FY 2023. In FY 2023, states reported serving more than 139,000 parents and children in over 1,000 counties across all 50 states, the District of Columbia, and 5 territories. This is more than a 300 percent increase in the number of participants served since FY 2012 (see Table 1 below). Tribal grantees provided over 180,800 home visits from FY 2012 to FY 2023 and served more than 3,400 parents and children in FY 2023.

Table 1: Number of State/Jurisdictional Participants and Home Visits (FY 2012 – FY 2023)[102]

Fiscal Year	Number of Participants	Number of Home Visits
2012	34,180	174,257
2013	75,970	489,363
2014	115,545	746,303
2015	145,561	894,347
2016	160,374	979,521
2017[103,104]	156,297	942,676
2018[105]	150,291	930,595
2019	154,496	1,015,217
2020[106]	140,606	928,130
2021[107]	140,674	921,706
2022[108]	137,802	841,694
2023[109]	139,695	919,456

The MIECHV Program helps families living in at-risk communities. In FY 2023:

[102] Data in Table 1 represent the number of participants and home visits provided by state and jurisdictional grantees (does not include tribal data).
[103] Reflects changes HRSA made to reporting definitions beginning in FY 2017 clarifying that only participants whose services were directly supported with federal funds should be included in MIECHV reports.
[104] Does not include data from Puerto Rico and the U.S. Virgin Islands due to reporting delays caused by Hurricanes Maria and Irma.
[105] Does not include data from the Commonwealth of the Northern Mariana Islands due to reporting delays caused by Super Typhoon Yutu.
[106] FY 2020 results were impacted by funding cuts due to sequestration, the impacts of COVID-19 on enrollment and service delivery, and a reporting error in one state.
[107] FY 2021 results were impacted by funding cuts due to sequestration and the impacts of COVID-19 on enrollment and service delivery.
[108] FY 2022 results were impacted by funding cuts due to sequestration, the impacts of COVID-19 on enrollment and service delivery, and significant issues with workforce recruitment and retention across the early childhood care and education field.
[109] FY 2023 results were impacted by funding cuts due to sequestration and significant issues with workforce recruitment and retention across the early childhood care and education field.

- 67 percent of participating families had household incomes at or below 100 percent of the federal poverty guidelines[110] ($30,000 for a family of four), and 40 percent were at or below 50 percent of those guidelines.
- 22 percent of adult program participants had less than a high school education, and 39 percent had only a high school degree or equivalent.
- 8 percent of households included pregnant teens; 18 percent of households reported a history of child abuse and maltreatment; and 14 percent of households reported substance abuse.

In FY 2020, all state and jurisdictional grantees showed performance improvement in at least four of the six MIECHV benchmark areas outlined in statute:[111]

- Improving maternal and newborn health.
- Preventing child injuries, maltreatment, and emergency department visits.
- Improving school readiness and achievement.
- Reducing crime or domestic violence.
- Improving family economic self-sufficiency.
- Improving service coordination and referrals for other community resources and supports.

Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3110.04: Percentage of children enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program who received daily early language and literacy support from a family member (Outcome)	FY 2023: 80.2% Target: 71.5% (Target Exceeded)	72.3%	75.9%	+3.6 percentage points

[110] The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines

[111] Section 511 of the Social Security Act [42 U.S.C. 711] includes statutory requirements for demonstration of improvements. https://www.ssa.gov/OP_Home/ssact/title05/0511.htm.

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3110.05: Percentage of parents enrolled in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program who were screened for depression after enrollment or after giving birth (Outcome)	FY 2023: 80.3% Target: 78.7% (Target Exceeded)	78.8%	79.5%	+0.7 percentage points
3110.06: Number of home visits to families receiving services under the State/Jurisdiction Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (Output)	FY 2023: 919,456 Target: 1,051,345 (Target Not Met)	1,201,701	1,310,957	+109,256
3110:07: Number of home visits to families receiving services under the Tribal Maternal, Infant, and Early Childhood Home Visiting Program. (Output)	FY 2023: 19,532 Target: 19,271 (Target Exceeded)	22,036	36,000	+13,964
3110.08: Number of participants served by the State/Jurisdiction Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (Outcome)	FY 2023: 139,695 Target: 164,470 (Target Not Met)	167,096	189,498	+22,402

Measure	Year and Most Recent Result /Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
3110.09: Number of participants served by the Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (Outcome)	FY 2023: 3,432 Target: 3,871 (Target Not Met)	4,427	6,500	+2,073
3110.02: Number and percent of grantees that meet benchmark area data requirements for demonstrating improvement (Outcome)	State/ Jurisdiction FY 2020: 56 (100%) Target: 47 (84%) (Target Exceeded) Tribal FY 2020: 14 (74%) Target: 22 (88%) (Target Not Met)	Discontinue	Discontinue	N/A

Performance Narrative

- A home visit is the service provided by qualified professionals, delivered over time within the home to build relationships with the enrolled caregiver and the index child to achieve improved child and family outcomes. The number of "home visits" in measures 3110.06 and 3110.07 demonstrate the level of effort and service utilization for all enrollees and index children participating in the MIECHV Program.
- The data source for measure 3110.01 through 3110.06, and 3110.08, is the Home Visiting Information System (HVIS). Results reflect the most recent data available for state, jurisdictional, and Tribal grants.
- The results for 3110.02 reflect the most recent data available as the information is updated every 3 years.
- The results for 3110.04 and 3110.05 reflect the most recent data available, including state and jurisdictional grants only, and reflect a two-year average from FY 2022 and FY 2023.
- The targets were not met for 3110.06 and 3110.08 due to factors such as: significant issues with workforce recruitment and retention across the early childhood care and education field.
- The target was not met for 3110.09 due to factors such as challenges with family and staff recruitment and retention.

Grant Awards Tables[112,113]

	FY 2023 Final	FY 2024	FY 2025 President's Budget
Number of Awards	98	103	109
Average Award	$4,762,194	$4,674,393	$4,813,761
Range of Awards	$275,000-27,244,590	$250,000-$27,892,590	$250,000-$29,842,147

[112] The table does not include carryover funding.
[113] Award projections are based on a funding formula codified in statute (Social Security Act, Title V, as amended by Public Law 117-328, Section 6101).

RYAN WHITE HIV/AIDS TAB

RYAN WHITE HIV/AIDS

Program Description

The Ryan White HIV/AIDS Program (RWHAP) funds and coordinates with states, cities/counties, and local clinics/community-based organizations to deliver efficient and effective HIV care, treatment, and support to low-income people with HIV. Over 58 percent of RWHAP clients (patients) live at or below 100 percent of the federal poverty level and over three-quarters of clients are from racial and ethnic minority groups.[114] The RWHAP statute requires that the program is the "payor of last resort," meaning RWHAP funds can only be used for allowable services not covered by other federal[115] or state programs, or private insurance. Since 1990, the RWHAP has developed a comprehensive system of safety net providers who deliver high-quality direct health care and support services to over half a million people with HIV – more than half of all people with diagnosed HIV in the United States.[116] This is one of the many reasons why the Health Resources and Services Administration (HRSA) is leading key components of the *Ending the HIV Epidemic in the U.S.* (EHE) initiative.

Working within the parameters of the RWHAP statute, funding priorities are guided by stakeholders at federal, state, and local levels, resulting in uniquely structured programs that address their jurisdictions' critical gaps and needs. HRSA also works in partnership with RWHAP recipients at state and local levels to use innovative, evidence informed approaches for community engagement, needs assessment, planning processes, policy development, service delivery, clinical quality improvement, and workforce development activities that are needed to support a robust system of HIV care, treatment, and support services.

The RWHAP has five statutorily defined Parts that provide grants to states, cities/counties, and community-based organizations. The grants fund medical and support services, medication, technical assistance, clinical training, and the development of innovative models of care to meet the needs of priority populations and their communities affected by HIV. Together, these Parts provide the public health infrastructure to ensure low-income people with HIV have access to a wide range of services aimed at early diagnosis of HIV, linkage to care, retention in care, medically appropriate treatment, and sustained viral suppression. These successive steps that people with HIV experience from diagnosis to reaching and maintaining viral suppression is referred to as the HIV care continuum.

The HIV care continuum is crucial to ensure optimal health outcomes for people with HIV. It also helps policymakers and service providers better pinpoint where gaps in services might exist, develop strategies to better support people with HIV to achieve the treatment goal of viral suppression, and prevent further transmission of the virus. It also furthers the public health goal of ending the HIV epidemic in the United States.[117] An overwhelming body of clinical evidence

[114]HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2022. http://hab.hrsa.gov/data/data-reports. Published December 2023. Accessed December 2023.
[115] The Indian Health Service is statutorily exempted from the payor of last resort provision.
[116] CDC. *HIV Surveillance Report, 2021*; vol. 34. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2023. Accessed December 2023.
[117] The goal of HIV treatment is to decrease viral load in people with HIV, ideally to an undetectable level, known as viral suppression. When viral suppression is achieved and maintained, the risk of transmitting HIV is reduced.

has firmly established that a person with HIV who is in treatment and has an undetectable viral load cannot sexually transmit HIV (referred to as Undetectable Equals Untransmittable, or U=U).[118,119]

Not only do improved viral suppression rates reduce the transmission of HIV, but they also result in significant cost-savings to the health care system. In the RWHAP, 89.6 percent of patients receiving RWHAP medical care are virally suppressed, far exceeding the 68.8 percent rate of viral suppression for the general population of people with diagnosed HIV − an outcome measure that demonstrates the success of the program and results in major public health benefits.[120] These results align with a study published in Clinical Infectious Diseases, which found that clients receiving care and support at RWHAP-funded facilities are associated with improved outcomes (such as viral suppression), compared to those not served by the RWHAP.[121] Furthermore, RWHAP patients are more likely to reach viral suppression regardless of other health care coverage (e.g., uninsured, Medicaid, Medicare, or private insurance).

Today, with advances in antiretroviral therapy, people with HIV are living longer and healthier lives. However, even with these positive outcomes, ending the HIV epidemic domestically continues to be a challenge. The Centers for Disease Control and Prevention (CDC) estimates that over 1 million people in the United States have HIV, and 1 in 8 are unaware of their HIV status.[122] In addition, over 36,000 new HIV diagnoses occur every year.[123]

Ending the HIV Epidemic in the U.S.

In February 2019, the Ending the HIV Epidemic in the U.S (EHE) initiative was launched to further expand federal efforts to reduce HIV infections. The multi-year EHE initiative currently focuses on 48 counties, Washington, D.C., and San Juan (Puerto Rico), which account for more than half of new HIV diagnoses, and seven states that have a substantial rural HIV burden. The initiative will continue to bring the additional expertise, technology, and resources needed to end the HIV epidemic in the United States. EHE recipients made significant progress to implement their EHE initiative activities, despite challenges posed by the COVID-19 pandemic. These activities included developing service delivery infrastructure, engaging with community members and new partners, and delivering services to clients. The RWHAP's comprehensive system of HIV care and support services and effective system for medication delivery creates a very efficient and effective service delivery mechanism for this initiative.

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[118] NIAID. Preventing Sexual Transmission of HIV with Anti-HIV Drugs. National Library of Medicine (US). 2000- [cited 2016 Mar 29]. Available from: ClinicalTrials.gov. NLM Identifier: NCT00074581.

[119] Rodger AJ et al for the PARTNER study group. Sexual activity without condoms and risk of HIV transmission in serodifferent couples when the HIV-positive partner is using suppressive antiretroviral therapy. JAMA, 2016;316(2):1-11. DOI: 10.1001/jama.2016.5148. (12 July 2016). Full free access.

[120] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2021. https://www.cdc.gov/hiv/library/reports/hiv-surveillance/vol-28-no-4/index.html. Accessed February 2024.

[121] Bradley H, Viall AH, Wortley PM, Dempsey A, Hauck H, Skarbinski J. Ryan White HIV/AIDS Program Assistance and HIV Treatment Outcomes. *Clin Infect Dis.* (2016) 62 (1): 90-98.

[122] CDC. Estimated HIV incidence and prevalence in the United States 2017–2021. HIV Surveillance Supplemental Report 2023;28(3). Accessed December 2023.

[123] CDC. HIV Surveillance Report, 2021; vol. 34. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2023. Accessed December 2023.

Mpox Public Health Emergency
On August 4, 2022, the mpox outbreak was declared a public health emergency in the United States. Gay, bisexual, men who have sex with men (MSM), and transgender individuals were particularly affected by this outbreak. Due to the disproportionate impact of the mpox public health emergency on the populations to which the RWHAP provides HIV care and treatment, HRSA was allotted mpox vaccines for rapid distribution to RWHAP recipients. HRSA also provided RWHAP recipients responding to the outbreak with testing, treatment, and vaccine administration guidance. This includes access to treatment for sexually transmitted infections (STIs) through the RWHAP AIDS Drug Assistance Program (ADAP).

Additional Collaborative Efforts
In FY 2025, the RWHAP will continue to ensure effective use of resources and a coordinated and focused public health response to HIV. The RWHAP will also continue to coordinate and collaborate with other federal, state, and local entities as well as external HIV organizations to further leverage and promote efforts to address the unmet care and treatment needs of people with HIV who are uninsured and underserved. These efforts help to align priorities, policies, and activities in sustaining a multi-faceted and comprehensive federal response to the HIV epidemic. Department of Health and Human Services (HHS) partners include the Office of the Assistant Secretary for Health (OASH), CDC, Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Medicare and Medicaid Services (CMS), Administration for Community Living (ACL), Indian Health Service (IHS), National Institutes of Health (NIH), Agency for Healthcare Research and Quality (AHRQ), as well as HRSA's Bureau of Primary Health Care, Federal Office of Rural Health Policy (FORHP), Office for the Advancement of Telehealth (OAT), and Office of Intergovernmental and External Affairs (IEA). Other federal agency partners include the Department of Housing and Urban Development (HUD), Department of Veterans Affairs (VA), and Department of Justice (DOJ).

The RWHAP has developed a coordinated implementation response that outlines the specific actions that HRSA will take to achieve the goals and objectives that are outlined in the National HIV/AIDS Strategy and accelerate efforts toward ending the HIV epidemic.[124] The Strategy builds on the targets for the EHE initiative by 2030 and reflects the Administration's commitment to re-energize and strengthen a whole-of-society response to the epidemic while supporting people with HIV and reducing HIV-associated morbidity and mortality.

The RWHAP will also coordinate with federal partners, grant recipients, and other partners to address the syndemics (epidemics that closely interact with each other) of HIV, viral hepatitis, STIs, and substance use disorders through the following HHS efforts:

- *Sexually Transmitted Infections (STI) National Strategic Plan for the United States: 2021-2025:* The STI plan will develop, enhance, and expand STI prevention and care programs through 2025, with the aim of reversing the dramatic rise in STIs in the United States.

[124] The White House. 2021. National HIV/AIDS Strategy for the United States 2022-2025. Washington, DC.

- *Viral Hepatitis National Strategic Plan for the United States:2021-2025:* The Viral Hepatitis plan is intended to serve as a comprehensive, data-driven roadmap for federal and other stakeholders to reverse the rates of viral hepatitis, prevent new infections, improve care and treatment, and ultimately eliminate viral hepatitis as a public health threat in the United States.

- *HHS Roadmap for Behavioral Health Integration:* In alignment with HHS's strategy to advance behavioral health care in the most underserved and rural communities, HRSA will continue to work collaboratively with other federal partners to address opioid use disorder screening, treatment, and support for people with HIV.

- *HHS Office of Infectious Disease Policy Syndemic Steering Committee:* This committee will identify cross-agency policy and programmatic opportunities and collaborative approaches to address challenges, including gaps at the federal and jurisdictional levels; develop cross-departmental/agency policies, programs, or initiatives that capitalize on opportunities and address challenges; and apply a syndemic approach and focus on reducing disparities. CDC and HRSA are collaborating to help encourage the delivery of status neutral services to provide comprehensive care for all people, regardless of HIV status at the jurisdictional level to address disparities, address social determinants of health, and reduce HIV stigma efficiently and effectively.

- *CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment (CHAC):* HRSA will continue to partner with CDC to convene the CHAC, which advises the Secretary of HHS on objectives, strategies, policies, and priorities for HIV, viral hepatitis, and STI prevention and treatment efforts for the nation. The CHAC is governed by the provisions of the Federal Advisory Committee Act, as amended, 5 U.S.C. App 2.

- *The National Syphilis and Congenital Syphilis Syndemic (NSCSS) Federal Task Force:* The NSCSS Federal Task Force was established in 2023 in response to the recent significant rise in Syphilis cases. The group's mission is to leverage broad federal resources to reduce rates, promote health equity, and share resources with impacted communities. The CHAC informs this effort through regular consultations with national and local experts within state and local health departments and with national groups who are focused on reducing STIs and improving health outcomes for pregnant people and babies.

- *Federal Strategic Plan to Prevent and End Homelessness*[125]*:* HRSA, HUD, and CDC are working together to enhance access to HUD-assisted housing for people with HIV and impacted communities, with particular emphasis on the priority populations identified in the National HIV/AIDS Strategy. HRSA and HUD will continue to work closely together to cross-train staff and recipients, inform RWHAP technical assistance, and advance RWHAP Special Projects of National Significance (SPNS) housing-related initiatives.

[125] Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

- *Leveraging Collaboration between the RWHAP and Aging Agencies: Enhancing Support Services for Older Adults with HIV:* Aging with HIV is an important topic for the RWHAP; approximately half of people served by the program are 50 years and older. HRSA and ACL have continued to collaborate and share information to improve the assessment of psychosocial needs and delivery of health care for older adults with HIV so that they may age with dignity and independence and have access to a broad array of services. Health and other concerns change as people with HIV grow older, requiring different approaches and services from health care and social services providers. In FY 2022, HRSA launched the Emerging Strategies to Improve Health Outcomes for People Aging with HIV initiative, which was funded through the RWHAP SPNS to conduct the following activities:

    - Implement emerging strategies that comprehensively screen and manage comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV.
    - Assess the uptake and integration of emerging strategies.
    - Research and assess implementation processes, including assessing specific implementation strategies.
    - Research and assess broader contextual factors affecting implementation.
    - Evaluate the impact of the emerging strategies.
    - Document and disseminate the emerging strategies.

RWHAP Part A - Emergency Relief Grants

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$680,752,000	$680,752,000	$680,752,000	---
MAI (non-add)	$54,105,000	$54,105,000	$54,105,000	---
FTE	61	61	61	---

Authorizing Legislation: Public Health Service Act, Section 2601, as amended by Ryan White HIV/AIDS Treatment Extension Act of 2009, Public Law 111-87.

FY 2025 Authorization…….……..…….Expired

Allocation Method:

- Formula Grants
- Competitive Grants/Cooperative Agreements
- Contracts

Program Description

RWHAP Part A provides grants to cities with a population of at least 50,000, which are areas severely affected by the HIV epidemic. These jurisdictions are funded as either an Eligible Metropolitan Area (EMA) or a Transitional Grant Area (TGA), depending on the severity of the epidemic in their jurisdiction. EMAs are jurisdictions with 2,000 or more AIDS cases over the last five years as reported to CDC, while TGAs are jurisdictions with at least 1,000 but fewer than 2,000 AIDS cases over the last five years as reported to CDC. Nearly 70 percent of all people with diagnosed HIV reside in a RWHAP Part A EMA or TGA. [126,127]

The RWHAP requires EMAs and TGAs to utilize local needs assessments and planning processes to develop coordinated systems of HIV care to improve health outcomes for low-income people with HIV, thereby reducing transmission of HIV. These grants assist eligible areas in developing and enhancing access to a comprehensive continuum of high quality, community-based care for low-income people with HIV, and more broadly support the HHS goals to protect and strengthen equitable access to high quality and affordable healthcare.

[126] CDC. *HIV Surveillance Report*, 2021; vol. 34. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2023. Accessed December 2023.
[127] CDC. HIV and stage 3 (AIDS) classifications data through December 2021 provided for the Ryan White HIV/AIDS Program, for fiscal year 2023. HIV Surveillance Supplemental Report 2023;28 (No. 6): http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published September 2023. Accessed December 2023.

RWHAP Part A funding prioritizes primary medical care, access to antiretroviral treatment, and other core medical and supportive services to engage and retain people with HIV in care. These grants fund systems of care to provide services for people with HIV in 24 EMAs and 28 TGAs.

Two-thirds of the funds available for EMAs and TGAs are awarded according to a formula, based on the number of people diagnosed with HIV in the EMAs and TGAs. The remaining funds are awarded as discretionary supplemental grants based on the demonstration of additional need by the eligible EMAs and TGAs, and as Minority AIDS Initiative (MAI) grants. The MAI funds are a statutory set-aside to evaluate and address the disproportionate impact of HIV on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities. MAI funds are also awarded based on a formula utilizing the number of minorities with diagnosed HIV and AIDS in a jurisdiction and support HIV care, treatment, and support services.

Ending the HIV Epidemic in the U.S. - RWHAP Part A Jurisdictions
Thirty-nine of the RWHAP Part A jurisdictions received a cooperative agreement to implement EHE initiative activities related to strategy two (Treat) and strategy four (Respond) in FY 2023. This initiative is now in its fourth year and jurisdictions utilize their existing infrastructure to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States.

Budget Request

The FY 2025 Budget Request for the RWHAP Part A of $680.7 million is equal to the FY 2023 Final level. This requested funding level will support the provision of core medical and support services for people with HIV in the 24 EMAs and 28 TGAs.

RWHAP Part A jurisdictions are experienced in developing data-driven, community-based needs assessments and responsive procurement of a variety of direct medical and supportive services, working across service providers to develop and maintain a system of services, and serving diverse populations. Approximately 65 percent of all RWHAP clients are served by one of the 52 cities funded under the RWHAP Part A. Nearly 70 percent of all people with diagnosed HIV reside within these metropolitan areas. The RWHAP serves populations that have multiple structural barriers to care (e.g., people with HIV at or below 100 percent of the federal poverty level and/or those who are homeless).

Part A funding contributes to achieving the FY 2025 targets for performance goals that relate to cross-cutting activities, such as the total clients served and percentage of clients (total, minority, and female clients) who reached viral suppression.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Funding History[128]

Fiscal Year	Amount
FY 2021	$655,706,000
FY 2022	$670,458,000
FY 2023	$680,752,000
FY 2024 CR	$680,752,000
FY 2025 President's Budget	$680,752,000

Program Accomplishments[129]

The RWHAP Part A has contributed to the tremendous progress the RWHAP has made toward ending the HIV epidemic in the United States. From 2010 to 2022, HIV viral suppression among RWHAP patients has increased from 69.5 percent to 89.6 percent, and racial and ethnic, age-based, and regional disparities have decreased. However, even with these positive outcomes, fully addressing the HIV epidemic domestically continues to be a challenge. The CDC estimates that more than 1 million people in the United States have HIV, and 1 in 8 are unaware of their HIV status. In addition, over 36,000 new HIV diagnoses occur every year.

An overwhelming body of clinical evidence has firmly established that a person with HIV who is in treatment and has an undetectable viral load cannot sexually transmit HIV (referred to as Undetectable Equals Untransmittable, or U=U). Not only do improved viral suppression rates reduce the transmission of HIV, but they also result in significant cost-savings to the health care system.[130] In the RWHAP, 89.6 percent of patients receiving RWHAP medical care are virally suppressed, far exceeding the 68.8 percent rate of viral suppression for the general population of people with diagnosed HIV − an outcome measure that demonstrates the success of the program and results in major public health benefits.

These results align with a study published in *Clinical Infectious Diseases*, which found that clients receiving care and support at RWHAP-funded facilities are associated with improved outcomes (such as viral suppression), compared to those not served by the RWHAP. Furthermore, RWHAP patients are more likely to reach viral suppression regardless of other health care coverage (e.g., uninsured, Medicaid, Medicare, or private insurance).

Outputs and Outcomes Table

RWHAP Part A, Part B, Part C, and Part D (includes Ending the HIV Epidemic initiative) contribute to over-arching performance measures. The Outputs and Outcomes Table containing these measures is located at the end of this document.

[128] EHE funding is not included in this table.

[129] See Program Description at the beginning of the RWHAP section for citations to the data contained in this section.

[130] Schackman BR, Fleishman JA, Su AE, et al. The lifetime medical cost savings from preventing HIV in the United States. Med Care. 2015;53(4):293-301. doi:10.1097/MLR.0000000000000308.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	52	52	52
Average Award	$12,588,838	$12,588,838	$12,588,838
Range of Awards	$2,862,396 – $93,371,588	$2,862,396 – $93,371,588	$2,832,860 – $93,371,588

RWHAP Part A – FY 2023 Formula, Supplemental & MAI Grants[131]

Table 1. Eligible Metropolitan Areas

EMAs	Formula	Supplemental	MAI	Total
Atlanta, GA	$18,917,541	$9,650,306	$2,759,413	$31,327,260
Baltimore, MD	$9,379,886	$5,531,358	$1,438,923	$16,350,167
Boston, MA	$9,631,166	$4,583,523	$1,013,919	$15,228,608
Chicago, IL	$17,129,329	$8,381,464	$2,332,182	$27,842,975
Dallas, TX	$12,602,639	$6,359,551	$1,602,278	$20,564,468
Detroit, MI	$6,143,551	$3,168,750	$823,090	$10,135,391
Ft. Lauderdale, FL	$9,998,943	$5,031,135	$1,264,151	$16,294,229
Houston, TX	$16,344,668	$7,997,483	$2,382,116	$26,724,267
Los Angeles, CA	$28,454,673	$14,530,209	$3,675,690	$46,660,572
Miami, FL	$16,452,284	$8,484,983	$2,621,581	$27,558,848
Nassau-Suffolk, NY	$3,299,547	$1,969,743	$424,261	$5,693,551
New Haven, CT	$3,218,051	$1,908,393	$419,527	$5,545,971
New Orleans, LA	$4,777,447	$2,851,515	$624,186	$8,253,148
New York, NY	$53,670,400	$31,694,250	$8,006,938	$93,371,588
Newark, NJ	$7,243,226	$4,247,289	$1,153,514	$12,644,029
Orlando, FL	$6,979,409	$3,575,228	$874,974	$11,429,611
Philadelphia, PA	$13,491,782	$7,793,626	$1,886,480	$23,171,888
Phoenix, AZ	$6,712,457	$3,377,484	$657,971	$10,747,912

[131] Awards to EMAs and TGAs include prior year unobligated balances.

EMAs	Formula	Supplemental	MAI	Total
San Diego, CA	$7,492,416	$3,807,283	$773,155	$12,072,854
San Francisco, CA	$9,169,877	$5,265,620	$750,880	$15,186,377
San Juan, PR	$6,161,313	$3,635,272	$1,092,442	$10,889,027
Tampa-St. Petersburg, FL	$6,710,890	$3,363,454	$704,750	$10,779,094
Washington, DC-MD-VA-WV	$19,181,358	$10,656,379	$2,814,452	$32,652,189
West Palm Beach, FL	$4,392,430	$2,556,251	$612,398	$7,561,079
Subtotal EMAs	$297,555,283	$160,420,549	$40,709,271	$498,685,103

Table 2. Transitional Grant Areas

TGAs	Formula	Supplemental	MAI	Total
Austin, TX	$3,374,977	$1,774,600	$388,620	$5,538,197
Baton Rouge, LA	$2,756,565	$1,479,597	$436,141	$4,672,303
Bergen-Passaic, NJ	$2,312,410	$1,362,359	$331,445	$4,006,214
Charlotte-Gastonia, NC-SC	$4,074,008	$2,041,517	$598,754	$6,714,279
Cleveland, OH	$2,956,360	$1,580,592	$380,266	$4,917,218
Columbus, OH	$3,070,528	$1,580,916	$304,900	$4,956,344
Denver, CO	$4,864,674	$2,538,660	$394,838	$7,798,172
Fort Worth, TX	$3,258,806	$1,727,639	$423,611	$5,410,056
Hartford, CT	$1,776,119	$1,035,049	$236,959	$3,048,127
Indianapolis, IN	$2,955,859	$1,559,347	$326,526	$4,841,732
Jacksonville, FL	$3,744,522	$1,944,568	$509,837	$6,198,927
Jersey City, NJ	$2,833,178	$1,653,516	$437,348	$4,924,042
Kansas City, MO	$2,783,105	$1,471,830	$282,810	$4,537,745
Las Vegas, NV	$4,399,488	$2,318,780	$507,424	$7,225,692
Memphis, TN	$4,171,652	$2,132,934	$685,073	$6,989,659
Middlesex-Somerset-Hunterdon, NJ	$1,667,459	$958,628	$236,309	$2,862,396
Minneapolis-St. Paul, MN	$3,800,605	$2,003,135	$389,269	$6,193,009
Nashville, TN	$2,876,743	$1,477,402	$312,047	$4,666,192
Norfolk, VA	$3,640,870	$1,851,687	$527,472	$6,020,029
Oakland, CA	$4,470,093	$2,350,423	$578,706	$7,399,222
Orange County, CA	$4,110,562	$2,217,049	$476,702	$6,804,313
Portland, OR	$2,638,892	$1,350,675	$152,032	$4,141,599

TGAs	Formula	Supplemental	MAI	Total
Riverside-San Bernardino, CA	$5,475,579	$2,795,170	$625,578	$8,896,327
Sacramento, CA	$2,278,861	$1,192,324	$221,922	$3,693,107
Saint Louis, MO	$3,956,335	$2,040,418	$477,351	$6,474,104
San Antonio, TX	$3,704,463	$1,970,324	$564,877	$6,239,664
San Jose, CA	$2,057,034	$1,088,520	$257,564	$3,403,118
Seattle, WA	$4,574,246	$2,405,932	$382,494	$7,362,672
Subtotal TGAs	$94,583,993	$49,903,591	$11,446,87	$155,934,459
TOTAL EMAs/TGAs	$392,139,276	$210,324,140	$52,156,14	$654,619,562

RWHAP Part B - HIV Care Grants to States

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$1,364,878,000	$1,364,878,000	$1,364,878,000	---
MAI (non-add)	$10,145,000	$10,145,000	$10,145,000	---
ADAP (non-add)	$900,313,000	$900,313,000	$900,313,000	---
FTE	70	70	70	---

Authorizing Legislation: Public Health Service Act, Section 2601, as amended by Public Law 116-136

FY 2025 Authorization……Expired

Allocation Method:

- Formula Grants
- Competitive Grants/Cooperative Agreements
- Contracts

Program Description

RWHAP Part B is the largest RWHAP Part and provides grants to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and five Associated Pacific Jurisdictions to provide services for people with HIV. RWHAP Part B grants directly support the HHS goal to protect and strengthen equitable access to high quality and affordable healthcare, including efforts to reduce costs and ensure access to medications. These grants support outpatient ambulatory medical care, HIV-related prescription medications, case management, oral health care, health insurance premium and cost-sharing assistance, mental health and substance abuse services, and other core and support services.

RWHAP Part B funds are distributed through base and supplemental grants, ADAP base and ADAP supplemental grants, Emerging Communities (EC) grants, and MAI grants. The base awards are distributed by a formula based on a state or territory's prevalent HIV cases weighted for cases outside of the jurisdictions that receive RWHAP Part A funding. The ECs are metropolitan areas that do not qualify as RWHAP Part A EMAs or TGAs but have 500-999 cumulative reported AIDS cases over the last five years. States apply on behalf of the ECs for funding through the RWHAP Part B base grant application. RWHAP Part B supplemental grants are available through a competitive process to eligible states with demonstrated need.

A portion of the RWHAP Part B appropriation supports ADAPs, state or jurisdiction operated programs which support the provision of HIV medications and related services, including health care coverage premiums and cost-sharing assistance. These funds are distributed by a formula based on prevalent HIV cases. In addition, ADAP supplemental funds are a five percent set aside for states with severe need. ADAPs provide FDA-approved prescription medications for people with HIV who cannot afford HIV medications and are instrumental in efforts to end the HIV epidemic across the nation. An overwhelming body of clinical evidence has firmly established that a person with HIV who is in treatment and has an undetectable viral load cannot sexually transmit HIV (referred to as Undetectable Equals Untransmittable, or U=U). ADAP provides the access to medications and health care coverage necessary for people with HIV to achieve optimal health outcomes and viral suppression. Individual ADAPs operate in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, the Republic of Palau, and the Republic of the Marshall Islands. MAI funds are a statutory set-aside to evaluate and address the disproportionate impact of HIV on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities. The RWHAP Part B MAI funding is statutorily required to specifically support education and outreach services to increase the number of eligible racial and ethnic minorities who have access to the RWHAP ADAP.

Ending the HIV Epidemic in the U.S. - States

Seven RWHAP Part B recipients with a substantial rural burden of new HIV diagnoses and the state of Ohio (on behalf of Hamilton County, which is currently not part of an EMA/TGA), received a cooperative agreement to implement EHE initiative activities related to strategy two (Treat) and strategy four (Respond) in FY 2023. Jurisdictions will continue to utilize their existing infrastructure to implement effective and innovative strategies, interventions, approaches, and services to reduce new HIV infections in the United States.

AIDS Drug Assistance Program

The RWHAP Part B has been successful in helping to ensure that people with HIV have access to the care and treatment services they need to live longer, healthier lives. According to the RWHAP ADAP Report, which is comprised of data reported by recipients annually to evaluate the national impact of ADAP through client-level data on individuals being served, services being delivered, and costs associated with these services, ADAPs continue to provide robust formularies of antiretroviral medications to treat HIV infection, prevent and treat opportunistic infections, manage side effects, and treat co-morbidities.

Across the RWHAP, grant recipients are encouraged to maximize resources and leverage efficiencies. Increased demand for RWHAP ADAP services has led States to implement cost-containment strategies for their ADAPs, such as coordinating benefits with Medicare Part D and improving drug-purchasing models, which result in effective funds management, enabling ADAPs to serve more people. In 2021, ADAPs participating in cost-savings strategies on medications saved $2.6 billion. Over the last 5 years, ADAPs participating in medication cost-savings strategies saved $10.9 billion.[132]

[132] HRSA. Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Annual Client-Level Data Report 2021.

With no individuals on the ADAP waiting lists since 2015, HRSA distributed $75 million in Emergency Relief Funding (ERF) in FY 2023. ADAP ERF awards are intended for states and territories that demonstrate the need for additional resources to prevent, reduce, or eliminate ADAP waiting lists, including through cost-containment measures (for example, the provision of health care coverage assistance). These funds are required to be used for ADAP services, including the purchase of medications, health care coverage premium assistance, and medication copay assistance. HRSA continues to closely monitor the impact of ending the COVID-19 Public Health Emergency and the Medicaid continuous enrollment requirement on the ADAPs.

Budget Request
The FY 2025 Budget Request for the RWHAP Part B of $1.3 billion is equal to the FY 2023 Final level. This request includes $900.3 million for RWHAP ADAPs to provide access to life saving HIV related medications and funding to provide direct health care services for people with HIV in all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, and five Associated Pacific Jurisdictions.

RWHAP Part B grant recipients will continue to work directly with uninsured people with HIV to ensure access to health care coverage and will continue to support HIV medications not on health plan formularies and the cost sharing required by health coverage plans. ADAP resources will also support the continued:

- Increase in RWHAP clients as more people with HIV are diagnosed, linked to care, and retained in care.
- Increase in people who require assistance with health care coverage premiums and cost-sharing.
- Need for medication and/or health care coverage assistance for clients who remain uninsured.

RWHAP Part B funding will also contribute to achieving the FY 2025 targets for performance goals that relate to cross-cutting activities, such as the total number of clients served, and the percentage of clients (total, minority, and female clients) who reached viral suppression.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Five Year Funding History[133]

Fiscal Year	Amount
FY 2021	$1,314,622,000
FY 2022	$1,344,240,000
FY 2023	$1,364,878,000
FY 2024 CR	$1,364,878,000
FY 2025 President's Budget	$1,364,878,000

[133] EHE funding is not included in this table.

Program Accomplishments[134]

The RWHAP Part B has contributed to the tremendous progress the RWHAP has made toward ending the HIV epidemic in the United States. From 2010 to 2022, HIV viral suppression among RWHAP patients has increased from 69.5 percent to 89.6 percent, and racial and ethnic, age-based, and regional disparities have decreased. However, even with these positive outcomes, fully addressing the HIV epidemic domestically continues to be a challenge as the CDC estimates that more than 1 million people in the United States have HIV, and 1 in 8 are unaware of their HIV. In addition, over 36,000 HIV diagnoses occur every year.

An overwhelming body of clinical evidence has firmly established that a person with HIV who is in treatment and has an undetectable viral load cannot sexually transmit HIV (referred to as Undetectable Equals Untransmittable, or U=U). Not only do improved viral suppression rates reduce the transmission of HIV, but they also result in significant cost-savings to the health care system.[135] In the RWHAP, 89.6 percent of patients receiving RWHAP medical care are virally suppressed, far exceeding the 68.8 percent rate of viral suppression for the general population of people with diagnosed HIV − an outcome measure that demonstrates the success of the program and results in major public health benefits.

These results align with a study published in *Clinical Infectious Diseases*, which found that clients receiving care and support at RWHAP-funded facilities are associated with improved outcomes (such as viral suppression), compared to those not served by the RWHAP. Furthermore, RWHAP patients are more likely to reach viral suppression regardless of other health care coverage (e.g., uninsured, Medicaid, Medicare, or private insurance).

AIDS Drug Assistance Program

According to the RWHAP ADAP data, the number of people with HIV receiving ADAP services has grown 38 percent over the last ten years from 208,809 clients in 2010, to 289,290 clients in 2021, exceeding the FY 2021 target by 4,290. In FY 2021, the RWHAP ADAP provided medication and health care coverage assistance for nearly 27 percent of people diagnosed with HIV in the United States. Of all the ADAP clients served nationwide, 71 percent had incomes at or below 200 percent of the federal poverty level, and 69 percent were racial and ethnic minorities.[136,137]

The RWHAP ADAP plays a crucial role in ensuring access to HIV medications for pregnant women. Mother-to-child transmission in the United States has decreased dramatically since its peak in 1992 due to 1) an increased focus on HIV testing for all pregnant women; and 2) the use of antiretroviral therapy, which significantly reduces the risk of HIV transmission from the mother to the baby. In 2021, 99 percent of HIV-positive pregnant women served by the RWHAP

[134] See Program Description at the beginning of the RWHAP section for citations to the data contained in this section.
[135]Schackman BR, Fleishman JA, Su AE, et al. The lifetime medical cost savings from preventing HIV in the United States. Med Care. 2015;53(4):293-301. doi:10.1097/MLR.0000000000000308.
[136] HRSA. Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Annual Client-Level Data Report 2021.
[137] CDC. *HIV Surveillance Report*, 2021; vol. 34. http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2022. Accessed January 2023.

(Part A, Part B, Part C, and Part D) were prescribed antiretroviral therapy to prevent maternal-to-child transmission of HIV, exceeding the FY 2021 performance target by 3 percentage points.

Outputs and Outcomes Table

RWHAP Part A, Part B, Part C, and Part D (includes Ending the HIV Epidemic initiative) contribute to over-arching performance measures. The Outputs and Outcomes Table containing these measures is located at the end of this document.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	59	59	59
Average Award	$22,789,636	$22,789,636	$22,789,636
Range of Awards	$50,000 – $151,644,223	$50,000 – $151,644,223	$50,000 – $151,644,223

RWHAP Part B State Table

RWHAP Part B – FY 2023 State Table[138] Part B Grantee	FY 2023 Final Base Award	FY 2023 Final ADAP Award	FY 2023 Final ADAP Suppl. Award	FY 2023 Final EC Award	FY 2023 Final MAI Award	Total FY23 Part B Award
Alabama	$8,926,434	$10,428,175	$0	$319,576	$157,830	$19,832,015
Alaska	$500,000	$555,445	$0	$0	$0	$1,055,445
Arizona	$4,742,079	$12,158,962	$0	$0	$139,279	$17,040,320
Arkansas	$3,775,712	$4,523,221	$0	$0	$53,985	$8,352,918
California	$36,673,157	$101,663,845	$0	$191,494	$1,344,554	$139,873,050
Colorado	$3,698,691	$9,331,768	$0	$0	$82,972	$13,113,431
Connecticut	$2,711,389	$7,723,367	$0	$0	$0	$10,434,756
Delaware	$2,041,922	$2,385,445	$0	$178,249	$36,015	$4,641,631
District of Columbia	$3,496,762	$10,758,401	$0	$0	$186,609	$14,441,772
Florida	$32,787,839	$84,978,040	$0	$465,637	$1,295,527	$119,527,043
Georgia	$16,490,981	$39,181,695	$9,015,850	$180,099	$658,624	$65,527,249
Hawaii	$1,580,723	$1,846,656	$0	$0	$0	$3,427,379
Idaho	$624,231	$729,248	$0	$0	$0	$1,353,479
Illinois	$9,982,753	$27,835,261	$6,404,994	$0	$422,438	$44,645,446
Indiana	$4,081,186	$8,652,489	$1,990,969	$0	$0	$14,724,644
Iowa	$1,641,472	$1,917,626	$0	$0	$0	$3,559,098
Kansas	$1,274,662	$2,599,078	$0	$0	$0	$3,873,740
Kentucky	$4,787,420	$5,592,833	$0	$300,411	$50,992	$10,731,656
Louisiana	$7,158,844	$16,643,802	$0	$0	$261,437	$24,064,083
Maine	$813,917	$950,847	$0	$0	$0	$1,764,764
Maryland	$8,120,375	$23,852,278	$0	$0	$426,607	$32,399,260
Massachusetts	$5,445,874	$14,850,011	$0	$0	$184,495	$20,480,380
Michigan	$5,524,801	$12,999,734	$0	$0	$181,651	$18,706,186
Minnesota	$2,316,841	$6,340,910	$0	$0	$0	$8,657,751
Mississippi	$6,265,840	$7,555,358	$0	$266,597	$127,383	$14,215,178
Missouri	$3,829,578	$9,890,110	$0	$0	$0	$13,719,688
Montana	$500,000	$371,504	$0	$0	$0	$871,504
Nebraska	$1,384,217	$1,617,091	$0	$0	$0	$3,001,308
Nevada	$2,567,829	$7,115,057	$0	$0	$0	$9,682,886
New Hampshire	$500,000	$914,638	$0	$0	$0	$1,414,638
New Jersey	$10,258,732	$27,242,883	$3,857,327	$0	$456,785	$41,815,727
New Mexico	$2,172,719	$2,538,247	$0	$0	$0	$4,710,966
New York	$32,973,705	$90,854,027	$0	$538,595	$1,518,908	$125,885,235
North Carolina	$12,638,316	$23,149,824	$0	$309,735	$365,520	$36,463,395
North Dakota	$500,000	$332,398	$0	$0	$0	$832,398
Ohio	$7,966,703	$17,065,274	$0	$358,052	$0	$25,390,029
Oklahoma	$4,142,733	$4,839,687	$0	$247,654	$0	$9,230,074
Oregon	$1,927,418	$4,728,164	$0	$0	$0	$6,655,582
Pennsylvania	$11,159,823	$25,785,111	$0	$272,072	$377,148	$37,594,154
Puerto Rico	$5,639,228	$13,197,435	$3,036,777	$0	$270,846	$22,144,286

[138] Awards include prior year unobligated balances.

RWHAP Part B – FY 2023 State Table[138] Part B Grantee	FY 2023 Final Base Award	FY 2023 Final ADAP Award	FY 2023 Final ADAP Suppl. Award	FY 2023 Final EC Award	FY 2023 Final MAI Award	Total FY23 Part B Award
Rhode Island	$1,575,764	$1,840,863	$0	$183,355	$21,379	$3,621,361
South Carolina	$11,036,680	$13,140,949	$0	$554,799	$209,879	$24,942,307
South Dakota	$500,000	$478,682	$0	$0	$0	$978,682
Tennessee	$5,674,461	$13,769,536	$0	$0	$188,232	$19,632,229
Texas	$27,842,643	$71,245,437	$16,393,832	$0	$1,117,419	$116,599,331
Utah	$2,012,167	$2,350,684	$540,901	$0	$0	$4,903,752
Vermont	$500,000	$370,055	$0	$0	$0	$870,055
Virginia	$7,691,488	$17,852,456	$0	$372,036	$265,784	$26,181,764
Washington	$4,034,717	$9,885,765	$0	$0	$90,193	$14,010,675
West Virginia	$1,199,076	$1,504,119	$0	$0	$0	$2,703,195
Wisconsin	$3,954,983	$4,644,159	$0	$261,639	$56,173	$8,916,954
Wyoming	$500,000	$248,393	$0	$0	$0	$748,393
Guam	$200,000	$81,832	$0	$0	$0	$281,832
Virgin Islands	$500,000	$445,370	$0	$0	$8,412	$953,782
American Samoa	$50,000	$0	$0	$0	$0	$50,000
Marshall Islands	$50,000	$724	$0	$0	$0	$50,724
Mariana Island	$50,000	$10,863	$0	$0	$0	$60,863
Republic of Palau	$50,000	$6,518	$0	$0	$0	$56,518
F. States Micronesia	$50,000	$0	$0	$0	$0	$50,000
TOTALS	$341,096,885	$783,572,350	$41,240,650	$5,000,000	$10,557,076	$1,181,466,961

RWHAP Part C - Early Intervention Services

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$208,970,000	$208,970,000	$208,970,000	---
MAI (non-add)	$71,012,000	$71,012,000	$71,012,000	---
FTE	56	56	56	---

Authorizing Legislation: Public Health Service Act, Section 2651-2667, as amended by Ryan White HIV/AIDS Treatment Extension Act of 2009, Public Law 111-87.

FY 2025 Authorization……..……..…….…...Expired

Allocation Method:

- Competitive Grants/Cooperative Agreements
- Contracts

Program Description

RWHAP Part C provides grants directly to community-based organizations, health centers, health departments, and university or hospital-based clinics in 49 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. RWHAP Part C supports comprehensive primary health care and support services in an outpatient setting for low-income, uninsured, and underserved people with HIV. RWHAP Part C is also authorized to fund capacity development grants that strengthen organizational development and infrastructure, resulting in a more effective delivery of HIV care and services.

MAI funds are a statutory set-aside funding to evaluate and address the disproportionate impact of HIV on, racial and ethnic minorities. RWHAP Part C MAI funding supports HIV care, treatment, and support services to racial and ethnic minorities.

Budget Request

The FY 2025 Budget Request for the RWHAP Part C of $208.9 million is equal to the FY 2023 Final level. These requested levels will support comprehensive medical, treatment and support services necessary to achieve improved health outcomes, such as improved viral suppression rates, essential to ending the HIV epidemic.

RWHAP Part C supports direct health care services for low-income people with HIV who are uninsured or underserved. These services are considered essential to improving health outcomes and are a crucial part of the care network that links and retains people with HIV into health care.

Such critical health care services include intensive case management and care coordination services, linking and retaining people with HIV into care, and getting them on antiretroviral medications as early as possible.

RWHAP Part C funding will contribute to achieving the FY 2025 targets for performance goals that relate to cross-cutting activities, such as the total number of clients served, and the percentage of clients (total, minority, and female clients) who achieved viral suppression.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$201,079,000
FY 2022	$205,054,000
FY 2023	$208,970,000
FY 2024 CR	$208,970,000
FY 2025 President's Budget	$208,970,000

Program Accomplishments[139]

The RWHAP has a history of creating effective patient-centered services that support strong provider and patient relationships. Providers funded through RWHAP Part C have the clinical expertise and cultural competency to provide quality care and treatment to low-income, diverse people with HIV.

The RWHAP Part C has contributed to the tremendous progress the RWHAP has made toward ending the HIV epidemic in the United States. From 2010 to 2022, HIV viral suppression among RWHAP patients has increased from 69.5 percent to 89.6 percent, and racial and ethnic, age-based, and regional disparities have decreased. However, even with these positive outcomes, fully addressing the HIV epidemic domestically continues to be a challenge. The CDC estimates that over 1 million people in the United States have HIV, and 1 in 8 are unaware of their HIV status. In addition, over 36,000 new HIV diagnoses occur every year.

An overwhelming body of clinical evidence has firmly established that a person with HIV who is in treatment and has an undetectable viral load cannot sexually transmit HIV (referred to as Undetectable Equals Untransmittable, or U=U). Not only do improved viral suppression rates reduce the transmission of HIV, but they also result in significant cost-savings to the health care system.[140] In the RWHAP, 89.6 percent of patients receiving RWHAP medical care are virally

[139] See Program Description at the beginning of the RWHAP section for citations to the data contained in this section.

[140]Schackman BR, Fleishman JA, Su AE, et al. The lifetime medical cost savings from preventing HIV in the United States. Med Care. 2015;53(4):293-301. doi:10.1097/MLR.0000000000000308.

suppressed, far exceeding the 68.8 percent rate of viral suppression for the general population of people with diagnosed HIV − an outcome measure that demonstrates the success of the program and results in major public health benefits.

These results align with a study published in *Clinical Infectious Diseases*, which found that clients receiving care and support at RWHAP-funded facilities are associated with improved outcomes (such as viral suppression), compared to those not served by the RWHAP. Furthermore, RWHAP patients are more likely to reach viral suppression regardless of other health care coverage (e.g., uninsured, Medicaid, Medicare, or private insurance).

Outputs and Outcomes Table

RWHAP Part A, Part B, Part C, and Part D (includes Ending the HIV Epidemic initiative) contribute to over-arching performance measures. The Outputs and Outcomes Table containing these measures is located at the end of this document.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	357	357	358
Average Award	$506,388	$506,388	$506,388
Range of Awards	$94,486 – $1,169,012	$94,486 – $1,169,012	$94,486 – $1,169,012

RWHAP Part D - Women, Infants, Children and Youth

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$77,935,000	$77,935,000	$77,935,000	---
MAI (non-add)	$23,671,000	$23,671,000	$23,671,000	---
FTE	11	11	11	---

Authorizing Legislation: Public Health Service Act, Section 2671, as amended by Ryan White HIV/AIDS Treatment Extension Act of 2009, Public Law 111-87.

FY 2025 Authorization…….……Expired

Allocation Method:

- Competitive Grants/Cooperative Agreements
- Contracts

Program Description

HRSA's RWHAP Part D provides grants directly to public or private community-based organizations, hospitals, and State and local governments. Currently, there are 112 RWHAP Part D grant recipients located in 39 states and Puerto Rico. The RWHAP Part D focuses on providing access to coordinated, comprehensive, culturally, and linguistically competent, family-centered HIV primary medical care and support services. RWHAP Part D services focus on low-income, uninsured, and underserved women, infants, children, and youth (WICY) with HIV and their affected family members.[141] RWHAP Part D also funds essential support services, such as case management and transportation that help clients' access medical care and stay in care. MAI funds are a statutory set-aside to evaluate and address the disproportionate impact of HIV on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities. RWHAP Part D MAI funding supports HIV care, treatment, and support services to racial and ethnic minorities.

Budget Request

The FY 2025 Budget Request for the RWHAP Part D of $77.9 million is equal to the FY 2023 Final level. These requested funding levels will support the comprehensive array of medical and

[141] Support services are available for family members who do not have HIV. Some examples are family-centered case management, childcare services during medical appointment attendance, and psychosocial support services that focus on equipping affected family members, and caregivers, to manage the stress associated with HIV.

support services necessary to achieve improved health outcomes, such as improved viral suppression rates, essential to ending the HIV epidemic.

RWHAP Part D supports health care services for low-income people with HIV who are uninsured or underserved, particularly women, infants, children, and youth. Such critical health care services include intensive case management and care coordination services, linking and retaining people with HIV into care, and getting them on antiretroviral medications as early as possible.

RWHAP Part D funding will contribute to achieving the FY 2025 targets for performance goals that relate to cross-cutting activities, such as the total number of clients served and the percentage of clients (total, minority, and female clients) who achieved viral suppression.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$72,888,000
FY 2022	$77,252,000
FY 2023	$77,935,000
FY 2024 CR	$77,935,000
FY 2025 President's Budget	$77,935,000

Program Accomplishments[142]

The RWHAP Part D serves women, infant, children, and youth – populations that tend to have poor health outcomes due to poverty, lack of access to health care, and other factors. RWHAP Part D providers have the clinical expertise and cultural competency to provide quality care and treatment to low-income, diverse women, infant, children, and youth with HIV.

The RWHAP Part D has contributed to the tremendous progress the RWHAP has made toward ending the HIV epidemic in the United States: from 2010 to 2022, HIV viral suppression among RWHAP patients has increased from 69.5 percent to 89.6 percent, and racial and ethnic, age-based, gender-based, and regional disparities have decreased. However, even with these positive outcomes, fully addressing the HIV epidemic domestically continues to be a challenge. the CDC estimates that over 1 million people in the United States have HIV, and 1 in 8 are unaware of their HIV status. In addition, over 36,000 new HIV diagnoses occur every year.

[142] See Program Description at the beginning of the RWHAP section for citations to the data contained in this section.

Not only do improved viral suppression rates reduce the transmission of HIV, but they also result in significant cost-savings to the health care system.[143] In the RWHAP, 89.6 percent of patients receiving RWHAP medical care are virally suppressed, far exceeding the 68.8 percent rate of viral suppression for the general population of people with diagnosed HIV − an outcome measure that demonstrates the success of the program and results in major public health benefits.

Outputs and Outcomes Table

RWHAP Part A, Part B, Part C, and Part D (includes Ending the HIV Epidemic initiative) contribute to over-arching performance measures. The Outputs and Outcomes Table containing these measures is located at the end of this document.

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	112	112	112
Average Award	$611,308	$611,308	$611,308
Range of Awards	$119,319 – $2,000,640	$119,319 – $2,000,640	$119,319 – $2,000,640

[143] Schackman BR, Fleishman JA, Su AE, et al. The lifetime medical cost savings from preventing HIV in the United States. Med Care. 2015;53(4):293-301. doi:10.1097/MLR.0000000000000308.

RWHAP Part F - AIDS Education and Training Center Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$34,886,000	$34,886,000	$34,886,000	---
MAI (non-add)	$10,144,000	$10,144,000	$10,144,000	---
FTE	5	5	5	---

Authorizing Legislation: Public Health Service Act, Section 2692(b), as amended by Ryan White HIV/AIDS Treatment Extension Act of 2009, Public Law 111-87.
FY 2025 Authorization…… ……...….Expired

Allocation Method:

- Competitive Grants/Cooperative Agreements
- Contracts

Program Description

RWHAP Part F AIDS Education and Training Center (AETC) Program supports a network of leading HIV experts who provide locally based, tailored education, clinical consultation, and technical assistance to health personnel, faculty, and health care organizations to integrate state-of-the-science comprehensive care for people with or affected by HIV. The AETC network includes two national centers, the National Clinician Consultation Center (NCCC) and the National Coordination Resource Center (NCRC), the online National HIV Curriculum (NHC), eight regional centers comprised of more than 130 regional partners (local sites), and two Integration of the NHC into Health Professions Training programs. Together, this network serves all states, DC, Puerto Rico, the U.S. Virgin Islands, and the Associated Pacific Jurisdictions.

The RWHAP AETC Program leverages multidisciplinary education and training programs for health care providers in the prevention and treatment of HIV, bolstering the health workforce to ensure high quality care and positive patient outcomes for underserved populations. The AETCs offer a combination of educational and consultative services consistent with established treatment guidelines that reflect current research. Bi-directional learning platforms, tailored trainings, sharing best practices, and on-demand expert guidance are made possible by the extensive network of local, regional, and national partners across the country who stand ready to meet the unique training needs of the HIV healthcare workforce.

Ending the HIV Epidemic in the U.S. – AETC Program
In FY 2023, eleven RWHAP AETC Program recipients received funding through the EHE initiative to expand workforce capacity by offering training and technical assistance to health personnel, faculty, and other health organizations. The AETCs are a strategic and important resource in ending the HIV epidemic, dedicated to training healthcare team members, and building the capacity of organizations to provide HIV care and prevention across the US.

Budget Request

The FY 2025 Budget Request for the RWHAP Part F-AETC of $34.8 million is equal to the FY 2023 Final level. The requested funding levels will assure access to high-quality HIV care by supporting targeted, multidisciplinary education and training programs for new and experienced health care providers treating people with HIV. The RWHAP AETC Program will continue to deliver expert advice to providers across the country on HIV treatment, pre-exposure prophylaxis to reduce HIV transmission, substance use disorders, viral hepatitis co-infection, post-exposure prophylaxis, and the treatment of pregnant women with HIV and their newborns to prevent mother-to-child transmission.

To ensure alignment with HRSA's strategic goals and HHS priorities, the FY 2025 Budget Request will support the RWHAP AETC Program's mission to:

- Expand the number of health care team members providing HIV care and prevention services, including providers with different backgrounds or experiences.
- Expand the ability of health care team members to provide effective HIV care and prevention services.
- Improve health equity by integrating HIV care and prevention in primary care and other health care settings that provide services to underserved populations.
- Enhance the capacity of the AETC Program to train health care team members to serve people at risk for or with HIV.

The RWHAP AETC Program has identified multiple strategies for achieving these goals. One such strategy is the National HIV Curriculum - an interactive online platform that provides up-to-date training and information to support core competency knowledge of HIV prevention, screening, diagnosis, and ongoing treatment.

People with HIV who are in care and virally suppressed cannot transmit HIV and live longer and healthier lives. This is a direct result of improvements in HIV care and treatment services. However, the number of experienced HIV care professionals is projected to decrease, as many of those who have worked in the epidemic since its inception reach retirement age. Training an expanded cadre of culturally competent, high-quality providers is vital to increasing access to quality HIV care and treatment, improving health outcomes for people with HIV and decreasing new HIV infections.

HRSA will continue to prioritize training and technical assistance that result in health system strengthening and transformation, with a particular focus on training health care providers on

delivering high quality HIV care and treatment services in primary care settings that have typically not provided services to people with HIV.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Five Year Funding History[144]

Fiscal Year	Amount
FY 2021	$33,510,000
FY 2022	$34,358,000
FY 2023	$34,886,000
FY 2024 CR	$34,886,000
FY 2025 Presidents Budget	$34,886,000

Program Accomplishments

The RWHAP AETC Program supports HHS in achieving its public health goals by providing training to health care team members working in federally qualified community and migrant health centers, and RWHAP sites that provide care to underserved populations (e.g., rural communities, racial and ethnic minority populations, people experiencing homelessness, and incarcerated persons). Health personnel are trained to offer innovative and culturally and linguistically appropriate healthcare services to people at-risk or who have HIV.

Regional AETCs train nearly 60,000 people each year. Sixty-eight percent of those trained, report at least one quarter of their clients are racial/ethnic minorities and 53 percent of trainees are racial/ethnic minorities themselves.[145] In FY 2021, the RWHAP exceeded its target for the percentage of racial and ethnic minority health professionals trained through the AETC Program by seven percent. These activities directly support the HHS goal to protect and strengthen equitable access to high quality and affordable healthcare. It also reflects HRSA's mission to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs.

Data show that AETC training materials and modalities effectively enhance participants' knowledge, indicating both the content and delivery methods promote successful learning. Enhancing the capability of the HIV health care workforce is key to achieving the National HIV/AIDS Strategy's (NHAS) goal of increasing access to care and optimizing health outcomes for people living with HIV. From July 2021 through June 2022, 87 percent of participants who engaged with AETC national resources and/or training reported an increase in knowledge about HIV and the provision of care for people with HIV.[146]

[144] EHE funding is not included in this table.
[145] Health Resources and Services Administration. Ryan White HIV/AIDS Program (RWHAP) AIDS Education and Training Center (AETC) Program Annual Data Report 2021. https://ryanwhite.h r s a .gov/data/reports. May 2023.
[146] Includes AETC NCRC and NCCC participants. These data also include the increase of knowledge about HCV and/or substance use.

The RWHAP AETC Program has also contributed to the tremendous progress made toward ending the HIV epidemic in the United States by providing training and technical assistance to health personnel, faculty, and healthcare organizations in EHE priority jurisdictions and areas of the country with high HIV prevalence. Each of the eight AETC regions provides training in at least one EHE participating jurisdiction. Forty-five percent of the AETC's NHC website visitors reside in EHE priority jurisdictions.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
4051.01 Percentage of health professionals trained through the RWHAP AETC who are racial and ethnic minorities. (Output)	FY 2022: 53% Target: 46% (Target Exceeded)	50%	Discontinued	N/A

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	13	13	13
Average Award	$2,434,198	$2,434,198	$2,434,198
Range of Awards	$613,000– $4,255,000	$613,000– $4,255,000	$613,000– $4,255,000

RWHAP Part F - Dental Programs

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$13,620,000	$13,620,000	$13,620,000	---
FTE	---	---	---	---

Authorizing Legislation: Public Health Service Act, Section 2692(b), as amended by Ryan White HIV/AIDS Treatment Extension Act of 2009, Public Law 111-87.

FY 2025 Authorization……..……..…..Expired

Allocation Method:

- Competitive Grants
- Formula Grants
- Contracts

Program Description

RWHAP Part F funding supports two dental programs: 1) HIV/AIDS Dental Reimbursement Program (DRP); and 2) Community-Based Dental Partnership Program (CBDPP). These programs fund oral health services, as well as education and training of oral health providers, to expand provider capacity. Eligible applicants for both the DRP and the CBDPP are institutions that have dental or dental hygiene education programs accredited by the Commission on Dental Accreditation. These include dental schools, hospitals with postdoctoral dental residency programs, and community colleges with dental hygiene programs.

The RWHAP DRP ensures access to oral health care for low-income people with HIV by reimbursing dental education programs for the non-reimbursed costs they incur providing such care. The care provided through the program includes a full range of diagnostic, preventive, and treatment services, including oral surgery, as well as oral health education and health promotion.

The RWHAP CBDPP delivers HIV dental care while simultaneously training dental professionals to expand community capacity to deliver oral health care for people with HIV. To achieve its goal, the CBDPP supports collaborations between dental education programs and community-based partners to deliver oral health services in community settings while supporting students and residents enrolled in accredited dental educations programs.

Together, these programs increase the capacity for educational institutions to train students in HIV-related dental care and expand the workforce.

Budget Request

The FY 2025 Budget Request for the RWHAP Part F-Dental of $13.6 million is equal to the FY 2023 Final level. This requested level will support oral health care for people with HIV and the reimbursement of applicant institutions through the RWHAP Dental Reimbursement Program and funding of the RWHAP Community-Based Dental Partnership Program.

The FY 2025 funding request will continue to support access to oral health care for people with HIV and increase the capacity of the workforce by providing education and clinical for training 21,000 providers through both dental programs (includes both didactic and clinical trainings).

The request also includes costs associated with the grant review and award process, follow-up performance reviews, information technology, and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$13,083,000
FY 2022	$13,414,000
FY 2023	$13,620,000
FY 2024 CR	$13,620,000
FY 2025 President's Budget	$13,620,000

Program Accomplishments

In FY 2022, the RWHAP DRP awards provided 36 percent of the total non-reimbursed costs requested by 46 participating institutions in support of oral health care. These institutions reported providing care to 19,863 people with HIV in FY 2022, a 37 percent increase over the prior year.

In FY 2022, the RWHAP CBDPP funded 12 partnership grants to support collaboration and coordination between the dental education programs and the community-based partners in the delivery of oral health services.

In FY 2022, over 28,000 providers were trained in RWHAP dental programs.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
4052.01: Number of persons for whom a portion/percentage of their unreimbursed oral health costs were reimbursed. (Output)	FY 2022: 19,863 Target: 26,000 (Target Not Met)	Discontinued	Discontinued	N/A
4052.02: Number of providers trained through the RWHAP Part F Dental Reimbursement and Community-Based Partnership Programs (Output)	FY 2022: 28,598 Target: Not Defined (Historical Actual)	21,000	21,000	Maintain

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	58	58	58
Average Award	$221,587	$221,587	$221,587
Range of Awards	$1,089 – $1,628,806	$1,089 – $1,628,806	$1,089 – $1,628,806

RWHAP Part F - Special Projects of National Significance

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$25,000,000	$25,000,000	$25,000,000	---
FTE	2	2	2	---

Authorizing Legislation: Public Health Service Act, Section 2691, as amended by Ryan White HIV/AIDS Treatment Extension Act of 2009, Public Law 111-87.

FY 2025 Authorization…….…….…..Expired

Allocation Method:

- Competitive Grants/Cooperative Agreements
- Contracts

Program Description

RWHAP Part F Special Projects of National Significance (SPNS) supports the development of innovative models of HIV care and treatment to respond to emerging needs of RWHAP clients. Through demonstration and implementation projects, SPNS evaluate the design, utilization, cost, and health-related outcomes of treatment and related strategies while systemically promoting the dissemination and replication of successful interventions through tools kits and other modalities that allow for rapid dissemination and uptake. This unique program advances knowledge and skills in the delivery of health care and support services to underserved populations.

As health care systems work under increasingly dynamic conditions, evidence-based, evidence-informed, and emerging strategies are essential to ensure that research investments maximize healthcare value and improve public health. SPNS-funded projects use implementation science to document and capture how well interventions and strategies improve the quality and effectiveness of health services, maximize resources, and improve health outcomes for people with HIV.

Budget Request

The FY 2025 Budget Request for the RWHAP Part F SPNS of $25 million is equal to the FY 2023 Final level. The requested funding will support the continued development of innovative intervention strategies of HIV care and treatment for populations that have traditionally had lower rates of continuous care and viral suppression.

Implementation science is the scientific study of methods to promote or improve the systematic uptake of intervention strategies with demonstrated effectiveness into practice, program, and policy. Implementation science has emerged as an essential field for HIV treatment and

prevention, promising to maximize the impact of effective intervention strategies to prevent transmission of the virus and to link and retain people with HIV in care.

Through demonstration and implementation projects supported by the FY 2025 Budget Request, SPNS will continue to use implementation science to improve the quality and effectiveness of health services, maximize resources, and improve health outcomes for people with HIV. The SPNS program which supports the translation/adaptation of implementation science insights to real-world implementation and evaluation projects will continue to guide the overall RWHAP to maximize the impact of the RWHAP to achieve optimal outcomes for people with HIV along the HIV care continuum.[147]

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$25,000,000
FY 2022	$25,000,000
FY 2023	$25,000,000
FY 2024 CR	$25,000,000
FY 2025 President's Budget	$25,000,000

Program Accomplishments

While research is defining best practices for addressing steps along the HIV care continuum, the implementation and dissemination of such interventions lags behind. By using implementation science, the RWHAP is helping to bridge the divide between research and practice by bringing programs that work into communities. Below are examples of the outcomes of recently completed and ongoing SPNS initiative.

Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i) to help to reduce HIV-related health disparities and improve health outcomes among people with HIV. The intervention focus areas included: transgender women, Black men who have sex with men (MSM), behavioral health integration into HIV primary care, and identifying and addressing trauma.

[147] Psihopaidas D, Cohen SM, West T, Avery L, Dempsey A, Brown K, Heath C, Cajina A, Phillips H, Young S, Stubbs-Smith A, Cheever LW. Implementation science and the Health Resources and Services Administration's Ryan White HIV/AIDS Program's work towards ending the HIV epidemic in the United States. PLoS Med. 2020 Nov 6;17(11):e1003128. doi: 10.1371/journal.pmed.1003128. PMID: 33156852; PMCID: PMC7647058.

Accomplishments:

- Selected, piloted, and evaluated 11 evidence-informed interventions with demonstrated effectiveness to improve HIV-related health outcomes in 25 RWHAP-funded care settings.
- Developed 11 highly accessible and interactive multimedia toolkits to support rapid uptake of the interventions to adapt and implement effective evidence-informed interventions in RWHAP care settings and other HIV service delivery organizations. The E2i Toolkits consisted of step-by-step implementation guides, interactive training modules, narrated site videos, dissemination materials, and best practices for adapting and implementing the interventions.
- The E2i implementation sites enrolled nearly 1,800 clients with over 95% of clients having at least one exposure to their intervention. Some outcomes from a few of these interventions include:
    - Among the clients enrolled in the Screening, Brief Intervention, and Referral to Treatment intervention, the percentage with a prescription of ART and who achieved viral suppression increased from 76 percent to 91 percent over a 12-month period.[148]
    - Among the clients enrolled in integrated buprenorphine treatment intervention, the percentage who were engaged and retained in HIV care increased significantly (by over 50%).[149]

Coordination, Dissemination and Replication of Innovative HIV Care Strategies initiative supports the development and dissemination of implementation tools and resources to address needs and gaps in the delivery of HIV care and treatment. The project also provides technical assistance to support uptake and integration of the interventions.

Accomplishments:

- Developed 15 sets of implementation manuals and tools to guide the replication of evidence-based, evidence-informed, and emerging strategies from SPNS-funded interventions
- Conducted 15 webinars to provide technical assistance
- As of December 2023, over 15k website users have accessed project materials developed through this initiative

Current SPNS initiatives include:

- Supporting replication of housing interventions in the RWHAP
- Supporting emerging strategies to improve health outcomes for people aging with HIV
- Telehealth strategies to maximize HIV care

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[148] Screening, Brief Intervention, and Referral to Treatment: E2i Implementation Guide. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau; 2021.

[149] Goldhammer H. Buprenorphine Treatment for Opioid Use Disorders in HIV Primary Care: An Implementation Toolkit. Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, 2018.

- Increasing update of long-acting injectable antiretroviral (ARV) among people with HIV
- Using innovative intervention strategies to improve health outcomes among people with HIV
- Building capacity to implement rapid antiretroviral therapy (ART) start for improve care engagement
- Improving collecting and reporting viral suppression data to the Medicaid adult core set
- Improving care and treatment coordination focusing on Black women with HIV

Grant Awards Table

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	20	19	20
Average Award	$1,118,325	$1,124,716	$1,118,325
Range of Awards	$218,093 – $4,824,438	$218,093 – $4,824,438	$218,093 – $4,824,438

RWHAP – Ending the HIV Epidemic Initiative (EHE)

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$165,000,000	$165,000,000	$175,000,000	+$10,000,000
FTE	32	32	32	---

Authorizing Legislation: Public Health Service Act, Section 311(c) and Title XXVI, as amended by Consolidated Appropriations Act 2022, Public Law 117-103.

FY 2025 Authorization…….……..Not Specified

Allocation Method:

- Competitive Grants/Cooperative Agreements
- Contracts

Program Description

In February 2019, the Ending the HIV Epidemic in the U.S (EHE) initiative was launched to further expand federal efforts to reduce HIV infections.. The multi-year EHE initiative currently focuses on 48 counties, Washington, D.C., San Juan (Puerto Rico), and seven states that have a substantial rural HIV burden (EHE jurisdictions). HRSA's RWHAP focuses on linking people with HIV who are either newly diagnosed, diagnosed but currently not in care, or are diagnosed in care but not yet virally suppressed, to the essential HIV care and treatment and support services needed to help them achieve viral suppression.

Funding levels for the EHE initiative were informed by modeling by CDC that analyzed the impact of specific activities − such as increased engagement in care, viral suppression and pre-exposure prophylaxis (PrEP) services uptake − on priority communities, and costs related to provision of these services. At proposed FY 2025 levels, it is estimated that HRSA's RWHAP will serve 46,000 people who are either reengaged or were newly diagnosed in prior years of the initiative.

Budget Request

The FY 2025 Budget Request of $175 million for the EHE initiative is $10 million more than the FY 2023 Final level. These requested levels will support HIV care and treatment in the 48 counties, DC, San Juan (Puerto Rico) that contain more than 50 percent of new HIV infections, and seven states with substantial rural HIV burden.

In FY 2025, HRSA will continue to direct EHE funding to the current 39 RWHAP Part A jurisdictions that contain one or more of the counties and the current eight RWHAP Part B states (including funding to the state of Ohio for Hamilton County, which is not a RWHAP Part A recipient). HRSA coordinates with the respective RWHAP ADAPs to ensure necessary resources are available to provide assistance for medications and health care coverage premiums and cost sharing for people newly diagnosed with HIV or re-engaged in care through the initiative. The RWHAP's comprehensive system of HIV care and support services and effective system for medication delivery creates a very efficient and effective service delivery mechanism for this initiative.

The FY 2025 request of $175 million will allow HRSA to continue current efforts to engage new clients and support HIV care and treatment needs for an estimated 46,000 clients who are either reengaged or were newly diagnosed in prior years of the initiative. As more people with HIV receive HIV care and treatment, an increase in EHE funding is critical for engaging those out of care and keeping an increasing number of patients on medications to prevent HIV transmissions and improve HIV health outcomes.

As part of EHE, HRSA will fund the RWHAP AETC Program to provide training and technical assistance to health care providers, clinics, and paraprofessionals, as well as health departments, to increase HIV testing, care and treatment, the provision of PrEP services, and retention in care.

HRSA will continue to direct funding to support technical assistance and systems coordination to enhance the current Bureau Reporting Systems (BRS) to provide timely monitoring of the EHE initiative; to support dissemination of effective interventions to increase the number of people with HIV served by the initiative; and to provide additional technical assistance to jurisdictions to implement models of care that work to identify and link and retain the key populations for the EHE initiative.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$105,000,000
FY 2022	$125,000,000
FY 2023	$165,000,000
FY 2024 CR	$165,000,000
FY 2025 President's Budget	$175,000,000

Program Accomplishments

HRSA-funded EHE jurisdictions made significant progress toward implementing the EHE workplans despite the COVID-19 pandemic, including:

- Linkage, retention, and re-engagement activities (e.g., peer navigators, data to care re-engagement efforts)
- Service delivery approaches (e.g., telehealth and use of technology, expanded access)

- Infrastructure development (e.g., recruitment and hiring, onboarding and training, data infrastructure)
- Community engagement and information dissemination (e.g., social media efforts, marketing campaigns)

In 2021, EHE-funded service providers served 22,413 clients new to care and an estimated 15,318 clients re-engaged in care. This represents more than 20% of people in EHE jurisdictions who were undiagnosed or not in care. By the end of 2021, over 78 percent of clients who were new to care and were receiving HIV treatment reached viral suppression, which means they cannot transmit HIV to their partner and can live longer and healthier lives. This demonstrates that the HAB EHE-funded providers were very successful in rapidly engaging people new to care on HIV treatment, leading to a reduction in HIV transmissions. Additionally, nearly 67 percent of EHE clients during this time were at or below the Federal Poverty Level.

The RWHAP Part F AIDS Education and Training Center (AETC) Program has also contributed to the EHE initiative, expanding workforce capacity by training health care providers on HIV medical care and treatment and pre-exposure prophylaxis (PrEP) service delivery; working with clinics to develop culturally competent settings and approaches for out-of-care populations; and providing technical assistance to increase HIV testing, linkage to care, rapid antiretroviral therapy delivery, and improved viral suppression. Each of the eight AETC regions has at least one EHE participating jurisdiction and 45 percent of the AETC's NHC website visitors reside in EHE priority jurisdictions. From July 2021 through June 2022, regional AETCs conducted a total of 484 EHE-funded training events, a 44 percent increase over the previous year.

Outputs and Outcomes Table

RWHAP Part A, Part B, Part C, and Part D (includes Ending the HIV Epidemic initiative) contribute to over-arching performance measures. The Outputs and Outcomes Table containing these measures is located at the end of this document.

Grant Awards Table

The table below includes the awards to jurisdictions only (47 total):

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	47	47	47
Average Award	$2,959,456	$2,959,456	$3,172,221
Range of Awards	$2,000,000 – $16,750,409	$2,000,000 – $16,750,409	$2,000,000 – $16,750,409

The table below includes the awards to jurisdictions (47), AIDS Education and Training Centers (11), and Technical Assistance and Coordination Providers (2):

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Number of Awards	60	60	60
Average Award	$2,845,650	$2,845,650	$3,012,316
Range of Awards	$613,000 - $16,750,409	$613,000 - $16,750,409	$613,000 - $16,750,409

Outputs and Outcomes Table for Over-Arching Performance Measures – RWHAP Part A, Part B, Part C, and Part D (includes Ending the HIV Epidemic initiative)

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
4000.04: Number of people served by the Ryan White HIV/AIDS Program. (Outcome)	FY 2022: 566,846 Target: Not Defined (Historical Actual)	566,000	565,000	-1,000
4000.01: Percentage of racial and ethnic minorities with diagnosed HIV served by the Ryan White HIV/AIDS Program as compared with the HIV epidemic in the United States (Outcome)	FY 2022: 74% Target: Not lower than 3 percentage points of CDC data or 71% (Target Met)	Discontinued	Discontinued	N/A
4000.02: Percentage of women with diagnosed HIV served by the Ryan White HIV/AIDS Program as compared with the HIV epidemic in the United States. (Outcome)	FY 2022: 25% Target: Not lower than 3 percentage points of CDC data or 23% (Target Met)	Discontinued	Discontinued	N/A
4000.03: Percentage of Ryan White HIV/AIDS Program clients who are virally suppressed. (Outcome)	FY 2022: 89.6% Target: 83% (Target Exceeded)	85%	85%	Maintain
4000.06: Percentage of Ryan White HIV/AIDS Program female clients who are virally suppressed. (Outcome)	FY 2022: 89.9% Target: Not Defined (Historical Actual)	85%	85%	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
4000.05: Percentage of Ryan White HIV/AIDS Program racial and ethnic minority clients who are virally suppressed. (Outcome)	FY 2022: 88.7% Target: Not Defined (Historical Actual)	85%	85%	Maintain
17.I.A.2: Number of RWHAP Part A visits for health-related care. (Output)	FY 2022: 3.1 million Target: 3.3 million (Target Not Met)	Discontinued	Discontinued	N/A
4020.01: Number of AIDS Drug Assistance Program (ADAP) clients served through State ADAPs annually. (Output)	FY 2021: 289,290 Target: 285,000 (Target Exceeded)	289,000	289,000	Maintain
4020.02: Amount of savings by State AIDS Drug Assistance Programs (ADAPs) participation in cost-savings strategies on medications. (Efficiency)	FY 2021: $2.57 billion Target: Sustain Prior Year Results (Target Met)	$2.5 billion	$2.5 billion	Maintain
4020.03: Percentage of HIV-positive pregnant women in Ryan White HIV/AIDS Programs who receive antiretroviral medications. (Output)	FY 2021: 99.6% Target: 96% (Target Exceeded)	Discontinued	Discontinued	N/A
18.I.A.2: Number of RWHAP Part B visits for health-related care. (Output)	2022: 2.7 million Target: 2.7 million (Target Met)	Discontinued	Discontinued	N/A
19.II.A.3: Number of RWHAP Part C visits for health-related care. (Output)	FY 2022: 2.2 million Target: 2.2 million (Target Met)	Discontinued	Discontinued	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
20.II.A.2 Number of RWHAP Part D visits for health-related care and support services. (Output)	FY 2022: 1.5 million Target: 1.5 million (Target Met)	Discontinued	Discontinued	N/A
4060.01 Number of new clients served by RWHAP EHE-funded providers (Output)	FY 2021: 22,413 Target: Not Defined (Historical Actual)	20,000	20,000	Maintain
4060.02 Percentage of new clients who are virally suppressed among those clients in medical care served by RWHAP EHE-funded providers (Outcome)	FY 2021: 78.6% Target: Not Defined (Historical Actual)	76.2%	76.2%	Maintain

Considerations for Target Setting

The RWHAP aims to continue to achieve high viral suppression rates for clients in medical care that far exceed the national average and to reduce the health disparity in viral suppression rates among racial and ethnic minorities. The following helped inform the methodology for establishing all four viral suppression targets (both RWHAP and EHE-specific targets):

- People with HIV who are not engaged in care tend to have more complex needs than those that remain engaged. Multiple studies indicate that patients retained in care are more likely to achieve viral suppression compared to those not engaged in regular care.
- Viral suppression can take up to three months to achieve based on viral dynamics if the person is routinely engaged in care and able to maintain adherence to HIV medications. Due to the significant number of clients who are not in care or routinely retained in care who will be engaged/re-engaged through the EHE efforts, there is a potential impact that new EHE clients may have on overall viral suppression rates as people who are not in care or not retained in care routinely have lower viral suppression rates.
- Despite the improved rates of durable viral suppression in the RWHAP overall, populations with multiple needs, including clients who have been out of care and who have co-morbidities such as mental health challenges, substance use disorders, or are unhoused, remain at increased risk of not meeting optimal viral suppression.[150]

[150] Durability of viral suppression with first-line antiretroviral therapy in patients with HIV in the UK: an observational cohort study. Lancet HIV. 2017 Jul;4(7):e295-e302.

The FY 2024 and 2025 targets for Measure 4000.04 were reduced to reflect a downward trend in the number of new HIV diagnoses as reported by the CDC and rising health care costs[151][152].

The FY 2024 target for Measure 4060.01 was reduced and the FY 2025 target was set to maintain due to the higher costs associated with identifying and linking key populations into care and treatment. EHE clients face complex barriers to care which requires significant resources and staffing. This requires significant resources and staffing. Low-barrier HIV clinics and rapid initiation of antiretroviral therapy (ART) are two successful investments made by EHE-funded providers to engage people in HIV care and treatment by delivering suites of multiple services, such as behavioral health and case management, to address complex and intersecting barriers to care. The reduced target also reflects fewer numbers of new HIV diagnoses and the increasing costs of maintaining EHE clients in care.

The FY 2025 target for Measure 4060.02 is to maintain enrollment as each year will represent a new cohort of patients who are new or reengaged in care and who therefore will have lower rates of viral suppression than the overall RWHAP.

[151] Dombrowski JC, et al. Implementation of Low-Barrier Human Immunodeficiency Virus Care: Lessons Learned From the Max Clinic. Clinical Infectious Diseases. 2023;77(2):252-257.

[152] Shade SB, et al. Costs and cost-effectiveness of immediate initiation of antiretroviral therapy upon diagnosis of HIV (Rapid Start) in the United States. 2023 International AIDS Society Conference. https://programme.ias2023.org/Abstract/Abstract/?abstractid=5952

Health Systems

TAB

HEALTH SYSTEMS

Organ Transplantation

	FY 2023 Final Level	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$31,549,000	$31,049,000	$67,049,000	+$35,500,000
FTE	7	7	25	+18

Authorizing Legislation: Public Health Service Act, 42 USC § 273 et seq. as amended by P.L. 118-14.
FY 2025 Authorization…….....Expired

Allocation Method……Contracts, Competitive Grants/Cooperative Agreements, Other (Interagency Support)

Program Description

The National Organ Transplant Act requires HRSA to oversee a national Organ Procurement and Transplantation Network (OPTN) to allocate and distribute donor organs to individuals waiting for transplants. The recently enacted bipartisan Public Law 118-14, Securing the U.S. Organ Procurement and Transplantation Network Act, strengthens the tools available to HRSA to achieve this critical mission. Given the high demand for and limited supply of organs, OPTN policies are under continual review, and refinement to achieve the best outcomes for patients, attain the maximum benefit for the maximum number of waitlist candidates, and make the best use of donor organs in an equitable and efficient manner.

The Organ Transplantation Program extends and enhances the lives of individuals with end-stage organ failure for whom an organ transplant is the most appropriate therapeutic treatment. Organ allocation is guided by OPTN policies informed by analytical support from the Scientific Registry of Transplant Recipients (SRTR). The SRTR provides analytical support to the OPTN in the development, review, and refinement of organ allocation policies and performance evaluation. HRSA also publishes user-friendly data dashboards to improve public understanding of the performance of the system and help patients and their families in decision-making.

HRSA also awards grants to support the administration of the Living Organ Donation Reimbursement Program (LODRP - formerly Reimbursement of Travel and Subsistence Expenses toward Living Organ Donation Program) to provide financial assistance to eligible living organ donors. In recent years, HRSA has increased the income eligibility threshold for the LODRP to expand access and expanded the qualified reimbursable expenses to include lost wages and dependent care expenses (child care and elder care) as part of the Agency's efforts to increase the number of kidney transplants from living donors and decrease recipient waiting times. Activities include targeted public education and partnerships with diverse community-

based organizations working on behalf of medically underserved populations to ensure access to program resources. Evaluation efforts will assess overall program activities and the impact of both grants to identify gaps and opportunities to support routine performance improvement activities.

Patients in need of organ transplant, and their families should have the benefit of a high functioning organ transplant system. In March 2023, HRSA launched the OPTN Modernization Initiative to support that goal. The initiative focuses on making improvements in areas such as technology, governance, data transparency and analytics, operations, and quality improvement and innovation. The Modernization Initiative is centered around patient and family voices and improving outcomes for patients. In the President's FY 2024 Budget, HRSA requested legislative changes to help implement the Modernization Initiative. Congress responded swiftly with the enactment of the bipartisan *Securing the U.S. Organ Procurement and Transplantation Network Act*, signed into law in September 2023, which provides HRSA with new tools to drive meaningful change, including improvements in OPTN governance, explicit authorization to make multiple awards to manage and improve the OPTN, and removal of the statutory annual appropriations cap.

In FY 2024 HRSA leveraged its new legislative authority by issuing solicitations to support multiple vendor awards to improve transparency, performance, governance, and efficiency of the U.S. transplant system. This includes a solicitation to establish an independent Board of Directors and multi-vendor contract solicitations to bring in the best-in-class IT and other vendors to support the transition to a modernized OPTN. These steps will increase competition and, contingent on appropriations, help ensure patients and their families benefit from best-in-class vendors.

Budget Request

The FY 2025 Budget Request for the Organ Transplantation Program of $67.0 million is $36 million above the FY 2023 Final level. This request will support advance the patient-centered OPTN Modernization Initiative through investments in critical areas to improve system performance including enhancements in government oversight, including critical steps to build a more modern OPTN information technology (IT) infrastructure.

The FY 2025 request will enable HRSA to support the critical work needed to launch the building of a new OPTN IT infrastructure that takes advantage of modern IT capacity to help the OPTN deliver better support for patients, donors, transplant surgeons and the public. It also will support the new and independent Board of Directors of the OPTN, including a comprehensive review of by-laws and conflict of interest policy, and it will support identifying multiple vendors for operations transition contracts to modernize the OPTN. Resources will focus on the redesign and modernization of the OPTN system. Additionally, the funding will provide support Next-Generation IT activities and transition to a modernized OPTN IT system that leverages industry-leading standards.

HRSA continues to strengthen collaboration with other federal agencies, especially the Centers for Medicare & Medicaid Services, through the Organ Transplantation Affinity Group (OTAG),

focusing efforts on improving equity and performance of the transplantation system. OTAG is working to implement an interdepartmental coordination strategy that will use data-driven approaches to maximize the impact of important government levers such as conditions of coverage, quality measurement, quality improvement, and contract requirements. Current plans include expanding OPTN transplant center data collection to begin at the time a patient is referred for an organ transplant and expanding organ procurement organization (OPO) data collection to adequately meet the data collection specified in the CMS OPO Condition for Coverage that requires OPOs to report certain data to the OPTN.

The request also includes costs associated with the contract review and award process, follow-up performance reviews, and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$29,049,000
FY 2022	$30,049,000
FY 2023	$31,549,000
FY 2024 CR	$31,049,000
FY 2025 President's Budget	$67,049,000

Program Accomplishments

Since the launch of the OPTN Modernization Initiative in March 2023, HRSA has conducted extensive market research, reviewed responses for information seeking public input on reforms, hosted two industry day with over 300 participants each, and, engaged in more than 800 individuals, including patients and families, in discussions to better understand the perspectives of those impacted by current OPTN governance, policies, technology, data, and operations.

One of HRSA's primary goals for the Organ Transplantation Program is to increase the annual number of transplants using deceased donor organs. The organ procurement and transplantation community has increased the number of deceased donor organs procured and organ transplants performed annually since 2015. The number of deceased donor organs transplanted in calendar year 2022 was 39,861 compared to 38,093 in calendar year 2021.

In September 2023, HRSA and CMS announced ongoing efforts to improve organ donation, procurement, and transplantation through OTAG. The announcement described efforts by both agencies to drive improvements in donations, clinical outcomes, system improvement, quality measurement and transparency, and regulatory oversight and provided an overview of the OTAG Action Plan. CMS and HRSA through OTAG are also actively engaged in work to enhance collaboration on federal policy development and implementation and communication to improve transparency and advance progress on national goals.

HRSA continues to support efforts to remove financial barriers to living organ donation under the Living Organ Donation Reimbursement Program. The Living Organ Donation Reimbursement Program processed more donor applications in the first half of the calendar year 2022 (2,073) than in the entire previous calendar year 2021 (1,670). In calendar year 2022, the Living Organ Donation Reimbursement Program facilitated more than 1,230 living organ transplants, with more than 45 percent being individuals who are racial and/or ethnic minorities.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
5010.01: Annual number of deceased donor organs transplanted (Outcome)	FY 2023: 43,115 Target: 33,311 (Target Exceeded)	40,000	43,000	+3,000
5010.02: Annual rate eligible deceased donors become actual donors after death. (Efficiency)	FY 2023: 67% Target: 74% (Target Not Met)	74%	74%	Maintain
5010.03: Annual number of people from racial/ethnic minority populations receiving living organ donor transplants facilitated via HRSA's Living Organ Donation Reimbursement Program (Outcome)	FY 2023: 561 Target: 244 (Target Exceeded)	424	505	+81

Performance Narrative

The Budget request proposes an increase to support OPTN modernization which may not impact expected performance until after FY 2025, given the multi-year timeframe needed for modernization while ensuring uninterrupted access to life-saving OPTN. For measure 5010.01's FY 2025 deceased donor organs transplanted target: the FY 2023 value represented an unusually high year-to-year percentage increase. For measure 5010.03's FY 2025 transplants target, it is unclear if FY 2023 data represents a new normal for the program. Accordingly, most FY 2025 targets reflect a modest increase over the recent years.

Grants Awards Table

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	1	2	2
Average Award	$7,000,000	$3,850,000	$3,850,000
Range of Awards	$7,000,000 - $7,000,000	$500,000 - $7,200,000	$500,000 - $7,200,000

Blood Stem Cell Transplantation Program

	FY 2023 Final Level	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$51,775,000	$52,275,000	$52,275,000	+$500,000
FTE	7	7	7	---

Authorizing Legislation: Public Health Service Act, Section 379-379B, as amended by Public Law 117-15

FY 2025
Authorization……..……..……..……..……...……..……..……..……....$54,009,000

Allocation Method……..……..Contract

Program Description

The Blood Stem Cell Transplantation Program (BSCTP), which includes the C.W. Bill Young Cell Transplantation Program (CWBYCTP), and the National Cord Blood Inventory (NCBI) is charged with increasing the number of transplants for recipients suitably matched to biologically unrelated bone marrow[153] and umbilical cord blood donors. HRSA achieves this goal by: 1) providing a national system for recruiting potential bone marrow donors; 2) tissue typing potential marrow donors; 3) building a genetically and ethnically diverse inventory of at least 150,000 new units of high-quality umbilical cord blood units (CBU) for transplantation; 4) coordinating the procurement of bone marrow and umbilical cord blood units for transplantation; 5) offering patient and donor advocacy services; and 6) providing public and professional education; collecting, analyzing, and reporting data on transplant outcomes.

Blood stem cell transplantation, which includes bone marrow and cord blood, is a potentially curative therapy for many individuals with leukemia and other life-threatening blood and genetic disorders. Each year, nearly 18,000 people in the U.S. are diagnosed with life-threatening illnesses where blood stem cell transplantation from matched donors is the best treatment option. Often, the ideal donor is a suitably matched family member; however, only 30 percent of people have a fully matched relative. The other 70 percent, often search for a matched unrelated adult donor or umbilical cord blood unit.

The BSCTP operates through four major functions that require close coordination and oversight and supports an Advisory Council that provides recommendations to the HHS Secretary and HRSA on activities related to the BSCTP. The major functions of the BSCTP are:

[153] Public Health Service Act, Sections 379-379B, as amended by P.L. 117-15 states that the term 'bone marrow' means the cells found in the adult bone marrow and peripheral blood.

The combined Single Point of Access – Coordinating Center (SPA-CC) maintains a system for health care professionals and physicians to search electronically for cells derived from adult marrow donors and cord blood units on behalf of their patients and supports coordination activities for bone marrow and cord blood.

The Office of Patient Advocacy (OPA) maintains a system for patient advocacy, which provides individualized patient services for ongoing searches for bone marrow donors or cord blood units. The OPA also assists patients with information regarding treatment options and payment matters.

The Stem Cell Therapeutic Outcomes Database (SCTOD) is an electronic blood stem cell transplant outcomes database for researchers and health care professionals. The SCTOD provides a repository that stores donor and recipient samples for research and the collection and analysis of data on clinical outcomes of blood stem cell transplants.

The BSCTP also provides funds through competitive contracts for the collection and storage of qualified CBUs by a network of public umbilical cord blood banks in the U.S. HRSA prioritizes cord blood banks that have biological license agreements with the U.S. Food and Drug Administration and the demonstrated capability to collect and bank significant numbers of CBUs from genetically and ethnically diverse populations.

Budget Request

The FY 2025 Budget Request for the Blood Stem Cell Transplantation Program of $52.3 million is $0.5 million above the FY 2023 Final level. The FY 2025 request supports continued progress toward the statutory goal of building a genetically and ethnically diverse inventory of at least 150,000 new units of high-quality cord blood for transplantation. HRSA expects the registry will list approximately 4 million adult donors who self-identify as belonging to an underrepresented racial or ethnic population and add approximately 3,100 cord blood units in FY 2025. The budget request also continues the following activities: 1) collecting comprehensive outcomes data on both related and unrelated-donor blood stem cell transplants; 2) assessing the quality of life for transplant recipients; 3) working with foreign transplant centers to obtain data on U.S. stem cell products provided for transplant; and 4) continuing critical planning in collaboration with HHS on a response to a potential national radiation or chemical emergency. In such an event, casualties could involve temporary or permanent marrow failure and could require emergency transplants for individuals unable to recover marrow function.

The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$49,275,000
FY 2022	$50,275,000
FY 2023	$51,775,000
FY 2024 CR	$52,275,000
FY 2025 President's Budget	$52,275,000

Program Accomplishments

The Blood Stem Cell Transplantation Program continues to serve a diverse patient population, with volunteer adult donors and umbilical CBUs playing a vital role in expanding transplant access to patients from underrepresented racial and ethnic populations. Increasing the number of blood stem cell transplants facilitated for patients from genetically and ethnically diverse backgrounds addresses the statutory aim of ensuring comparable access to transplantation for patients from all populations. As of the end of FY 2023, more than41 million potential adult volunteer donors and more than 122,500 HRSA-funded CBUs (see Table 1) were listed on the C.W. Bill Young Cell Transplantation Program's registry.

Table 1. Cord Blood Collections

Fiscal Year	HRSA-funded NCBI CBU	CBU Collected and Made Available[154] for Patient Searches	Cumulative CBU Made Available
2016	5,840	6,660	90,261
2017	6,369	7,719	97,980
2018	7,774	4,889	102,869
2019	3,958	4,594	107,463
2020	4,567	4,049	111,512
2021	4,117	5,418	116,930
2022	3,937	3,556	120,486
2023	4,675	2,026	122,512

HRSA met the FY 2022 goal of 3.84 million adult donors who self-identified as belonging to an underrepresented racial or ethnic population were listed and made available for search through the C.W. Bill Young Cell Transplantation Program. HRSA expects the registry will list 4.02 million adult donors who self-identify as belonging to an underrepresented racial or ethnic population and will add 3,127 CBUs in FY 2024. The number of CBUs collected varies yearly

[154] Due to the lag between when cord blood units are collected and when they have been fully tested and qualified for listing on the public registry, not all the units collected with funds from a given fiscal year will be available on the registry during that same fiscal year.

based on funding levels and the contractors' proposed goals to collect and store units from diverse populations.

The total number of CBUs released for transplantation has steadily decreased since FY 2017 due to the increasing use of alternative curative therapies, as shown in Table 2. Despite the overall downward trend, cord blood banking remains critical in providing care for diverse populations. In FY 2023, 281 HRSA-funded cord blood units were used for transplants.

Table 2. Cord Blood Units Released for Transplantation

Fiscal Year	HRSA-funded CBUs Released for Transplantation	Total CBUs (HRSA-funded and Non-HRSA funded) released for Transplantation through the BSCTP
2017	494	1,050
2018	493	949
2019	459	848
2020	344	702
2021	313	589
2022	342	576
2023	281	506

Outputs and Outcomes Tables

Measure	Year and Most Recent Result/ Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
5020.01: The cumulative number of cord blood units from underrepresented racial and ethnic populations available through the C.W. Bill Young Cell Transplantation Program (Outcome)	FY 2023: 172,000 Target: 149,721 (Target Exceeded)	173,770	175,770	+2,000

Measure	Year and Most Recent Result/ Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
5020.02: The number of HRSA-funded cord blood units banked and available through the C.W. Bill Young Cell Transplantation Program (Outcome)	FY 2023: 122.512 Target:117,000 (Target Exceeded)	118,600	121,600	+3,000
5020.03: The number of cord blood units released for transplant. (Outcome)	FY 2023: 3281 Target: 350 (Target Not Met)	Discontinued	Discontinued	N/A
5020.04: The annual number of blood stem cell transplants facilitated by the Program. (Outcome)	FY 2023: 6,964 Target: Not Defined (Historical Actual)	Not Defined	7,388	N/A
5020.05: The annual number of blood stem cell transplants facilitated for minority patients by the Program (Outcome)	FY 2023: 1,457 Target: Not Defined (Historical Actual)	Not Defined	1,545	N/A
5020.08: The unit cost of human leukocyte antigen (HLA) typing of potential donors. (Efficiency)	FY 2023: $58.00 Target: $58.00 (Target Met)	Discontinued	Discontinued	N/A
5020.09: The number of adult volunteer potential donors of blood stem cells from under-represented racial and ethnic populations. (Outcome)	FY 2023: 4 million Target: 3.84 million (Target Met)	4.02 million	4.08 million	+0.06 million

Performance Narrative

The 5020.01 Performance Measure Data shows there are over 20,000 CBUs designated as "unknown race/ethnicity" as not every cord blood bank requires donors to provide race/ethnicity information. The inability to properly categorize these units subsequently impacts tracked data. The 20,000 CBUs are not included in Measure 5020.01 but are included in Measure 5020.05, the total number of cord blood units available through the BSCTP. FY 2025 projections were updated based on unit projections by the contractor. Due to advances in the field, the number of unrelated blood stem cell transplants using cord blood has been on the decline, which may impact established targets for Measure 5020.03.

Measures 5020.04 and 5020.05 are long-term measures with targets of 7,388 for Measure 5020.04 and 1,545 for Measure 5020.05. The Blood Stem Cell Transplantation Program will start the collection of data beginning in FY 2025.

Contract Awards Table

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	9	9	9
Average Award	$5,457,782	$5,440,264	$5,440,264
Range of Awards	$180,000-$23,298,805	$70,000-$23,298,805	$70,000-$23,298,805

National Hansen's Disease Program

	FY 2023 Final Level	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$13,706,000	$13,706,000	$13,706,000	---
FTE	37	37	37	---

Authorizing Legislation: Public Health Service Act, Section 320, as amended by Public Law 1057-220

FY 2025 Authorization .....……Indefinite

Allocation Method…….…….Direct Federal/Intramural, Contract

Program Description

Since 1917, the National Hansen's Disease Program (NHDP) has provided medical care, education, and research for Hansen's disease (leprosy) and related conditions. Medical care includes providing direct patient care (diagnosis, treatment, and rehabilitation), Hansen's disease drug regimens, consultations, laboratory services, and outpatient referral services to any patient residing in the United States (U.S.) or its territories at no cost. The Program strengthens the safety net infrastructure for patients with this rare disease by focusing on case management, patient compliance, and clinical training on the diagnosis and management of Hansen's disease. The Program makes specific outreach efforts to health care providers who are likely to encounter and treat patients in geographic areas most impacted by the disease. The more complicated Hansen's disease cases are treated as short-term referrals in the NHDP clinic in Baton Rouge, Louisiana.

Ninety-five percent of the human population is not susceptible to infection with Mycobacterium leprae or Mycobacterium lepromatosis - the bacteria that cause leprosy. Hansen's disease is not highly transmissible, is very treatable, and is not disabling with early diagnosis and treatment. Treatment with standard antibiotic drugs is very effective, and patients become noninfectious after taking only a few doses of medication and need not be isolated from family and friends. However, diagnosis in the U.S. is often delayed because many health care providers are unaware of Hansen's disease and its symptoms. Early diagnosis and treatment prevent nerve involvement and the disability it causes. People with leprosy can generally continue their normal work and other activities while under treatment, which may last several years.

Increasing health care provider knowledge about Hansen's disease will lead to earlier diagnosis and treatment and arrest the trajectory of Hansen's disease-related disability and deformity. The Program facilitates outpatient management of leprosy by providing additional laboratory, diagnostic, consultative, and referral services to private-sector physicians. NHDP increases U.S. health care providers' knowledge by serving as an education and referral center.

Outpatient care through NHDP is comprehensive and includes treatment protocols for multi-drug therapy, diagnostic studies, provider consultations, ancillary medical services, clinical laboratory analysis, hand and foot rehabilitation, leprosy surveillance, and patient transportation.

The Program is improving health outcomes through scientific research. Early diagnosis and treatment are essential for decreasing Hansen's disease-related disability. With advanced scientific knowledge and breakthroughs in genomics and molecular biology, the Program has advanced the standard of care for leprosy diagnosis and treatment. Currently, lab research uses rapid techniques for diagnosis, assessment of drug resistance, and strain typing of leprosy bacilli to support effective treatment and determine the origin and transmission of infection.

NHDP is the sole worldwide provider of reagent-grade viable leprosy bacilli and collaborates with researchers across the globe to support scientific advances related to the disease. NHDP coordinates and collaborates with Federal, State, local, and private programs to promote and improve the quality of care and health outcomes related to Hansen's disease.

Budget Request

The FY 2025 Budget Request for the National Hansen's Disease Program of $13.7 million is equal to the FY 2023 Final level. This request supports the Program's primary focus of direct patient care activities and improving health outcomes for Hansen's disease patients. The funding level reflects improvements in health outcomes through research and health care provider education.

HRSA will fund twelve ambulatory care contracts in FY 2025 with continuing efforts to align resources with levels of care. Funding will also allow Hansen's disease patients with severe complications who are advanced on the Hansen's disease spectrum or who have Hansen's disease-related disabilities to be referred to the primary clinic in Baton Rouge, free of charge. The Program also provides free Hansen's disease medication to all providers upon request for the care and treatment of Hansen's disease patients in the U.S. and its territories.

The FY 2025 request will allow the Program to expand and enhance outreach and training activities to improve early diagnosis and treatment to reduce permanent disability in patients. The funding also includes costs associated with the contract review and award process, follow-up performance reviews, information technology, and other program support costs.

Five Year Funding History

Fiscal Year	**Amount**
FY 2021	$13,706,000
FY 2022	$13,706,000
FY 2023	$13,706,000
FY 2024 CR	$13,706,000
FY 2025 President's Budget	$13,706,000

Program Accomplishments

In FY 2023, NHDP conducted 1,073 face-to-face patient encounters at its location in Baton Rouge, LA. Additionally, the Program has recorded 1,360 telehealth encounters. NHDP's eleven contracted ambulatory care clinics have cumulatively logged over 1,100 patient encounters. The use of telehealth platforms improves access to care and exposure to healthcare expertise for patients who are remote or who are not well-resourced. Many of these patients may lack health insurance, have a low healthcare literacy, or be employed in positions that do not allow paid time off for travel to the Baton Rouge, LA NHDP clinic. Likewise, telehealth also benefits patients who possess these resources but choose not to travel for expertise and care. This is evidenced by the increase in telehealth visits since the onset of the COVID-19 public health emergency (PHE), the continued increase in the volume of consultations at the NHDP, and the diverse patient population mix served.

Other NHDP accomplishments in FY 2023 include:

- Awarded 12 new Ambulatory Care Clinic contracts
- Dispensed 3,904 prescriptions nationally
- Trained 1,471 healthcare professionals and scientists
- Supplied 83 billion viable M. leprae bacteria to national and international research scientists
- Evaluated 10 drugs for anti-M. leprae and 1 drug for wound healing in armadillos
- Completed the program's first debit card program for patient reimbursement.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result/Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
5050.01 Number of health care providers who have received training from NHDP (Output)	FY 2023: 800 Target: 600 (Target Exceeded)	700	800	+100
5050.02 Number of human tissue samples on which clinically diagnostic Polymerase Chain Reactions were performed (Output)	FY 2023: 247 Target: 200 (Target Exceeded)	200	225	+25

Performance Narrative

Since 2021, NHDP has increased its outreach and education efforts to both the medical provider community and the public using increased virtual training, HRSA-approved YouTube videos, and an enhanced learning management system. These modalities have proven to be effective in allowing NHDP to meet its target numbers for provider training for FY 2022 and FY 2023.

In FY 2022 the NHDP opened in-person training opportunities to the healthcare community to learn more about the management of neuropathic foot care. The in-person training was successful, and the NHDP has increased hands-on courses to include casting, splinting, offloading, and observational training for healthcare providers to provide care for insensate hands and feet that can result in wounds when early detection and intervention are not completed. The hands-on programs will continue in FY 2024.

NHDP conducts Polymerase Chain Reactions (PCR) on all tissue samples received. Using PCR in conjunction with a histopathological interpretation of tissue samples increases the accuracy of Hansen's disease diagnosis. Additionally, using PCR alone provides the determination of a positive diagnosis sooner, allowing the provider to start treatment protocols without delay. Finally, PCR is the only test currently available to distinguish between M. leprae and M. lepromatosis infection, which has important implications in the clinical management of the disease.

The FY 2025 request will allow NHDP to continue: 1) producing instructional videos about the diagnosis and treatment of Hansen's disease; and 2) increasing outreach and education to the medical community. In addition, it will support an enhanced experience for the public through the National Hansen's Disease Museum in Carville, Louisiana. Finally, the request will provide for the purchase and maintenance of state-of-the-art laboratory equipment to continue the Program's timely, high-quality PCR testing of patient tissue samples.

National Hansen's Disease Program – Buildings and Facilities

	FY 2023 Final Level	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$122,000	$122,000	$122,000	---
FTE	---	---	---	---

Authorizing Legislation: Public Health Service Act, Sections 320 and 321(a)

FY 2025 Authorization .....Indefinite

Allocation Method ..... Direct Federal

Program Description

This activity provides for facility-related expenses for the buildings and facilities of the National Hansen's Disease Center in the vicinity of Baton Rouge, Louisiana, to eliminate deficiencies according to applicable laws, and in keeping with accepted standards of safety, comfort, human dignity, efficiency, and effectiveness. Projects ensure safe facilities and functional environments for patients, research animals, the public, and staff.

Budget Request

The FY 2025 Budget Request for the National Hansen's Disease Program – Buildings and Facilities of $122,000 is equal to the FY 2023 Final level. The request will facilitate the ongoing maintenance of all the National Hansen's Disease Program facilities and minor upgrades. The program is currently working with the Louisiana Military Department at Carville to procure a flooring and lighting renovation to enhance the visitor experience.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$122,000
FY 2022	$122,000
FY 2023	$122,000
FY 2024 CR	$122,000
FY 2025 President's Budget	$122,000

Program Accomplishments: The museum closed in April 2020 due to the National Public Health Emergency due to COVID-19 and reopened in July 2022. During FY 2023 the museum conducted 63 tours and had 1,426 visitors.

National Hansen's Disease Program - Payment to Hawaii

	FY 2023 Final Level	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$1,857,000	$1,857,000	$1,857,000	---
FTE	---	---	---	---

Authorizing Legislation: Public Health Service Act, Section 320(d), as amended by Public Law 105-78, Section 211

FY 2025 Authorization……Indefinite

Allocation Method……. Direct Federal

Program Description

Payments are made to the State of Hawaii for the medical care and treatment of persons with Hansen's disease. Through the Hansen's Disease Community Program administered by the Hawaii Department of Health, the State monitors and treats Hansen's disease throughout Hawaii. Expenses above the level of the Federal funds appropriated for the support of medical care are borne by the State of Hawaii.

Budget Request

The FY 2025 Budget Request for the National Hansen's Disease Program - Payment to Hawaii of $1.9 million is equal to the FY 2023 Final Level. This request supports the payment made to the State of Hawaii for the medical care and treatment of persons with Hansen's disease.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$1,857,000
FY 2022	$1,857,000
FY 2023	$1,857,000
FY 2024 CR	$1,857,000
FY 2025 President's Budget	$1,857,000

Program Accomplishments

In FY 2024, the Program experienced an increase in new cases back to pre-Covid levels. Migration into Hawaii has increased due to travel restrictions lifted in countries in the Pacific where the incidence of Hanen's disease continues to be high. The program continues its outreach and education activities to Job Corps and community groups now that in-person interactions can

take place. The program also continues to conduct ongoing contact investigations and tracing, education, and has noticed increased referrals from families of index cases to their assigned Hansen's disease Public Health Nurses (PHNs). This contact, outreach, and screening involves the travel of staff to neighboring islands which is now back to pre-Covid frequency. Individuals who are screened and show symptoms of Hansen's disease are referred for further medical evaluation and the program covers the cost of biopsies and testing for uninsured individuals. The program continues to find community health center programs on Oahu and the Neighbor Islands to ensure access to referrals from the Program and keep the care of Hansen's disease mainstreamed in the medical care system along with specialist providers following cases. Infectious disease MDs were found in both North Hawaii and Kona establishing access to Hansen's disease care as well. Neighbor Island trips to coordinate visits for new cases in this area have helped with continuity of care and building case management with local PHNs. More intensive case management continues to be required for the formerly institutionalized Hansen's disease patients who elected to live in the community on their own. This population is steadily aging and requiring additional services and assistive aids to keep them safe in their own homes.

RURAL HEALTH POLICY

TAB

FEDERAL OFFICE OF RURAL HEALTH POLICY

Rural Health Policy Development

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$11,076,000	$11,076,000	$11,076,000	---
FTE	3	3	3	---

Authorizing Legislation: Social Security Act, Section 711, as amended by the 21st Century Cures Act of 2016, Sections 2012, 2013, 2035, and 2043, Public Law 114-255.
FY 2025 Authorization……..…….Indefinite
Allocation Method……Competitive Grants/Cooperative Agreement

Program Description
Section 711 of the Social Security Act gives the Federal Office of Rural Health Policy the HHS-wide responsibility for analyzing the possible effects of HHS programs and policy, particularly Medicare and Medicaid policy, on those living in rural communities. This authorizing legislation also directs FORHP to administer grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas. Rural Health Policy Development funds a number of programs that provide information and technical assistance to support the improvement of health care in rural areas while aligning with FORHP's advisory and programmatic role. These programs include supporting clearinghouses for collecting and disseminating information on rural health care issues, sharing promising approaches to improving and enhancing health care delivery in rural communities, and for disseminating policy-relevant research findings addressing rural health care delivery.

FORHP provides funding for the only Federal research programs specifically designed to provide publicly available, policy relevant studies on rural health issues. The Rural Health Research Center (RHRC) Program funds eight research centers to conduct policy-oriented health services research. The RHRCs produce policy briefs and peer-reviewed journal manuscripts and make their publications available to policy makers and other rural stakeholders at both the Federal and state levels. The Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program supports one award to conduct rapid data analyses and short-term rural research studies. The Rural Health Research Dissemination Program, currently awarded to the Rural Health Research Gateway, disseminates and promotes FORHP-funded rural health services research to stakeholders at the national, state, and community levels with the goal of informing and raising awareness of key policy issues important to rural communities. This research also aligns with Administration priorities, such addressing substance use, increasing access to care, and improving health equity.

FORHP funds programs that collect and disseminate information on rural health care issues and identify promising approaches to improving and enhancing health care delivery in rural

communities. The National Rural Health Information Clearinghouse Program, which is competitive in FY 2025 and is currently awarded to the Rural Health Information Hub, serves as a clearinghouse for information on rural health, including HRSA's rural health programs, for residents of rural areas in the United States and other rural health stakeholders. The National Rural Health Policy, Community, and Collaboration Program engages rural stakeholders to educate and collaborate on national rural health policy issues and promising practices to improve the health of people living in rural communities nationwide. The Rural Telementoring Training Center Program provides training for academic medical centers and other centers of excellence to create technology-enabled telementoring learning programs that focus on reaching regionally diverse populations and addressing unique cultural aspects across rural areas. The Rural Health Clinic (RHC) Technical Assistance Program identifies key policy, regulatory, programmatic, and clinical issues facing RHCs and informs RHCs and other rural stakeholders about key RHC issues. The Rural Health Innovation and Transformation Technical Assistance Program provides technical assistance to support rural health care through innovative payment models and to promote the value-based care landscape in the context of rural health care.

Rural Health Policy Development also supports the staffing for the National Advisory Committee on Rural Health and Human Services (NACRHHS), which advises the HHS Secretary on rural health and human service programs and policies, produces policy briefs, and makes recommendations on emerging rural policy issues.

Budget Request

The FY 2025 Budget Request for the Rural Health Policy Development program of $11.1 million is equal to the FY 2023 Final level. This request would allow HRSA to fully fund the following: Rural Health Research Center Program; Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program; Rural Health Research Gateway; National Rural Health Information Clearinghouse Program; National Rural Health Policy, Community, and Collaboration Program; Rural Telementoring Training Center Program; Rural Health Clinic Technical Assistance Program; Rural Health Innovation and Transformation Technical Assistance Program; and the National Advisory Committee on Rural Health and Human Services. The funding request also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$11,076,000
FY 2022	$11,076,000
FY 2023	$11,076,000
FY 2024 CR	$11,076,000
FY 2025 President's Budget	$11,076,000

Program Accomplishments

The Rural Health Research Center Program increases the amount of publicly available, policy-relevant research to assist providers and policymakers at the federal, state, and local levels to better understand health and health care problems faced by rural communities. This research informs and is regularly cited in Medicare rulemaking, Congressional testimony, and reports by the U.S. Government Accountability Office, among other applications and is also shared with key Congressional Committees. This work also informs FORHP's statutory charge to advise the HHS Secretary on rural health policy issues. The eight research centers each receiving funding for four research projects per fiscal year with the expectation that each project will result in at least one publication. Examples of recent research include:

- Examining rural hospital closures, including characteristics associated with increased closure risk and the economic effects of hospital closures
- Highlighting rural models for maternal health services and postpartum supports
- Quantifying and investigating trends in health workforce supply in rural areas, including in specific areas like obstetric care and behavioral health
- Geographic disparities in the availability of ambulance services
- Rural-urban differences in the affordability of health care

Through the Rapid Response Rural Data Analysis and Issue Specific Rural Research Studies Program FORHP continues to monitor and track the number of rural hospitals across the country that have closed completely or converted to another type of facility that provides only non-inpatient care. From January 1, 2010, to December 1, 2023, 148 rural hospitals have either closed completely or converted to another facility type that does not provide hospital services. Additionally, from January 1, 2023, to December 1, 2023, 18 rural hospitals have converted to Rural Emergency Hospitals and are currently offering services as this new type of rural provider. FORHP has funded a number of grants that focus on addressing hospital closures, particularly mitigating the loss of services due to hospitals closing or facing financial distress as well as the impact of loss of rural hospital obstetric services.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result/ (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6010.01 Number of rural health research products released during the fiscal year (Output)	FY 2023: 81 Target: 47 (Target Exceeded)	47	47	Maintain

Performance Narrative

In FY 2023, these Federally-funded research programs conducted and disseminated 81 research reports, including policy briefs posted on the Rural Health Research Gateway website and manuscripts published in peer-reviewed journals. This was significantly above the FY 2023 target of 47 research products because several studies resulted in multiple publications. The rural research program is developing more robust technical research products and comprehensive chartbooks and fewer short research briefs. HRSA anticipates that this adjustment will result in a decrease in the total number of research products in FY 2024 and FY 2025 compared to FY 2023. Targets for this measure in future years remain consistent to reflect the requirement of one publication per research project and level funding of the program.

Grant Awards Tables

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	16	16	15
Average Award	$830,000	$830,000	$863,000
Range of Awards	$100,000 - $3,000,000	$100,000 - $3,000,000	$100,000 - $3,000,000

Rural Health Outreach Grants

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$92,975,000	$92,975,000	$92,975,000	---
FTE	14	17	17	+3

Authorizing Legislation: Public Health Service Act, Section 330A, as amended by CARES Act, Section 3213, Public Law 116-136, and Social Security Act, Section 711, as amended by Public Law 108-173.

FY 2025 Authorization (330A)……..……..…….$79,500,000
FY 2025 Authorization (711)…..……..Indefinite
Allocation Method……..……Competitive Grants and Cooperative Agreements

Program Description

The Rural Health Care Services Outreach, Network and Quality Improvement Grants (Outreach programs) improve rural community health by focusing on quality improvement, increasing health care access, coordination of care, and integration of services.

Outreach grant programs support collaborative models to deliver basic health care services to rural areas and are uniquely designed to meet rural needs. The grants allow rural communities to compete for funding against other rural communities, rather than competing against metropolitan communities with greater resources. The Outreach programs are structured to allow applicants and grantees to determine the best ways to meet local needs. This flexibility responds to the unique health care challenges in rural communities and enables communities to determine the best approaches for addressing their specific needs. Eligible entities for these programs are community-based organizations serving rural areas. The grants provide initial start-up funding and recipients then identify and implement strategies to continue the projects after federal funding.

- Rural Health Care Services Outreach Program focuses on improving access to health care in rural communities through community coalitions and evidence based and promising practice models. These grants focus on disease prevention, health promotion, and can support the expansion of services around primary care, opioid use disorder treatment and prevention, behavioral health, and oral health care. HRSA will support over 40 new awards in FY 2025.

- Rural Health Network Development Program supports formalized partnerships among health care providers and social and community service organizations collaborating to improve access and enhance the quality of healthcare in rural areas. The program focuses on demonstrating improved health outcomes resulting from

network collaboration, as well as positioning healthcare networks and their products and services to be sustainable as the health care landscape continues to evolve. Grantees under this program are likely to focus on improving health outcomes, enhancing health care quality, and increasing services provided by the network. HRSA will support 44 continuing awards in FY 2025.

- Rural Health Network Development Planning Program provides support to rural communities to identify local health care challenges and develop potential solutions for emerging local public health issues, such as care coordination, patient engagement, rural hospital closure/conversion, telehealth, mental health, and substance use disorder. HRSA will make over 10 new awards in FY 2025.

- Small Healthcare Provider Quality Improvement Grants help improve patient care and chronic disease outcomes by assisting rural primary care providers with the implementation of quality improvement activities. Specifically, program objectives include increased care coordination, enhanced chronic disease management, and improved health outcomes for patients. An additional program goal is to prepare rural health care providers for quality reporting and pay-for-performance programs. HRSA will support 21 continuing awards in FY 2025.

- Rural Maternity and Obstetrics Management Strategies (RMOMS) grants improve access and continuity of maternal and obstetrics care in rural communities. In FY 2019, HRSA created RMOMS as a pilot program in response to research by the University of Minnesota that revealed a decreasing availability of obstetric units in rural areas.[155] This program intends to demonstrate the impact on access to and continuity of maternal and obstetrics care in rural communities through testing models that address the following focus areas:
    1) Rural Hospital Obstetric Service Aggregation and Approaches to Risk Appropriate Care
    2) Network Approach to Coordinating a Continuum of Care
    3) Leveraging Telehealth and Specialty Care
    4) Financial Sustainability

  As part of an HHS-wide initiative to improve maternal health, HRSA will support 8 continuing awards and 2 new awards.

- Rural Health Care Coordination Program supports rural health consortiums/networks aiming to achieving the overall goals of improving access, delivery, and quality of care through the application of care coordination strategies in rural communities. HRSA will support 10 continuing awards in FY 2025.

Regional Grant Programs: The challenges facing rural communities often involve regional

[155] Hung P, Henning-Smith C, Casey M, Kozhimannil, K. Access to Obstetric Services in Rural Counties Still Declining, with 9 Percent Losing Services, 2004-14. Health Affairs. 2017; 36 (9): 1663-1671. doi:10.1377/hlthaff.2017.0338

patterns and common concerns that cut across state boundaries. The Federal government has used regional commissions and authorities as a strategy to address unique circumstances. HRSA administers a number of rural health programs in collaboration with these commissions that focus on regional concerns.

- The Delta States Rural Development Network Grant Program provides network development grants to the eight states in the Mississippi Delta for network and rural health infrastructure development. This program is geographically targeted, given the health care disparities across this eight-state region. The program supports chronic disease management, oral health services, and recruitment and retention efforts for health professionals. The program requires grantees to focus on diabetes, cardiovascular disease, and obesity and to implement programs based on promising practices or evidence-based models. HRSA will support 12 continuing awards in FY 2025.

- The Delta Region Community Health Systems Development Program provides technical assistance to help under-resourced health care providers (hospitals and clinics) that serve high-need populations. Through this program, hospitals and clinics can access high-level technical support that they otherwise would not be able to support to improve their financial and operational performance. As a result, these facilities are able to remain economically viable and preserve access to care for essential services. HRSA implements this program in coordination with the Delta Regional Authority. Through a single awardee HRSA will continue supporting 20 communities and incorporate 10 new communities for technical assistance in FY 2025. HRSA will re-compete this program in FY 2025.

- The Delta Health Systems Implementation Program provides the opportunity for Critical Access Hospitals and small rural hospitals in rural areas of the Mississippi Delta Region that have shown mastery and success of their technical assistance projects through the Delta Region Community Health Systems Development program to receive direct funding to address complex financial and operation, quality improvement, telehealth, and workforce development activities. HRSA will support five continuing awards and five new awards in FY 2025.

- The Delta Region Rural Health Workforce Training Program helps improve healthcare delivery in rural areas by training current and future health professionals for high-quality jobs in the rural counties and parishes of the Mississippi Delta Region in the following critical administrative support professions: medical coding and billing, insurance claims processing, health information management, clinical documentation, business operations for healthcare organizations, and supply chain and materials management. HRSA will support five continuing awards in FY 2025.

- The Rural Northern Border Region Healthcare Support Program supports rural communities in the region of the Northern Border Regional Commission (NBRC) in their efforts to enhance access to health care services; improve recruitment and

retention of health care providers; and assist rural hospitals and clinics in their efforts to take part in health care value efforts. HRSA will support one new award in FY 2025.

Budget Request

The FY 2025 Budget Request for the Rural Health Outreach Grants program of $93 million is equal to the FY 2023 Final level. This request will support the continuation of 105 existing grantees, and 59 new competitive grants that will positively affect health care service delivery for over 520,000 people. Within this total, $10.4 million is allocated toward RMOMS, which is equal to the FY 2023 Final level for this activity. This investment will help address unmet needs for rural communities which include populations who have historically suffered from poorer health outcomes, health disparities and other inequities. Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$82,153,000
FY 2022	$85,975,000
FY 2023	$92,975,000
FY 2024 CR	$92,975,000
FY 2025 President's Budget	$92,975,000

Program Accomplishments

The programs funded under the Rural Health Outreach authority often develop innovative approaches that could be replicated in whole or part in other rural communities. To leverage those lessons learned, the Rural Health Information Hub (RHI Hub) highlights many of the program successes in the Models and Innovations Hub and also houses summaries of all funded projects so other communities can learn about successful approaches. This empowers rural communities nationwide to draw upon these insights and replicate successful program elements in their own settings. Outreach funds also supported the technical assistance for grantees to ensure successful implementation of their programs and evaluation to demonstrate outcomes of the program.

The most recent data show that nearly 476,000 unique individuals received services through the Outreach, Delta and Quality Improvement Programs and has consistently increased throughout the years. Additionally, these grants are intended to kick start an initiative that may not be otherwise be implemented with scarce resources and level of competition within the federal grants process. Therefore, sustainability of their projects has been a critical element of these grants and. HRSA expects the majority of projects to continue after Federal funding. In FY 2022, the Rural Health Network Development Program grantees reported that 98% will sustain all or part of their projects. This is partly accomplished by the technical assistance provided by FORHP to the grantees during their grant cycle.

Grantees use the RHI Hub's Economic Impact Analysis tool to assess the economic impact of Federal investments. The tool translates project impacts into community-wide benefits, such as number of jobs created, new spending, and impacts of new and expanded services. The most recent data shows that Rural Health Network Development Program grantees generated an average of $2.00 of economic impact into their rural communities for every HRSA dollar spent.

Additionally, beginning in FY 2021, FORHP assessed grantees that showed improvement in one or more clinical quality measures. Clinical measures include reductions in diabetic hemoglobin A1c scores (HgbA1c), blood pressure scores, and body mass index (BMI's) calculation. For FY 2022, the Small Healthcare Provider Quality Improvement Grants showed that 88% of grantees showed improvement in at least one or more improvement in clinical measures. These grantees are operating in a challenging environment given that rural communities have higher rates of chronic disease and higher rates of avoidable or excess death from the five leading causes of death as identified by the Centers for Disease Control and Prevention (respiratory disease, injury, heart disease, cancer and stroke).[156]

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6020.01 Number of unique individuals who received direct services through Federal Office of Rural Health Policy Outreach grants (Output)	FY 2022: 475,895 Target: 430,000 (Target Exceeded)	525,000	525,000	Maintain
6020.02 Percent of Outreach Authority grantees that will continue to offer services after the Federal grant funding ends. (Output)	FY 2022: 98% Target: 75% (Target Exceeded)	85%	85%	Maintain

[156] https://www.cdc.gov/chronicdisease/resources/publications/factsheets/research-in-rural-communities.htm#:~:text=People%20who%20live%20in%20rural,lower%20respiratory%20disease%2C%20and%20stroke.

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6020.03 Percentage of grantees that showed improvement in one or more clinical quality measures. (Outcome)	FY 2022: 88% Target: Not Defined (Baseline)	90%	90%	Maintain

Performance Narrative

Due to the flexible nature of Outreach programs, not all grantees have projects with direct clinical services/outcomes and associated measures. Grantees report on the measures that are applicable to their funded project. For the purposes of measure 6020.03, "Improvement" is defined as showing an improvement from baseline (either year 1 or year 2, as not all grantees report in year 1) compared to the end (final year) of the grant.

Grant Awards Tables

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	184	169	164
Average Award	$329,615	$385,960	$385,960
Range of Awards	$100,000 – 15,000,000	$100,000 - $10,000,000	$100,000 - $10,000,000

Rural Hospital Flexibility Grants

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$64,277,000	$64,277,000	$64,277,000	---
FTE	3	3	3	---

Authorizing Legislation: Social Security Act, Section 1820(j), as amended by Patient Protection and Affordable Care Act, Section 3129, Public Law 111-148. Social Security Act, Section 711, as amended by Public Law 108-173

FY 2025 Authorization……...Expired
Allocation Method…….Competitive Grants/Cooperative Agreements/Contracts

Program Description

The Rural Hospital Flexibility Grants are offered through three grant programs:

- Medicare Rural Hospital Flexibility Grant (Flex) Program supports a partnership between 45 states and more than 1,300 Critical Access Hospitals (CAHs) to work on quality, financial, and performance improvement activities, as well as help eligible rural hospitals convert to CAH status and enhance CAH-related emergency medical services. The Flex Program's goal is to help CAHs maintain high-quality and economically viable facilities to ensure that rural community residents, particularly Medicare beneficiaries, have access to high-quality health care services. States use Flex resources to address identified CAH needs and to achieve improved and measurable outcomes in selected program areas. In FY 2025, HRSA will continue supporting emergency medical services (EMS) through awards across eight states focused on building EMS workforce capacity. Additionally, the general Flex program will continue to support 45 awards.

  The Flex Program plays a key role in ensuring that CAHs are aligned with certain Medicare Program quality initiatives. All prospective payment system hospitals (PPS) are required to submit quality data to the Centers for Medicare & Medicaid Services (CMS) to receive a full Medicare payment update. While not subject to this CMS requirement, CAHs, through this program, can elect to submit quality data to CMS to demonstrate areas of high quality while also identifying areas for improvement. This provides an avenue for ensuring that CAH quality efforts are aligned with broader Medicare quality initiatives without imposing across-the-board administrative burden on CAHs.

- Small Rural Hospital Improvement Program (SHIP) provides support to states who assist rural hospitals with fewer than 50 beds to enhance their administrative capabilities in meeting information technology and reporting requirements under value-based care

through awards to 46 states with eligible hospitals. SHIP provides funding for equipment and training to upgrade billing requirements, such as incorporating new ICD-11 standards, and for software that captures patient satisfaction data.

- Flex Rural Veterans Health Access Program focuses on improving access and the delivery of health care services to meet the needs of Operation Iraqi Freedom and Operation Enduring Freedom veterans living in rural areas.

- Rural Emergency Hospital Technical Assistance supports one national center to ensure rural hospitals and the communities they serve have the information and resources needed to make informed decisions as to whether the Rural Emergency Hospital model of care is best for their communities and facilitate a successful implementation of Rural Emergency Hospital requirements for those hospitals converting to this new provider type.

Budget Request

The FY 2025 Budget Request for the Rural Hospital Flexibility Grants of approximately $64.3 million is equal to the FY 2023 Final level. This request will fund the continued efforts to states to support Medicare Rural Hospital Flexibility Grant, Small Rural Hospital Improvement Grant, and the Rural Veterans Health Access Program. Additionally, this request will support funding for the Rural Emergency Hospital Technical Assistance. Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$55,442,000
FY 2022	$62,277,000
FY 2023	$64,277,000
FY 2024 CR	$64,277,000
FY 2025 President's Budget	$64,277,000

Program Accomplishments

FORHP strengthened collaboration with rural stakeholders to shape the future of the Medicare Beneficiary Quality Improvement Project, ensuring alignment with hospital priorities in delivering high-quality care. Through active engagement with stakeholders, FORHP gained valuable input on a fundamental set of rural-relevant quality measures, harmonizing them with existing federal programs. This effort culminated in the development of a strategic framework, paving the way for rural Critical Access Hospitals (CAHs) to voluntarily report on these measures, aiming for significant improvements in at least one measure starting in FY 2025.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result/ Target for Recent Result/ (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
6030.03 Increase the percent of Critical Access Hospitals participating in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey (Output)	FY 2022: 94.6% Target: 70% (Target Exceeded)	78%	78%	Maintain
6030.01 Percentage of Critical Access Hospitals participating in one or more Flex-funded required quality improvement initiatives that showed improvement in one or more specified quality domains. (Outcome)	FY 2022: 75% Target: 70% (Target Exceeded)	75%	75%	Maintain
6030.02 Percentage of Critical Access Hospitals participating in one or more Flex-funded optional quality improvement initiatives that showed improvement in one or more specified quality domains. (Outcome)	FY 2022: 45% Target: 50% (Target Not Met)	55%	55%	Maintain

Performance Narrative

FORHP increased support to states in FY 2021 to focus on quality improvement efforts on measures meaningful to the hospitals. The percentage of hospitals demonstrating improvement in both the required and optional quality improvement initiatives increased. The participation in CAHs in the Hospital Consumer Assessment of Healthcare Providers & Systems (HCAHPS) patient experience reporting continued to improve. With the focus on improvement efforts through the program, the targets for FY 2025 are to maintain the efforts of hospitals focusing on quality, recognizing the continued challenges to finance and quality that rural hospitals face coming out of the pandemic.

Grant Awards Tables

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	103	103	103
Average Award	$635,000	$635,000	$635,000
Range of Awards	$37,297 - $5,000,000	$37,297 - $5,000,000	$37,297 - $5,000,000

State Offices of Rural Health

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$12,500,000	$12,500,000	$12,500,000	---
FTE	---	---	---	---

Authorizing Legislation: Public Health Services Act, Section 338J, as reauthorized by State Offices of Rural Health Reauthorization Act of 2022, Section 2, Public Law 117-356.

FY 2025 Authorization……..Expires FY 2027
Allocation Method…….Competitive Grants/Cooperative Agreement

Program Description

This program provides funding to establish and maintain a State Office of Rural Health (SORH) within states to strengthen rural health care delivery systems. Every dollar of Federal support is matched by three state dollars. SORHs serve as focal points and clearinghouses for the collection and dissemination of information on rural health issues, research findings, innovative approaches, and best practices pertaining to the delivery of health care in rural areas.

As the state's rural institutional framework, SORHs help link rural communities with state and Federal resources to develop long-term solutions to rural health problems. SORHs form collaborative partnerships to better coordinate rural health activities, maximize limited resources, and avoid duplication of effort and activities. SORHs facilitate clinical placements through recruitment initiatives and help rural constituents meet recruitment challenges by sharing information. SORHs identify Federal, state, and nongovernmental programs and funding opportunities and provide technical assistance to public and nonprofit private entities regarding participation in rural health programs.

Budget Request

The FY 2025 Budget Request for the State Offices of Rural Health program of $12.5 million is equal to the FY 2023 Final level. This request will continue to invest in the State Offices of Rural Health who will continue to support rural communities by connecting them with resources about funding opportunities, information on health care policy changes. The State Offices of Rural Health will partner with federal, regional, state, local agencies, and communities to improve access to high quality maternal health and behavioral health services in rural areas.

Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

Fiscal Year	Amount
FY 2021	$12,462,000
FY 2022	$12,500,000
FY 2023	$12,500,000
FY 2024 CR	$12,500,000
FY 2025 President's Budget	$12,500,000

Program Accomplishments

With the end of the public health emergency, many SORHs have been working to help rural stakeholders navigate the impacts of losing Medicaid coverage. SORHs have worked with various state agencies to ensure residents in rural areas have access to information and systems related to enrollment services.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
6040.01 Number of technical assistance (TA) encounters provided directly to clients by State Offices of Rural Health (Output)	FY 2022: 90,745 Target: 68,371 (Target Exceeded)	69,000	69,000	Maintain
6040.02 Number of clients (unduplicated) that received technical assistance directly from State Offices of Rural Health. (Output)	FY 2022: 30,154 Target: 23,611 (Target Exceeded)	24,000	24,000	Maintain
6040.03 Number of clinician placements facilitated by the State Offices of Rural Health through their recruitment initiatives (Output)	FY 2022: 3,262 Target: 1,300 (Target Exceeded)	1,350	1,350	Maintain

Performance Narrative

The FY 2022 results are a reflection that all State Offices of Rural Health continue to play a key role in sharing public health information during through the end of the public health emergency, and many SORHs were actively involved in state response efforts, which created the opportunity for SORHs to build new strategic relationships. With the public health emergency ending, the SORH program anticipates the number of technical assistance encounters, number of clients receiving technical assistance, and number of clinician placements to reduce as rural communities rebalance their priorities.

Grant Awards Tables

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	50	50	50
Average Award	$229,270	$229,270	$229,270
Range of Awards	$229,270 - $229,270	$229,270 - $229,270	$229,270 - $229,270

Radiation Exposure Screening and Education Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$1,889,000	$1,889,000	$1,889,000	---
FTE	1	1	1	---

Authorizing Legislation: Public Health Service Act, Section 417C, as amended by National Institutes of Health Reform Act of 2006, Section 103, 104, Public Law 109-482.

FY 2025 Authorization……Indefinite

Allocation Method……...……Competitive Grants

Program Description

Established in 2000 under the Radiation Exposure Compensation Act (RECA), (42 U.S.C. 2210 and Public Law 106-245) the Radiation Exposure Screening and Education Program (RESEP) provides grants to states, local governments, and appropriate health care organizations to support programs for cancer screening for individuals adversely affected by the mining, transport and processing of uranium and the testing of nuclear weapons for the Nation's weapons arsenal. RECA identifies high-impact states including Arizona, Colorado, Idaho, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas, Utah, Washington, or Wyoming where most of the target population for RESEP funded projects reside.

RESEP grantees also assist clients with appropriate medical referrals, and engage in public information development and dissemination. On June 7, 2022, the President signed into law the RECA Extension Act of 2022. This law extends the termination of the RECA Trust Fund and the filing deadline for all claims for two years from its date of enactment, extending the statutory deadline to June 10, 2024. With this change, HRSA's resources will assist RESEP grantees on maximizing outreach and education to facilitate RECA claims documentation before this deadline.

Budget Request

The FY 2025 Budget Request for the Radiation Exposure Screening and Education Program of $1.9 million is equal to the FY 2023 Final level. This request will continue to support activities such as: implementing cancer screening programs; developing education programs; disseminating information on radiogenic diseases and the importance of early detection; screening eligible individuals for cancer and other radiogenic diseases; providing appropriate referrals for medical treatment.

Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$1,828,000
FY 2022	$1,889,000
FY 2023	$1,889,000
FY 2024 CR	$1,889,000
FY 2025 President's Budget	$1,889,000

Program Accomplishments

RESEP grantees have continued to implement cancer screening and education programs, share information on radiogenic diseases and the importance of early detection, screen eligible individuals for cancer and other radiogenic disease, provide appropriate referrals for medical treatment, and facilitate documentation of Radiation Exposure Compensation Act claims.

Grantees use evidence-based practice strategies to accomplish their work, incorporating elements including clinical expertise, current best evidence and patient perspectives. Performance has remained consistent compared with previous years.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result/ Target for Recent Result/ (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6050.01 Total number of individuals screened per year through the Radiation Exposure Screening and Education Program (Output)	FY 2022: 705 Target: 300 (Target Met)	750	750	Maintain
6050.02 Percentage of successful Radiation Exposure Compensation Act claims filed by Radiation Exposure Screening and Education Program clinics. (Outcome)	FY 2022: 92.5% Target: Not Defined (Historical Actual)	80%	80%	Maintain

Performance Narrative

Due to statutory requirements and demographic realities the population utilizing RESEP services and the eligible population for RECA compensation are decreasing. These realities have a direct impact on the results of RESEP performance measures.

Grant Awards Tables

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	8	8	8
Average Award	$212,510	$212,510	$212,510
Range of Awards	$110,446 - $231,132	$110,446 - $231,132	$110,446 - $231,132

Black Lung

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$12,190,000	$12,190,000	$12,190,000	---
FTE	1	1	1	---

Authorizing Legislation: Federal Mine Safety and Health Act, Public Law 91-173, Section 427(a), as amended by Black Lung Benefits Reform Act of 1977, Section 9, Public Law 95-239.

FY 2025 Authorization……Indefinite

Allocation Method…….……Competitive Grants/Cooperative Agreement

Program Description

Established in 1979, through authorization from the Federal Mine Safety and Health Act of 1977, the Black Lung Clinics Program (BLCP) funds eligible public, private, and state entities that provide medical, outreach, educational, and benefits counseling services to active, inactive, retired, and disabled coal miners throughout the United States. Black Lung Clinics work to reduce the morbidity and mortality associated with occupationally related coal-mine dust lung disease. To support the longer-term need faced by miners with severe disability due to black lung disease, grantees may also assist coal miners and their families in preparing the detailed application for Federal Black Lung benefits from the Department of Labor (DOL). In the recent years, grantees have been able to use funds to upgrade equipment, enhance their workforce capacity and increase behavioral health screenings and care integration.

HRSA also funds the Black Lung Data and Resource Center (BLDRC) to support the operations of BLCP awardees and strengthen their ability to examine and treat respiratory and pulmonary impairments in active and inactive coal miners. BLDRC supports Black Lung Clinics through improved patient-level data collection, analysis, and expansion the body of knowledge of knowledge related to the health status and needs of coal miners nationally.

Budget Request

The FY 2025 Budget Request for the Black Lung program of $12.2 million is equal to the FY 2023 Final level. HRSA will continue to fund 15 Black Lung Clinic Program awards that provide primary care and other services to coal miners and one cooperative agreement with the Black Lung Data and Resource Center to enhance the quality of services provided by BLCP grantees and work closely with HRSA to strengthen the quality of data collection and analysis.

Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Funding History

Fiscal Year	Amount
FY 2021	$11,565,000
FY 2022	$11,845,000
FY 2023	$12,190,000
FY 2024 CR	$12,190,000
FY 2025 President's Budget	$12,190,000

Program Accomplishments

Deployment of vaccines and intensive clinical protocols have allowed Black Lung Clinics to transition back to pre-pandemic levels of clinical operations for their complex respiratory and pulmonary services. Accordingly, the patient-level data reporting system shows an increase in number of miners served between FY 2021 and FY 2022.

As well as supporting internal data management for BLCP, the Black Lung Data and Resource Center has utilized HRSA funding, and BLCP data, to begin improving the quantity, and quality, of available data related to the health status of the miners they serve and ensure ease of reporting into the patient-level data system.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6060.01 Number of miners served each year through the Black Lung Clinics Program (Output)	FY 2022: 7,042 Target: 12,000 (Target Not Met)	12,300	7,800	Maintain
6060.02 Number of miners screened each year through the Black Lung Clinics Program (Output)	FY 2022: 4,759 Target: Not Defined (Historical Actual)	3,300	3,300	Maintain
33.I.A.2 Number of medical encounters from Black Lung each year. (Output)	FY 2022: 6,012 Target: 19,000 (Target Not Met)	Discontinued	Discontinued	N/A

Performance Narrative

With the introduction of the BLCP's Patient Level Data (PLD) reporting system came the adoption of more strictly standardized definitions for what clinics may count as unique encounters. Due to this change, we are now able to quantify the impact of the BLCP awardees more confidently. Although previously established goals were not met, likely due to a combination of lasting COVID-19 impacts as well adjustment of grantee data collection, overall grantee data continues to present an upward trend in productivity. This upward trend aligns with grantee reported observations of increased numbers of young miners presenting with Progressive Massive Fibrosis (PMF), the more severe stage of Black Lung, as well as rekindled interest from older miners who had been delaying seeking care until the COVID-19 pandemic arrived.

Grant Awards Tables

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	16	16	16
Average Award	$729,918	$729,918	$729,918
Range of Awards	$125,000 - $2,120,763	$125,000 - $2,120,763	$125,000 - $2,120,763

Rural Residency Planning and Development

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$12,500,000	$12,500,000	$12,500,000	---
FTE	2	2	2	---

Authorizing Legislation: Social Security Act, Section 711(b)(5), as amended by Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Section 432, Public Law 108- 173.

FY 2025 Authorization……Indefinite
Allocation Method……Competitive Grants/Cooperative Agreement

Program Description

Established in FY 2018, the Rural Residency Planning and Development Program seeks to expand the number of rural residency training programs, increase the number of physicians training in rural settings, and subsequently increase the number of physicians choosing to practice in rural areas. For the purpose of this program, rural residencies are Accreditation Council for Graduate Medical Education (ACGME) accredited physician residency programs that primarily train residents in rural training sites for greater than 50 percent of their total time in residency and focus on producing physicians who will practice in rural communities. Rural residencies include Rural Track Programs (RTPs) a specific model of rural residency training in which residents gain both urban and rural experience with more than half of the training taking place in rural areas. Eligible primary care and high need rural residency specialties include family medicine, family medicine with enhanced obstetrical training, internal medicine, preventive medicine, psychiatry, general surgery, and obstetrics and gynecology. RRPD funds support the creation of the residency with grantees than qualifying for ongoing training support through Medicare, Medicaid and other state or private support.

Research has shown that residents often practice near where they complete their residency training. Spending more than half of training time in rural locations during family medicine residency is associated with a 5- to 6-fold increase in subsequent rural practice[157]. Rural training is more strongly associated with rural practice for physicians than having a rural background.[158] The Federal Office of Rural Health Policy collaborates with HRSA's Bureau of Health Workforce (BHW) to fund two activities that create new rural residencies:

[157] Russell, DJ, Wilkinson E, Petterson S, Chen C, Bazemore, A; Family Medicine Residencies: How Rural Training Exposure in GME Is Associated With Subsequent Rural Practice. J Grad Med Educ. 1 August 2022; 14 (4): 441–450. doi: https://doi.org/10.4300/JGME-D-21-01143.1
[158] Patterson, DG, Shipman, SA, Pollack, SW, et al. Growing a rural family physician workforce: The contributions of rural background and rural place of residency training. Health Serv Res. 2023; 1-7. doi:10.1111/1475-6773.14168

- The Rural Residency Planning and Development (RRPD) creates new physician residency training programs that support physician workforce expansion in rural areas and that are sustainable beyond the grant period of performance through public (i.e., Medicare or Medicaid), other state, or private funding. Recipients may use grant funds to cover planning and development costs incurred while achieving program accreditation through ACGME. Since FY 2019, the program has made new awards each fiscal year and HRSA plans a new competition for FY 2025. The RRPD grants have a three-year period of performance and are fully funded when issued to allow flexibility for the varied schedules necessary to develop new residency programs.

- The Rural Residency Planning and Development Technical Assistance (RRPD-TA) funds one cooperative agreement that creates a technical assistance center to support RRPD grant applicants and recipients. Eligible entities include domestic non-profit organizations with the capability to be national in scope to reflect the distribution of current and future RRPD cohorts. The most recent competition was in FY 2021 and the cooperative agreement has a five-year period of performance. HRSA plans a new competition for FY 2025.

Budget Request

The FY 2025 Budget Request for the Rural Residency Planning and Development program of $12.5 million is equal to the FY 2023 Final level. This request will enable HRSA to make 10 new 3-year awards of $750,000 each under RRPD and one competitive award of $5 million for technical assistance under RRPD-TA. In FY 2025 HRSA will be awarding fewer RRPD grants than in FY 2024 due to the competition of the RRPD-TA program in FY 2025. The new RRPD and RRPD-TA awards will develop new rural residency programs to train physicians in rural areas and provide technical assistance to applicants and award recipients. In FY 2023, HRSA piloted a new pathway with priority points to increase the number of programs offering family medicine with enhanced obstetrical training and successfully funded three award recipients focused on this specialty. The previous RRPD competitions generated significant interest from rural stakeholders and HRSA received more competitive applications than they were able to fund; HRSA anticipates similar interest in the FY 2025 competition.

Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$10,468,000
FY 2022	$10,500,000
FY 2023	$12,500,000
FY 2024 CR	$12,500,000
FY 2025 President's Budget	$12,500,000

Program Accomplishments

In FY 2023, a total of 20 grant recipients from RRPD Cohort 1 (FY 2019) and Cohort 2 (FY 2020) finished their period of performance and 95% of them successfully achieved ACGME accreditation of new rural residency programs. In addition, twelve active grant recipients achieved ACGME accreditation ahead of schedule and they are strengthening their new residency programs as they complete their period of performance. As of December 1, 2023, across all RRPD cohorts, 39 award recipients have achieved ACGME accreditation, for a total of 521 new approved residency positions at full complement in the following specialties:

- 31 New Family Medicine Residency Programs and 402 Residency Positions
- 6 New Psychiatry Medicine Residency Programs and 68 Residency Positions
- 1 New Internal Medicine Residency Program and 36 Residency Positions
- 1 New General Surgery Residency Program and 15 Residency Positions

Outputs and Outcomes Tables

Measure	Year and Most Recent Result/ Target for Recent Result/ (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6080.01 Percentage of Rural Residency Planning and Development grantees who achieve Accreditation Council for Graduate Medical Education accreditation by the end of the period of performance (Outcome)	FY 2023: 95% Target: Not Defined (Historical Actual)	90%	90%	Maintain

Performance Narrative

For Measure 6080.01, one grant recipient that completed its period of performance in FY 2023 was unable to apply for accreditation due to financial sustainability barriers to training residents at an Indian Health Service clinical site. HRSA is applying lessons learned from this effort to inform future program development in non-traditional training sites. HRSA is maintaining the FY 2025 target at 90% for Measure 6080.01 to account for the potential external barriers and limited residency training experience of anticipated future award recipients.

Grant Awards Tables

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	15	15	11
Average Award	$727,633	$750,000	$1,136,363
Range of Awards	$416,937 - $750,000	$750,000 - $750,000	$750,000 - $5,000,000

Rural Communities Opioid Response

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$145,000,000	$145,000,000	$145,000,000	---
FTE	24	27	27	+3

Authorizing Legislation: Social Security Act, Section 711, as amended by Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Section 432, Public Law 108-173.

FY 2025 Authorization……...Indefinite

Allocation Method……...Competitive Grants/Cooperative Agreement

Program Description

The Rural Communities Opioid Response Program (RCORP) seeks to reduce the factors that result in increased morbidity and mortality associated with substance use disorder (SUD), including opioid use disorder (OUD), in high need rural communities by establishing, expanding, and sustaining prevention, treatment, and recovery services at the county, state, and/or regional levels. More than 1,900 counties across 47 states and two territories have taken part in the RCORP initiative.

HRSA supports the following grant and cooperative agreement programs through RCORP:

- The RCORP-Impact program provides funding to rural communities to improve access to integrated and coordinated treatment and recovery services for SUD and OUD with the aim to reduce morbidity and mortality and promote long-term, sustained recovery. HRSA will support the continuation of approximately 9 awards in FY 2025.

- The RCORP-Overdose Response program provides funding to rural communities to meet their immediate needs related to the overdose crisis, including the distribution of naloxone. HRSA will support approximately 20 new awards in FY 2025.

- The RCORP-Stimulant Support program provides funding to rural communities to reduce the prevalence and impact of stimulant use disorder through providing coordinated and comprehensive prevention, treatment, recovery, and harm reduction services for impacted individuals and families. HRSA will support approximately 20 new awards in FY 2025.

- The RCORP-Medication Assisted Treatment (MAT) Access program provides funding to establish new sustainable MAT access points in for SUD/OUD rural communities that do not currently have access to these treatments. HRSA will

support the continuation of 26 awards in FY 2025.

- The RCORP-Neonatal Abstinence Syndrome program provides funding to rural communities to reduce the incidence and impact of neonatal abstinence syndrome in rural communities by improving systems of care, family supports, and social determinants of health. HRSA will support the continuation of 41 awards in FY 2025.

- The RCORP-Child and Adolescent Behavioral Health program provides funding to rural communities to establish and expand behavioral health care services, including mental and substance use disorder, across the prevention, treatment, and recovery continuum for rural children and adolescents aged 5-17 years. HRSA will support the continuation of 9 awards in FY 2025.

- The RCORP-Behavioral Health Care Support program provides funding to rural communities to improve access to and quality of mental health and SUD and other in rural communities. The program focuses on building the infrastructural capacity of rural communities to deliver behavioral health, including SUD/OUD, services across the continuum; enhancing care coordination to provide effective care; and addressing social determinants of health to promote health equity. HRSA will support the continuation of 58 awards in FY 2025.

- The RCORP-Rural Centers of Excellence on Substance Use Disorders provides funding to support the dissemination of best practices related to the treatment for, and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis. HRSA will support the continuation of these 3 cooperative agreements in FY 2025.

- The Rural Behavioral Health Workforce Centers provide funding to support the development and implementation of training and mentorship programs that build the capacity of rural health care providers, paraprofessionals, non-clinical staff, and community members to care for individuals with behavioral health, including SUD/OUD, needs in rural locations within the Northern Border Regional Commission service area. HRSA will support approximately 4 new cooperative agreements in FY 2025.

- The RCORP-Technical Assistance and Evaluation provides funding to support technical assistance and evaluation efforts encompassing the entire RCORP initiative. HRSA will support the continuation of funding for one technical assistance and one evaluation cooperative agreement in FY 2025.

Budget Request

The FY 2025 Budget Request for the Rural Communities Opioid Response program of $145 million is equal to the FY 2023 Final level. This request will support the development and

continuation of community-based grant programs and technical assistance that provide needed behavioral health, including SUD/OUD, services directly to rural residents. Drug overdose death rates in rural areas rose from 19.6159 in 2019 to 26.2160 per 100,000 standard population in 2020. The rate of deaths involving psychostimulants with abuse potential was 31% higher in rural counties (9.4) than in urban counties (7.2), and the rate of deaths involving natural and semisynthetic opioids was nearly 13% higher in rural counties (4.5) than in urban counties (4.0).[161] Further, over 60 percent of mental health professional shortage designations are located in rural areas.[4] Through progress reports, listening sessions, and town halls, RCORP award recipients and other rural stakeholders have described continued workforce shortages, reimbursement issues, continually evolving and emerging threats related to SUD/OUD (e.g. fentanyl and xylazine), and the need for additional resources to address substances beyond opioids and co-occurring mental health disorders.

This request will enable HRSA to continue supporting RCORP programs that address emergent behavioral health needs in rural communities, health equity, and needed prevention, treatment, and recovery services to rural residents, including for children and adolescents, and pregnant and postpartum people. In FY 2023, HRSA piloted the Overdose Response program that provided funds to rural communities to rapidly address their immediate SUD/OUD needs (including the purchase and distribution of lifesaving naloxone) and addressed health equity.

In FY 2025, HRSA plans to continue funding activities that provide technical assistance, evaluation, and rural behavioral health care workforce development support. Additionally, due to the high-level of need identified in FYs 2023 and 2024, HRSA will support approximately 20 new RCORP-Overdose Response awards to continue to allow rural communities to address their immediate and evolving needs around SUD/OUD. To address the high rate of overdose death from stimulants in rural communities (including psychostimulants), HRSA will also support approximately 20 new RCORP-Stimulant Support awards. HRSA will continue to solicit feedback from rural stakeholders and engage and partner with other Federal agencies to promote a coordinated approach to combatting this devastating epidemic and ensure HRSA's efforts are aligned with Administration priorities. This request will enable HRSA to strengthen RCORP's commitment to reducing disparities in health outcomes and access among underserved populations.

Funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

[159] https://www.cdc.gov/nchs/products/databriefs/db403.htm#:~:text=Data%20from%20the%20National%20Vital,to%2019.6%20in%20rural%20counties.
[160] https://www.cdc.gov/nchs/products/databriefs/db440.htm#:~:text=Overall%2C%20the%20rate%20of%20drug,in%20rural%20counties%20(26.2).
[161] https://www.cdc.gov/nchs/products/databriefs/db440.htm

Five Year Funding History

Fiscal Year	Amount
FY 2021	$109,670,000
FY 2022	$135,000,000
FY 2023	$145,000,000
FY 2024 CR	$145,000,000
FY 2025 President's Budget	$145,000,000

Program Accomplishments

In FY 2021, RCORP award recipients provided direct prevention, treatment, and recovery services to 2,133,874 rural individuals across the country, including medication-assisted treatment services to 112,373 rural individuals.[162] Between September 1, 2022 and February 28, 2023, approximately 39 percent of RCORP award recipients reported using RCORP funding to establish or expand access to prevention services in their communities; approximately 37 percent established or expanded harm reduction services; and approximately 43 percent established or expanded recovery support services.[163] To increase the likelihood of sustaining these services and enhance community buy-in, RCORP award recipients have collectively engaged with more than 3,400 state and local agencies and organizations representing a diverse array of sectors, including school systems, health centers, hospitals, law enforcement agencies, community-based organizations, and others to implement their programs. Finally, RCORP expanded the number of rural counties served by the initiative from around 1,800 in FY 2022 to over 1,900 in FY 2023.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6090.01 Number of individuals screened for Substance Use Disorder (Output)	FY 2022: 2,021,501 Target: Not Defined (Historical Actual)	1,400,000	910,000	-490,000

[162] Self-reported performance data submitted to HRSA by RCORP award recipients, covering the September 1, 2021-August 31, 2022 time period.
[163] Subset of award recipients that self-reported performance data submitted to HRSA covering the September 1, 2022-February 28, 2023 time period.

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6090.02 Percentage of Rural Communities Opioid Response Program (RCORP) grantees with other sources of funding for sustainability (aside from RCORP grant) (Output)	FY 2022: 95% Target: Not Defined (Historical Actual)	80%	80%	Maintain
6090.03 Number of providers who have provided Medication-Assisted Treatment (Output)	FY 2022: 5,587 Target: 2,000 (Historical Actual)	2,150	1,615	-535

Performance Narrative
For Measure 6090.01, we anticipate a decrease in the FY 2025 targets due to a reduction in the number of active grantees funded by multi-year appropriations versus annual appropriations.

For Measure 6090.03, we anticipate a decrease in the FY 2025 targets due to a reduction in the number of active grant programs that will be more explicitly focused on MAT provision.

Grant Awards Tables

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	201	182	192
Average Award	$673,026	$737,573	$700,456
Range of Awards	$300,000 - $10,000,000	$300,000 - $10,000,000	$300,000 - $10,000,000

HRSA-WIDE ACTIVITIES TAB

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT

Program Management

	FY 2023	FY 2024	FY 2025	
	Final	Continuing Resolution	President's Budget	FY 2025 +/- FY 2023
BA	$163,800,000	$163,800,000	$163,800,000	---
FTE	826	826	836	+10

Authorizing Legislation: Public Health Service Act, Section 301 amended by 21st Century Cures Act, Sections 2012, 2013, 2035, and 2043, Public Law 114-255.

FY 2025 Authorization……...…Indefinite

Allocation Method……..Other

Program Description

To achieve its mission, HRSA requires qualified staff to operate at maximum efficiency. One of HRSA's goals is to strengthen program management and operations by improving program customer satisfaction, increasing employee engagement, and implementing organizational improvements and innovative projects. Program Management is the primary means of support for staff, business operations and processes, information technology and overhead expenses such as rent, utilities, and miscellaneous charges for HRSA.

Numerous efforts are underway to enhance efficiency and effectiveness of the agency and to ensure the workforce is positioned to succeed in the 21st century. HRSA relies on HHS-provided shared services for many of the services, such as human resources, financial management, grants, and procurement. HRSA actively seeks out and deploys shared services to improve and simplify processes, and to maximize the efficiency of shared services with other components of HHS.

Program Management also supports Enterprise Risk Management (ERM) activities that align with core principles and performance and strategic planning activities to reduce programmatic risk and improve performance. HRSA has established a HRSA-wide governance structure for enterprise-wide business operations and risk management activities to ensure a proactive and customer-focused suite of business operation services and risk management functions. HRSA's ERM efforts include Governance and Process support for the promotion of a risk-aware organizational culture, the creation of a comprehensive view of risks to drive strategic decision making and the establishment and communication of risk appetite.

Budget Request

The FY 2025 Budget Request for Program Management of $163.8 million is equal to the FY 2023 Final level. This funding level supports program management activities to effectively and efficiently support HRSA's operations.

HRSA is committed to improving quality at a lower cost and improving the effectiveness and efficiency of government operations. HRSA supports telework by increasing the agency-wide utilization of web collaboration tools, which have led to greater business productivity.

HRSA also continues to enhance its program integrity activities by supporting analytical tools using HRSA's electronic grants system, program data, Office of Federal Assistance Management data sources, HHS sources, and government-wide sources. The goal is for HRSA to identify potential issues in the pre- and post-award processes and to address issues before they become audit findings. HRSA plans to focus on a risk-based approach to grantee monitoring using the information and corresponding analysis to help staff spend their time on grantees at risk of noncompliance. HRSA will also continue to provide training for grants management and program staff to support the alignment of program integrity initiatives with planning and performance activities. These efforts will enhance HRSA grantees awareness and ability to avoid potential financial integrity issues.

IT Investments

Significant progress has been made in a range of IT investments. In FY 2022, HRSA successfully transitioned the majority of the workforce from remote work to hybrid work schedules, while adapting to changing environments and workplace requirements. HRSA continuously works to enhance employees IT end-user support by enhancing collaboration platforms, including implementing a SharePoint hoteling space system. HRSA continues to utilize Microsoft Teams to provide a feature rich collaboration platform that provides audio/video calling and conferencing, chat, and file sharing all in a secure environment. HRSA piloted several hybrid virtual meeting technology improvements to enhance the collaborative space, including Zoom Rooms.

In FY 2022, HRSA deployed a pilot Snowflake data cloud to enable secure data sharing and support high volume data processing and enhance multiple other reporting and case management systems to maximize efficiencies. These systems maximized program efficiency and increased program integrity by creating interactive dashboards for call centers and executive reporting. The systems also improved application portal capabilities and audit reporting.

HRSA is also prioritizing the implementation of Zero Trust Strategy in support of the Administration's goals regarding Zero Trust Cybersecurity Principles[164].HRSA continues to improve HRSA IT security incident prevention, detection and response capabilities by improving penetration testing capabilities and deploying Crowdstrike on all IT assets.

[164] https://www.whitehouse.gov/wp-content/uploads/2022/01/M-22-09.pdf

Funding History:

Fiscal Year	Amount
FY 2021	$155,300,000
FY 2022	$155,300,000
FY 2023	$163,800,000
FY 2024 CR	$163,800,000
FY 2025 President's Budget	$163,800,000

Program Accomplishments:

Improving Processes and Business Operations

HRSA continued to improve operational processes to maximize efficiencies. During FY 2023, in support of HRSA's Return to the Workplace Initiative, a comprehensive evaluation of HRSA Headquarters physical space utilization was conducted; a new the hoteling space reservation system was launched that improved the capacity to make data-informed decisions as building occupancy continued to increase, this included having expanded the number of hoteling spaces from 260 to 486, an increase of 187 percent, over four times the goal of 40 percent. Additionally, identified areas for consolidation, enabling HRSA to return 150 workspaces to HHS for reallocation, thereby reducing HRSA's HQ footprint by 10 percent. HRSA also designed, developed, and implemented a web-based system for processing and recording Workplace Flexibilities Agreements. The new cost-effective system reduces the manual burden of uploading forms, centralizes recordkeeping across HRSA, and improves reporting capabilities.

HRSA also increased efficiencies and improved customer service by conducting an acquisitions workforce assessment and implementing key changes. After identifying that the workload responsibility for HRSA contract specialists exceeded that of the other agencies by three times, redeployed resources to hire 20 new employees, increasing the contract workforce capacity by 34 percent and improving processing time for planned HRSA procurements by 21 percent.

To better inform recruitment strategies and help evaluate recruitment performance HRSA developed a recruitment optimization model, using historic qualitative and quantitative data such as audience type, announcement duration, and number of applicants, referred applicants, and selections. This tool streamlines the data pulling from USA Staffing, resulting in a consolidated visualization of HRSA recruitment data.

Enhancing an Engaged Workforce

The hiring process continues to be streamlined, reducing the time it takes to complete the hiring cycle from recruitment to onboarding, which has resulted in enhanced program oversight and integrity, and increased effectiveness and efficiency of the recruitment process. These

improvements supported the efficient hiring of 385 new HRSA staff in FY 2023, along with providing recruitment and hiring services to AHRQ resulting in hiring 33 employees for them.

HRSA is also focused on intense employee engagement improvement efforts. During FY 2023, HRSA continued to build upon successful Employee Viewpoint Survey program management. HRSA had the 4th highest EVS response rate in HHS at 82.2 percent, exceeding both HRSA's goal and previous year's response rate. HRSA also implemented a HRSA Engagement Network, a group of HRSA employees who come together to share resources and develop engagement tools to be shared across that agency.

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
35.VII.B.1. Ensure Critical Infrastructure Protection: Security Awareness Training (Output)	FY 2023: 100% Target: 100% (Target Met)	Discontinued	Discontinued	N/A
7010.01 Ensure Critical Infrastructure Protection: Security Authorization to Operate: Percentage of HRSA information systems assessed and Authorized to Operate (ATO) (Output)	FY 2023: 100% Target: 100% (Target Met)	Discontinued	Discontinued	N/A
35.VII.B.2b Ensure Critical Infrastructure Protection: Security Cyber Sprint (Output)	FY 2023: < 30 days Target: 30 days (Target Met)	Discontinued	Discontinued	N/A

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
35.VII.B.2c Ensure Critical Infrastructure Protection: Security Privacy Impact Assessment (PIA) or Privacy Threshold Assessment (PTA) (Output)	FY 2023: 100% Target: Identify 95% of systems that require a PIA or a Privacy Threshold Assessment (PTA) (Target Met)	Discontinued	Discontinued	N/A
7010.02 Ensure Critical Infrastructure Protection: Security Phishing: Number of phishing campaigns completed (Output)	FY 2023: 21 Target: 24 (Target Not Met)	Discontinued	Discontinued	N/A
7010.03 Enterprise Architecture: Percentage of IT systems reported to OMB with mapping to at least one HHS segment and domain (Output)	FY 2023: 92.5% Target: 90% (Target Met)	90%	90%	Maintain
7010.04 Ensure Critical Infrastructure Protection: Average annual overall score for HRSA IT Systems on the HRSA-wide Capital Planning and Investment Control (CPIC) Scorecard.	FY 2023: 97% Target: 90 (Target Met)	90%	90%	Maintain

Office of Pharmacy Affairs/340B Drug Pricing Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$12,238,000	$12,238,000	$12,238,000	---
FTE	21	21	21	---

Authorizing Legislation: Public Health Service Act, Section 340B, as amended by Public Law 111-309, Section 204

FY 2025 Authorization.....SSAN

Allocation Method .....Contract

Program Description

The 340B Program requires drug manufacturers to provide discounts on covered outpatient drugs to certain categories of safety net health care providers specified in statute, known as covered entities. These categories include Federally Qualified Health Centers, Federally qualified health center look-alikes, family planning grantees, Ryan White grantees, Black Lung clinics, hemophilia treatment centers, native Hawaiian health centers, Urban Indian organizations, Tribal Compacts, Sexually Transmitted Disease and Tuberculosis grantees, children's hospitals, critical access hospitals, free standing cancer hospitals, rural referral centers, sole community hospitals and disproportionate share hospitals. HRSA is responsible for administering the 340B program and providing oversight, including conducting audits of covered entities and manufacturers. The ability to access discounted prices for outpatient medications supports HRSA's ability to provide equitable healthcare to the nation's highest need communities and enhances their ability to stretch Federal resources, reach more eligible patients, and provide more comprehensive services. As of October 1, 2023, 14,060 covered entities and over 800 manufacturers participate in the 340B Program.

The 340B ceiling price – the maximum amount a drug manufacturer can charge a covered entity for a given drug – is equal to the Average Manufacturer Price (AMP) minus the Unit Rebate Amount, both set by the Centers for Medicare & Medicaid Services (CMS). By law, ceiling prices are confidential and can only be shared with eligible covered entities and manufacturers. HRSA's Office of Pharmacy Affairs (OPA) Information System (OPAIS) provides covered entities access to 340B ceiling price information via a secure website, including quarterly updates reflective of manufacturers submissions.
The 340B statute also includes the establishment of a Prime Vendor Program (PVP) to develop, maintain, and coordinate a program capable of facilitating distribution of covered outpatient drugs.

Budget Request

The FY 2025 Budget Request for the 340B Program of $12.2 million is equal to the FY 2023 Final level. This request supports implementation of 340B Program statutory obligations, oversight of participating manufacturers and covered entities, operational improvements, increased efficiencies using information technology, and management strategic responses to extensive litigation. The FY 2025 Budget Request provides resources for the 340B Program to continue and expand program integrity and compliance activities, including audits of manufacturers and covered entities, to prevent and address specific instances of noncompliance, produce a sentinel effect that bolsters program integrity overall, and develop technical assistance and other tools and mechanisms to reduce the risk of future compliance issues.

The request supports enhancements to the element of the 340B OPAIS where covered entities access 340B ceiling price information via a secure website to provide transparency of data to authorized users. System improvements are continuously made to enhance compliance, improve the user interface for manufacturers and covered entities, and support program needs and system reliability. In FY 2023, HRSA began implementing the Administrative Dispute Resolution (ADR) process by establishing policies and procedures for submission and resolution of claims. In addition, HRSA began work on an internal only system for handling claims in that same year. Furthermore, HRSA published a 340B ADR Notice of Proposed Rule Making (NPRM) in November 2022 that proposed to revise the current process to ensure it is more efficient, accessible, administratively feasible, and timely for all parties. The final rule is expected to publish early 2024.

The FY 2025 Budget Request proposes to enhance 340B Program integrity by requiring covered entities to annually report to HRSA how the savings achieved through the Program benefits the communities they serve and provide HRSA regulatory authority to implement this requirement. HRSA also proposes explicit regulatory authority to define necessary terms and is proposing to strengthen compliance and transparency related to the utilization of contract pharmacies.

The FY 2025 Budget Request for budget authority includes program support costs associated with contract award processes, follow-up reviews, information technology and program support.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$10,238,000
FY 2022	$11,238,000
FY 2023	$12,238,000
FY 2024 CR	$12,238,000
FY 2025 President's Budget	$12,238,000

Program Accomplishments

HRSA places a high priority on the integrity of the 340B Program and continually works to improve Program oversight. HRSA conducts the following activities to ensure both covered entities and manufacturers are in compliance with program requirements:

- Provides extensive technical assistance to HRSA grantees and other covered entities that supports safety-net provider participation in the program and education/training to support program integrity.
- Performs initial eligibility checks of all entities seeking to register with the Program.
- Recertifies covered entities annually.
- Performs audits of covered entities to assure compliance within the Program. Since FY 2021, HRSA completed 2,085 covered entity audits, which included review of-27,131 offsite outpatient facilities and 51,700 contract pharmacies. Final audit results, including statuses of corrective actions, are available on HRSA's website.
- Reviews every non-compliance allegation received through targeted communication and, if necessary, performs an audit. Performs audits of manufacturers. Since FY 2015, HRSA finalized 41 audits of manufacturers.
- Supports an integrated IT system of tracking correspondence and compliance concerns related to covered entities and manufacturers, that enhances HRSA's ability to use data and trends of information to target program integrity efforts.
- Publishes verified ceiling prices of 44,000 covered outpatient drugs available for purchase under the 340B Program by over 800 manufacturers on a quarterly basis in the 340B Office of Pharmacy Affairs Information System (OPAIS).

Outputs and Outcomes Tables

Measure	Year and Most Recent Result/ Target for Recent Result (Summary of Results)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
5040.01: Number of covered entity audits conducted (Output)	FY 2023: 200 Target: 225 (Target Not Met)	200	200	Maintain
5040.02: Number of manufactures audits conducted (Output)	FY 2023: 5 Target: 10 (Target Not Met)	5	5	Maintain

Contracts Awards Table

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Contracts	3	3	3
Average Contract	$3,000,000	$3,000,000	$3,000,000
Range of Contracts	$1,000,000-$4,000,000	$2,000,000-$5,000,000	$2,5000,000 -$5,000,000

Performance Narrative

The FY 2023 Targets were based on a higher funding level.

Office for the Advancement of Telehealth

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$38,050,000	$38,050,000	$38,050,000	---
FTE	7	8	8	+1

Authorizing Legislation: Public Health Service Act, Section 330I, Section 330L, and Section 330N, as amended by CARES Act, Section 3212

FY 2025 Authorization (Section 330I and 330L)……..$ 38,050,000

Allocation Method .....Competitive Grants/Cooperative Agreements/Contracts

Program Description

The Office for the Advancement of Telehealth (OAT) promotes the use of telehealth technologies for health care delivery, education, and health information services. OAT administers the following programs and activities:

- **Telehealth Network Grant Program** supports the use of telehealth networks to improve health care services for medically underserved populations in urban, rural, and frontier communities. More specifically, the networks: (a) expand access to, coordinate, and improve the quality of health care services; (b) improve and expand the training of health care providers; and/or (c) expand and improve the quality of health information available to health care providers, patients, and their families. This program funds different cohorts of grantees, usually with unique clinical or population focus areas, although grantees can also provide other clinical services in their projects. In addition, the program conducts project evaluations to establish an evidence-base assessing the effectiveness of telehealth care for patients, providers, and payers.
    - **Behavioral Health Integration (BHI) Evidence Based Telehealth Network Program (EB-TNP)** increases access to integrated behavioral health services in primary care settings in rural and underserved communities by using telehealth technology through telehealth networks. The period of performance for this program starts September 1, 2024. HRSA will support 25 continuation awards in FY 2025.
    - **Evidence-Based Direct-to-Consumer Telehealth Network Program (TNP)** increases access to healthcare services utilizing Direct-to-Consumer technologies. The Evidence-Based TNP for Direct-to-Consumer care enhances the existing health care infrastructure and increases access to care for underserved populations

utilizing synchronous video visits and remote patient monitoring for primary focus areas such as behavioral health, primary care, and acute care. The current period of performance for this program began September 1, 2021. HRSA will support 11 continuation awards in FY 2025.

- **Telehealth Resource Center (TRC) Program** provides expert and customizable telehealth technical assistance across the country. The TRCs provide training and support, disseminate information and research findings, promote effective collaboration, and foster the use of telehealth technologies to provide health care information and education for providers who serve rural and medically underserved areas and populations. The current period of performance for this program began September 1, 2021. HRSA will support 12 regional and 2 national TRC new awards in FY 2025.

- **Telehealth Center of Excellence** program examines the efficacy of telehealth services in rural and urban areas and serves as a national clearinghouse for telehealth research and resources. The current period of performance for this program began September 30, 2021. HRSA will support 2 continuation awards in FY 2025.

- **Telehealth Research Centers** conduct policy-relevant, clinically informed telehealth research to expand the evidence base and comprehensive evaluation of nationwide telehealth investments in rural areas and populations. As part of the research and evaluation, the Telehealth Research Centers will also work with the Evidence-Based TNP awardees to analyze their results and prepare summaries and publications of Evidence-Based TNP's clinical impact. The Telehealth Research centers will assist rural health providers and decision-makers at the federal, state, and local levels by examining the impact of telehealth services in rural communities. The current period of performance for this program began September 1, 2020. HRSA will support 2 new awards in FY 2025.

- **Licensure Portability Grant Program** provides support to state professional licensing boards to carry out programs under which the boards cooperate to develop and implement state policies that will reduce statutory and regulatory barriers to telemedicine. The period of performance for this program starts July 1, 2024. HRSA will support 4 continuation awards in FY 2025.

- **Telehealth Technology-Enabled Learning Program** supports the connection of specialists at academic medical centers with primary care providers in rural, frontier, and underserved populations, providing evidence-based training and support to help them treat patients with complex conditions in their communities. The current period of performance for this program began September 30, 2021. HRSA will support 9 continuation awards in FY 2025.

- **HHS Telehealth Hub** continues support for the HHS telehealth coordination of resources to patients, providers, and states through the following components:

    - **Telehealth.HHS.gov** will allow for the continuation of this HHS Telehealth Hub. It is a one-stop resource for patients, providers, and states for information about

telehealth such as telehealth best practices, policy and reimbursement updates, funding opportunities, and events.

- **Telehealth.HHS.gov Promotional Campaign** will allow for the continued dissemination of critical telehealth resources for patients, providers, and states through Telehealth.HHS.gov.

Budget Request

The FY 2025 Budget Request for the Office for the Advancement of Telehealth is $38.05 million, equal to the FY 2023 Final level. HRSA will continue to utilize telehealth to provide access to healthcare in rural and underserved areas. In FY 2025, HRSA will support the continuation of 51 existing grantees, and 16 new competitive grants through the Telehealth Resource Center and Telehealth Research Center Programs, which will be re-competed in FY 2025. These programs strengthen the networks and the technical assistance providers that support effective implementation of telehealth services. The funding also includes costs associated with the grant review and award process, follow-up performance reviews, and information technology and other program support costs.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$34,000,000
FY 2022	$35,050,000
FY 2023	$38,050,000
FY 2024 Continuing Resolution	$38,050,000
FY 2025 President's Budget	$38,050,000

Program Accomplishments

The Office for the Advancement of Telehealth had several accomplishments through its program activities and collaborative efforts.

- The EB-TNP for Direct-to-Consumer increases access to care for underserved populations utilizing Direct-to-Consumer technologies such as synchronous video visits and remote patient monitoring services. In the most recent reporting cycle, this program has served approximately 11,000 patients.

- The TRCs have provided over 7,400 technical assistance requests in FY 2023 to assist providers with implementing telehealth and understanding evolving telehealth policy. In addition, the National Telehealth Technology Assessment Resource Center, continues to implement HRSA's Telehealth Broadband Pilot Program, which now has over 650 broadband measurement devices within the four target states – Alaska, Michigan, Texas, and West Virginia—that have resulted in over 2.2 million bandwidth tests.

- The Telehealth Centers of Excellence have contributed to the evidence-base for telehealth with over 36 published articles to date on topics such as telehealth costs and utilization and remote patient monitoring.

- Since its inception, the Telehealth Technology-Enabled Learning Program has had over 4,600 providers participating in ECHO or ECHO-like learning sessions that have focused on topics such as behavioral health, Long COVID, chronic disease management, and pediatric care.

- Through the Licensure Portability Grant Program, grantees developed tools such as the Provider Bridge to provide key information for health care professionals across various disciplines, with over 227,000 providers registered to use the platform.

- The HHS Telehealth Hub, through the Telehealth.hhs.gov and Telehealth.hhs.gov promotional campaign, had over 5.9 million views since its launch. The website provides telehealth resources and information in English and Spanish.

- Supported by Telehealth.hhs.gov, OAT hosted its second virtual National Telehealth Conference in 2023, with over 3,000 registered participants and covering a wide range of topics such as tele-behavioral health, broadband, workforce and health policy.

- OAT has also led efforts to coordinate telehealth activities across HRSA and HHS by leading the annual telehealth inventory for HRSA activities, an HHS data call for telehealth research, and keeping the federal workforce informed on the latest telehealth issues by convening a Federal Telehealth Workgroup (FedTel).

Outputs and Outcomes Table

Measure	Year and Most Recent Result / Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6070.01 Increase the number of communities that have access to tele-behavioral health services where access did not exist in the community prior to Telehealth Network Grant Program (Outcome)	FY 2022: 56 Target: Not Defined (Historical Actual)	40	65	+25

Measure	Year and Most Recent Result / Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
6070.02 Increase the number of telehealth encounters provided through the Telehealth Network Grant Program (Output)	FY 2022: 27,821 Target: Not Defined (Historical Actual)	22,100	28,500	+6,400
6070.03 Increase the number of unduplicated patients receiving care via telehealth through the Telehealth Network Program Grant (Output)	FY 2022: 13,011 Target: Not Defined (Historical Actual)	9,400	14,000	+4,600
6070.04 Increase the number of clients receiving technical assistance from the Telehealth Resource Centers Program (Output)	FY 2022: 7,499 Target: Not Defined (Historical Actual)	6,500	7,000	+500

Performance Narrative

The Telehealth Network Grant Program (TNGP) measures (6070.01, 6070.02, 6070.03) reflect programs with different focus areas and cohorts. As such, measure results will vary from year-to-year due to expected turnover in grantee cohorts and focus areas, and targets will need to be evaluated on an ongoing basis. In addition, the data represents results from FY 2022 funding and was collected between September 2022 through August 2023, aligning with the program funding period. The targets for FY 2025 have been established based on the cohorts for the Telehealth Network Grant program: Behavioral Health Integration (BHI) Evidence Based Telehealth Network and the Evidence-Based Telehealth Network program for Direct-to-Consumer services.

The Telehealth Resource Center (TRC) program measure (6070.04) represents results from FY 2022 funding and was collected between September 2022 through August 2023, aligning with the program funding period. These results will vary based on the need for telehealth-related technical assistance from providers as well as funding for the program. The target for FY 2025

has been established based on level funding for the TRC program, which can affect TRC's capacity in providing technical assistance.

Grant Awards Table

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	70	67	67
Average Award	$478,700	$500,110	$500,110
Range of Awards	$74,250 - $4,250,000	$250,000 - $4,250,000	$250,000 - $4,250,000

TITLE X
FAMILY PLANNING
TAB

TITLE X FAMILY PLANNING PROGRAM

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$286,479,000	$286,479,000	$390,000,000	+$103,521,000
FTE	20	20	35	+15

Authorizing Legislation ……Title X of the Public Health Service Act

FY 2025 Authorization…….…....Expired

Allocation Method:

- Direct Federal
- Contract
- Competitive Grant

Program Description

The Title X Family Planning Program (Title X Program or Title X) is the only federal grant program dedicated to providing individuals with comprehensive family planning and related health services. Enacted in 1970 as part of the Public Health Service Act, the mission of the Title X Program is to assist individuals and families in determining the number and spacing of children and to provide access to voluntary family planning methods, services, and information to all who want and need them. Title X authorizing legislation requires that projects provide a broad range of effective and acceptable family planning methods and services, including fertility awareness-based methods, infertility services, and services for adolescents. By law, priority is given to persons from low-income families. The Title X Program is administered by the Office of Population Affairs (OPA) in the Office of the Assistant Secretary for Health (OASH).

Advancing equity for all, including people from low-income families, people of color, and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality, is a priority for the Department, for OASH/OPA, and for the Title X Program. Grantees, subrecipients, and service sites funded by the Title X Program work to ensure the predominantly low-income clients, who rely on Title X services as their usual source of medical care, have access to the same quality healthcare, including full medical information and referrals, that higher-income clients and clients with private insurance are able to access. Key strategies for advancing equity include removing barriers to accessing services, improving the quality of services, and providing client-centered services.

Budget Request

The Title X Family Planning Program's FY 2025 request is $390.0 million, which is an increase of $103.5 million above the FY 2023 Final level. This request will fund family planning services for approximately 3.6 million individuals, with 90% having family incomes at or below 250% of

the federal poverty level. Funding at this increased level will enable Title X providers to continue to expand services to additional clients and additional communities. OPA will continue to work with Title X grantees to focus on expanding access and advancing equity to the greatest extent possible. This FY 2025 request will also support program administration and evaluation, as well as continued training and technical assistance to grantees, including supporting the operation of the Reproductive Health National Training Center and the National Clinical Training Center for Family Planning. In FY 2025, OPA also plans to finalize and release an update to the *Quality Family Planning* guidelines, the nationally recognized standards of care that define quality in a family planning visit.

Five Year Funding History

Fiscal Year	Amount
FY 2021	$285,619,000
FY 2022	$286,479,000
FY 2023	$286,479,000
FY 2024 CR	$286,479,000
FY 2025 President's Budget	$390,000,000

Program Accomplishments

For more than 50 years, the Title X Program has played a critical role in ensuring access to a broad range of family planning and preventive health services for low-income or uninsured individuals, including cervical cancer screening, contraceptive counseling and care, and STI testing. OPA provides Title X services through a network of 86 competitively awarded grants to public and private nonprofit organizations. Title X services are delivered in all 50 states, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the Federated State of Micronesia, and the Republic of Palau. Title X services are provided through a diverse network of clinics, including state and local health departments, federally qualified health centers, hospital-based sites, and other private nonprofit and community-based health centers.

In 2022, the latest year data available, 2,600,663 clients received Title X services through a network of 4,126 clinical service sites. This represents an increase of 938,197 clients and 842 clinical service sites in 2022 compared to 2021. Title X sites provide client-centered services by ensuring access to a broad range of acceptable and effective family planning methods and services. In 2022, 36% of female clients used short-term hormonal methods, 17% used long-acting reversible methods,15% relied on barrier methods, 3% used permanent methods, 1% used a fertility awareness-based method (FAM); and others used no method because they were either pregnant, seeking to become pregnant, or abstinent.
Title X sites provided cervical cancer screening services for 440,732 female clients, and 15% of the tests performed required further evaluation and possible treatment. Title X sites also provided STI and HIV testing necessary for preventing disease transmission and adverse health consequences. Title X providers screened 1,277,703 clients for chlamydia; 1,501,331 clients for

gonorrhea; 660,992 clients for syphilis; and 878,728 clients for HIV. Of the confidential HIV tests performed, 3,557 were positive for HIV.

In addition to providing Title X services nationwide, OPA launched FPAR 2.0 in 2023 to collect encounter-level data on all services provided through the Title X program, increasing OPA's ability to report outputs and outcomes of Title X projects and the overall program. OPA also funds several family planning research projects to expand our understanding of best practices and promising strategies to advance equity, bolster access, and improve quality of family planning services. In addition, it continues to provide training and technical assistance support for all staff, including clinical service providers, working in Title X clinics through the Reproductive Health National Training Center and the National Clinical Training Center for Family Planning.

Outputs and Outcomes Table

Long Term Objective: Increase awareness of voluntary family planning resources and methods by providing Title X family planning services, education and research with a priority focus on providing services to low-income individuals.

The targets for FY 2024 assume other sources of revenue that contribute to the family planning program at the grantee level will remain at current levels, including Medicaid, state and local government programs, other federal, state, and private grants, and private insurance.
Note: Measures were updated/revised for 2022 and 2023; thus, baselines aren't available at this time.

Measure	Year and Most Recent Result/ Target for Recent Result/ (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
8000.01 Total number of unduplicated clients served in Title X service sites.	FY 2022: 2,600,663 Target: 3,500,000 (Target Not Met)	3,300,000	3,600,000	+100,000
8000.02 Maintain the proportion of clients served who are at or below 250% of the Federal poverty level at 90% of total unduplicated family planning users.	FY 2022: 84% Target: 90% (Target Not Met)	90%	90%	Maintain
8000.05 Increase the proportion of females ages 15 – 24 attending Title X family planning clinics screened for Chlamydia infection.	FY 2022: 54% Target: 64% (Target Not Met)	60%	62%	+2 percentage points

Measure	Year and Most Recent Result/ Target for Recent Result/ (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
8000.07 Percentage of Title X clinic female clients who adopted or who reported using a contraceptive method at their last visit	FY 2022: 75% Target: Not Defined (Pending)	79%	80%	+1 percentage points
8000.08 Increase the percentage of Title X clinic clients who are screened for cervical cancer	FY 2022: 20% Target: Not Defined (Pending)	27%	28%	+1 percentage points
8000.09 Percentage of clients attending a Title X clinic who are uninsured	FY 2022: 31% Target: Not Defined (Pending)	37%	36%	-1 percentage points
8000.10 Percentage of Title X sites with telehealth capabilities	FY 2022: 31% Target: Not Defined (Pending)	23%	30%	+7 percentage points
8000.11 Increase the proportion of Title X female clients ages 15-24 who are screened for gonorrhea	FY 2022: Not available until 2026 Target: Not Defined (Pending)	N/A	53%	Maintain
8000.12 Increase the proportion of Title X clients who are screened for syphilis	FY 2022: Not available until 2026 Target: Not Defined (Pending)	N/A	29%	Maintain

Measure	Year and Most Recent Result/ Target for Recent Result/ (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
8000.13 Increase the proportion of Title X clients who are screened for HIV	FY 2022: Not available until 2026 Target: Not Defined (Pending)	N/A	30%	Maintain

Performance Narrative

OPA funded 90 Title X service grantees at the beginning of FY 2019. Following implementation of the Title X Final Rule in FY 2019, 19 grantees discontinued participating in the Title X Program, and another 18 grantees reported significant losses to their service networks. OPA funded an additional five Title X grantees in FY 2020; however, there remained six states (HI, ME, OR, UT, VT, and WA) without any Title X services available and another seven states (AK, CT, IL, MA, MN, NH, and NY) with Title X services available on a very limited basis. This resulted in Title X serving fewer clients and therefore not meeting the performance targets for 2019, 2020, and 2021.

In October 2021, HHS finalized rulemaking to revise the regulations (effective November 8, 2021) that govern the Title X family planning program (authorized by Title X of the Public Health Service Act). OPA currently provides funding to 86 grantees who have restored Title X services nationwide and who continue to increase the total number of clients served.

Grants Awards Table

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Number of Awards	86	86	86
Average Award	$3,323,078	$3,323,078	$3,700,000
Range of Awards	$200,000 - $15,400,000	$200,000 - $15,400,000	$200,000 - $17,000,000

SUPPLEMENTARY TABLES

Object Class Tables

(dollars in thousands)

DISCRETIONARY

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	211,634	231,168	240,228	+28,594
Other than full-time permanent (11.3)	4,161	4,371	4,493	+332
Other personnel compensation (11.5)	5,882	6,173	6,346	+464
Military personnel (11.7)	16,965	17,702	18,530	+1,565
Special personnel services payments (11.8)	21	22	22	+1
Subtotal personnel compensation	**238,663**	**259,436**	**269,619**	+30,956
Civilian benefits (12.1)	77,144	86,683	90,647	+13,503
Military benefits (12.2)	1,726	1,807	1,891	+165
Benefits to former personnel (13.1)	1,291	-	-	
Total Pay Costs	**318,824**	**347,926**	**362,157**	**+43,333**
Travel and transportation of persons (21.0)	2747	2747	2747	-
Transportation of things (22.0)	212	212	212	-
Rental payments to GSA (23.1)	15,935	15,935	15,935	-
Rental payments to Others (23.2)	102	102	102	-
Communication, utilities, and misc. charges (23.3)	49	49	49	-
Printing and reproduction (24.0)	144	144	144	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	25,375	25,375	25,375	-
Other services (25.2)	327,135	327,135	327,135	-
Purchase of goods/services from govt accounts (25.3)	215,574	215,574	215,574	-
Operation and maintenance of facilities (25.4)	679	679	679	-
Research and Development Contracts (25.5)	126	126	126	-
Medical care (25.6)	3,120	3,120	3,120	-
Operation and maintenance of equipment (25.7)	4,364	4,364	4,364	-
Subsistence and support of persons (25.8)	61	61	61	-
Discounts and Interest (25.9)			-	-
Supplies and materials (26.0)	552	553	554	+2
Subtotal Other Contractual Services	**576,986**	**576,987**	**576,988**	+2
Equipment (31.0)	5,540	5,540	5,540	-
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	8,439,671	8,410,568	7,164,690	-1,274,981
Insurance Claims and Indemnities (42.0)	105,073	105,073	105,073	-
Total Non-Pay Costs	**9,146,459**	**9,117,357**	**7,871,480**	**-1,274,979**
Total Budget Authority by Object Class	**9,465,283**	**9,465,283**	**8,233,637**	**-1,231,646**

PRIMARY HEALTH CARE

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	33,253	38,532	39,611	+6,358
Other than full-time permanent (11.3)	270	283	291	+22
Other personnel compensation (11.5)	778	817	840	+62
Military personnel (11.7)	3,470	3,645	3,816	+346
Special personnel services payments (11.8)	14	14	15	+1
Subtotal personnel compensation	**37,785**	**43,292**	**44,573**	**+6,789**
Civilian benefits (12.1)	12,187	15,052	15,474	+3,287
Military benefits (12.2)	301	316	331	+30
Benefits to former personnel (13.1)	-	-	-	-
Total Pay Costs	**50,272**	**58,660**	**60,378**	**+10,106**
Travel and transportation of persons (21.0)	801	801	801	-
Transportation of things (22.0)	-	-	-	-
Rental payments to GSA (23.1)	3,299	3,299	3,299	-
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	-	-	-	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	126,441	126,441	126,441	-
Purchase of goods/services from govt accounts (25.3)	61,659	61,659	61,659	-
Operation and maintenance of facilities (25.4)	-	-	-	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	547	547	547	-
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	45	45	45	-
Subtotal Other Contractual Services	**188,693**	**188,693**	**188,693**	**-**
Equipment (31.0)	2,251	2,251	2,251	-
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	1,508,631	1,500,243	1,498,526	-10,105
Insurance Claims and Indemnities (42.0)	104,824	104,824	104,824	-
Total Non-Pay Costs	**1,808,499**	**1,800,112**	**1,798,394**	**-10,105**
Total Budget Authority by Object Class	**1,858,772**	**1,858,772**	**1,858,772**	**-**

HEALTH WORKFORCE

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	20,505	25,050	26,426	+5,922
Other than full-time permanent (11.3)	352	370	380	+28
Other personnel compensation (11.5)	543	570	586	+43
Military personnel (11.7)	1,854	1,947	2,038	+185
Special personnel services payments (11.8)	-	-	-	+0
Subtotal personnel compensation	**23,253**	**27,937**	**29,431**	**+6,178**
Civilian benefits (12.1)	7,660	9,215	9,698	+2,038
Military benefits (12.2)	239	251	263	+24
Benefits to former personnel (13.1)	-	-	-	+0
Total Pay Costs	**31,152**	**37,404**	**39,392**	**+8,240**
Travel and transportation of persons (21.0)	2,747	2,747	2,747	-
Transportation of things (22.0)	212	212	212	-
Rental payments to GSA (23.1)	15,935	15,935	15,935	-
Rental payments to Others (23.2)	102	102	102	-
Communication, utilities, and misc. charges (23.3)	49	49	49	-
Printing and reproduction (24.0)	144	144	144	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	25,375	25,375	25,375	-
Other services (25.2)	53,938	53,938	53,938	-
Purchase of goods/services from govt accounts (25.3)	41,794	41,794	41,794	-
Operation and maintenance of facilities (25.4)	94	94	94	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	521	521	521	-
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	-	-	-	-
Subtotal Other Contractual Services	**121,722**	**121,722**	**121,722**	**-**
Equipment (31.0)	453	453	453	-
Land and Structures (32)				-
Investments and Loans (33.0)			-	-
Grants, subsidies, and contributions (41.0)	1,217,857	1,211,605	1,286,617	+68,760
Insurance Claims and Indemnities (42.0)	4	4	4	-
Total Non-Pay Costs	**1,359,224**	**1,352,972**	**1,427,984**	**+68,760**
Total Budget Authority by Object Class	**1,390,376**	**1,390,376**	**1,467,376**	**+77,000**

MATERNAL AND CHILD HEALTH

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	17,262	38,532	39,611	+22,349
Other than full-time permanent (11.3)	67	283	291	+224
Other personnel compensation (11.5)	423	817	840	+417
Military personnel (11.7)	490	3,645	3,816	+3,326
Special personnel services payments (11.8)	-	14	15	+15
Subtotal personnel compensation	**18,242**	**43,292**	**44,573**	**+26,331**
Civilian benefits (12.1)	6,310	15,052	15,474	+9,164
Military benefits (12.2)	46	316	331	+285
Benefits to former personnel (13.1)	-	-	-	-
Total Pay Costs	**24,598**	**58,660**	**60,378**	**+35,780**
Travel and transportation of persons (21.0)	731	801	801	+70
Transportation of things (22.0)	-	-	-	-
Rental payments to GSA (23.1)	2,097	3,299	3,299	+1,202
Rental payments to Others (23.2)	3	-	-	-3
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	2	-	-	-2
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	22,604	-	-	-22,604
Other services (25.2)	14,036	126,441	126,441	+112,405
Purchase of goods/services from govt accounts (25.3)	24,594	61,659	61,659	+37,065
Operation and maintenance of facilities (25.4)	37	-	-	-37
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	632	547	547	-85
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	2	45	45	+43
Subtotal Other Contractual Services	**61,905**	**188,693**	**188,693**	**+126,788**
Equipment (31.0)	817	2,251	2,251	+1,434
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	1,081,155	812,901	874,698	-206,457
Insurance Claims and Indemnities (42.0)	122	104,824	104,824	+104,702
Total Non-Pay Costs	**1,146,832**	**1,112,770**	**1,174,566**	**+27,734**
Total Budget Authority by Object Class	**1,171,430**	**1,171,430**	**1,234,944**	**+63,514**

HIV/AIDS

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	28,208	29,621	30,451	+2,243
Other than full-time permanent (11.3)	278	292	300	+22
Other personnel compensation (11.5)	758	796	819	+61
Military personnel (11.7)	3,228	3,391	3,549	+321
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**32,472**	**34,100**	**35,119**	**+2,647**
Civilian benefits (12.1)	10,324	10,845	11,149	+825
Military benefits (12.2)	358	375	393	+35
Benefits to former personnel (13.1)	-	-	-	-
Total Pay Costs	**43,154**	**45,321**	**46,661**	**+3,507**
Travel and transportation of persons (21.0)	377	377	377	-
Transportation of things (22.0)	18	18	18	-
Rental payments to GSA (23.1)	3,183	3,183	3,183	-
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	-	-	-	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	9	9	9	-
Other services (25.2)	50,884	50,884	50,884	-
Purchase of goods/services from govt accounts (25.3)	62,366	62,366	62,366	-
Operation and maintenance of facilities (25.4)	29	29	29	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	1,559	1,559	1,559	-
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	51	51	51	-
Subtotal Other Contractual Services	**114,898**	**114,898**	**114,898**	**-**
Equipment (31.0)	755	755	755	-
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	2,408,643	2,406,476	2,415,136	+6,493
Insurance Claims and Indemnities (42.0)	13	13	13	-
Total Non-Pay Costs	**2,527,887**	**2,525,720**	**2,534,380**	**+6,493**
Total Budget Authority by Object Class	**2,571,041**	**2,571,041**	**2,581,041**	**+10,000**

HEALTH SERVICES

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	5,038	5,038	5,040	+2
Other than full-time permanent (11.3)	130	130	140	+10
Other personnel compensation (11.5)	187	187	196	+9
Military personnel (11.7)	843	843	803	-40
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**6,199**	**6,199**	**6,179**	**-20**
Civilian benefits (12.1)	1984	1,984	2,670	+686
Military benefits (12.2)	56	56	55	-1
Benefits to former personnel (13.1)	-	-	-	-
Total Pay Costs	**8,239**	**8,239**	**8,904**	**+665**
Travel and transportation of persons (21.0)	82	82	82	-
Transportation of things (22.0)	62	62	62	-
Rental payments to GSA (23.1)	2237	2237	2237	-
Rental payments to Others (23.2)	95	95	95	-
Communication, utilities, and misc. charges (23.3)	25	25	25	-
Printing and reproduction (24.0)	1	1	1	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	7	7	7	-
Other services (25.2)	71,293	71,294	71,295	+2
Purchase of goods/services from govt accounts (25.3)	3138	3138	3138	-
Operation and maintenance of facilities (25.4)	435	435	435	-
Research and Development Contracts (25.5)	379	379	379	-
Medical care (25.6)	3120	3120	3120	-
Operation and maintenance of equipment (25.7)	275	275	275	-
Subsistence and support of persons (25.8)	61	61	61	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	397	398	399	+2
Subtotal Other Contractual Services	**79,106**	**79,108**	**79,110**	**+4**
Equipment (31.0)	298	298	298	-
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	8,850	8,848	44,181	+35,331
Insurance Claims and Indemnities (42.0)	15	15	15	-
Total Non-Pay Costs	**90,770**	**90,770**	**126,105**	**+35,335**
Total Budget Authority by Object Class	**99,009**	**99,009**	**135,009**	**+36,000**

RURAL HEALTH POLICY

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	5,230	5831	5,994	+764
Other than full-time permanent (11.3)	225	237	243	+18
Other personnel compensation (11.5)	135	141	145	+10
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**5,590**	**6,209**	**6,382**	**+792**
Civilian benefits (12.1)	1,967	2,179	2,241	+274
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.1)	-	-	-	-
Total Pay Costs	**7557**	**8388**	**8623**	**+10**
Travel and transportation of persons (21.0)	275	275	275	-
Transportation of things (22.0)	-	-	-	-
Rental payments to GSA (23.1)	30	330	330	-
Rental payments to Others (23.2)	5	5	5	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	-	-	-	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	85	85	85	-
Other services (25.2)	10,621	10,622	10,623	+2
Purchase of goods/services from govt accounts (25.3)	4922	4922	4922	-
Operation and maintenance of facilities (25.4)	30	30	30	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	573	573	573	-
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	-	-	-	-
Subtotal Other Contractual Services	**16,231**	**16,232**	**16,233**	**+2**
Equipment (31.0)	656	657	658	+2
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	327,353	326,520	326,283	-1,070
Insurance Claims and Indemnities (42.0)	-	-	-	-
Total Non-Pay Costs	**344,850**	**344,019**	**343,784**	**-1,066**
Total Budget Authority by Object Class	**352,407**	**352,407**	**352,407**	**-**

HRSA-WIDE ACTIVITIES AND PROGRAM SUPPORT
Program Management

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	98,615	102,828	106,832	+8,217
Other than full-time permanent (11.3)	2,711	2,845	2,925	+214
Other personnel compensation (11.5)	3,009	3,098	3,185	+176
Military personnel (11.7)	5,994	6,297	6,591	+597
Special personnel services payments (11.8)	64	7	7	-57
Subtotal personnel compensation	**110,393**	**115,075**	**119,540**	**+9,147**
Civilian benefits (12.1)	36,727	38,289	39,736	+3,009
Military benefits (12.2)	623	654	685	+62
Benefits to former personnel (13.1)	1,292	1,357	1,395	+103
Total Pay Costs	**149,035**	**155,375**	**161,356**	**+12,321**
Travel and transportation of persons (21.0)	124	124	-	-
Transportation of things (22.0)	106	106	-	-
Rental payments to GSA (23.1)	2,498	2,498	2,347	-151
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	18	18	-	-18
Printing and reproduction (24.0)	138	138	-	-138
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	8,843	8,843	-	-8,843
Purchase of goods/services from govt accounts (25.3)	5946	5946	-	-5,946
Operation and maintenance of facilities (25.4)	7	7	-	-7
Research and Development Contracts (25.5)	-	1	-	+0
Medical care (25.6)			-	-
Operation and maintenance of equipment (25.7)	25	26	-	-25
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	123	123	-	-123
Subtotal Other Contractual Services	**14,944**	**14,946**	**-**	-14,944
Equipment (31.0)	310	310		-310
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	1,518,351	1,512,008		-1,518,351
Insurance Claims and Indemnities (42.0)	95	96	97	+2
Total Non-Pay Costs	**1,536,446**	**1,530,106**	**2,444**	**-1,534,002**
Total Budget Authority by Object Class	**1,685,481**	**1,685,481**	**163,800**	**-1,521,681**

340B

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	2,385	2,505	2,575	+190
Other than full-time permanent (11.3)	17	18	18	+1
Other personnel compensation (11.5)	58	61	63	+5
Military personnel (11.7)	952	1,000	1,047	+95
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**3,412**	**3,584**	**3,703**	**+291**
Civilian benefits (12.1)	818	859	883	+65
Military benefits (12.2)	97	102	107	+10
Benefits to former personnel (13.1)				+0
Total Pay Costs	**4,327**	**4,545**	**4,693**	**+366**
Travel and transportation of persons (21.0)	9	9	9	-
Transportation of things (22.0)	-	-	-	-
Rental payments to GSA (23.1)	262	262	262	-
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	-	-	-	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	5,928	5,928	5,928	-
Purchase of goods/services from govt accounts (25.3)	1,648	1,429	1,281	-367
Operation and maintenance of facilities (25.4)	-	-	-	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	60	60	60	-
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	5	5	5	-
Subtotal Other Contractual Services	**7,641**	**7,422**	**7,274**	-367
Equipment (31.0)	-	-	-	-
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	-	-	-	-
Insurance Claims and Indemnities (42.0)	-	-	-	-
Total Non-Pay Costs	**7,912**	**7,693**	**7,545**	**-367**
Total Budget Authority by Object Class	**12,238**	**12,238**	**12,238**	**-**

Telehealth

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	820	973	1,001	+181
Other than full-time permanent (11.3)	20	20	21	+1
Other personnel compensation (11.5)	17	18	19	+2
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**857**	**1,011**	**1,041**	**+184**
Civilian benefits (12.1)	302	355	364	+62
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.1)	-	-	-	-
Total Pay Costs	**1,159**	**1,366**	**1,405**	**+246**
Travel and transportation of persons (21.0)	17	17	17	-
Transportation of things (22.0)				-
Rental payments to GSA (23.1)	55	55	55	-
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	-	-	-	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)				
Other services (25.2)	1,522	1,522	1,522	-
Purchase of goods/services from govt accounts (25.3)	1,377	1,377	1,377	-
Operation and maintenance of facilities (25.4)				-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	166	166	166	-
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	-	-	-	-
Subtotal Other Contractual Services	**3,065**	**3,065**	**3,065**	**-**
Equipment (31.0)	-	-	-	-
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	33,754	33,547	33,508	-246
Insurance Claims and Indemnities (42.0)	-	-	-	-
Total Non-Pay Costs	**36,891**	**36,684**	**36,645**	**-246**
Total Budget Authority by Object Class	**38,050**	**38,050**	**38,050**	**-**

Family Planning

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	5,601	7,572	7,784	+2,183
Other than full-time permanent (11.3)	138	145	149	+11
Other personnel compensation (11.5)	162	170	175	+13
Military personnel (11.7)	314	329	345	+31
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**6,215**	**8,216**	**8,453**	**+2,238**
Civilian benefits (12.1)	2,117	2,786	2,864	+747
Military benefits (12.2)	17	17	18	+1
Benefits to former personnel (13.1)	-	-	-	-
Total Pay Costs	**8,348**	**11,019**	**11,335**	**+2,987**
Travel and transportation of persons (21.0)	180	180	180	-
Transportation of things (22.0)	-	-	-	-
Rental payments to GSA (23.1)	-	-	-	-
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3)	5	5	5	-
Printing and reproduction (24.0)	3	3	3	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	2,669	2,669	2,669	-
Other services (25.2)	262	262	262	-
Purchase of goods/services from govt accounts (25.3)	10,449	10,449	10,449	-
Operation and maintenance of facilities (25.4)	2	2	2	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	5	5	5	-
Subsistence and support of persons (25.8)	-	0	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	74	75	76	+2
Subtotal Other Contractual Services	**13,462**	**13,463**	**13,464**	**+2**
Equipment (31.0)	4	5	6	+2
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	264,476	261,802	365,004	+100,528
Insurance Claims and Indemnities (42.0)	-	1	2	+2
Total Non-Pay Costs	**278,131**	**275,460**	**378,665**	**+100,534**
Total Budget Authority by Object Class	**286,479**	**286,479**	**390,000**	**+103,521**

MANDATORY

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	66,086	70,747	79,590	+13,504
Other than full-time permanent (11.3)	1,241	892	917	-324
Other personnel compensation (11.5)	2,322	2,062	2,119	-203
Military personnel (11.7)	9,258	8,225	8,609	-649
Special personnel services payments (11.8)	14	14	15	+1
Subtotal personnel compensation	**78,921**	**81,940**	**91,250**	**+12,329**
Civilian benefits (12.1)	24,690	26,012	29,028	+4,338
Military benefits (12.2)	927	838	877	-50
Benefits to former personnel (13.1)	-	-	-	-
Total Pay Costs	**104,538**	**108,790**	**121,155**	**+16,617**
Travel and transportation of persons (21.0)	173	173	173	-
Transportation of things (22.0)	24	24	24	-
Rental payments to GSA (23.1)	3,667	3,667	3,667	-
Rental payments to Others (23.2)	30	30	30	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	-	-	-	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	8,618	8,619	8,620	+2
Other services (25.2)	58,296	58,297	58,298	+2
Purchase of goods/services from govt accounts (25.3)	121,572	121,572	121,572	-
Operation and maintenance of facilities (25.4)	84	84	84	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	1,570	1,570	1,570	-
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)				-
Subtotal Other Contractual Services	**190,140**	**190,142**	**190,144**	**+4**
Equipment (31.0)	1,416	1,416	1,416	-
Land and Structures (32)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	4,522,638	6,337,066	7,711,191	+3,188,553
Insurance Claims and Indemnities (42.0)	-	-	-	-
Total Non-Pay Costs	**4,718,088**	**6,532,518**	**7,906,645**	**+3,188,557**
Total Budget Authority by Object Class	**4,822,626**	**6,641,308**	**8,027,800**	**+3,205,174**

Salary and Expenses

Discretionary

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	211,634	231,168	240,228	+28,594
Other than full-time permanent (11.3)	4,161	4,371	4,493	+332
Other personnel compensation (11.5)	5,882	6,173	6,346	+464
Military personnel (11.7)	16,965	17,702	18,530	+1,565
Special personnel services payments (11.8)	21	22	22	+1
Subtotal personnel compensation	**238,663**	**259,436**	**269,619**	**+30,956**
Civilian benefits (12.1)	77,144	86,683	90,647	+13,503
Military benefits (12.2)	1,726	1,807	1,891	+165
Benefits to former personnel (13.1)	1,291	-	-	-1,291
Total Pay Costs	**318,824**	**347,926**	**362,157**	**+43,333**
Travel and transportation of persons (21.0)	2,747	2,747	2,747	-
Transportation of things (22.0)	212	212	212	-
Rental payments to Others (23.2)	102	102	102	-
Communication, utilities, and misc. charges (23.3)	49	49	49	-
Printing and reproduction (24.0)	144	144	144	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	25,375	25,375	25,375	-
Other services (25.2)	327,135	327,135	327,135	-
Purchase of goods/services from govt accounts (25.3)	215,574	215,574	215,574	-
Operation and maintenance of facilities (25.4)	679	679	679	-
Medical care (25.6)	3,120	3,120	3,120	-
Operation and maintenance of equipment (25.7)	4,364	4,364	4,364	-
Subsistence and support of persons (25.8)	61	61	61	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)	552	553	554	
Subtotal Other Contractual Services	**576,860**	**576,861**	**576,862**	**+2**
Equipment (31.0)	5,540	5,540	5,540	-
Insurance Claims and Indemnities (42.0)	105,073	105,073	105,073	-
Total Non-Pay Costs	**690,727**	**690,728**	**690,729**	**+2**
Total Budget Authority by Object Class	**1,009,551**	**1,038,654**	**1,052,886**	**+43,335**

Salary and Expenses

Mandatory

OBJECT CLASS	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY2025+/- FY 2023
Full-time permanent (11.1)	66,086	70,747	79,590	+13,504
Other than full-time permanent (11.3)	1,241	892	917	-324
Other personnel compensation (11.5)	2,322	2,062	2,119	-203
Military personnel (11.7)	9,258	8,225	8,609	-649
Special personnel services payments (11.8)	14	14	15	+1
Subtotal personnel compensation	**78,921**	**81,940**	**91,250**	**+12,329**
Civilian benefits (12.1)	24,690	26,012	29,028	+4,338
Military benefits (12.2)	927	838	877	-50
Benefits to former personnel (13.1)	-	-	-	
Total Pay Costs	**104,538**	**108,790**	**121,155**	**+16,617**
Travel and transportation of persons (21.0)	173	173	173	-
Transportation of things (22.0)	24	24	24	-
Rental payments to Others (23.2)	30	30	30	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	-	-	-	-
Other Contractual Services: 25.0	-	-	-	-
Advisory and assistance services (25.1)	8,618	8,619	8,620	-
Other services (25.2)	58,296	58,297	58,298	-
Purchase of goods/services from govt accounts (25.3)	121,572	121,572	121,572	-
Operation and maintenance of facilities (25.4)	84	84	84	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	1,570	1,570	1,570	-
Subsistence and support of persons (25.8)	-	-	-	-
Discounts and Interest (25.9)	-	-	-	-
Supplies and materials (26.0)				-
Subtotal Other Contractual Services	**190,140**	**190,142**	**190,144**	+4
Equipment (31.0)	1,416	1,416	1,416	-
Total Non-Pay Costs	**191,783**	**191,785**	**191,787**	**+4**
Total Budget Authority by Object Class	**296,321**	**300,575**	**312,942**	**+16,621**

Statement of Personnel Resources

Programs	2023 Actual			2024 Enacted			2025 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Bureau of Primary Health Care:									
Direct:									
Health Centers/Tort	265	27	292	297	27	324	297	27	324
Free Clinics Medical Malpractice	-	-	-	-	-	-	-	-	-
Total, Direct:	**265**	**27**	**292**	**297**	**27**	**324**	**297**	**27**	**324**
Mandatory:									
Health Centers	257	27	284	317	27	344	377	27	404
Total, Mandatory	**257**	**27**	**284**	**317**	**27**	**344**	**377**	**27**	**404**
Total FTE, BPHC	**522**	**54**	**576**	**614**	**54**	**668**	**674**	**54**	**728**
Health Workforce:									
Direct:									
National Health Service Corps	13	2	15	14	2	16	14	2	16
Loan Repayment/Faculty Fellowships	-	-	-	-	-	-	-	-	-
Centers for Excellence	1	-	1	1	-	1	1	-	1
Scholarships for Disadvantaged Students	6	1	7	6	1	7	6	1	7
Health Careers Opportunity Program	2	-	2	2	-	2	2	-	2
Health Care Workforce Assessment	5	-	5	7	-	7	7	-	7
Primary Care Training and Enhancement	5	1	6	8	1	9	8	1	9
Oral Health Training	4	2	6	4	2	6	4	2	6
Area Health Education Centers	2	-	2	2	-	2	2	-	2
Geriatric Programs	3	2	5	4	2	6	4	2	6
Behavioral Health Workforce Development Programs	15	3	18	24	3	27	28	3	31
Public Health/Preventive Medicine	4	-	4	6	-	6	6	-	6
NURSE Corps Loan Repayment & Scholarship	26	2	28	32	2	34	32	2	34
Advanced Education Nursing Program	10	1	11	12	1	13	12	1	13

Programs	2023 Actual			2024 Enacted			2025 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Nurse Workforce Diversity	5	-	5	5	-	5	5	-	5
Nurse Education, Practice & Retention	3	1	4	7	1	8	7	1	8
Nurse Faculty Loan Program	4	-	4	5	-	5	5	-	5
Children's Hospitals GME Program	21	1	22	21	1	22	21	1	22
Graduate Medical Student Education	1	-	1	1	-	1	1	-	1
Health Care Workforce Innovation	-	-	-	-	-	-	2	-	2
Total, Direct	**130**	**16**	**146**	**161**	**16**	**177**	**167**	**16**	**183**
Reimbursable:									
National Practitioner Data Bank	32	1	33	33	1	34	33	1	34
Total, Reimbursable:	**32**	**1**	**33**	**33**	**1**	**34**	**33**	**1**	**34**
Mandatory:									
National Health Service Corps	215	21	236	233	21	254	233	21	254
Teaching Health Centers	8	2	10	14	2	16	14	2	16
Nurse Corps	6	-	6	-	-	-	-	-	-
Behavioral Health Workforce Education and Training	4	-	4	-	-	-	-	-	-
Mental and Behavioral Health	2	1	3	-	-	-	-	-	-
Promote Mental and Behavioral Health	2	-	2	-	-	-	-	-	-
Community Health Workforce	3	1	4	-	-	-	-	-	-
Total, Mandatory	**240**	**25**	**265**	**247**	**23**	**270**	**247**	**23**	**270**
Total FTE, Health Workforce	**402**	**42**	**444**	**441**	**40**	**481**	**447**	**40**	**487**
Maternal and Child Health Bureau:									
Direct:									
Maternal & Child Health Block Grant	68	1	69	68	1	69	72	1	73
Innovation for Maternal Health	4	-	4	4	-	4	6	-	6
Autism and Other Developmental Disorders	8	1	9	8	1	9	8	1	9
Sickle Cell Service Demonstrations	3	-	3	3	-	3	3	-	3
Early Hearing Detection and Intervention	5	-	5	5	-	5	5	-	5
Emergency Medical Services for Children	8	-	8	8	-	8	8	-	8

Programs	2023 Actual			2024 Enacted			2025 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Healthy Start	26	-	26	26	-	26	27	-	27
Heritable Disorders	5	1	6	5	1	6	5	1	6
Pediatric Mental Health Care Access Grants	5	-	5	8	-	8	8	-	8
Screening and Treatment for Maternal Depression	1	1	2	1	1	2	1	1	2
Poison Control Centers	3	-	3	3	-	3	3	-	3
Total, Direct:	**136**	**4**	**140**	**139**	**4**	**143**	**146**	**4**	**150**
Mandatory									
Family to Family Health Info Centers	1	-	1	1	-	1	2	-	2
Home Visiting	47	4	51	47	4	51	47	4	51
Pediatric Mental Health	2	-	2	-	-	-	-	-	-
Total, Mandatory	**50**	**4**	**54**	**48**	**4**	**52**	**49**	**4**	**53**
Total FTE, MCHB	**186**	**8**	**194**	**187**	**8**	**195**	**195**	**8**	**203**
HIV/AIDS Bureau:									
Direct:									
Ryan White Part A	57	4	61	57	4	61	57	4	61
Ryan White Part B	66	4	70	66	4	70	66	4	70
Ryan White Part C	48	8	56	48	8	56	48	8	56
Ryan White Part D	10	1	11	10	1	11	10	1	11
Ryan White Part F	3	2	5	3	2	5	3	2	5
Ryan White Part F Dental	-	-	-	-	-	-	-	-	-
Special Project of National Significance (SPNS)	2	-	2	2	-	2	2	-	2
Ending HIV/AIDS	32	-	32	32	-	32	32	-	32
Total, Direct:	**218**	**19**	**237**	**218**	**19**	**237**	**218**	**19**	**237**
Total FTE, HAB	**218**	**19**	**237**	**218**	**19**	**237**	**218**	**19**	**237**
Healthcare Systems Bureau:									
Direct:									
Organ Transplantation	6	1	7	6	1	7	24	1	25

Programs	2023 Actual			2024 Enacted			2025 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
CW Bill Young Cell Transplantation Program	4	-	4	4	-	4	4	-	4
National Cord Blood Inventory	2	1	3	2	1	3	2	1	3
Hansen's Disease Center	32	4	36	32	4	36	32	4	36
Covered Countermeasures Compensation	24	13	37	24	13	37	29	13	42
Vaccine	16	7	23	16	7	23	21	7	28
Total, Direct:	**84**	**26**	**110**	**84**	**26**	**110**	**112**	**26**	**138**
Reimbursable:									
Hansen's Disease Center	1	-	1	1	-	1	1	-	1
Total, Reimbursable	**1**	**-**	**1**	**1**	**-**	**1**	**1**	**-**	**1**
Mandatory									
Community Based Workforce Vaccine Outreach	5	2	7	-	-	-	-	-	-
Vaccine Confidence Initiative	1	-	1	-	-	-	-	-	-
Total, Mandatory	**6**	**2**	**8**	**-**	**-**	**-**	**-**	**-**	**-**
Total FTE, HSB	**91**	**28**	**119**	**85**	**26**	**111**	**113**	**26**	**139**
Federal Office of Rural Health Policy:									
Direct:									
Rural Health Policy Development	3	-	3	3	-	3	3	-	3
Rural Health Outreach Grants	14	-	14	17	-	17	17	-	17
Rural Hospital Flexibility Grants	3	-	3	3	-	3	3	-	3
State Offices of Rural Health	-	-	-	-	-	-	-	-	-
Radiation Exposure Screening & Education Program	1	-	1	1	-	1	1	-	1
Black Lung	1	-	1	1	-	1	1	-	1
Rural Communities Opioid Response	24	-	24	27	-	27	27	-	27
Rural Residency	2	-	2	2	-	2	2	-	2
COVID 19 Reporting	1	-	1		-	-	-	-	-
Total, Direct:	**49**	**-**	**49**	**54**	**-**	**54**	**54**	**-**	**54**
Mandatory									
Rural Health Clinics	2	-	2	-	-	-	-	-	-

Programs	2023 Actual			2024 Enacted			2025 President's Budget		
	Civilian	Military	Total	Civilian	Military	Total	Civilian	Military	Total
Rural Health Clinic Vaccine Confidence	2	-	2	-	-	-	-	-	-
Rural Health Clinic Vaccine Distribution	2	-	2	-	-	-	-	-	-
Total, Mandatory	**6**	**-**	**6**	**-**	**-**	**-**	**-**	**-**	**-**
Total, FORHP	**55**	**-**	**55**	**54**	**-**	**54**	**54**	**-**	**54**
HRSA-Wide Activities and Program Support:									
Direct:									
Program Management	793	33	826	793	33	826	803	33	836
Telehealth	7		7	8	-	8	8	-	8
340B Drug Pricing Program/Office of Pharmacy Affairs	16	5	21	16	5	21	16	5	21
Total, Direct	**816**	**38**	**854**	**817**	**38**	**855**	**827**	**38**	**865**
OGAC Global AIDS (Reimbursable)	18	2	20	18	2	20	18	2	20
Family Planning (Direct)	19	1	20	34	1	35	34	1	35
Provider Relief Bureau:									
Provider Relief Fund Supplemental Funding	115	2	117	115	2	117	75	2	77
Uninsured Supplemental Funding	2	-	2	2	-	2	2	-	2
ARP OPS	1	-	1	1	-	1	1	-	1
Total, Direct	**118**	**2**	**120**	**118**	**2**	**120**	**78**	**2**	**80**
Subtotal Direct (non add)	1,835	133	1,968	1,922	133	2,055	1,933	133	2,066
Subtotal Reimbursable (non add)	51	3	54	52	3	55	52	3	55
Subtotal Mandatory (non add)	559	58	617	612	54	666	673	54	727
Subtotal, HRSA FTE	**2,445**	**194**	**2,639**	**2,586**	**190**	**2,776**	**2,658**	**190**	**2,848**

FTEs Funded by P.L. 111-148 and Any Supplementals

(*Dollars in Thousands*)

		FY 2013		FY 2014		FY 2015		FY 2016		FY 2017		FY 2018	
Program	**Section**	**Total Funding**	**FTE**	**Total Funding**	**FTE**	**Total Funding**	**FTE**	**Total Funding**	**FTE**	**Total Funding**	**FTE**	**Total Funding**	**FTE**
Community Health Center Fund:													
P.L. 111-148 Mandatory	H.R. 3590, Section 10503(b)(1)	1,500,000	60	2,144,716	95	3,509,111	122	-	-	-	-	-	-
Non-P.L. 111-148 Mandatory		-	-	-	-	-	-	3,600,000	240	3.510.661	225	3,800,000	174
Health Centers - Facilities Construction	H.R. 3590, Section 10503(c)	-	-	-	-	-	-	-	-	-	-	-	-
School-Based Health Centers-Facilities	H.R. 3590, Section 4101	47,500	8	-	9	-	7	-	7	-	9	-	9
National Health Service Corps:													
P.L. 111-148 Mandatory	H.R. 3590, Section 10503(b)(2)	300,000	229	283,040	219	287,370	214	-	-	-	-	-	-
Non-P.L. 111-148 Mandatory		-	-	-	-	-	-	310,000	226	288,610	225	310,000	206
GME Payments Teaching Health Centers:	H.R. 3590, Section 5508												
P.L. 111-148 Mandatory		-	6	-	5	-	4	-	-	-	-	-	-
Non-P.L. 111-148 Mandatory		-	-	-	-	-	-	60,000	8	55,860	8	126,500	10
Family to Family Health Information Centers:													
Non-P.L. 111-148 Mandatory	H.R. 3590, Section 5507	5,000	-	5,000	1	5,000	1	5,000	1	4,655	1	6,000	1
Home Visiting Program:													
P.L. 111-148 Mandatory	H.R. 3590, Section 2951	379,600	22	-	-	-	-	-	-	-	-	-	-
Non-P.L. 111-148 Mandatory		-	-	371,200	22	400,000	25	400,000	37	372,400	44	400,000	42
Total		**2,232,100**	**325**	**2,803,956**	**351**	**4,201,481**	**373**	**4,375,000**	**519**	**4,232,186**	**512**	**4,642,500**	**442**

		FY 2019		FY 2020		FY 2021		FY 2022		FY 2023		FY 2024	
Program	**Section**	**Total Funding**	**FTE**	**Total Funding**	**FTE**	**Total Funding**	**FTE**	**Total Funding**	**FTE**	**Total Funding**	**FTE**	**Total Funding**	**FTE**
Community Health Center Fund:													
P.L. 111-148 Mandatory	H.R. 3590, Section 10503(b)(1)	-	-	-	-	-	-	-	-	-	-	-	-
Non-P.L. 111-148 Mandatory		4,000,000	177	4,000,000	203	4,000,000	285	3,905,348	270	3,905,348	284	5,170,000	344
Health Centers - Facilities Construction	H.R. 3590, Section 10503(c)	-	-	-	-	-	-	-	-	-	-	-	-
School-Based Health Centers-Facilities	H.R. 3590, Section 4101	-	8	-	4	-	-	-	-	-	-	-	-
National Health Service Corps:													
P.L. 111-148 Mandatory	H.R. 3590, Section 10503(b)(2)	-	-	-	-	-	-	-	-	-	-	-	-
Non-P.L. 111-148 Mandatory		310,000	209	310,000	205	310,000	222	292,330	216	292,330	236	790,000	254
GME Payments Teaching Health Centers:	H.R. 3590, Section 5508												
P.L. 111-148 Mandatory		-	-	-	-	-	-	-	-	-	-	-	-
Non-P.L. 111-148 Mandatory		126,500	7	126,500	8	126,500	8	119,290	11	119,290	10	157,000	16
Family to Family Health Information Centers:													
Non-P.L. 111-148 Mandatory	H.R. 3590, Section 5507	6,000	1	6,000	1	5,658	1	5,658	1	5,658	1	5,658	1
Home Visiting Program:													
P.L. 111-148 Mandatory	H.R. 3590, Section 2951	-	-	-	-	-	-	-	-	-	-	-	-
Non-P.L. 111-148 Mandatory		400,000	39	376,40000	38	377,200	41	377,200	50	500,000	55	518,650	55
Total		**4,818,900**	**441**	**4,819,358**	**441**	**4,819,358**	**557**	**4,699,826**	**557**	**4,822,626**	**586**	**6,641,308**	**670**

		FY 2025	
Program	**Section**	**Total Funding**	**FTE**
Community Health Center Fund:			
P.L. 111-148 Mandatory	H.R. 3590, Section 10503(b)(1)	-	-
Non-P.L. 111-148 Mandatory		6,340,000	404
Health Centers - Facilities Construction	H.R. 3590, Section 10503(c)	-	-
School-Based Health Centers-Facilities	H.R. 3590, Section 4101	-	-
National Health Service Corps:			
P.L. 111-148 Mandatory	H.R. 3590, Section 10503(b)(2)	-	-
Non-P.L. 111-148 Mandatory		790,000	254
GME Payments Teaching Health Centers:	H.R. 3590, Section 5508		
P.L. 111-148 Mandatory		-	-
Non-P.L. 111-148 Mandatory		320,000	16
Family to Family Health Information Centers:			
Non-P.L. 111-148 Mandatory	H.R. 3590, Section 5507	12,000	2
Home Visiting Program:			
P.L. 111-148 Mandatory	H.R. 3590, Section 2951	-	-
Non-P.L. 111-148 Mandatory		565,800	51
Total		**8,027,800**	**727**

Physicians' Comparability Allowance (PCA) Worksheet

1) Department and component:

Department of Health and Human Service, Health Resources and Services Administration

2) Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

FY23 included (2) Separations of which (1) resigned and (1) retired. The average length of service was 4 years. In FY23, we have (6) vacancies. At this time, (6) vacancies announcement have been posted and (5) vacancies have been filled at this point. Quality applicants have been limited. For example, an average of 100 applications for remote duty location and 20 applications for Rockville, MD are received for a vacancy.
To date there have been (5) Accessions.

3-4) Please complete the table below with details of the PCA agreement for the following years:

	PY 2023 (Actual)	**CY 2024 (Estimates)**	**BY* 2025 (Estimates)**
3a) Number of Physicians Receiving PCAs	34	37	37
3b) Number of Physicians with One-Year PCA Agreements	3	0	0
3c) Number of Physicians with Multi-Year PCA Agreements	31	37	37
4a) Average Annual PCA Physician Pay (without PCA payment)	$181,577	$180,800	$180,800
4b) Average Annual PCA Payment	$20,705	$21,658	$21,658

*FY 2024 data will be approved during the FY 2025 Budget cycle.

5) Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

In FY22 included (3) Separations of which (2) resigned and (1) retired. The average length of service was 13.5 years. To date there have been (3) Accessions. PCA in addition to their base salary was needed to meet their current salary or salary expectations.

6) Provide any additional information that may be useful in planning PCA staffing levels and amounts in your agency.

n/a

Cybersecurity

Cyber Category	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2024
Cyber Human Capital	--	0.300	0.590	+0.290
Planning Roles and Responsibilities	--	0.220	0.440	+0.220
Sector Risk Assessment, Management, and Operations	--	0.120	0.140	+0.020
Sector Coordination	--	0.220	1.510	+1.290
Other NIST CSF Capabilities:				
Detect	1.763	1.816	1.870	+0.054
Identity	13.556	13.962	14.381	+0.419
Protect	34.159	44.096	50.342	+6.246
Recover	1.567	1.616	1.666	+0.050
Respond	1.567	1.616	1.666	+0.050
Total Cyber Request	**52.612**	**63.966**	**72.605**	**8.639**
Technology Ecosystems (non-add)	*0.450*	*0.390*	*0.220*	*-0.170*
Zero Trust Implementation (non-add)	*24.200*	*25.600*	*30.200*	*4.600*

Drug Control Budget

Health Resources and Services Administration

Resource Summary

Budget Authority (in millions)	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2024
Drug Resources by Budget Decision Unit and Function:				
Health Center Program				
Prevention	$53.200	$123.200	$123.200	---
Treatment: Recovery	$478.800	$1,108.800	$1,108.800	---
Total, Health Center Program	**$532.000**	**$1,232.000**	**$1,232.000**	**---**
National Health Service Corps SUD Workforce Program				
Treatment: Recovery	$105.000	$105.000	$105.000	---
Total, National Health Service Corps SUD Workforce Program	**$105.000**	**$105.000**	**$105.000**	**---**
Addiction Medicine Fellowship Program				
Treatment: Recovery	$25.000	$25.000	$25.000	---
Total, Addiction Medicine Fellowship Program	**$25.000**	**$25.000**	**$25.000**	**---**
SUD Treatment and Recovery Loan Repayment Program				
Treatment: Recovery	$40.000	$40.000	$40.000	---
Total, SUD Treatment and Recovery Loan Repayment Program	**$40.000**	**$40.000**	**$40.000**	**---**
Rural Communities Opioid Response Program				
Prevention	$88.000	$69.400	$75.400	+$6.000
Treatment: Recovery	$57.000	$75.600	$69.600	-$6.000
Total, Rural Communities Opioid Response Program	**$145.000**	**$145.000**	**$145.000**	**---**
Total Funding	**$847.000**	**$1,547.000**	**$1,547.000**	**---**
HIDTA Transfer	---	---	---	---
ICDE Resources	---	---	---	---
Drug Resources Personnel Summary				
Total FTEs (direct only)	---	---	---	---
Drug Resources as a Percent of the Budget				
Total Agency Budget (in billions)	$14.3	$16.1	$16.3	+$0.2
Drug Resources Percentage	5.9%	9.6%	9.5%	-0.1%

METHODOLOGY

Health Center Program

For each of Fiscal Years (FYs) 2016-2019, HRSA provided new annual ongoing grant funding supporting substance use disorder (SUD)/mental health (MH) service expansion in health centers totaling $545 million projected to remain in Health Center Program base continuation funding in future fiscal years.

Subsequently in FY 2020, HRSA found that 36 health centers were unable to demonstrate sufficient progress to merit continuing their AIMS awards, resulting in a $2 million total reduction in drug control funding. For FY 2021, HRSA found that 63 health centers were unable to demonstrate sufficient progress to merit continuing their SUD/MH awards, resulting in a $3 million total reduction in drug control funding. Additionally, since the initial targeted awards were made, the total ongoing annual amount provided to sustain health centers' efforts supported by the initial targeted awards has decreased by an estimated $8 million. The remaining estimate of $532 million in ongoing supplemental SUD/MH funding initiated in prior fiscal years and incorporated in annual health center continuation awards is scored as drug control funding. The FY 2024 level includes an additional $700 million in proposed mandatory SUD/MH funding for health centers. The FY 2025 President's Budget maintains the proposed 2024 SUD/MH funding for health centers.

National Health Service Corps (NHSC) SUD Workforce Loan Repayment Program

Funds are used to provide loan repayment assistance to reduce the educational financial debt of qualified SUD treatment providers in exchange for service at SUD treatment facilities in underserved areas. Funds reflect the portion of NHSC discretionary budget requests dedicated to the SUD Workforce Loan Repayment Program. As these funds support providers of SUD treatment services, 100 percent of the amount is scored as treatment funding.

Addiction Medicine Fellowship (AMF) Program

Funds are used to support the clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings. Funds reflect the portion of Behavioral Health Workforce budget line requests dedicated to the AMF Program. As these funds support providers of SUD treatment services, 100 percent of the amount is scored as treatment funding.

Substance Use Disorder Treatment and Recovery (STAR) Loan Repayment Program (LRP)

Funds are used to provide loan repayment assistance to reduce the educational financial debt of qualified SUD treatment providers in exchange for service at SUD treatment facilities in underserved areas. Funds reflect the portion of Behavioral Health Workforce budget line requests dedicated to the STAR Loan Repayment Program. As these funds support providers of SUD treatment services, 100 percent of the amount is scored as treatment funding.

Rural Communities Opioid Response Program (RCORP)

The allocation of funds for RCORP is through competitive grants and cooperative agreements. The entirety of these programs is scored as drug control funding.

The prevention-treatment split for FY 2023 reflects the enacted budget level. The FY 2024 prevention-treatment split reflects the Continuing Resolution, which is level with the FY 2023 enacted level. The FY 2025 prevention-treatment split reflects the President's Budget, which is level with the FY 2024 Continuing Resolution.

BUDGET SUMMARY

The drug control budget for the Health Resources and Services Administration is $1.5 billion at the FY 2025 President's Budget request, level with the FY 2024 Continuing Resolution.

Health Center Program

FY 2025 President's Budget request: $1.2 billion (level with the FY 2024 Continuing Resolution)

In FY 2025, the Health Center Program plans to support over 1,400 grantees and provide primary health care services to 37.4 million patients at the President's Budget Level. HRSA will require the provision of mental health and substance use disorder services including provision of MAT in all HRSA-funded health centers.

The FY 2020 through FY 2023 Health Center Program enacted levels include $532 million in ongoing SUD/MH targeted funding in health center continuation awards. The reported amount of estimated drug resources for FY 2022 and FY 2023, and those projected for FY 2024, reflect the ongoing annual SUD/MH awards initiated in prior fiscal years. The total drug resource budget projections for FY 2024 include the ongoing annual SUD/MH amount of $532 million plus the additional $700 million in proposed mandatory funding included in the FY 2024 level. The FY 2025 President's Budget level maintains the FY 2024 level of SUD/MH funding for health centers.

National Health Service Corps SUD Workforce Loan Repayment Program

FY 2025 President's Budget request: $105 million (level with the FY 2024 Continuing Resolution)

Funding has been appropriated to the NHSC for the express purpose of expanding and improving access to quality SUD treatment in rural and underserved areas nationwide. This funding is dedicated to expanding the availability of SUD treatment providers to include the SUD workforce and categories for outpatient services, including Opioid Treatment Programs, Office-based Opioid Treatment Facilities, and Non-opioid Outpatient SUD Treatment Facilities. The funding supports the recruitment and retention of health professionals needed in underserved areas to provide evidence-based SUD treatment and prevent overdose deaths. Providers receive

loan repayment assistance to reduce their educational financial debt in exchange for service at SUD treatment facilities.

In FY 2025, HRSA will make approximately 1,150 new awards to clinicians who are combating SUD in rural and underserved communities.

Addiction Medicine Fellowship Program

FY 2025 President's Budget request: $25 million (level with the FY 2024 Continuing Resolution)

The AMF Program seeks to increase the number of board-certified addiction medicine and addiction psychiatry specialist physicians trained in providing interprofessional behavioral health services, including SUD prevention, treatment, and recovery services, in underserved, community-based settings. The AMF Program is designed to foster robust community-based clinical training of addiction medicine and addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors. In FY 2025, funding will support a new competition for the AMF Program.

Substance Use Disorder Treatment and Recovery Loan Repayment Program

FY 2025 President's Budget request: $40 million (level with the FY 2024 Continuing Resolution)

The STAR LRP provides for the repayment of educational loans for individuals working in a full-time SUD treatment job that involves direct patient care in either a Mental Health or Health Professional Shortage Area (HPSA) or a county where the mean drug overdose death rate exceeds the national average. The STAR LRP complements the NHSC SUD Workforce LRP, as the STAR LRP is able to award loan repayment to more provider types and at a broader range of site types than those that are eligible for the NHSC SUD Workforce LRP. In FY 2025, HRSA will make approximately 295 new awards to eligible providers.

Rural Communities Opioid Response Program

FY 2025 President's Budget request: $145 million (level with the FY 2024 Continuing Resolution)

The RCORP initiative aims to reduce the morbidity and mortality associated with SUD, including opioid use disorder (OUD), in high need rural communities by establishing, expanding, and sustaining prevention, treatment, and recovery services at the county, state, and/or regional levels. Since RCORP's inception in FY 2018, the program has invested over $650 million in grants and technical assistance to rural communities serving more than 1,900 counties across 47 states and two territories. The most recent full-year of performance measurement data collection shows that a cohort of FY 2022 RCORP grantees provided direct SUD/OUD prevention,

treatment, and recovery services to more than 2.1 million rural residents, and ensured that 112,373 rural residents received medication assisted treatment (MAT) services.

In FY 2025, HRSA will support the following continuing grant and cooperative agreement programs through RCORP:

- **RCORP-Overdose Response** will provide funding to rural communities to meet their immediate needs related to the overdose crisis. HRSA will support new awards in FY 2025.

- **RCORP-Impact** provides funding to rural organizations improve access to integrated and coordinated opioid use disorder prevention, treatment, harm reduction, and recovery services, to reduce morbidity and mortality from opioid use disorder and promote long-term, sustained recovery. In FY 2025, HRSA will support the continuation of grants awarded in FY 2024.

- **RCORP-Psychostimulant Support** provides support to rural communities to strengthen prevention, treatment, and recovery services for individuals who misuse psychostimulants. HRSA will support new awards in FY 2025.

- **RCORP-Neonatal Abstinence Syndrome** provides support to reduce the incidence and impact of neonatal abstinence syndrome in rural communities by improving systems of care, family supports, and social determinants of health. In FY 2025, HRSA will support the continuation of grants awarded in FY 2023.

- **RCORP-Child and Adolescent Behavioral Health** strengthens and expands behavioral health care services across the prevention, treatment, and recovery continuum for rural children and adolescents aged 5-17 years. In FY 2025, HRSA will support the continuation of grants awarded in FY 2023.

- **RCORP-Behavioral Health Care Support** provides support to rural communities to respond to new and ongoing behavioral health needs of rural residents at risk for, or diagnosed with, SUD/OUD and/or co-occurring disorders. The program focuses on building the infrastructural capacity of rural communities to deliver behavioral health, including SUD/OUD, services across the continuum; enhancing care coordination to provide effective care; and addressing social determinants of health to promote health equity. In FY 2025, HRSA will support the continuation of grants awarded in FY 2022.

- **RCORP-Medication Assisted Treatment Access** provides support to establish new MAT access points and increase the capacity for sustainable MAT service provision in rural areas that do not currently have access to MAT for SUD/OUD. In FY 2025, HRSA will support the continuation of grants awarded in FY 2023.

- **RCORP-Rural Centers of Excellence on Substance Use Disorders** support the dissemination of best practices related to the treatment for and prevention of substance use disorders within rural communities, with a focus on the current opioid crisis. In FY 2025, HRSA will support the continuation of these cooperative agreements.

- **RCORP-Technical Assistance and Evaluation** provide technical assistance and evaluation support encompassing the entire RCORP initiative. HRSA will support the continuation of funding for each of the initiative-wide technical assistance and evaluation cooperative agreements in FY 2025.

HRSA will continue to solicit feedback from rural stakeholders and engage and partner with other Federal agencies to promote a coordinated approach to combatting this devastating epidemic and ensure HRSA's efforts are aligned with the HHS Overdose Prevention Strategy and other Administration priorities.

EQUITY

Health Center Program

The health center model of care uniquely positions health centers to address health disparities and advance health equity. As community-based and patient-directed organizations, health centers ensure access to affordable, quality, and cost-effective primary health care to the nation's underserved and most socially vulnerable populations. Nearly 1,400 HRSA-funded health centers operate nearly 15,000, providing comprehensive primary and preventive care on a sliding fee scale to over 30 million patients annually. Approximately 90% of health center patients are individuals or families living at or below 200% of the Federal Poverty Guidelines and approximately 63% of health center patients are racial/ethnic minorities. Health centers also serve over 1 million agricultural workers, about 1.3 million individuals experiencing homelessness, and approximately 5.7 million individuals living in or near public housing. In addition to ensuring access to primary and preventive care, health centers' model of care includes the provision of non-clinical enabling services, including translation, transportation, outreach and education, care coordination, and eligibility assistance, that recognize and help to address the social and environmental barriers to health and to health care experienced by their patients.

National Health Service Corps SUD Workforce Loan Repayment Program

The NHSC SUD Workforce LRP has worked to increase access to evidence-based SUD treatment to communities in need. Providers recognized through this program are dedicated to caring for underserved communities in urban, rural, and tribal areas. Each NHSC clinician serves patients in Health Professional Shortage Areas (HPSA) – communities with limited access to health care. In addition, NHSC SUD Workforce LRP clinicians work at NHSC-approved SUD treatment facilities that have implemented a Sliding Fee Discount Program that enables the sites to offer services to patients regardless of their ability to pay.

Addiction Medicine Fellowship Program

The AMF Program aims to address equity by improving underserved communities' access to evidence-based substance use prevention and treatment services. The Program does so by connecting skilled addiction treatment professionals to areas of greatest need. Awardees collaborate and establish relationships with underserved, community-based settings. Within these settings, the addiction medicine/addiction psychiatry fellows complete clinical rotations in which they provide substance use screening, diagnosis, and treatment services with the goal of increasing their practice knowledge and skills as well as their ability to provide culturally competent care. Fellows may also complete a clinical rotation at a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women where they develop skills and knowledge specific to the needs of these populations.

Substance Use Disorder Treatment and Recovery Loan Repayment Program

The STAR LRP aims to improve equity by reducing the barriers to accessing SUD treatment, including opioid treatment and recovery services. The workforce supported through this program works in both Mental Health and Health Professional Shortage Areas (HPSA) and areas where the mean drug overdose mortality rates are above the national average. The STAR LRP also recognizes behavioral health paraprofessionals as eligible provider types, and new community-based settings (e.g., faith-based settings, crisis management centers, etc.) as eligible access points for treatment or recovery services.

Rural Communities Opioid Response Program

RCORP addresses the disproportionate challenges rural communities face in accessing behavioral health care services, which include limited workforce, transportation barriers, and stigma, through community-based grants and technical assistance. RCORP funding also targets behavioral health care disparities within rural communities. For example, applicants to RCORP programs are encouraged to include populations that have historically suffered from poorer health outcomes, health disparities, and other inequities as compared to the rest of the population. Examples of these populations include, but are not limited to: racial and ethnic minorities, people who are pregnant, adolescents and youth, LGBTQ+ individuals, veterans, socioeconomically disadvantaged populations, the elderly, individuals with disabilities, etc. Since FY 2021, RCORP recipients have been required to produce a Disparities Impact Statement during the course of their grant to enable them to monitor and assess the impact their programs have on vulnerable populations within their service areas. In accordance with Executive Order 13985, RCORP programs will continue to emphasize consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment.

LEGISLATIVE PROPSALS TAB

LEGISLATIVE PROPOSALS

FY 2025 A-19 Proposal Summaries

Mandatory A-19s

- Extend Authorization and Appropriation of Funding and Add Authority to Create a Technical Assistance Center to the Family-to-Family Health Information Centers Program

HRSA is requesting a 5-year extension of mandatory funding for the Family-to-Family Health Information Centers (F2F HIC) Program, which expires at the end of FY 2024. The proposal would provide for increased mandatory funding of $12 million per year, an increase of $6 million per year above the current authorized level, in FY 2025 through FY 2029 for a total of $60 million over five years. Increased funding will allow F2F HIC awardees to serve more families of children and youth with special health care needs (CYSHCN) and expand the capacity of F2F HICs to partner and engage with families, providers, and other community and state stakeholders to ensure a thriving system of care for CYSHCN. To support this expanded work, the proposal also requests a technical change that would provide specific statutory authority to create a new technical assistance center to coordinate and provide intensive technical assistance to grantees of the F2F HIC Program. The technical assistance center would help F2F HICs, including the newly established territorial and tribal HICs, receive the support necessary to fulfill their statutory requirements and collect data to evaluate the reach of the program. The reauthorization and increased funding are vital to advance health equity for CYSHCN and improve health outcomes of CYSHCN.

- *Joint Summary:* Reauthorization of Mandatory Appropriations for the Community Health Center Fund & Requiring Health Centers to Provide Behavioral Health Services

  HRSA is requesting a 3-year extension of mandatory funding of the Community Health Center Fund for the Health Center Program, which expired at the end of FY 2023[165], and to make behavioral health services required primary care services of the Program. The Health Center Program provides primary care services at over 14,000 service delivery sites through nearly 1,400 health centers. Health centers operate in every U.S state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. With continued funding for the Community Health Center Fund, the Health Center Program will further strengthen and expand this vital source of primary care for millions of uninsured and medically underserved patients seeking a quality source of care. Additionally, by adding behavioral health services as a required service, health centers will be able to meet the growing demand for mental health and substance use disorder services across the country.

[165] P.L. 118-15, P.L.118-22, and P.L. 118-35 provided funding through March 8, 2024.

- *Individual Summaries (if needed):*
    - Reauthorization of Mandatory Appropriations for the Community Health Center Fund

HRSA is requesting a 3-year extension of mandatory funding of the Community Health Center Fund for the Health Center Program, which expired at the end of FY 2023.[29] The Health Center Program provides primary care services at over 14,000 service delivery sites through nearly 1,400 health centers. Health centers operate in every U.S state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. With continued funding for the Community Health Center Fund, the Health Center Program will further strengthen and expand this vital source of primary care for millions of uninsured and medically underserved patients seeking a quality source of care.

    - Requiring Health Centers to Provide Behavioral Health Services

HRSA is seeking to add behavioral health services to the statutorily required primary health services in the Health Center Program. Requiring health centers to provide mental health and substance use disorder services will improve access to these services in the most medically underserved communities, including rural communities, and will reduce disparities and improve health outcomes.

    - Reauthorization of Mandatory Appropriations for the National Health Service Corps Fund

HRSA is requesting a 3-year extension of mandatory funding for the National Health Service Corps (NHSC), which expired at the end of FY 2023.[166] Since its inception in 1972, the NHSC has worked to support qualified health care providers dedicated to working in underserved communities. NHSC clinicians serve patients in Health Professional Shortage Areas (communities with limited access to health care) in return for scholarships and loan repayment. The proposed funding levels will maintain current investments and ensure that the NHSC recruitment and retention programs continue to be a significant source of highly qualified clinicians working in areas of greatest need across the country.

    - Reauthorization of Mandatory Appropriations for the Teaching Health Center Graduate Medical Education Program

HRSA is requesting a 3-year extension of mandatory funding for the Teaching Health Center Graduate Medical Education Program (THCGME), which expired at the end of FY 2023.[167] The program focuses on supporting residents in primary care, including obstetrics and gynecology and psychiatry, and dental residency training programs to meet the medical and mental health care needs of rural and underserved communities. Increased funding for THCGME will maintain current residents' investments and allow them to complete residency training and graduate from their respective programs. In addition, HRSA is proposing removal of the statutory annual cap on payments made through THCGME. Removing this limitation would

[166] [166] P.L. 118-15, P.L.118-22, and P.L. 118-35 provided funding through March 8, 2024.
[167] [167] P.L. 118-15, P.L.118-22, and P.L. 118-35 provided funding through March 8, 2024.

enable HRSA to utilize all funds appropriated for THCGME (including those recouped after reconciliation).

Discretionary A-19s

- Expand National Health Service Corps Scholarship and Loan Repayment Eligibility to Grow the Health Workforce

This proposal recommends expanding eligibility requirements for the National Health Service Corps (NHSC) Scholarship and Loan Repayment Programs to include lawful U.S. permanent residents. Current statutes limit eligibility for NHSC programs to U.S. citizens or nationals. However, a significant subset of the immigrant health workforce in the United States consists of lawful permanent residents, or "green card holders." Lawful permanent residents are individuals authorized to live and work in the United States on a permanent basis but who do not yet hold U.S. citizenship, and therefore are not eligible for participation in the NHSC Scholarship or Loan Repayment programs. Allowing qualified permanent residents to participate in NHSC will better align HRSA's health workforce training and service programs and ensure that the NHSC recruitment and retention programs continue to include a significant source of highly qualified clinicians.

- Extend the Autism Education, Early Detection, and Intervention Program

HRSA is requesting a 5-year extension of the authorization for the Autism and Other Developmental Disabilities programs, which sunsets at the end of FY 2024. Extending the authority will allow the Autism and Other Developmental Disabilities Program to continue to address the screening, diagnostic, and intervention needs of increasing numbers of individuals with autism and other developmental disabilities through its training and research activities. Reauthorization is vital to advance health equity and improve health outcomes of individuals with autism and other developmental disabilities.

- 340B Drug Pricing Program Integrity: Establishment of Reporting Requirements and Definitions for the Use of Savings and Contract Pharmacy Utilization

To enhance integrity in the 340B Program, HRSA is requesting regulatory authority to require covered entities to report annually how the savings achieved through the Program benefit the communities being served. The proposal also seeks to strengthen compliance and transparency related to the utilization of contract pharmacies. Additionally, HRSA proposes explicit authority to define necessary terms.

- Extending Tax-Exempt Status to Specific Scholarship and Loan Repayment Programs

The Budget proposes extending the tax-exempt status that is provided to the National Health Service Corps Program award recipients to HRSA's similar health care workforce programs, including the Nurse Corps Scholarship and Loan Repayment Programs, Native Hawaiian Health Scholarship Program, the Faculty Loan Repayment Program, the Pediatric Specialty Loan Repayment Program, and the Substance Use Disorder Treatment and Recovery Loan Repayment

Program. The savings would allow HRSA to make additional awards through these programs to grow and expand the health workforce, including behavioral health providers.

Vaccine Injury Compensation Program

TAB

VACCINE INJURY COMPENSATION PROGRAM

Table of Contents

FY 2025 Budget

Appropriation Language

VACCINE INJURY COMPENSATION PROGRAM TRUST FUND

For payments from the Vaccine Injury Compensation Program Trust Fund (the "Trust Fund"), such sums as may be necessary for claims associated with vaccine-related injury or death with respect to vaccines administered after September 30, 1988, pursuant to subtitle 2 of title XXI of the PHS Act, to remain available until expended: Provided, That for necessary administrative expenses, not to exceed $20,200,000 shall be available from the Trust Fund to the Secretary.

Amounts Available for Obligation

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Discretionary Appropriation:	$56,913,000	$57,933,000	$68,611,000
Transfer to Other Accounts	-$15,200,000		
Transfer from Other Accounts	$15,200,000		
Subtotal, adjusted Discretionary Appropriation	**$56,913,000**	**$57,933,000**	**$68,611,000**
Mandatory Appropriation	$174,926,000	$261,497,000	$266,727,000
Transfer to Other Accounts	-$174,926,000		
Transfer from Other Accounts	$174,926,000		
Subtotal, adjusted Mandatory Appropriation	**$174,926,000**	**$261,497,000**	**$266,727,000**
Spending Auth Offsets	--		
Administrative Expenses	$56,913,000	$57,933,000	$68,611,000
Total HRSA Claims	$174,926,000	$261,497,000	$266,727,000
Total New Obligations	**$231,839,000**	**$319,430,000**	**$335,338,000**

Budget Authority by Activity

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Trust Fund Obligations: Post-10/1/88 claims	$174,926,000	$261,497,000	$266,727,000
Administrative Expenses: HRSA Direct Operations	$15,200,000	$15,200,000	$20,200,000
Total Obligations	$190,126,000	$276,697,000	$286,927,000

Budget Authority by Object

	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2024
Insurance claims and indemnities	$261,497,000	$266,727,000	+$5,230,000
Salaries & Expenses/Other Services	$15,200,000	$20,200,000	+$5,000,000
Total	$276,697,000	$286,927,000	+$10,230,000

Authorizing Legislation

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
(a) PHS Act, Title XXI, Subtitle 2, Parts A and D:			
Pre-FY 1989 Claims	---	---	---
Post-FY 1989 Claims	$174,926,000	$261,497,000	$266,727,000
(b) Sec. 6601 (r)d ORBA of 1989 (P.L. 101-239):			
HRSA Operations	$15,200,000	$15,200,000	$20,200,000

Appropriation History Table

(Pre-1988 Claims Appropriation)

	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
1996	110,000,000	110,000,000	110,000,000	110,000,000
1997	110,000,000	110,000,000	110,000,000	110,000,000
1998	---	---	---	---
1999	---	---	100,000,000	100,000,000
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Vaccine Injury Compensation Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
Claims BA	$174,926,000	$261,497,000	$266,727,000	+$91,801,000
Admin BA	$15,200,000	$15,200,000	$20,200,000	+$5,000,000
Total	$190,126,000	$276,697,000	$286,927,000	+$96,801,000
FTE	23	23	28	+5

Authorizing Legislation – Public Health Service Act, Title XXI, Subtitle 2, Parts A and D, Sections 2110-19 and 2131-34, as amended by Public Law 114-255, Section 3093(c).

FY 2025 Authorization……...Indefinite

Allocation Method…….Other

Program Description

Serving as an alternative to the traditional tort system, the National Vaccine Injury Compensation Program (VICP) compensates individuals or families of individuals who have been injured by vaccines recommended by the Centers for Disease Control and Prevention (CDC) for routine administration to children or individuals who are pregnant. HRSA administers the VICP, and the Department of Justice (DOJ) represents HHS in the U.S. Court of Federal Claims (Court), which ultimately decides to provide compensation or dismiss claims.

HRSA receives claims requesting compensation for vaccine injuries or deaths, which the petitioner has served against the HHS Secretary and filed with the Court. Petitioners include individuals, parents, or legal representatives/estates applying on behalf of others. HRSA providers with special expertise in pediatric and adult medicine review these claims, including supporting documentation. HRSA also contracts with health care professionals for claim reviews and other medical specialists to provide independent claim reviews and testify in Court. HRSA medical officers develop preliminary recommendations regarding petitioner eligibility for compensation, and DOJ incorporates these recommendations in Rule 4(b) reports submitted to the Court. Lastly, HRSA processes payments to petitioners and their attorneys based on judgments entered by the Court.

HRSA also publishes notices in the Federal Register listing each claim received and promulgates regulations to modify the Vaccine Injury Table that lists injuries and/or conditions associated with covered vaccines. HRSA provides administrative support to the Advisory Commission on Childhood Vaccines (ACCV), which is responsible for advising the HHS Secretary on issues related to VICP operations. The ACCV has nine voting members, including health care professionals, attorneys, parents, or legal representatives of children who have suffered vaccine-related injuries or death, and non-voting HHS officials.

Vaccine Injury Compensation Trust Fund

Congress annually appropriates funding from the Vaccine Injury Compensation Trust Fund (Trust Fund) for VICP administration and compensation for vaccine-related injuries or death claims for covered vaccines administered on or after October 1, 1988. As of September 30, 2023, the Trust Fund has a balance of over $4 billion. The Department of Treasury maintains the Trust Fund through a $0.75 excise tax on vaccines recommended by the CDC for routine administration to children or individuals who are pregnant. The excise tax applies to each disease prevented per vaccine dose. For example, the influenza vaccine is taxed at $0.75 because it prevents one disease, while the measles-mumps-rubella vaccine, which prevents three diseases, is taxed at $2.25. The Department of Treasury collects the excise taxes and manages Trust Fund investments.

VICP Administration

VICP claims have increased from 633 claims filed in FY 2014 to 2,057 claims filed in FY 2022 and 1,167 claims filed in FY 2023. HRSA began experiencing a backlog of vaccine injury claims awaiting medical review since the volume of claims exceeded the resources available to conduct timely medical reviews. The cumulative claims backlog was 966 claims at the end of FY 2020 and 1,106 by the end of FY 2022 resulting in a 9 – 12 month backlog for VICP medical review. Due to increased administrative funding in FY 2022 and FY 2023, the VICP contracted with companies and medical reviewers to reduce the backlog. At the end of FY 2023, VICP successfully reduced the backlog to 163 claims and wait times for medical review to four (4) months. Continued funding is needed to ensure prompt review of medical claims and eliminate the medical review backlog.

Table 1. 10-Year Trend in Number of Claims Filed and Administrative Costs
(*dollars in millions)*

Fiscal Year	Number of Claims Filed	Administrative Funding
2014	633	$6.50
2015	803	$7.50
2016	1,120	$7.50
2017	1,243	$7.75
2018	1,238	$9.20
2019	1,282	$9.20
2020	1,192	$10.20
2021	2,057[1]	$11.20
2022	1,029	$13.20
2023	1,167[2]	$15.20

1/Significant influx of 800 claims in January 2021 due to the expected implementation of the final rule proposed to remove Shoulder Injury Related to Vaccine Administration (SIRVA) from the Vaccine Injury Table.
2/Estimate of 2023 number of claims (as of July 31, 2023)

Budget Request

VICP Claims Compensation

The FY 2025 Budget Request for the National Vaccine Injury Compensation Program of $266.7 million is $91.8 million above the FY 2023 Final level. This request will provide the funds necessary to compensate petitioners and pay their attorneys' fees and costs.

VICP Administration

The FY 2025 Budget Request for the National Vaccine Injury Compensation Program of $20.2 million is $5 million above the FY 2023 Final level. This request will support administrative expenses necessary to continue the prompt review of claims, to prevent a future backlog of claims awaiting medical review, and to process expected incoming claims in FY 2025. This request will also support timely claims adjudication by providing funding for medical review staff, contractors to conduct timely medical reviews, medical experts for reviews, and expert testimony given during Court proceedings. Continued funding is needed to safeguard the timely review of claims and ensure scalability of the VICP due to the variability of claims filed. Over the past two FYs, the CDC has included new vaccines in the Child and Adolescent Immunization Schedule, recommending these vaccines for routine use in children and/or individuals who are pregnant. Additional action would be required to enact VICP coverage of these vaccines This request will support any VICP expansion, including supporting Federal rulemaking efforts to amend the Vaccine Injury Table, as necessary. Finally, this request will support information technology infrastructure, communication to stakeholders for any additions in VICP coverage, operations, and maintenance for the newly implemented claims management system, and cover costs associated with the claims award process, follow-up performance reviews, and other program support costs.

Five Year Funding History - *VICP Claims*

Fiscal Year	Amount
FY 2021	$246,414,977
FY 2022	$316,778,000
FY 2023	$256,370,000
FY 2024 CR	$261,497,000
FY 2025 President's Budget	$266,727,000

Five Year Funding History - *VICP Admin*

Fiscal Year	Amount
FY 2021	$11,200,000
FY 2022	$13,200,000
FY 2023	$15,200,000
FY 2024 CR	$15,200,000
FY 2025 President's Budget	$20,200,000

Program Accomplishments

Table 2 shows the number of petitioners awarded compensation and vaccine injury compensation provided over the last five years.

Table 2. Growth in Families and Individuals Receiving Compensation

Fiscal Year	No. of Petitioners	Compensation ($ in millions)
2019	653	$226
2020	733	$218
2021	719	$245
2022	927	$230
2023	885	$174

Outputs and Outcomes Tables

Measure	Year and Most Recent Result/ Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
9000.03 Average time that lump sum only awards are paid from the receipt of all required documentation to make a payment. (Efficiency)	FY 2023: 1.5 days Target: 3 days (Target Exceeded)	4 days	3 days	-1 day

Measure	Year and Most Recent Result/ Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
9000.07 Percentage of medical reports that are completed within 90 days of the date the claim is assigned to a medical reviewer (Efficiency)	FY 2023: 94% Target: 80% (Target Exceeded)	93%	94%	+1 percentage point
9000.08 Percentage of filed claims assigned for medical review within 9 months of the date the claim is activated by the Court (Efficiency)	FY 2023: 92% Target: 75% (Baseline)	75%	80%	+5 percentage points
9000.01 Percentage of cases in which judgment awarding compensation is rejected and an election to pursue a civil action is filed. (Outcome)	FY 2023: 0% Target: 0% (Target Met)	Discontinued	Discontinued	N/A
9000.02 Average time settlements are approved from the date of receipt of the DOJ settlement proposal. (Outcome)	FY 2023: 1 days Target: 5 days (Target Exceeded)	Discontinued	Discontinued	N/A

Measure	Year and Most Recent Result/ Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
9000.04 Percentage of cases in which court-ordered annuities are funded within the carrier's established underwriting deadline. (Outcome)	FY 2023: 100% Target: 99% (Target Exceeded)	Discontinued	Discontinued	N/A
9000.05 Percentage of medical reports that are completed within 90 days of receipt of any medical records. (Outcome and Developmental)	FY 2023: 94% Target: 80% (Target Exceeded)	Discontinued	Discontinued	N/A
9000.06 Percentage of FY 2017 and subsequently filed claims with any medical records assigned for medical review within 4 months of receipt from the Court. (Outcome)	FY 2023: 62% Target: 65% (Target Not Met)	Discontinued	Discontinued	N/A

Performance Narrative

VICP has three performance measures (9000.03, 9000.07, and 9000.08) to better reflect HRSA's two roles in administering the VICP. HRSA conducts the medical review of VICP claims and makes Court-ordered payments to VICP claimants. In FY 2023, VICP set a performance measure (9000.03) of paying lump sum payments within three days of receiving all documentation to issue a payment. In FY 2025, VICP is aligning its target to issue lump sum payments with a prior performance of three days or less. Additionally, based on FY 2022 performance indicators, VICP established a performance measure (9000.07) of completing 80% of medical reports within 90 days of assignment. In FY 2023, VICP exceeded this target and has accordingly increased its performance goals by 1 percentage point. Finally, in FY 2023, VICP

established a performance measure (9000.08) of assigning 75% of medical reviews within nine months of activation, based on its performance in FY 2022 of assigning 74% of claims within nine months of activation from the Court. VICP exceeded this target by assigning 92% of these cases within nine months of activation, and as such, is increasing its target by 5 percentage points. These measures capture the efficiency of conducting medical reviews and making payments.

Countermeasures Injury Compensation

TAB

COUNTERMEASURES INJURY COMPENSATION PROGRAM

Table of Contents

FY 2025 Budget

Appropriations Language

COVERED COUNTERMEASURE PROCESS FUND

For carrying out section 319F-4 of the PHS Act, $10,000,000 to remain available until expended.

Amounts Available for Obligation

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Discretionary Appropriation:			
Direct Appropriation	$7,000,000	$7,000,000	$10,000,000
Unobligated Balance:			
Unobligated Balance, start of year	$8,742,652	$2,125,266	---
Unobligated Balance, Transfer from Other Accounts	$7,370,000	$7,000,000	---
Subtotal, Unobligated Balance	**$16,112,652**	**$9,125,266**	---
Administrative Expenses	$14,605,286	$8,383,008	$9,000,000
Compensation Funding	$1,507,366	$742,258	$1,000,000
Total New Obligations	**$16,112,652**	**$9,125,266**	**$10,000,000**

Budget Authority by Activity

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget
Countermeasures Injury Compensation Program[168]	$7,000,000	$7,000,000	$10,000,000

Authorizing Legislation

	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 Amount Appropriated
Countermeasures Injury Compensation Program: PHS Act, Sections 319F-3 and 319F-4, as added by P.L. 109-148, as amended by P.L. 113-5 (to Section 319F-3)	Not Specified	$7,000,000	Not Specified	$10,000,000

[168] Since October 2009, CICP has received funding from the Public Health and Social Services Emergency Fund (PHSSEF).

Countermeasures Injury Compensation Program

	FY 2023 Final	FY 2024 Continuing Resolution	FY 2025 President's Budget	FY 2025 +/- FY 2023
BA	$7,000,000	$7,000,000	$10,000,000	+$3,000,000
FTE	37	37	42	+5

Authorizing Legislation: Public Health Service Act, Sections 319F-3 and 319F-4, as amended by Public Law 116-136.

FY 2025 Authorization…… Indefinite

Allocation Method……. Other

Program Description

The Countermeasures Injury Compensation Program (CICP) provides benefits for serious injuries or deaths determined to be directly caused by the administration or use of covered countermeasures. A countermeasure is a vaccination, medication, device, or other item recommended to diagnose, prevent, or treat a declared pandemic, epidemic, or security threat.

The Public Readiness and Emergency Preparedness Act (PREP Act) authorizes the CICP to provide medical and lost employment income benefits to certain individuals or estates of individuals who sustain covered serious physical injuries as the direct result of the administration or use of covered countermeasures. The CICP also provides death benefits to certain survivors of eligible deceased injured countermeasure recipients. The PREP Act declarations identify the countermeasures covered by CICP.

Prior to 2020, the CICP received fewer than 500 claims since it began processing claims in 2010. However, on February 4, 2020, as the global Coronavirus Disease 2019 (COVID-19) pandemic developed, the Secretary of HHS issued a PREP Act declaration for medical countermeasures against COVID-19. Following the issuance of the PREP Act declaration, eligible individuals could submit a Request for Benefits Form (RFB) alleging injuries from COVID-19 countermeasures, including COVID-19 vaccines. As a result, the CICP saw a significant caseload increase of nearly 12,700 cases, as of December 1, 2023, that has presented significant logistical, staffing, and budgetary challenges for the Program.

Budget Request

The FY 2025 Budget Request for the Countermeasures Injury Compensation Program of $10 million is $3 million above the FY 2023 Final level. This request for funding will be used to provide compensation to eligible individuals and achieve a timely review of countermeasure injury claims in FY 2025. The request will also be used to enhance the CICP information technology (IT) infrastructure to improve efficiency and streamline operations, to increase

business process efficiencies that will optimize programmatic workflows, improve communication with requesters ensuring effective and timely interactions, leverage contracts to review and fully process at least 2,500 claims in FY 2025, and support the independent process of reconvening reconsideration panels.

Funding History

Fiscal Year	Amount
FY 2021	---
FY 2022	$5,000,000
FY 2023	$7,000,000
FY 2024 CR	$7,000,000
FY 2025 President's Budget	$10,000,000

Program Accomplishments

During the ten years prior to the COVID-19 pandemic, the CICP received and closed approximately 500 claims in total. As of December 1, 2023, nearly 12,700 claims alleging injuries/deaths from COVID-19 countermeasures have been filed with the CICP, including 9,621 claims alleging injuries from COVID-19 vaccines. With current resources, CICP staff and federal contractors have made 1,837 determinations for COVID-19 claims as of December 1, 2023.

Other CICP accomplishments in FY 2023 include:

- Expanded medical review capacity by hiring additional medical reviewers as well as contracting for medical review services which have significantly increased the number of claims reviewed;
- Secured program management and business process improvement expertise to improve claims processing workflows and processes;
- Developed and launched a new feature in the CICP document submission portal that allows claimants to check the status of their claims online, even if they submitted claims by physical mail.
- Launched a chat function on its website to assist requesters and the public with information about the CICP and the claim review process.
- Initiated efforts to modernize the program's legacy information system to improve claims processing and communication with requesters; and
- Built staffing/contractor capacity to support the reconsideration process.

Outputs and Outcomes Tables

Measure	Year and Most Recent Result / Target for Recent Result (Summary of Result) (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 +/- FY 2024
9010.01 Percentage of compensable claims that are paid within 180 days of confirming receipt of required documentation. (Efficiency)	FY 2023:100% Target: Not defined (Historical Actual)	Not Defined	80%	N/A

Performance Narrative

In FY 2025, the CICP is adding a new performance measure. CICP conducts the medical review of CICP claims. Once deemed eligible for compensation, CICP requests additional documentation to determine eligible expenses to be compensated. Determination of benefits is an iterative process, requiring an exchange of information between CICP and the requester to determine the amount and type of compensation to which a requester is entitled. CICP has received over 12,700 requests for benefits and is working to process the significant caseload for both claims filed and claims eligible for compensable benefits. This measure captures the efficiency of claims compensated once all required documentation has been received to process payment.

Nonrecurring Expenses Fund TAB

Nonrecurring Expenses Fund

Budget Summary
(Dollars in Thousands)

	FY 2023[2]	FY 2024[3]	FY 2025[4]
Notification[1]	$41,940	$49,490	$93,414

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

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions. NEF resources have allowed HRSA to make critical capital investments in information technology that modernize and secure HRSA's systems and improve the effectiveness of agency operations and the utilization of data across HRSA. Since FY 2016, HRSA has requested $214.65 million from the NEF and received $141.59 million.

Budget Allocation FY 2025

In FY 2025 HRSA has seven NEF projects planned:

- BHW Management Information System Solution (BMISS) Mobile Application: HRSA plans to create a mobile application for clinicians applying to the National Health Service Corps, Nurse Corps and Substance Use Disorder Treatment and Recovery loan repayment and scholarship programs. This application would allow prospective participants as well as participants in the field to communicate easily, more efficiently access program data, services and ensure they stay in close communication with programs to ensure compliance.

- Rural Safety Net Provider Data Solution: HRSA will create a single-entry point to access consolidated data internal and external to HHS related to rural healthcare safety net providers – specifically Critical Access Hospitals (CAHs) and CMS-certified Rural Health Clinics (RHCs). This data will help inform efforts to further expand access to care, address health disparities, and make decisions about programs and initiatives relevant to CAHs and RHCs.

- Injury Compensation System Intelligent Document Processing: HRSA will implement a

cloud-based service (Saas) platform that will support the Injury Compensation System Cloud Solution and shorten medical review times by using intelligent document processing (IDP). This investment is expected to significantly reduce the time required to manually review and summarize medical records.

- Next Gen Organ Procurement and Transplantation Network: HRSA plans to develop a government owned technology solution to fully modernize the OPTN and improve its ability to serve the needs of patients and families. This investment will support the development of the Next Gen OPTN using a human-centered design (HCD) approach and adoption of best-in-class technology.

- HRSA Data Warehouse Web Systems and Data System Modernization: HRSA will enhance the Data Lakehouse by adding tools for data governance, data cataloging, data testing and validation of open Data APIs and replace legacy data explorer and querying tools with natural language processing (NLP) and Artificial Intelligence (AI) platform. As well as consolidate internal and external facing web systems into a single-entry point to align with OMB Zero Trust.

- Enterprise Site Repositories (ESR) Modernization Phase 2: HRSA will further advance the ESR modernization initiative to integrate an additional five types of sites and services at HRSA into the ESR.

- HRSA Electronic Records Management System: HRSA will operationalize an Electronic Records Management solution and begin implementation and integration for three key critical HRSA IT systems. The consolidation of sites and streamlining of the process will reduce low-value work for HRSA staff and improve quality and consistency of available geographic data for service delivery sites across the agency. HRSA will also develop and pilot a mobile application to maintain bi-directional communication during time of emergency with Health Providers working at the service delivery sites in the frontlines.

Budget Allocation FY 2024

In FY 2024, HRSA received $49.49 million in funding for nine NEF projects:

- Health Workforce Connector Community: This project will expand the Health Workforce to meet evolving community needs, improve the distribution of Health Workforce to reduce shortages, enhance health care equity and quality through collaboration, and develop and apply data evidence to strengthen the health workforce.

- National Center for Health Workforce Analysis (NCHAWA)Enhanced and Advanced Data Analytics & Tools: NCHWA serves as a national resource on the health workforce in the U.S. This initiative will improve HRSA’s ability to provide Federal and non-Federal stakeholders improved access to valuable methodology and datasets created and managed by the National Center for Health Workforce Analysis.

- Robotic Process: This project will establish an enterprise-wide RPA framework that will focus on bot development and deployment rather than establishing infrastructure,

maintenance and security compliance.

- Organ Procurement and Transplantation Network: HRSA aims to streamline the OPTN by laying the foundational efforts to transitioning from a large custom-built monolithic solution to a modular approach, which will greatly reduce system complexity.

- Tenant Move: The National Hansen's Disease Program is requesting additional funds necessary to build out a new space for their Lab Research Branch which includes new laboratory equipment and cost associated from the move.

- Data Warehouse: HRSA will migrate the Data Warehouse system to cloud as well as automate the continuous integration and continuous delivery software delivery pipeline.

- Data Center: HRSA will modernize the End of Life (EOL) datacenter infrastructure to ensure that various security and file storage functions continue to operate on supported hardware as well as allow HRSA to meet critical OMB mandates, and DHS/HHS security policies and operational requirements.

- ServiceNow: HRSA plans to undertake four key initiatives using the ServiceNow platform to improve operational efficiency at HRSA over time, integrate ServiceNow with Azure cloud services, and monitoring and managing software licenses, reclaiming unused licenses, providing a service portal and reporting capability for audits and compliance, and implement an Enterprise Architecture platform using ServiceNow that can integrate and synchronize with the HHS instance of EANow for secure data exchange about HRSA software and systems to improve governance and productivity.

- SharePoint: HRSA will modernize the existing SharePoint-based custom business workflow solutions using the latest Microsoft cloud-based Power Platform to replace legacy SharePoint technology workflows reaching EOL support. HRSA will also use the funding to redesign/modernize the migrated HRSA SharePoint sites using cloud native tools.

Budget Allocation FY 2023

In FY 2023, HRSA received $41.94 million in funding for four NEF projects:

- Tenant Improvement Expense for the National Hansen's Disease Program Lab Research: The funding for this project will help build laboratory and animal housing, cover costs associated with relocation and recalibration of the laboratory equipment and movement of the research animals.

- Expanding Access to Advanced Data Analytic Tools: This project will improve HRSA's ability to provide Federal and non-Federal stakeholders improved access to valuable datasets created and managed by the National Center for Health Workforce Analysis.

- Data Solution – Phase Two: This project will implement the identified strategies and solutions from Phase One and will include a soft roll-out to include staff and public training

and support for users of the system. The ultimate goal is to ensure that data reporting and sharing is accurate, high-quality, and non-duplicative and to increase ease of use by both public and federal users.

- Data Center and Security Infrastructure: HRSA will be replacing the existing underling physical server hardware that is in use by many applications at HRSA in Rockville, MD and Sterling, VA locations. This modernization will bring the HRSA systems up to the current technology.

Budget Allocation FY 2022 and prior

- Between FY's 2022 - 2016 HRSA received a total of $50.16 million for multiple NEF projects. Projects included HRSA's SharePoint Cloud Migration Phase 2 which completed the migration of existing on-premise SharePoint platform to secure and efficient cloud environments.

- The Enterprise Site Repository (ESR) Expanding Access to Advanced Data Analytic Tools enhanced program decision-making and reporting.

- The Network Infrastructure Refresh allows HRSA staff to connect to network resources securely and reliably. HRSA replaced the 6510 SAN platform, which provides connectivity for the HRSA Storage Area Network and provides connectivity to end users and phones throughout the 5600 Fishers Lane building.

- HRSA's Data Warehouse: modernized and enriches the HRSA Data Warehouse website with additional program data, usability improvements, and important security upgrades. The Enhanced Data Analytics and Tools built enhanced data analytics capabilities to support metric-driven, programmatic decision making by utilizing existing dashboards as well as data marts.

- The Injury Compensation System Cloud Solution developed an interface to manually create claims and request for benefit packages, which allowed HRSA to set up and configure multiple Salesforce Development Sandboxes.

- The Injury Compensation Systems Enhancements supported financial management modernization and measurably improved security, data protection, accuracy, efficiency, and internal controls within the VICP and CICP operations.

- The Data Warehouse Database Reengineering modernized HRSA's Data Warehouse data architecture.

- HRSA Security Operations Upgrades (B1) allowed HRSA to bring together raw data generated from various cybersecurity tools and more effectively correlate the data and transform it into usable information.

- The Security Operations Upgrades (B2) improves endpoint detection, performance, and

incident response automation capabilities.

- The BMISS Platform Migrations to Cloud (A1) and (A2) allowed HRSA to migrate the BMISS platform, currently hosted at the NIH data center, into a cloud-hosting environment and enabled business flexibility and scalability for HRSA's computing needs.

- The BHW Data Management Initiative expanded the use of BHW datasets and analysis tools.

- The EHBs Modernization and Security Improvements allowed HRSA to pilot a cloud solution and enhanced EHBs security features.

- The Cloud Migration & Data Center Optimization migrated its IT systems to the cloud to accomplish OMB's Data Center Optimization Initiative.

- The Electronic Handbooks Modernization modified the HRSA Electronic Handbooks to ensure compliance with the DATA Act.

- The Cybersecurity and Data Warehouse Modernization increased cybersecurity for HRSA's programs in support of standards and requirements set forth by various federal agencies and helped to establish the foundation for the future Data Warehouse. The Cybersecurity project made critical upgrades to HRSA cybersecurity activities including implementing new tools and 2-factor authentication for external facing systems.

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