DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year **2024**

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

Justification of Estimates for Appropriations Committees

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENTAL MANAGEMENT

	FY 2024	
	FTE	**Program Level**
General Departmental Management	1,032	$611,320,000
PHS Evaluation Set-Aside – Public Health Service Act	199	$93,246,000
GDM Program Level[1]	***1,231***	***$704,566,000***
Medicare Hearings and Appeals (MHA)[2]		
Office of Medicare Hearings and Appeals (OMHA)	731	$164,218,000
Departmental Appeals Board (DAB)	196	$34,782,000
MHA Program Level	***927***	***$199,000,000***
Office for Civil Rights (OCR)	317	$78,000,000
Office of the National Coordinator for Health IT (ONC)		$0
PHS Evaluation Set-Aside	180	$103,614,000
Service and Supply Fund	1,565	$0
Debt Collection	25	-
Customer Experience Pilot Projects	-	$20,000,000
TOTAL, Departmental Management[3]	**4,253**	**$1,105,180,000**

[1] The FY 2024 GDM Program level does not include estimated reimbursable budget authority and associated FTE, HCFAC and associated FTE, and MACRA PTAC associated FTE, unless otherwise indicated.

[2] 2023 and 2024 funding levels for OMHA and DAB represent HHS allocations from the overall MHA appropriation, which are subject to change based on actual incoming appeal receipt levels and statuses of appeal backlogs at each organization.

[3] The total Department Management level does not include proposed Mental Health Transformation Fund and associated FTE; National Hepatitis C Elimination Program in the United States and associated FTE; or PrEP Delivery Program to End the HIV Epidemic and associated FTE unless otherwise indicated.

INTRODUCTION

The FY 2024 Congressional Justification is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 (GPRA) and Office of Management and Budget (OMB) Circulars A-11 and A-136 through the HHS agencies' FY 2024 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at http://www.hhs.gov/budget.

The FY 2024 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2024 Annual Performance Report and FY 2024 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The Summary of Performance and Financial Information summarizes key past and planned performance and financial information.

Message from the Assistant Secretary
for Financial Resources

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

Continued investment in the Department's operational needs is critical to enable HHS to protect the health and well-being of all Americans. This starts with the Secretary having the appropriate resources to lead the nation's public health enterprise, ensure public health policy coordination, and provide oversight of the largest cabinet department in terms of budget. The FY 2024 Budget prioritizes investment in administrative and operational resources to bolster program integrity oversight across the Department, and support Administration priorities such as racial equity, environmental justice, and climate change.

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

The Budget request supports the Secretary in his role as chief policy officer and general manager of HHS. The FY 2024 request totals $1.1 billion to support:

- Teen Pregnancy Prevention and Embryo Adoption Awareness Campaign: $112 million to support community efforts to reduce teen pregnancy through grants to replicate programs that have been proven effective, and an embryo adoption campaign.
- Minority HIV/AIDS: $60 million for the Minority HIV/AIDS Fund to reduce new HIV infections, improve HIV-related health outcomes, and reduce HIV-related health disparities for racial and ethnic minority communities.
- Minority Health: $86 million for the Office of Minority Health to lead, coordinate, and collaborate on minority health activities across the Department, including leadership in coordinating policies, programs, and resources to reduce health care disparities and advance health equity in America.
- Women's Health: $44 million for the Office on Women's Health to fund maternal mortality prevention and other maternal health initiatives and communication activities addressing health disparities for women.
- Administrative Funds: $284 million to provide the Secretary the resources needed for oversight of the largest cabinet department in terms of budget. Funding supports program integrity oversight and operations and management in the Office of the Secretary, areas

historically underfunded.

- Children's Interagency Coordinating Council: $3 million to foster greater coordination and transparency on child policy across agencies.
- Electric Vehicle Program: $22 million to implement a Department-wide Electric Vehicle Fleet program aimed at converting existing fleet vehicles to electric.
- Planning, Research, and Evaluation: $93 million in PHS Evaluation Funds to support the Office of Climate Change and Health Equity, and to ensure research is at the forefront of leadership decision making.
- Office of Medicare Hearings and Appeals and Departmental Appeals Board: $199 million to fund the Departmental Appeals Board as it continues to maximize progress to reduce the Medicare appeals backlog, and the Office of Medicare Hearings and Appeals to focus on compliance with the statutorily mandated 90-day adjudicatory timeframe.
- Office for Civil Rights: $78 million to defend the public's right to nondiscriminatory access to HHS-funded health and human services and the privacy and security of individually identifiable health information. Increases will support the Administration's Mental Health Strategy by establishing Behavioral Health Teams to ensure individuals and families do not face discriminatory barriers to accessing behavioral health care; the implementation of Health Information Technology for Economic and Clinical Health Act requirements for sharing HIPAA settlements and civil monetary penalties with harmed individuals; and enforcement of the Part 2 federal law that governs the confidentiality of substance use disorder records.
- Office of the National Coordinator for Health IT: $104 million in PHS Evaluation Funds to ensure policy development on value-based, data-driven health system transformation and to guide and facilitate cutting edge technology and standards initiatives. The investments will target Federal coordination and investments to spur the development and promotion of an interoperable nationwide health IT infrastructure.

The Secretary looks forward to working with the Congress for the enactment and implementation of the FY 2024 Budget.

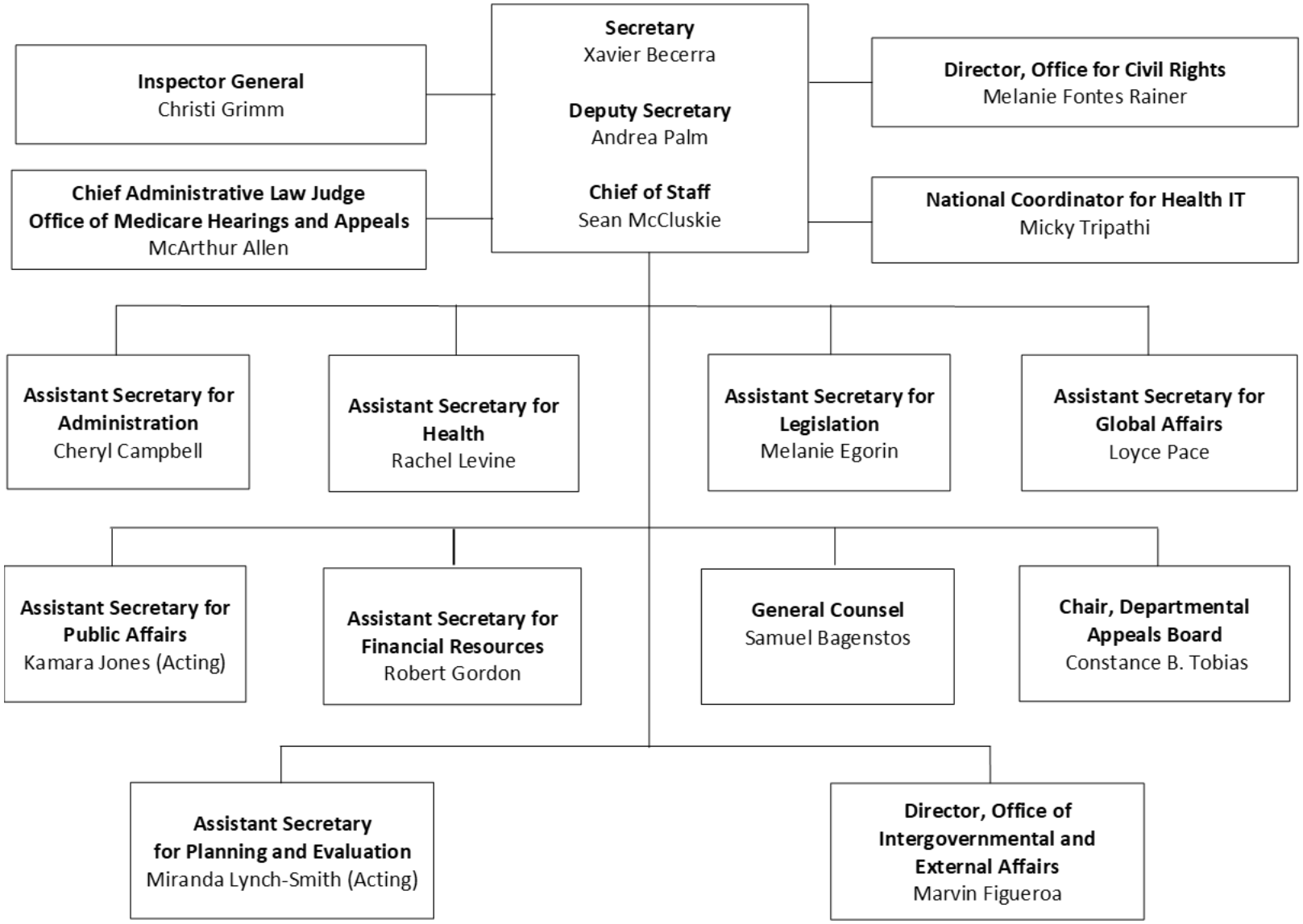
Robert Gordon

Assistant Secretary for Financial Resources

Departmental Management Overview

TABLE OF CONTENTS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY



ORGANIZATIONAL CHART: TEXT VERSION

Department of Health and Human Services

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

The following offices report directly to the Secretary:

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

DEPARTMENTAL MANAGEMENT OVERVIEW

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

- General Departmental Management (appropriation);
- Medicare Hearings and Appeals (appropriation);
- Office for Civil Rights (appropriation);
- Office of the National Coordinator for Health Information Technology (PHS Evaluation Fund;
- Service and Supply Fund (revolving fund) and;
- Customer Experience Pilot Projects

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

The overall FY 2024 President's Budget request for DM totals $1,105,180,000 in program level funding, including 4,253 full-time equivalent (FTE) positions, an increase of $202,172,000 above the FY 2023 Enacted level.

The **General Departmental Management (GDM)** appropriation supports the activities associated with the Secretary's responsibilities as chief policy officer and general manager of the Department in administering and overseeing the organization, programs, and activities of HHS. These activities are carried out through eleven Staff Divisions (STAFFDIVs), including the Immediate Office of the Secretary, the Departmental Appeals Board, and the offices of public affairs, legislation, planning and evaluation, financial resources, administration, intergovernmental and external affairs, general counsel, global affairs, and the Assistant Secretary for Health. The FY 2024 President's Budget program level request for GDM includes a total of $704,566,000 and 1,231 FTE.

Medicare Hearings and Appeals (MHA) supports the Office of Medicare Hearings and Appeals (OMHA) and Departmental Appeals Board (DAB). The FY 2024 President's Budget requests $199,000,000 in discretionary budget authority for the "Medicare Hearings and Appeals" appropriation from which the Office of Medicare Hearings and Appeals (OMHA) is allocated $164,218,000 and Departmental Appeals Board (DAB) is allocated $34,782,000. These allocations are subject to change based on actual incoming appeal receipt levels and statuses of appeal backlogs at each level. Overall, this funding enables OMHA to focus on compliance with the statutorily mandated 90-day adjudicatory timeframe, and DAB to increase adjudication capacity and reduce the backlog of appeals.

The **Office for Civil Rights (OCR)** defends the public's right to nondiscriminatory access to HHS-funded health and human services, and access to the privacy and security of individually identifiable health information. The FY 2024 President's Budget request for OCR is $78,000,000 in budget authority and 317 FTE. The Budget provides resources to address the existing complaint inventory, ensure Department-wide civil rights compliance and policy development; and provide training to HHS grantees.

The **Office of the National Coordinator for Health Information Technology (ONC)** was established by Executive Order 13335 on April 27, 2004, and subsequently authorized by the Health Information Technology for Economic and Clinical Health Act on February 17, 2009. The FY 2024 President's Budget request for ONC is $103,614,000 in PHS Evaluation Funds and 180 FTE, to coordinate national efforts related to the implementation and use of interoperable electronic health information exchange. ONC

leads the government's efforts to ensure that electronic health information is available and can be shared safely to improve the health and care of all Americans and their communities.
ONC's FY 2024 request explains the Office's plan to implement a portfolio of activities driven by congressional requirements and ONC's bipartisan authorities.

The **Service and Supply Fund** (SSF), the HHS revolving fund, is composed of two components: the Program Support Center (PSC) and the Non-PSC activities. For the FY 2024 President's Budget request, the SSF, is projecting total revenue of $1,404,382,000 and usage of 1,565 FTE.

The **Debt Collection Fund** is a Treasury designated debt collection center providing a full range of debt management and collection services. The FY 2024 President's Budget request is $11,926,000, an increase of $1,892,000 above the FY 2023 Budget, and the usage of 25 FTE.

The **Customer Experience Pilot Projects** includes $20,000,000 to support two new customer experience pilot projects aimed to improve the experience of Americans enrolling in Medicare.

DEPARTMENTAL MANAGEMENT
BUDGET BY APPROPRIATION
(Dollars in thousands)

Details	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
General Departmental Management	506,294	537,144	611,320
PHS Evaluation Funds	64,828	64,828	93,246
Subtotal, GDM Program Level	**571,122**	**601,972**	**704,566**
Medicare Hearings and Appeals			
Office of Medicare Hearings and Appeals	172,381	162,000	164,218
Departmental Appeals Board	23,619	34,000	34,782
Subtotal, MHA Program Level	**196,000**	**196,000**	**199,000**
Office for Civil Rights	39,798	39,798	78,000
Office of the National Coordinator for Health Information Technology PHS Evaluation Funds	64,238	66,238	103,614
Customer Experience Pilot Programs	-	-	20,000
Total, Departmental Management	**871,158**	**904,008**	**1,105,180**

Table of Contents

APPROPRIATIONS LANGUAGE

For necessary expenses, not otherwise provided, for general departmental management**[**, including hire of six passenger motor vehicles, and**]** for carrying out titles III, XVII, XXI, and section 229 of the PHS Act, the United States-Mexico Border Health Commission Act, **[**and research studies under section 1110 of the Social Security Act $537,144,000**]**, *and health or human services research and evaluation activities, including such activities that are similar to activities carried out by other components of the Department, $611,320,000*, together with **[**$64,828,000**]** *$93,246,000* from the amounts available under section 241 of the PHS Act **[**to carry out national health or human services research and evaluation activities:**]** Provided, That of this amount, $60,000,000 shall be for minority AIDS prevention and treatment activities: Provided further, That of the funds made available under this heading, **[**$101,000,000**]** *$111,000,000* shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not more than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy: Provided further, That of the amounts provided under this heading from amounts available under section 241 of the PHS Act, **[**$6,800,000**]** *$7,892,000* shall be available to carry out evaluations (including longitudinal evaluations) of teenage pregnancy prevention approaches: **[**Provided further, That of the funds made available under this heading, $35,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance (defined as voluntarily refraining from non-marital sexual activity): Provided further, That funding for such competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity: Provided further, That no more than 10 percent of the funding for such competitive grants for sexual risk avoidance shall be available for technical assistance and administrative costs of such programs: **]** Provided further, That funds provided in this Act for embryo adoption activities may be used to provide to individuals adopting embryos, through grants and other mechanisms, medical and administrative services deemed necessary for such adoptions: Provided further, That such services shall be provided consistent with 42 CFR 59.5(a)(4): Provided further, That of the funds made available under this heading, $5,000,000 shall be for carrying out prize competitions sponsored by the Office of the Secretary to accelerate innovation in the prevention, diagnosis, and treatment of kidney diseases (as authorized by section 24 of the Stevenson-Wydler Technology Innovation Act of 1980 (15 U.S.C. 3719)) *Provided further, That of the funds made available under this heading, $22,000,000, to remain available until expended shall be available, for the hire and purchase of zero emission passenger motor vehicles and supporting charging or fueling infrastructure for any component or office of the Department of Health and Human Services, and to cover other costs related to electrifying the motor vehicle fleet within HHS, in addition to amounts otherwise available for such purposes.***[.]** *(Department of Health and Human Services Appropriations Act, 2023.)*

LANGUAGE ANALYSIS

Language Provisions	Explanation
[, including hire of six passenger motor vehicles, and**]**	Removal of language related to passenger vehicles
[and research studies under section 1110 of the Social Security Act $537,144,000**]**, *and health or human services research and evaluation activities, including such activities that are similar to activities carried out by other components of the Department, $611,320,000*	Removal of language related to specific reference to section 1110 of Social Security Act. Removal of GDM appropriated amounts. Incorporate revised language for GDM activity types. Update appropriated amounts for GDM
[$64,828,000**]** *$93,246,000*	Update appropriated amounts for PHS evaluation.
[to carry out national health or human services research and evaluation activities:**]**	Removal of language related to research and evaluation
[$101,000,000**]** *$111,000,000*	Update appropriated amount for Teen Pregnancy Prevention
[$6,800,000**]** *$7,892,000*	Update appropriated amount for Teen Pregnancy Prevention Evaluation Funds
[Provided further, That of the funds made available under this heading, $35,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance (defined as voluntarily refraining from non-marital sexual activity): Provided further, That funding for such competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity: Provided further, That no more than 10 percent of the funding for such competitive grants for sexual risk avoidance shall be available for technical assistance and administrative costs of such programs: **]**	Removal of all language related to Sexual Risk Avoidance
*Provided further, That of the funds made available under this heading, $22,000,000, to remain available until expended shall be available, for the hire and purchase of zero emission passenger motor vehicles and supporting charging or fueling infrastructure for any component or office of the Department of Health and Human Services, and to cover other costs related to electrifying the motor vehicle fleet within HHS, in addition to amounts otherwise available for such purposes.***[.]** *(Department of Health and Human Services Appropriations Act, 2023.)*	Incorporate language related to Electric Vehicle Program

AMOUNTS AVAILABLE FOR OBLIGATION

Detail	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Annual appropriation	$506,294,000	$537,144,000	$611,320,000
-	-	-	-
Subtotal, adjusted budget authority	***$506,294,000***	***$537,144,000***	***$611,320,000***
Total Obligations	**$506,294,000**	**$537,144,000**	**$611,320,000**

SUMMARY OF CHANGES

(Dollars in Thousands)

Budget Year and Type of Authority	Dollars	FTE
FY 2022 Final		825
FY 2023 Enacted	537,144	889
FY 2024 President's Budget	611,320	1,032
Net Changes	+74,176	+143

Increases	FY 2023 Enacted	FY 2024 Request Change from Base
Immediate Office of the Secretary	14,659	1,849
Assistant Secretary for Legislation	4,783	1,986
Assistant Secretary for Public Affairs	9,876	6,578
Departmental Appeals Board	4,674	1,715
Office of the General Counsel	32,732	5,798
Assistant Secretary for Financial Resources	37,533	3,854
Quality Services Management Offices (QSMO)	850	2,150
Rent, Operations, Maintenance, and Related Services	14,659	1,741
Partnership Center for Faith-Based and Neighborhood	1,356	62
Office of Intergovernmental and External Affairs	11,999	4,263
Assistant Secretary for Administration	19,270	437
Office of Global Affairs	7,643	3,414
Shared Operating Expenses - Overhead	10,828	8,236
Electric Vehicle Program	-	22,000
Office of the Assistant Secretary for Health	40,307	24,093
TPP	101,000	10,000
OMH	74,835	11,000
Total	**-**	**+74,176**

Decreases	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 Change from Base
Sexual Risk Avoidance	35,000	-	-35,000
Total Net Change	**-**	**-**	**-35,000**

Total Changes	FY 2023 Enacted	FY 2023 Enacted FTE	FY 2024 Request Change from Base	FY 2024 FTE and Change from Base
Total Increases	485,794	889	+109,176	1,032
Total Decreases	35,000	-	-35,000	-
Total Net Change	**-**	**-**	**+74,176**	**+143**

BUDGET AUTHORITY BY ACTIVITY - DIRECT

(Dollars in Thousands)

Details	FY 2022 FTE	FY 2022 Final	FY 2023 FTE	FY 2023 Enacted Level	FY 2024 FTE	FY 2024 President's Budget
Immediate Office of the Secretary	64	13,000	67	14,659	77	16,508
Assistant Secretary for Legislation	22	4,526	25	4,783	29	6,769
Assistant Secretary for Public Affairs	41	9,552	40	9,876	80	16,454
Departmental Appeals Board	10	4,550	24	4,674	21	6,389
Office of the General Counsel	153	31,602	145	32,732	161	38,530
Assistant Secretary for Financial Resources	151	34,401	147	36,599	154	39,387
Financial Information Systems	-	934	-	934	-	2,000
Grants Quality Service Management Office	-	-	-	850	4	3,000
Office of Intergovernmental and External Affairs	54	11,572	57	11,999	73	16,262
Partnership Center for Faith-Based & Neighborhood Partnerships	4	1,317	5	1,356	5	1,418
Assistant Secretary for Administration	54	18,748	66	19,270	66	19,707
Office of Global Affairs	17	6,981	24	7,643	28	11,057
Shared Operating Expenses	-	10,828	-	10,828	-	19,064
Secretarial Initiatives and Innovations	-	2,000	-	2,000	-	2,000
Rent, Operations, Maintenance and Related Services	-	14,441	-	14,659	-	16,400
Kidney X	-	5,000	1	5,000	1	5,000
Office of the Assistant Secretary for Health	120	39,967	127	38,307	149	64,400
Electric Vehicle Program	-	-	-	-	3	22,000
Children's Interagency Coordinating Council	-	-	-	3,000	-	3,000
Food as Medicine	-	-	-	2,000	-	-
Total, GDM Federal Funds	***690***	***209,419***	***728***	***221,169***	***851***	***309,345***
OASH PPAs	-	-	-	-	-	-
Teen Pregnancy Prevention	24	101,000	24	101,000	26	111,000
Office of Minority Health	39	64,835	57	74,835	75	85,835
Office on Women's Health	46	38,140	54	44,140	54	44,140
Subtotal, OASH PPAs	**109**	**203,975**	**135**	**219,975**	**155**	**240,975**
OS PPAs						
Embryo Adoption Awareness Campaign	-	1,000	-	1,000	-	1,000
Sexual Risk Avoidance	-	35,000	-	35,000	-	-
Minority HIV/AIDS Fund	26	56,900	26	60,000	26	60,000
Subtotal OS PPAs	***26***	***92,900***	***26***	***96,000***	***26***	***61,000***
Total, All PPAs	***135***	***296,875***	***161***	***315,975***	***181***	***301,975***
Total, GDM Discretionary Budget Authority	**825**	**506,294**	**889**	**537,144**	**1,032**	**611,320**

AUTHORIZING LEGISLATION

(Dollars in thousands)

Details	FY 2023 Enacted Amount Authorized	FY 2023 Enacted Amount Appropriated	FY 2024 Amount Authorized	FY 2024 President's Budget
General Departmental Management (GDM)	-	-	-	-
Reorganization Plan No. 1 of 1953 (Federal Funds)	Permanent	$177,862	Permanent	$239,945
P.L. 116-260, Consolidated Appropriations Act, 2021 (Embryo, MAIF, TPP, Kidney, SRA)	Indefinite	$202,000	Indefinite	$177,000
Subtotal, GDM Appropriation		***$379,862***		***$416,945***
Office of the Assistant Secretary for Health (OASH)	-	-	-	-
Public Health Service Act, Title III, Section 301 (OASH) (Above Federal Funds –DHPA-AOH)	Permanent	$29,970	Permanent	$32,539
Public Health Service Act, Title, II, Section 229 (OWH)	Expired 2014	$44,140	Expired 2014	$44,140
Public Health Service Act, Title XVII, Section 1701 (DPHP)	Expired 2002	$7,894	Expired 2002	$26,134
Public Health Service Act, Title XVII, Section 1707 (OMH)	Expired 2016	$74,835	Expired 2016	$85,835
Public Health Service Act, Title XVII, Section 1708 (OAH)	Expired 2000	$443	Expired 2000	$5,727
Subtotal, OASH	-	***$157,282***	-	***$194,375***
-	-	-	-	-
Total GDM Appropriation	-	**$537,144**	-	**$611,320**

APPROPRIATIONS HISTORY TABLE

Fiscal Year	Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2015	Appropriation	$278,800,000	-	$442,698,000	$448,034,000
	Subtotal	***$278,800,000***	**-**	***$442,698,000***	***$448,034,000***
2016	Appropriation	$286,204,000	$361,394,000	$301,500,000	$456,009,000
	Transfers	-	-	-	-$516,000
	Subtotal	***$286,204,000***	***$361,394,000***	***$301,500,000***	***$455,493,000***
2017	Appropriation	$478,812,000	$365,009,000	$444,919,000	$460,629,000
	Rescission	-	-	-	-$1,050,000
	Transfers	-	-	-	-$1,050,000
	Subtotal	***$478,812,000***	***$365,009,000***	***$444,919,000***	***$458,529,000***
2018	Appropriation	$304,501,000	$292,881,000	$470,629,000	$470,629,000
	Rescission	-	-	-	-3,128,000
	Transfers	-	-	-	-1,141,000
	Subtotal	***$304,501,000***	***$292,881,000***	***$470,629,000***	***$466,360,000***
2019	Appropriation	$289,545,000	$379,845,000	$480,629,000	$480,629,000
	Transfers	-	-	-	$3,597,121
	Subtotal	***$289,545,000***	***$379,845,000***	***$480,629,000***	***$484,226,121***
2020	Appropriation	$339,909,000	$485,169,000	$490,879,000	$479,629,000
	Subtotal	***$339,909,000***	***$485,169,000***	***$490,879,000***	***$479,629,000***
2021	Appropriation	$347,105,000	$459,959,000	$489,879,000	$485,794,000
	Transfers	-	-	-	-$1,443,490
	Subtotal	***$347,105,000***	***$459,959,000***	***$489,879,000***	***$484,350,510***
2022	Appropriation	$576,981,000	$582,981,000	$544,090,000	$571,122,000
	Transfers	-	-	-	$-1,443,490
	Subtotal	***$576,981,000***	***$582,981,000***	***$544,090,000***	***$569,678,510***
2023	Appropriation	$579,839,000	$563,894,000	$915,394,000	$537,144,000
	Subtotal	***$579,839,000***	***$563,894,000***	***$915,394,000***	***$537,144,000***
2024	Appropriation	$611,320,000	-	-	-
	Subtotal	***$611,320,000***	**-**	**-**	**-**

GENERAL DEPARTMENTAL MANAGEMENT
ALL PURPOSE TABLE

(Dollars in Thousands)

GDM	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	**506,294**	**537,144**	**611,320**	**+74,176**
Related Funding	-	-	-	-
PHS Evaluation Set-Aside – Public Health Service Act	64,828	64,828	93,246	+28,418
Program Level	**571,122**	**601,972**	**704,566**	**+102,594**
FTE[1]	**973**	**1,036**	**1,231**	**+195**

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

GENERAL DEPARTMENTAL MANAGEMENT

Overview of Performance

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

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

The FY 2024 President's Budget request reflects decisions to streamline performance reporting by eliminating previous measurements that are no longer relevant or have been retired. In accordance with this process, GDM STAFFDIVs have focused on revising measures that depict the main impact or benefit of the program and support the rationale articulated in the budget request. This approach is reflected in the Department's Online Performance Appendix (OPA). The OPA focuses on key HHS activities and includes performance measures that link to the HHS Strategic Plan for the Office of the Assistant Secretary for Health (OASH).

The FY 2024 President's Budget request includes individual program narratives that describe accomplishments for most of the GDM components. The request also includes performance tables that provide performance data for specific GDM components: OASH, and the Departmental Appeals Board (DAB).

OVERVIEW OF BUDGET REQUEST

The FY 2024 President's Budget request for General Departmental Management (GDM) includes $611,320,000 in appropriated funds and 1,032 full-time equivalent (FTE) positions. This level is an increase of $74,176,000 above FY 2023 Enacted.

Background

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

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

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

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

Federal funds fully support the Secretary's oversight of the Department as a whole, and fund the Secretary's:

- Counselors and advisors;
- legislative liaisons;
- the Department's public affairs capabilities;
- general counsel,
- financial resources oversight;
- intergovernmental affairs;
- administrative and policy oversight of the Department's information technology, human resources, and real estate;
- global affairs to lead global health diplomacy and policy for the government;
- health policy;
- and other centralized costs.

Since FY 2012, as Congressional interest and investment in PPAs has grown, the Federal Funds line has experienced an erosion in funding. Addressing this erosion in federal funds was the focus of increases requested in the FY 2023 President's Budget, and the continued focus of the FY 2024 President's Budget request.

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

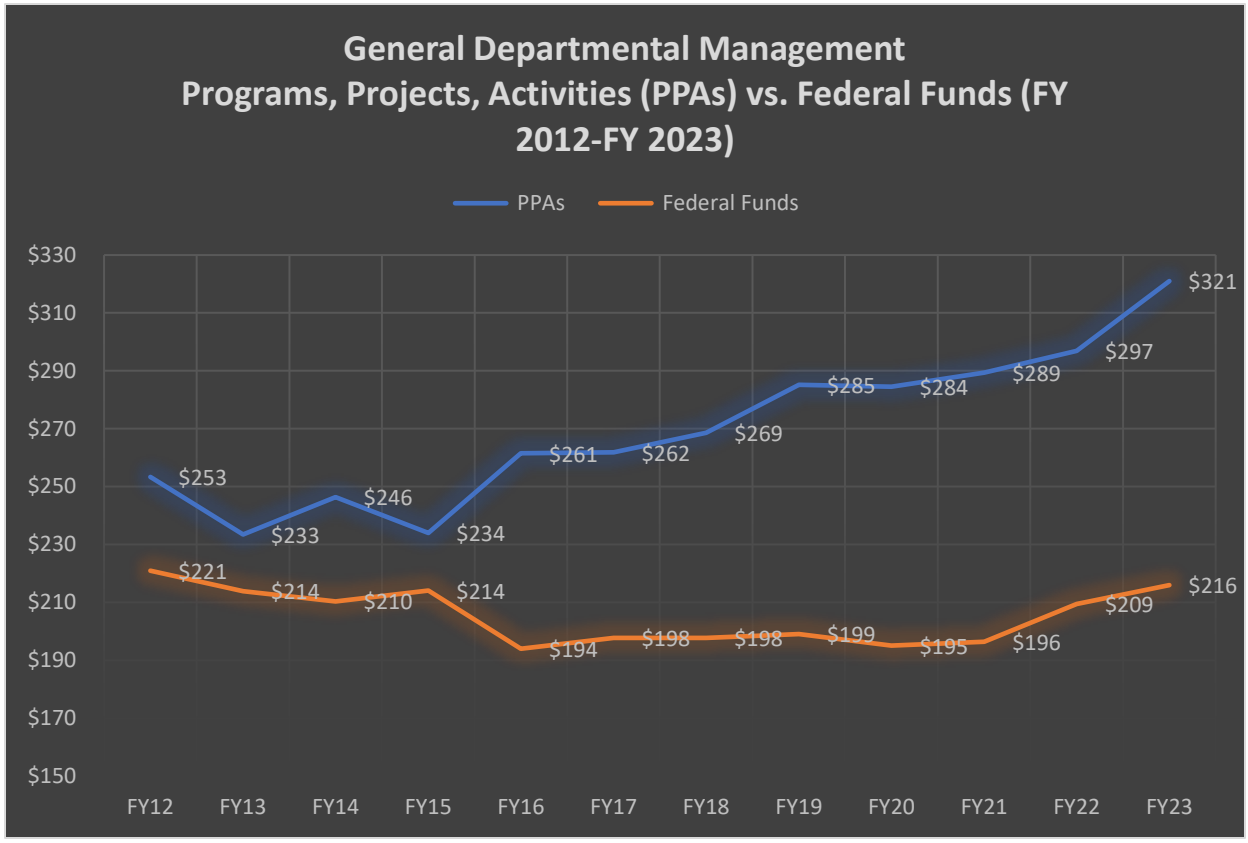


Figure 1 shows the historic levels of PPAs and Federal funds. Between FY 2012 and FY 2023 PPAs increased by 27%, and the federal funds line decreasing by 2%. With each year's mandatory inflationary pay and non-pay costs, retirement contributions, and rent and building maintenance costs increasing, the effective purchasing power of federal funds has eroded.

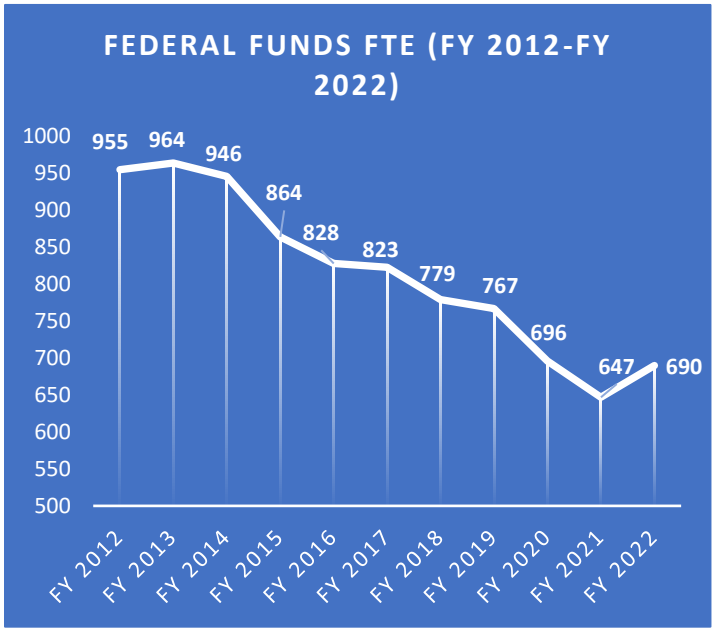


Figure 2: FTEs funded by Federal Funds (FY 2012-FY 2022)

Figure 2 shows the impact of the erosion of federal funds on FTEs that directly support the Secretary in his ability to provide policy coordination and oversight of the Department. Since FY 2012, due to the erosion of federal funds, associated FTEs have decreased by 28%.

Overview of the FY 2024 Budget Request

The FY 2024 President's Budget request for GDM focuses on addressing two main goals:

1. Address the eroding FTE base to allow the Secretary to have the ability to provide effective policy coordination and oversight of the Department.
2. Invest in targeted programmatic and oversight needs.

The FY 2024 President's Budget request for General Departmental Management (GDM) includes $611,320,000 in appropriated funds, which is an increase of $74,176,000 or +13.8%. above FY 2023 Enacted.

Funding Increases

Inflationary Cost Pressures – Of GDM's requested increase, $10 million is required to keep up with inflationary pay cost pressures. This increase is necessary to prevent further erosion of the GDM FTE base and is built into each OS Staff Division's request.

- Rent, Operation, and Maintenance and Related Services- The FY 2024 President's Budget request for Rent, Operation, and Maintenance and Related Services requests a $1.7 million increase above FY 2023 Enacted to address the inflationary rise in cost of operations.
- Shared Operating Expenses – The FY 2024 President's Budget requests a $6.7 million increase above FY 2023 Enacted to address the inflationary rise in overhead costs necessary to cover administrative items and activities which cut across and impact all STAFFDIVs in the GDM appropriation such as Worker's and Unemployment Compensation, Records storage at the National Archives, commercial telecommunication expenses, CFO and A-123 audit activities, the costs of Personnel and Payroll services, Finance and Accounting services, and operations and maintenance costs of financial systems. In addition, the request includes $1.5 million to cover agency contributions to the General Services Administration's new Technology Transformation Services program.

Departmental Oversight – The FY 2024 President's Budget invests in an expanded oversight infrastructure through targeted funding increases for the GDM Staff Divisions tasked with providing policy oversight of the Department.

- Assistant Secretary for Legislation: $2 million to ensure improved collaboration and responsiveness to Congressional inquiries; coordination of GAO oversight activities; and ability to respond to significant growth in workload stemming from the COVID-19 pandemic, infant formula, monkeypox, Unaccompanied Children, and legislation implementation.
- Assistant Secretary for Public Affairs: $5.4 million to invest in better oversight and management of the FOIA process. The Department has seen an unprecedented increase in FOIA inquiries, a process which is managed by ASPA for the Department. To ensure responsiveness to the public's desire for oversight and reduce the risk of litigation, ASPA needs resources to properly staff the FOIA function. In addition, the investment supports a new Public Education Campaign Team, which is a small, dedicated team focused on handling long-term national communication needs on behalf of the Department. Additionally, the ASPA request includes $1.2 million for a new pilot on the use of text messaging reminders and their use for sending critical reminders about benefits enrollment timelines and key developmental milestones and helpful information for new families.
- Office of the General Counsel: $5.8 million to invest in additional staff resources to address growing workload. This investment will allow OGC to provide additional legal advice and

litigation support in the areas of pandemic response and procurement, Departmental policies, Executive Orders, and the opioid crisis, in addition to high rate of congressional inquiries and other challenges.

- Assistant Secretary for Financial Resources: $3.9 million to invest in additional resources to oversee and safeguard HHS's substantial grants, budget, financial, and acquisition portfolios. ASFR is actively streamlining both contracting and grants processes and continues to play a central coordinating function on challenges such as unaccompanied children, COVID, and monkeypox. Additional resources will enable greater responsiveness to Congress, to grantees and contractors, and to the general public. Staff resources are the best way to provide continued and improved responsiveness across budget, performance, and program policy as HHS strives to respond to the above challenges.
- Immediate Office of the Secretary –$1.8 million to properly staff oversight functions, such as Counselors and Advisors, that ensure policy oversight of the Operating Divisions.
- Office of Intergovernmental and External Affairs – $1.3 million to ensure appropriate management of external communication and engagement with partners and communities.
- Departmental Appeals Board – $1.7 million to ensure the Board is properly staffed to adjudicate a growing number of cases under its jurisdiction.
- Grants Quality Service Management Office (QSMO)– The FY 2024 President's Budget requests $3 million, $2.2 million above FY 2023 Enacted for the Grants QSMO. The Grants QSMO supports the entire federal government, not HHS in particular.

Programmatic Investments

Office of Global Affairs – The FY 2024 President's Budget request for the Office of Global Affairs includes an increase of $3.4 million for additional global health attaché teams.

Office of the Assistant Secretary for Health – The FY 2024 President's Budget request invests $26 million above FY 2023 Enacted to increase support for key Administration and Department initiatives and priorities. Investment focuses on programmatic needs in OASH's Office of Disease Prevention and Health Promotion as it leads several efforts to publish guidelines to help the nation achieve greater health, wellbeing, and resilience, e.g., Health People 2030; Dietary Guidelines for Americans; Physical Activity Guidelines for Americans; the President's Council on Sports, Fitness, and Nutrition; National Youth Sports Strategy; Move Your Way; health literacy; healthy aging; and the health.gov platform. Investment also focuses on increased oversight of research institutions through investment in the Office of Human Research Protections to develop and disseminate guidance, policies, and educational materials and resources.

White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders – The FY 2024 President's Budget request invests $3 million above FY 2023 Enacted to support the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders to advance equity, justice, and opportunity for Asian American, Native Hawaiian, and Pacific Islander communities.

Electric Vehicle Program – The FY 2024 President's Budget requests $22 million above FY 2023 Enacted to convert the HHS fleet to electric vehicles, along with the accompanying infrastructure.

Programs, Projects, and Activities – The FY 2024 President's Budget request invests $21 million above FY 2023 Enacted for PPAs to keep pace with the FY 2023 Enacted levels and provide increased investment

to support new Teen Pregnancy Prevention grants across the country in communities and among populations most in need.

Funding Decreases

Sexual Risk Avoidance – FY 2024 President's Budget eliminates the $35 million Sexual Risk Avoidance program in favor of increasing the Teen Pregnancy Prevention program and Title X Family Planning program.

Food as Medicine Pilot Program – The FY 2024 President's Budget does not request the continuation of FY 2023's $2 million Food as Medicine pilot program, given the historic investments across the Department in support of National Strategy on Hunger, Nutrition, and Health. The FY 2024 Budget includes an increase of $17M over the 2023 Enacted in the Office of Health Promotion and Disease Prevention to promote and enhance dietary and physical activity guidelines for Americans, and also proposes a three-year medically-tailored meal demonstration for eligible Medicare fee-for-service beneficiaries.

Legislative Proposals

The FY 2024 President's Budget also includes several discretionary and mandatory legislative proposals.

In support of the President's call for transforming how we deliver mental healthcare, the Budget re-proposes a $2 billion mandatory Mental Health System Transformation Fund to expand access to mental health services through mental health workforce development and service expansion, including the development of non-traditional health delivery sites, the integration of quality mental health and substance use care into primary care settings, and dissemination of evidence-based practices.

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

The Budget proposes a new mandatory cross-cutting $11.3 billion national Hepatitis C program to increase access to curative medications, and expand implementation of complementary efforts such as screening, testing, and provider capacity with a specific focus on high-risk populations.

Finally, The President's Budget proposes an additional new mandatory cross-cutting $9 billion budget request for the Encourage Development of Innovative Antimicrobial Drugs by establishing a novel payment mechanism to delink volume of sales from revenue for newly approved antimicrobial drugs and biological products that address a critical unmet need.

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

IMMEDIATE OFFICE OF THE SECRETARY

Budget Summary

(Dollars in Thousands)

Immediate Office of the Secretary	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	13,000	14,659	16,508	+1,849
FTE[1]	64	67	77	+10

[1]FY 2024 FTE display provides adjustments to correctly reflect FTE counts between IOS and Public Health Activities - PHS Evaluation Funding.

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2024 Authorization.....Permanent
Allocation Method.....Direct federal

Program Description

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

The IOS supports Department leadership and the Department mission by managing the review and approval of all HHS documents requiring Secretarial action, mediating issues among Departmental components, communicating Secretarial decisions, and ensuring the implementation of those decisions. IOS achieves these actions by bringing critical issues to leadership's attention in a timely manner and facilitating discussions on policy issues and reviewing documents requiring Secretarial for policy consistent with that of the Secretary and the Administration. IOS works with other Departments to coordinate analysis of and input on healthcare policy decisions affecting all HHS activities. IOS supports efforts to reform health care across HHS by improving the quality of the health care system and lowering its costs, prompting electronic health records, and protecting the privacy of patients.

IOS sets the HHS regulatory agenda and reviews all new regulations and regulatory changes issued by the Secretary or the Department's various components. The IOS reviews current regulations to reduce regulatory burden and provides guidance, direction, and coordination to the White House and other Cabinet agencies regarding HHS issues.

Budget Request

The FY 2024 President's Budget request for IOS is $16,508,000, an increase of $1,849,000 above the FY 2023 Enacted level. HHS operates in an increasingly complex policy environment, and IOS needs to be appropriately staffed with the expertise to lead the Department in that environment. In recent years, IOS has had to rely on detailees from other parts of the Department or on temporary contracts support IOS's mission to lead the Department, but this is not sustainable. With the FY 2024 request, IOS will increase staffing by 10 FTE to replace these details and temporary contracts and add more lasting expertise in support of ongoing and emerging health care issues and to focus on new challenges as

mental health treatment. This level will also allow IOS to address inflationary increases and ensure continued leadership, direction, policy, and management guidance delivery to HHS. In FY 2023, IOS allocated $1,200,000 for Supply Chain Risk Management for ONS, but in FY 2024 this funding is reflected as part of ONS's Public Health and Social Services Emergency Fund request.

Five-Year Funding Table

Fiscal Year	Amount
FY 2020	$14,200,000
FY 2021	$12,699,000
FY 2022 Final	$13,000,000
FY 2023 Enacted	$14,659,000
FY 2024 President's Budget	$16,508,000

Program Accomplishments

IOS led the Department in efforts to tackle the COVID-19 pandemic, reduce health care costs, expand access to care, strengthen behavioral and mental health care, and reduce heath disparities. IOS directed the Department's efforts across the enterprise by offering the Secretary expert counsel on policy objectives, strategic goals, and numerous executive orders. The Executive Secretariat reviewed and published numerous regulations and proposed rules in FY 2022, and IOS will continue to play a significant part in the administration efforts to give millions more people access to affordable health care in FY 2023.

To address security vulnerabilities, ONS, with the help of IOS's funding developed a new Enterprise Supply Chain Risk Management program. This included hiring staff, developing points of contact, forming working groups, assessing contract language, and conducting 100 specific supply chain assessments across the Department.

SECRETARIAL INITIATIVES AND INNOVATIONS

Budget Summary
(Dollars in Thousands)

Secretarial Initiatives and Innovations	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	2,000	2,000	2,000	-
FTE	-	-	-	-

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2024 Authorization.....Permanent
Allocation Method.....Direct federal

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

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

Budget Request
The FY 2024 President's Budget request for Secretarial Initiatives and Innovations is $2,000,000, which is the same as the FY 2023 Enacted level. The funding will allow the Secretary to support HHS component offices as they respond to new and ongoing legislative requirements and seek to implement the Secretary's priorities to address new and existing critical health issues.

Five-Year Funding Table

Fiscal Year	Amount
FY 2020	$2,000,000
FY 2021	$2,000,000
FY 2022 Final	$2,000,000
FY 2023 Enacted	$2,000,000
FY 2024 President's Budget	$2,000,000

Program Accomplishments
In FY 2022, Secretarial Initiatives and Innovations funds provided the Secretary with flexibility to divert funding where it was needed most to deliver on the Administration's commitment to build a healthier America.

ASSISTANT SECRETARY FOR ADMINISTRATION

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Administration	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023 Budget
Budget Authority	18,748	19,270	19,707	+437
FTE	54	66	66	-

Authorizing Legislation..... Reorganization Plan No.1 of 1953
FY 2024 Authorization.....Indefinite
Allocation Method.....Direct Federal

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

ASA provides critical Departmental policy and oversight through the following components: Immediate Office of the Assistant Secretary (ASAIO), Office of Human Resources (OHR), Office of Equal Employment Opportunity, Diversity, and Inclusion (EEODI), Office of the Chief Information Officer (OCIO), Office of Organizational Management (OOM), National Labor and Employee Relations Office (NLERO), and Program Support Center[4] (PSC).

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

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

Equal Employment Opportunity, Diversity & Inclusion (EEODI)
EEODI is responsible for the overall leadership and management of the Equal Employment Opportunity (EEO), Reasonable Accommodation, and Diversity and Inclusion (D&I) programs at the Department by providing policy, oversight, and technical guidance to all organizational elements. EEODI leads and coordinates enterprise level activities, such as the development and implementation of the EEO and D&I strategic plan, with the OpDiv EEO and D&I Offices.

[4] PSC is funded solely through the HHS Service and Supply Fund; it is not included in this request.

EEODI manages the EEO complaint-processing program, which provides for the consideration and disposition of complaints from employees and applicants for employment involving issues of discrimination based on race, color, religion, sex, sexual orientation, status as a parent, national origin, age, disability, genetic information, and retaliation. EEODI develops policies and strategies to provide for the timely resolution and equitable remedies to discrimination complaints. EEODI ensures that all HHS employees and applicants have equal access to services and can perform the critical elements of their position by ensuring timely and appropriate reasonable accommodations are provided.

EEODI also manages the Diversity and Inclusion program, which focuses on creating a work environment that acknowledges, accepts, and encourages employees from all backgrounds to do their best. This is accomplished through Special Emphasis programming, implementation of structured diversity and inclusion awareness and engagement activities, diversity and inclusion education/training, and workforce analysis (statistical trend monitoring). EEODI is focused on advancing HHS' commitment for improving Diversity, Equity, Inclusion, and Accessibility (DEIA) that will support a diverse workforce committed to advancing equity and accessibility. HHS' workforce not only embodies our value of advancing opportunity for everyone but strengthens the Department's ability to effectively serve our increasingly diverse population and tackle disparities in who gets access to health care and human services.

HHS seeks to advance DEIA for all 80,000+ employees and for the future of the Department with a commitment to ensuring that all employees have access to employment and advancement opportunities. This is accomplished through comprehensive strategies that drive and integrate diversity and inclusion practices throughout HHS. Expanding upon current management practices, ASA will focus on affirmatively advancing equity, civil rights, racial justice, and equal opportunity in order to strengthen the HHS workforce and to meet the requirements of *Executive Order 14035.* DEIA increases our capacity to serve, while improving the quality and performance of our workforce, enabling organizational innovation, and promoting high quality, responsive, and equitable services to the citizens we serve.

National Labor and Employee Relations Office (NLERO)
NLERO is responsible for promoting the development and growth of collaborative labor-management relationships and providing accurate and comprehensive guidance that will empower leaders to make informed decisions as labor challenges arise under the Federal Service Labor-Management Relations Statute. NLERO is charged with the development and delivery of labor and employee relations policies, training, consultation, and operational support solutions that maximize the effectiveness and efficiency across the Department. NLERO consults at the national level with labor organizations, agency managers and labor relations officials in the development of human resource policy and on government rules, regulations, and binding directives affecting conditions of employment.

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

OCIO coordinates the implementation of IT policy from the Office of Management and Budget and guidance from the Government Accountability Office throughout HHS OPDIVs and ensures the IT

investments remain aligned with HHS' strategic goals and objectives and the Enterprise Architecture. OCIO coordinates the HHS response to federal IT priorities including data center optimization; cloud computing; information management, sharing, and dissemination; and shared services.

OCIO is responsible for compliance, service level agreement management, delivery of services, service and access optimization, technology refreshment, interoperability, and migration of new services. OCIO works to develop a coordinated view to ensure optimal value from IT investments by addressing key agency-wide policy and architecture standards, maximizing smart sharing of knowledge, sharing best practices and capabilities to reduce duplication, and working with OPDIVs and STAFFDIVs on the implementation and execution of an expedited investment management process.

Office of Organizational Management (OOM)

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

Budget Request

The FY 2024 President's Budget request for ASA is $19,707,000, which is an increase of +$437,000 above FY 2023 Enacted. At the requested level, ASA will focus on addressing mandatory pay and non-pay inflationary cost increases. The increased funding will allow ASA to cover federal personnel inflationary increases and would not require a reduction of currently approved FTEs. The requested resources are required to uphold effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies; to promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices; and to improve and adequately support the ASA's administrative and oversight responsibilities to support the HHS mission.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	16,558,000
FY 2021	17,858,000
FY 2022 Final	18,748,000
FY 2023 Enacted	19,270,000
FY 2024 President's Budget	19,707,000

Program Accomplishments

- Equal Employment Opportunity, Diversity, and Inclusion (EEODI) has developed comprehensive strategies to drive and integrate diversity and inclusion practices throughout HHS to build a more diverse and inclusive workforce, respecting individual and organizational cultures, while complying with merit principles and applicable Federal laws. ASA will continue focusing on affirmatively advancing equity, civil rights, racial justice, and equal opportunity in order to

strengthen the HHS workforce and to meet the requirements of Executive Order 14035, *Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce*.

- The Office of the Chief Information Officer (OCIO) will continue to make progress to consolidate and optimize agencies' data centers as required by the FITARA to improve the associated efficiency, performance, and environmental footprint. OCIO has also transitioned more than 90% off GSA's expiring telecommunications contracts (EIS) to support meeting the desired FITARA-related Scorecard outcome and could stay flat with the current B score.
- The Office of Human Resources' (OHR) will continue to make progress toward effective and innovative human capital resource management resulting in an engaged, diverse workforce with the skills and competencies; to promote effective enterprise governance to ensure programmatic goals are met equitably and transparently across all management practices; and to improve and adequately support the ASA's administrative and oversight responsibilities to support the HHS mission.

ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Financial Resources	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Request	FY 2024 +/- FY 2023
Budget Authority	35,335	37,533	41,387	+3,854
FTE	151	147	154	+7

Authorizing Legislation……Reorganization Plan No. 1 of 1953
FY 2024 Authorization……Permanent
Allocation Method……Direct Federal

Program Description

The mission of the Assistant Secretary for Financial Resources (ASFR) is to advise the Secretary on all aspects of budget, grants, financial management, and acquisition, and to provide for the direction of these activities throughout HHS. ASFR accomplishes its mission through five DAS areas: Immediate Office, Office of Acquisitions, Office of Budget, Office of Finance, and the Office of Grants.

Immediate Office

The Immediate Office (IO) supports administrative operations across ASFR and leads the Department's Enterprise Risk Management (ERM) capability. Through the Division of Administrative Operations, the IO coordinates and manages ASFR human capital, crosscutting budget coordination, IT and telecommunications, asset and supply inventory and management, continuity of operations and emergency response, and all controlled correspondence (approximately 95% of all HHS correspondence.)

The IO provides executive secretariat support to the HHS Enterprise Risk Management Council (ERM Council), which is charged with overseeing and integrating Department-wide risk management efforts across HHS Operating Divisions and Staff Divisions. This includes providing advisory services to risk owners on how to best achieve their objectives using an ERM mindset and developing the annual HHS Risk Profile. The Risk Profile provides a prioritized inventory of the most significant management risks and opportunities that HHS faces in achieving its mission and goals. Each Department is required to have an ERM capability as a requirement of implementing the Federal Manager's Financial Integrity Act and OMB Circular A-123, *Management's Responsibility for Enterprise Risk Management and Internal Control*.

Office of Acquisitions

The Office of Acquisitions (OA) provides department-wide leadership and management direction of the HHS procurement system on behalf of the Secretary through the Assistant Secretary for Financial Resources. The OA maintains the HHS acquisition career management program, provides oversight of contract operations, provides department-wide leadership on acquisition/sourcing strategies, and fosters collaboration, innovation, and accountability of the HHS acquisition system.

The OA provides oversight for the second largest federal acquisition portfolio and directs the development and implementation of HHS Acquisition Regulations, procurement policies and standards in accordance with 41 USC §1702, Chief Acquisition Officer & Senior Procurement Executive Statutory Responsibilities. The OA leads HHS acquisition performance measurement, internal controls assessment, data management and analysis, and workforce development including training and federal

acquisition certification. The OA supports the financial accountability and transparency initiatives such as those associated with the Federal Funding Accountability and Transparency Act (FFATA), the DATA Act, and sustains the HHS Contract Writing Systems. The OA also implements the HHS Suspension & Debarment program, makes responsibility determinations and issues decisions on suspension or debarment for contractors and grant recipients found not to be presently responsible. The HHS Senior Procurement Executive also serves as the Department's Suspension and Debarment Official.

Office of Budget

The Office of Budget provides advice and support to the Secretary and the Assistant Secretary for Financial Resources on matters pertaining to formulation of the HHS and President's Budgets, management of program assessment and performance reporting, presentation of budgets and budget-related legislation to the Office of Management and Budget (OMB) and the Congress, and resolution of issues arising from the execution of final appropriations.

The Office of Budget manages the performance budget and prepares the Secretary to present the budget to the OMB, the public, the media, and Congressional committees; and manages HHS apportionment activities, which provide funding to the HHS Operating Divisions and Staff Divisions. The Office of Budget coordinates, oversees, and convenes resource managers and financial accountability officials within the Office of the Secretary to update, share, and implement related HHS-wide policies, procedures, operations, rules, regulations, recommendations, and priorities. The Office of Budget coordinates and prepares guidelines for reprogramming execution, transfers between accounts, and other crosscutting funding methods and provides recommendations in managing and processing crosscutting funding proposals.

Office of Finance

The Office of Finance (OF) provides financial management leadership to the Secretary through the ASFR/Chief Financial Officer (CFO) and HHS CFO Community. The OF leads the HHS-wide financial management efforts for responsible stewardship, accountability, and transparency by issuing the HHS Agency Financial Report to OMB, Treasury, Government Accountability Office, Congressional committees, and the public, in coordination with HHS OpDivs and StaffDivs. The OF manages and directs the development and implementation of financial policies, standards, and internal control practices, including risk assessments; prepares the HHS annual consolidated financial statements and coordinates related audits, in accordance with the CFO Act, OMB Circulars, Federal Managers Financial Integrity Act, and Federal Accounting Standards Advisory Board accounting principles.

The OF prepares the Agency Financial Report which includes the Department's consolidated financial statements, the auditor's opinion and other statutorily required annual financial reporting. For many consecutive years, HHS has earned an unmodified or clean opinion on the HHS audited Consolidated Balance Sheet, and Statements of Net Cost and Changes in Net Position, and Combined Statement of Budgetary Resources. The OF successfully produced the Agency Financial Report on-time in compliance with Federal requirements and, for several years in a row, earned the prestigious Certificate of Excellence in Accountability Reporting for the FY 2021 HHS Agency Financial Report.

Office of Grants

The Office of Grants (OG) provides department-wide leadership on grants strategy, policy, and regulations and serves several key government-wide roles fostering collaboration, innovation, consistency, and accountability in the administration and management of federal grants. In its government-wide roles, the OG is the managing partner of Grants.gov, servicing 35 federal grant-making

agencies, GrantSolutions, servicing 13 federal grant-making agencies. OG has played an integral role in revisions to the United States Code of Federal Regulations Title II, Section 200 Uniform Administrative Requirements, and continues to substantially contribute to other government-wide policy and guidance documents. HHS has also been designated the government-wide grant standards setting agency by the Director of OMB under the Grant Reporting Efficiency and Agreements Transparency (GREAT) Act, with OG performing the standards lead function. The OG also continues to be a key partner to OMB and other Federal agencies with on-going government-wide grant initiatives.

The OG formulates department-wide grants policies including uniform administrative rules and provides oversight and review on the implementation of HHS grant policies. The OG provides coordinated leadership in cost policy management and department-wide cost policies and procedures affecting assistance awards. The OG leads the preparation of HHS and government-wide positions on proposed legislation or government-wide policies affecting all aspects of financial assistance and represents the Department's interest regarding internal and external grants management activities. The OG is building the capacity of the HHS financial assistance community through newly developed department-wide trainings to improve the HHS financial assistance workforce by and those who are part of the financial assistance award, monitoring, and closeout processes. The OG is also responsible for financial assistance DATA Act reporting, submitting hundreds of thousand records to USAspending.gov each year, and providing financial assistance reporting to department executives and external stakeholders.

Financial Systems Integration

The OF manages HHS's overall financial management systems environment to keep the financial systems current, secure, reliable, and available. In addition, OF has undertaken transformative initiatives to address security and control weaknesses, increase automation, improve user experience, and enhance HHS-wide analytic capabilities and support decision-making. The OF continues to drive innovation and generate efficiencies across the Department, standardizing financial accounting, and implementing HHS and Government-wide financial management requirements.

OF completed Department-wide electronic invoicing solution implementation and is working on increasing the adoption. The solution in addition to satisfying a government-wide federal mandate (OMB M-15-19), is expected to automate the processing of over 300,000 invoices annually resulting in reduced invoice processing times, streamlined access to payment information and an expected return on investment (ROI) of 295% over three years. OF also implemented the Department-wide Government Invoicing (G-Invoicing) solution, meeting Treasury's mandated deadline for conducting Intra-governmental buy/sell transactions (IGTs) for new orders by October 2022. This solution will also help the federal government resolve its long-standing material weakness. Implementation of the G-Invoicing solution represents a major accomplishment for a large and complex organization like HHS, as the initiative required strategic thinking, extensive business process changes, and coordination with both external and internal stakeholders. This implementation marks a major milestone providing a baseline platform from which HHS can mature the solution, increase G-Invoicing user adoption, and implement more complex IGT processes. OF completed several government-wide mandates including the transition, ahead of the government-wide deadline of April 2022, from the proprietary DUNS number to General Services Administration's Unique Entity Identifier (UEI) to identify suppliers.

Additionally, OF continues to mature HHS Automation-as-a-Service (HAaaS) initiative to use Robotic Process Automation (RPA) to automate repetitive manual processes. To date, OF has successfully implemented several automations and built the foundational framework that positions the financial community to build additional automations at scale. These automations resulted in over 5,000 manual

hours saved, improved productivity, lowered costs, and overall enhanced business value while simultaneously maintaining compliance and security controls.

OF continues to enhance business intelligence capabilities, user experience, and overall adoption to improve financial stewardship and decision-making capabilities. As part of the User Experience Modernization (UEM) Project to enhance the user experience, OF successfully implemented multiple projects including on-demand training, one-click access to financial system services, and a Procure-to-Pay (P2P) dashboard providing visibility into end-to-end procure-to-pay business process information. OF matured the Digital Accountability and Transparency Act of 2014 (DATA Act) Solution to streamline monthly DATA Act Reporting requirements and achieved an evaluation rating of 'Excellent' data quality with a 98.79% accuracy rate as reported by the external auditor in the FY22 HHS Data Act Performance Audit Report.

The reliability, availability, and security of HHS's financial systems are paramount. The maturing of the systems environment continues by strengthening the security, accessibility, and reliability of the financial systems, as evidenced by no material weaknesses reported by the Department's independent auditors in FY2022 for the fifth consecutive year.

Budget Request

The FY 2024 President's Budget request for ASFR is $41,387,000, which is an increase of +$3,854,000 above FY 2023 Enacted. At this level, ASFR can better fulfill its policy functions and mission to oversee and safeguard the stewardship of HHS's substantial grants, budget, financial, and acquisition portfolios. At this level, ASFR primary focus will be to address mandatory inflationary pay and non-pay cost increases, which total approximately $1 million. The remainder of the increase will be invested in staff resources across ASFR's increase the effectiveness of Departmental oversight and operations.

ASFR is funded by GDM funds which has effectively decreased since FY 2012. This has had a direct impact on ASFR's ability to provide oversight of the Department. To counteract this situation, ASFR will invest in seven (7) additional FTE to fill critical analyst roles that are relied upon by the Department for fiscal oversight, guidance, and coordination to ensure Departmental compliance with numerous laws, regulations, and policy directives.

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

Additional funding investments will support:

- The Immediate Office will work on streamlining and improving operations to provide better oversight and financial stewardship of requirements.
- Office of Acquisitions: Implementation of two federal acquisition programs: Acquisition Innovation and Industry Engagement Liaison. HHS is required to comply with OMB guidance to implement the Acquisition Innovation and Industry Engagement Oversight Programs to appoint an agency and industry engagement advocate for each program. Lack of implementation of such programs hinders the HHS acquisition system from creating a more responsive buying process, modernizing the acquisition culture, and delivering greater value to the taxpayer.

- Office of Budget: Investment in resources to address significant growth in workload stemming from the COVID-19 pandemic and other emerging issues and legislation implementation. The Office of Budget provides analytical support to the Secretary, and actively engages with OMB, Congress, and HHS operating divisions on numerous requests, guidance, and technical assistance. Staff resources are the best way to ensure continued and improved responsiveness across budget, performance, and program policy as HHS strives to meet its responsibilities and respond to emerging issues.
- Office of Finance: Continuation of Financial System Integration's multi-year strategy to mature the financial systems environment in collaboration with the HHS CFO, CIO and CISO communities to align with evolving security and internal control requirements and provide technical assistance to the Operating Divisions to determine when sufficient corrective action needs to be implemented to address GAO/OIG recommendations.
- Office of Grants: Support of cross-governmental work that ASFR is increasingly called upon to do as both the government-wide grant data standards setting lead for government, per the GREAT Act, as well as the role ASFR consistently performs supporting government-wide working groups and task forces as an advisor on grants policy, grant systems and solutions, grant workforce training.

In line with the Federal Buy Clean Initiative, HHS is updating its Affirmative Procurement Program (also known as the Affirmative Procurement Plan) to apply to all acquisitions that meet the criteria outlined in FAR 23.4, Use of Recovered Materials and Biobased Products. This joint venture between the OA and the HHS Office of the Chief Sustainability Officer (CSO) encompasses the purchasing and the use of designated recovered (recycled) content and biobased products, which HHS procured over $2.5 billion of in fiscal year 2022. The APP provides guidance, policy, and procedures, for a sustainable acquisition program. Anticipate issuance to the HHS Acquisition Workforce by March 2023.

To further codify IIJA requirements, OA developed/plan to issue a Class Deviation to the HHS Acquisition Regulation (HHSAR) to provide standard contract terms and conditions to implement the Make PPE in America requirements in all HHS-issued procurements for PPE regardless of dollar value. This has been delayed due to additional agency reviews/adjudication of comments. Anticipate issuance NLT March 1, 2023. To ensure enterprise needs are met, conducting requirements gathering across the Department's 13 Operating Divisions is needed to develop a IIJA compliant HHS-wide contract vehicle to quickly procure PPE as needs are identified. The National Institute for Health (NIH) is participating in the Department-wide effort, but also moving out sooner to issue its own PPE contract to support its needs for PPE. NIH plans to issue its solicitation in the February 2023.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$31,035,000
FY 2021	$31,632,000
FY 2022 Final	$35,335,000
FY 2023 Enacted	$37,533,000
FY 2024 President's Budget	$41,387,000

Funding history includes ASFR and FSI combined

Program Accomplishments

Immediate Office

In FY 2022, the Immediate Office (IO) continued to lead HHS's Enterprise Risk Management (ERM) Council and mature the ERM capability across the Department. IO led the development of the annual risk profile in accordance with OMB Circular A-123, Management's Responsibility for Enterprise Risk Management and Internal Control. Through the work of the ERM Council, HHS enhanced Department-internal governance and collaboration across management areas by incorporating COVID-19 management lessons learned and positioned the Department to better address evolving strategic risks such as cybersecurity and supply chain risks.

IO led ASFR's compliance with meeting the National Archives and Records Administration electronic records requirement and developed processes to ensure future compliance. We continued to lead efforts to streamline processes, including asset and supply management which resulted in cost savings. We have reduced our space to comply with GSA and the Department's 21st Century Modernization initiative to reduce the federal government's real property footprint and integrated the ASFR physical office capabilities with secure, updated technology to facilitate the move to a more remote workforce.

Office of Acquisitions

The Office of Acquisitions (OA) implemented the rewrite of the HHS Acquisition Regulation (HHS' supplement to the Federal Acquisition Regulation) and the Acquisition Workforce Certification & Training Guide. This rewrite effort updates references to other federal and Departmental directives, policies, and procedures, and removes obsolete material. The revisions will also streamline HHS acquisition processes and to be consistent with and non-duplicative of the Federal Acquisition Regulation. OA executed a 60-day internal HHS stakeholder review and is preparing to issue the draft HHSAR with adjudicated comments to the Department's Office of General Counsel prior to interim final action on issuing changes through the federal rule making process (anticipated to occur late Spring 2023).

OA has also launched an electronic minimally viable product (MVP) for case management. As a result of an Office of Inspector General recommendation/finding cited during the FY 2021 review of the OA Office of Recipient Integrity & Coordination, OA executed this effort to automate suspension and debarment (S&D) case workflows and processes, organize the tracking of S&D cases as well as provide for a storage/record keeping solution, which combined, mitigates the use of paper files, spreadsheets, and other papers to manage S&D cases. The tool is preparing to launch as it is in the final stages of an authority to operate on the HHS network. Noteworthy, because the tool is an MVP, it does not satisfy all elements required to electronically organize and perform S&D case management, but it is an initial step toward compliance resulting from the HHS OIG finding. The tool will require further development to meet the full S&D need along with sustainment and maintenance as it is further built out.

In response to the Federal Buy Clean Initiative, OA and the HHS Office of the Chief Sustainability Officer (CSO) have partnered to sponsor a Challenge Project for Sustainable Acquisitions involving 24 Presidential Management Fellows (PMFs) from across multiple Federal Agencies. This partnership resulted in the development of a computer algorithm that analyzes procurement data within the Federal Data Procurement System and is expected to increase sustainable acquisitions for products and services significantly. The PMFs are expected to further HHS sustainable acquisition goals through employment of change management, data and human-centered design, and continuous process improvement techniques.

HHS and OA is a close partner with the OMB's Office of Federal Procurement Policy and the Made in America Office on the Make PPE in America implementation under IIJA. In support of implementation of Make PPE in America Efforts, HHS has the following activities underway/planned: 1) Partnering with the OMB Make PPE in America working group to identify Gov-wide demand estimations for RFI to industry on American supplier base capability to support Government-related requirements for PPE, 2) Partnering with the OMB Make PPE in America working group to host an industry day to inform interested vendors about the forthcoming Government requirements/needs in this space, 3) Issuing HHS Acquisition Alert for compliance with IIJA on October 1, 2023, which provides direction to HHS contracting offices on direction and strategies for compliance, and recommended contract vehicles to use to comply with IIJA PPE requirements and provides direction to contracting offices and purchase card holder.

Office of Budget

The Office of Budget (OB) successfully advanced the FY 2023 and FY 2024 President's budget processes, by creating exhibits, briefing leadership, and working closely with OMB to communicate the administration's agenda. The formulation process involves the entire OB leading the Department in its effort to communicate needs and priorities for the coming fiscal years. In addition, the OB prepares the Secretary for Congressional budget hearings and briefs Congressional staffers on the request.

OB also successfully executed newly appropriated funding in FY 2023. OB is deeply involved in execution of the appropriated FY 2023 budget, ensuring adherence to federal appropriations law. In FY 2022 and FY 2023, the Office of Budget also saw increased execution workload due to appropriation of additional funds through the disaster supplemental.

In FY 2022 and FY 2023, the nonrecurring expenses fund notified for $915 million in new projects, and fulfilled $1.3 billion in enacted rescissions.

OB increased its financial management oversight efforts. Several supplementals have been appropriated in the last fiscal years, requiring enhanced oversight. With limited resources, the Office of Budget successfully invested in additional oversight efforts to ensure appropriate execution of emergency supplementals, as well as ensuring the proper execution of other standard financial processes, such as travel policy oversight.

Office of Finance

The Office of Finance (OF) continued to meet its responsibilities for providing financial management leadership including management, development, and implementation of HHS financial policies, standards, and internal control practices; and preparing financial statements, financial audits, and other financial reports. In addition, OF met COVID-19 enacted oversight requirements by providing leadership and support for the ongoing execution, monitoring, and reporting of funds and activities to address the pandemic.

OF had many programmatic accomplishments throughout FY 2022. OF executed financial stewardship by obtaining HHS's 23rd consecutive unmodified (clean) financial statement audit opinion with no material weaknesses; published HHS's Agency Financial Report (AFR) on-time within 45-days of the fiscal year end and received 9th consecutive "Certificate of Excellence in Accountability Reporting"; strengthened the security and reliability of HHS's financial management environment, remediating 55% (21/38) of information systems-related audit findings (including 62% (13/21) of auditor-identified high-risk findings) and decreasing financial statement audit findings by 24% (21 to 16); maintained above 97%

data quality, receiving an Excellent rating from OIG's performance audit review; collaborated with HHS's 14 CFOs to develop the FY 2023-2027 HHS CFO Community Strategic Plan ensuring the HHS CFO Community mission continues to advance and align with the Department's Strategic Plan; and delivered high-quality, virtual training to over 200 attendees across the Department on relevant topics related the pandemic response, data integration, and internal controls over payment integrity and financial systems. Attendees earned continuing professional education units nationally accredited by the National Association of State Boards of Accountancy

Office of Grants

In FY 2022, the Office of Grants (OG) led grant policy, training and services supporting HHS in its award of $1.44T across 154,387 grant and cooperative agreements; processed $71B+ in COVID awards through GrantSolutions and created an application portal for USDA's Pandemic Response and Safety program (expected to issue as many grants for one program as the government does over a year) reducing applicant burden and facilitating 300,000+ applications and awards; Grants.gov supported a nearly 40% increase in users while migrating to a cloud platform with greater service availability, improved responsiveness, and a stronger security posture. Hosted 4,057 opportunity announcements and accepted 189,055 grant applications through Q3 of FY 2022; led grant policy, training and services supporting HHS in its award of $1.44T across 154,387 grant and cooperative agreements; streamlined and strengthened login process security for 150,000+ GrantSolutions (government's largest grant system service provider supporting 15+ federal partners, 3,000+ grant programs, and $200B+ in annual awards across 118,000+ actions) users; maintained the Tracking Accountability in Government Grants System (TAGGS) reporting dashboards, providing real-time transparency into the American Rescue Plan Act and other financial assistance awards across HHS to over 150K unique visitors in FY22 with a nearly 10% increase in site traffic since FY2021; executed a new algorithm to share Grants.gov operating costs more equitably across grant agency partners for FY2023, reducing HHS's cost burden by almost 10%; led HHS's successful transition from DUNS to the Unique Entity Identifier (UEI), affecting thousands of vendors, grant applicants and recipients across multiple systems with no impact to agency operations; Grants.gov negotiated a 20% cost savings ($1.5M) for its operations and maintenance contract and used the savings to increase site performance, security, and stability without increasing user fees; successfully launched a grant applicant risk analysis tool, Recipient Data Insights (RDI) aiding agencies in making critical grant funding decisions while reducing grantors' costs by 75% and time savings by 85%; and implemented EO 13985 (Advancing Racial Equity and Support for Underserved Communities) through the Equity in Grants Project and the Advancing Equity in Procurement Initiative. Conducted listening sessions to identify equity barriers in grant making (15 sessions) and contracting (10 sessions), reviewed 200 NOFOs, and increased number of new small businesses by 8%.

GRANTS QUALITY SERVICE MANAGEMENT OFFICE

Budget Summary

(Dollars in Thousands)

Grant Quality Service Management Office	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	-	850	3,000	+2,150
FTE	-	-	4	+4

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2024 Authorization..... Permanent
Allocation Method..... Direct Federal

Program Description

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

Through its mission and in operations, the Grants QSMO empowers and enables federal awarding agencies, service providers, and grant applicants and recipients to deliver on the federal grants mission efficiently and effectively. This support is essential – particularly given the federal response to COVID-19, which increased annual government-wide grant funding from $750 billion to over $2 trillion through supplemental funding. As detailed in OMB Memoranda M-21-20 and M-22-12, the Grants QSMO plays a central role in supporting execution of the *American Rescue Plan Act* (ARP) and *Infrastructure Investment and Jobs Act* (IIJA), respectively, by assisting agencies with review and advice on their grants management IT investments. The Grants QSMO's work aligns directly with Administration priorities that leverage grant funding as a primary tool to improve both the lives of American citizens and all sectors of the economy, as well as helps support the *President's Management Agenda* (PMA) priorities of delivering excellent, equitable, and secure federal services and customer experience; managing the business of government to build back better; and strengthening an empowering the federal workforce – prioritizing customer experience and improved service delivery, working collaboratively across government to build grants IT capabilities and capacity, and maintaining coordination with federal grant managers to understand mission and business needs and resource constraints.

The Grants QSMO serves as a catalyst to drive further adoption and modernization of grants management shared solutions and services, enabling more strategic and common investments through shared solutions and system footprint reduction. To that end, the Grants QSMO developed the first public-facing grants management Marketplace in collaboration with the General Services Administration's Office of Shared Solutions and Performance Improvement (GSA/OSSPI). The Grants QSMO Marketplace is supported by a robust Marketplace Validation Process (MVP) coordinated by the

Grants QSMO in tandem with service providers. Accompanying government-wide Investment Planning Guidance directs awarding agencies towards the use of shared Marketplace solutions and enables the Grants QSMO to advise both agencies and OMB on significant grants IT investments from across government, in alignment with updated OMB Circular A-11 and GSA guidance.

Initially populated with federally owned and operated solutions, the Marketplace will expand to include commercial offerings. The Grants QSMO has completed extensive market research of commercial solution offerings in collaboration with customer agencies, shared this market research with all awarding agencies to minimize government-wide duplication of effort, and is piloting use of commercial solution offerings with multiple awarding agencies. The Grants QSMO actively supports and assists agencies' grants IT acquisition efforts to facilitate alignment with the Grants QSMO vision and guiding principles, as well as government-wide standards. Additionally, to provide insight and transparency into agency investments and the evolution of the grants management IT landscape and to facilitate coordination with OMB budget examiners and desk officers, the Grants QSMO created an Agency Investment Pipeline Dashboard on OMB MAX to track Investment Action Plans and planned adoption of shared services.

Budget Request

The FY 2024 President's Budget for the Grants QSMO is $3,000,000, which is an increase of +$2,150,000 above FY 2023 Enacted.

Cross government-funding will be needed to ensure that the program is able to continue its evolution from concept to reality (e.g., maturing the Grants QSMO Marketplace and validating additional service providers; applying government-wide guidance and processes for agency grants IT investments; sustaining stakeholder/customer relationship management frameworks and forums; etc.). HHS funds in this request will be directed towards maintaining already established frameworks, processes, and forums. Grants QSMO will strategically identify and prioritize a subset of in-flight initiatives to sustain based on resource levels, priorities, and accomplishments in FY 2023. The Department will also be developing a plan to engage other agencies in supporting the Grants QSMO as a shared service.

The combination of the request level and a government-wide funding solution will enable QSMO to provide for the salaries and operating expenses for Federal leadership and for FTE, including program management support required to manage and execute key responsibilities for Grants QSMO Marketplace governance and oversight; as well as coordinating with and advising agencies on planned grants IT investments.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	-
FY 2021	-
FY 2022 Final	-
FY 2023 Enacted	$850,000
FY 2024 President's Budget	$3,000,000

Program Accomplishments

In FY 2022, the Grants QSMO successfully launched the initial Grants QSMO Marketplace – a virtual storefront co-hosted on a GSA website that provides federal awarding agency customers with a single

view of all Grants QSMO-validated IT solutions and services, including relevant and standardized information about the respective shared service offerings to facilitate agency planning and decision making related to adoption of shared solutions/services. The Grants QSMO Marketplace launch with a widely coordinated press release that demonstrated the approval and support from key OMB, GSA, and HHS leadership – underscoring the importance of the Marketplace and the impact it will have for customer agencies and delivery of their grants missions. The Marketplace provides federal awarding agencies and their recipients high-quality and modern grants management solutions that improve customer experience, increase efficiencies, reduce recipient burden, and better leverage data as a strategic asset to help drive grant mission delivery improvements.

To better understand customer needs and to inform the maturation and expansion of the Grants QSMO's Marketplace, in FY 2022 the Grants QSMO successfully conducted a government-wide Grants IT Demand Survey. This government-wide Grants IT Demand Survey created the most accurate picture to date of the current grant IT systems landscape and forecast of agencies' grants IT needs, which enables the Grants QSMO to maximize the impact of its engagements with awarding agencies about how to meet their grant IT needs. To accelerate the expansion of the Grants QSMO Marketplace based on identified awarding agency needs, in FY 2022 the Grants QSMO conducted first-of-its kind market research into currently available commercial grants management solutions with support from 10 federal awarding agencies. The Grants QSMO also partnered with multiple to small agencies as first users of this market research in FY 2022, including helping support AmeriCorps secure Technology Modernization Fund (TMF) funding and make a successful contact award using this market research, which allowed AmeriCorps to decommission their outdated, costly grants systems and implement a highly configurable solution that meets grants management Federal Integrated Business Framework data standards and provides an improved recipient experience.

In FY 2022 the Grants QSMO also created its first multi-year strategy focused on creating and implementing customer experience (CX) improvements across the grants IT ecosystem. As first steps, the Grants QSMO created customer journey maps and customer personas covering engagement with grants IT systems through parts of grants management lifecycle. Insights were gleaned based on customer experience workshops and interviews with various stakeholders, integrating federal awarding agency, shared service provider, and grant recipient/applicant perspectives. Additionally, the Grants QSMO has partnered with GSA's Login.gov to drive expanded government-wide adoption of Login.gov for recipient-facing federal grants IT systems, which helps improve the grant applicant and recipient experience by enabling them to securely access multiple federal grant IT systems using the same username and password across.

ASSISTANT SECRETARY FOR LEGISLATION

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Legislation	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	4,526	4,783	6,769	+1,986
FTE	22	25	29	+4

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2024 Authorization.....Permanent
Allocation Method.....Direct federal

Program Description

The Office of the Assistant Secretary for Legislation (ASL), headed by the Assistant Secretary for Legislation, is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). ASL serves as the Department's principal interface with Congress, communicating the Administration's health and human services initiatives; serves as chief HHS legislative liaison and principal advisor to the Secretary and the Department on congressional activities; and maintains communications with executive officials of the White House, Office and Management and Budget (OMB), other Executive Branch Departments, Members of the Congress and their staffs, and the Government Accountability Office (GAO).

ASL informs the Congress of the Department's views, priorities, actions, grants, and contracts, and provides information and briefings that support the Administration's priorities and the substantive informational needs of the Congress. ASL, in collaboration with operating divisions, provides technical assistance to Members of Congress and their staff during the development of legislative language. ASL leads Departmental coordination and response to Congressional oversight and investigations. The office also reviews all departmental documents, issues, and regulations requiring Secretarial action.

Immediate Office of the Assistant Secretary for Legislation

The Assistant Secretary for Legislation serves as principal advisor to the Secretary with respect to all aspects of the Department's legislative agenda and Congressional liaison activities. ASL activities include working closely with the White House to advance presidential initiatives relating to health and human services; managing the Senate confirmation process for the Secretary and other Presidential appointees requiring Senate confirmation; transmitting the Administration's legislative proposals to the Congress; working with Members of Congress and staff on legislation for consideration by appropriate Committees and by the full House and Senate; and coordinating congressional activities and relations among the operating division and staff divisions of the Department, including congressional hearing prep, testimony and questions for the record (QFR) clearances, Member and staff briefings, and responses to congressional correspondence.

Office of Health Legislation

The Office of Health Legislation assists in the legislative agenda and serves as liaison for mandatory and discretionary health programs. Significant issues within the health team include COVID-19 response, strengthening the Affordable Care Act, and implementation of major legislative proposals such as the Inflation Reduction Act, the Bipartisan Safer Communities Act, the No Surprises Act, the American Rescue Plan, and the Consolidated Appropriations Act of 2023. The portfolio for the discretionary health

team includes the health science-oriented operating divisions, the Administration for Strategic Preparedness and Response (ASPR), the Agency for Health Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), Health Services Resources Administration (HSRA), and National Institutes of Health (NIH); and staff divisions including the Office of the Assistant Secretary of Health (OASH), Office of the Surgeon General (SG), the Office of Civil Rights (OCR), and the Office of Global Affairs (OGA). This office also covers Continuity of Operations (COOP) activities and coordinates HHS detailees to Congress. The portfolio for the mandatory health team includes health care financing and health services operating divisions such as the Center for Medicare, the Center for Medicaid and CHIP Services, the CMS Innovation Center (CMMI), the Center for Consumer Information and Insurance Oversight (CCIIO), and the Center for Clinical Standards and Quality (CCSQ), as well as legislative matters affecting the Office of Medicare Hearings and Appeals (OMHA) and the Departmental Appeals Board (DAB). This team's portfolio also covers behavioral health issues, including the Substance Use And Mental Health Services Administration (SAMHSA).

Office of Human Services Legislation

The Office of Human Services Legislation assists in the legislative agenda and serves as the liaison for human services and income security policy. The portfolio includes the operating divisions the Administration of Children and Families (ACF), Administration for Community Living (ACL), Indian Health Service (IHS), and Office of the National Coordinator (ONC). This office also covers cybersecurity issues. Significant issues within the human services team included maintaining funding for mandatory programs and administration of programs relative to at-risk populations such as the Special Diabetes Program for American Indian and Alaska Natives, child support enforcement, Head Start and child care, adoption and foster care, and runaway and homeless youth. Additionally, the office manages incoming requests and questions regarding the Low-Income Home Energy Assistance Program (LIHEAP), Low Income Household Water Assistance Program (LIHWAP), and Temporary Assistance for Needy Families (TANF) programs. The Human Services team also manages Hill engagement around implementation of the Family First Services Prevention Act (a newly established child welfare entitlement) and proposals and inquiries related to the Unaccompanied Children's program.

These two offices develop and work to enact the Department's legislative and administrative agenda and successfully communicate the Administration's health and human services legislative agenda to the Congress. ASL works to secure the necessary legislative support for the Department's initiatives and provides guidance on the development and analysis of Departmental legislation and policy.

Congressional Liaison Office

The Congressional Liaison Office (CLO) assists in the legislative agenda and special projects. The office is the primary liaison to members of Congress and serves as a clearinghouse for member and Congressional staff questions and requests. This office maintains the Department's advance notification system to Members of Congress to inform them of grant and contract awards from Departmental programs to entities within their district or state. The office is responsible for notifying and coordinating with Congress regarding the Secretary's travel and event schedule. CLO is also responsible for processing correspondence from Members of Congress to the Assistant Secretary for Legislation and the Secretary. CLO provides staff support for the Assistant Secretary for Legislation, coordinating responsibilities to the HHS regional offices, and works with the Office of the Assistant Secretary for Financial Resources to coordinate budget distribution, briefings, and hearings.

Office of Oversight and Investigations

The Office of Oversight and Investigations (O&I) is responsible for all matters related to Congressional audit and investigations of Departmental programs, including those performed by the GAO. O&I serves as the central point of contact for the Department in handling congressional requests for oversight interviews, briefings, and documents; developing responses with agencies within the Department; consulting with other Executive Branch entities; and negotiating with congressional and GAO staff regarding investigations. O&I works together with the Office of the General Counsel to clear letters and transmit documents to requesting congressional committees with oversight jurisdiction. O&I produces documents on a recurring basis in response to ongoing investigations by the major oversight committees.

Budget Request

The FY 2024 President's Budget request for ASL is $6,769,000, which is an increase of +$1,986,000 above the FY 2023 Enacted level. An increased funding level will allow ASL to increase FTE by 4 and provide better mission critical support to the legislative healthcare and human services agenda and improve meeting Congressional inquiries related to the broad range of HHS programs.

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

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$4,100,000
FY 2021	$4,175,000
FY 2022 Final	$4,526,000
FY 2023 Enacted	$4,783,000
FY 2024 President's Budget	$6,769,000

Program Accomplishments

In FY 2022, ASL coordinated and prepared Departmental witnesses to testify at over 40 hearings and responded to questions for the record. ASL coordinated over 1,000 briefings with Departmental experts for Members of Congress and their staff. ASL provided Technical Assistance on major legislative proposals like the Bipartisan Safer Communities Act, PREVENT Pandemics Act, FDA User Fee reauthorizations, and MIECHV reauthorization.

Since the start of the Biden-Harris Administration, ASL has worked to successfully confirm fifteen Presidential appointees. In FY 2022, ASL has supported Secretary meetings with 100 Members of Congress and Secretarial visits with 40 Members of Congress in their home states/districts.

In FY 2022, CLO sent over 79,000 grant notifications for local communities totaling $45 billion and over 2,500 grant notifications for new Community Funded Projects totaling $1.1 billion to Members of Congress. ASL has also continued to improve upon the letter response process across the Department helping to facilitate responses to over 350 letters from Members of Congress in FY 2022.

ASSISTANT SECRETARY FOR PUBLIC AFFAIRS

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Public Affairs	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Request	FY 2024 +/- FY 2023
Budget Authority	9,552	9,876	16,454	+6,578
FTE	41	40	80	+40

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2024 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

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

ASPA's communications functions include:

- Fostering an intra-departmental visibility and coordination of messaging for all major announcements and encourage their amplification by the Office of the Secretary and other HHS components.
- Creating a forum for strategic, long-term planning for communication on public health, healthcare, and human services initiatives.
- Coordinating digital and specialty media staff across the Department to boost impact for high priority announcements and deliver the right message to the right audience through the right channel(s).
- Advising the Secretary and senior staff on communication tactics and timing in accordance with the Department's strategic priorities.
- Working across the Department to develop a long-term outreach strategy, coordinate in-house communications efforts, and ensure consistency in messaging.
- Advising HHS Communications Offices on using the Strategic Communication Planning (SCP) tool to develop plans for communication products targeting external audiences – digital and print – such as brochures, new websites, social media, reports, videos, toolkits, and public education public service campaigns.
- Supporting television, web, and radio appearances for the Secretary and senior HHS officials; managing the HHS studio and providing photographic services; producing and distributing internet, radio, and television outreach materials.
- Writing speeches, statements, articles, and related material for the Secretary, Deputy Secretary, and Chief of Staff and other senior HHS officials.

- Overseeing HHS-wide FOIA and Privacy Act program policy, implementation, compliance, and operations.

ASPA will continue to build on its work and strengthen its tactics to engage the country around key HHS priorities – with the goal of advancing the HHS core mission of improving the health and wellbeing of Americans nationwide. In keeping with the Department's approach to decision-making, ASPA will expand its effort to reach everyone possible across the country by increasing the diversity of its staff to represent the people HHS serves and launch its communications campaigns and initiatives with an eye towards equity. ASPA will continue to clearly communicate the scope of HHS's work, services, and programs to save lives.

Budget Request
ASPA's FY 2024 President's Budget request is $16,454,000, which is an increase of +$6,578,000 above the FY 2023 Enacted. The additional funds will allow ASPA to fully fund the Freedom of Information Act (FOIA) office, establish a Public Education Campaign (PEC) team and Digital Text Messaging Guidance and Support Infrastructure; hire additional staff to support operations and communications portfolios; and inflationary increases in contract costs and federal salaries.

FOIA: +$3,300,000 (+20 FTE)
The FOIA workload surged dramatically between FY 2017 and FY 2022:

- Volume and complexity of requests, including requests for electronic records increased by the following:
    - Receipts of new FOIA requests increased by an average of 10% between FY 2017 – 2022, 20% between FY 2017 and FY 2018, and 30% between FY 2019 and FY 2020.
    - Backlog increased by 1,100% between FY 2017 (224) and FY 2022 (2,918).
    - FOIA litigations increased by 1,100% between FY 2016 (5) and FY 2022 (66).
- ASPA FOIA's inability to keep pace with incoming requests due to lack of staffing led to an increase in litigations. To meet court deadlines, staff working on incoming requests shifted from processing FOIA requests to only processing litigation cases, resulting in an increase in the backlog of unprocessed requests.
- In FY 2021 ASPA FOIA filled critical management roles and streamlined case processing which resulted in increasing the number of requests and appeals processed in FY 2021 and FY 2022. However, even with this increased efficiency, the current FOIA staffing does not have the capacity for the annual incoming workload.

The increase will address the current backlog of FOIA cases, prevent further backlog from developing, and minimize the risk of costly litigation, ASPA's four-prong plan includes:

1. Increase staffing by +10 FTE to process initial requests
2. Establish a permanent litigation team of 7 FTEs
3. Establish an HHS FOIA Office (+2 FTE) to handle Departmental-level requirements.
4. Add permanent resources for IT support (+1 FTE) to handle electronic email searches, which is a fast growing and time-consuming category of FOIA request.

+$1,000,000 - PEC Team (+6 FTE)
The increase will allow ASPA to meet critical Department initiatives, by establishing a dedicated Public Education Campaign (PEC) team (+6 FTE) to respond to national public challenges. HHS has been understaffed to proactively prepare communication strategies and assemble the necessary subject

matter experts during times of crisis, including opioids, unaccompanied children, and COVID-19. With additional funding, ASPA will have the infrastructure to handle long-term national public health needs on behalf of the agency, including during heightened periods of emergency, when it acts as a project management office.

+$1,200,000 - Digital Text Messaging Guidance and Support Infrastructure (+6 FTE)

HHS is working in conjunction with external federal partners in a Simple Messaging Service (SMS) notification program, which is intended to reduce administrative burden, improve customer experience of families, and increase their access to benefits.

This program broadcasts opt-in/opt-out reminders and guidance to subscribers at crucial points throughout the benefits enrollment and renewal process, as well as educational messages on developmental milestones.

The ASPA team, together with internal and external stakeholders will develop guidance, best practices, and structure to support Federal, State, and Local programs in fully using SMS messaging to engage the public about eligibility, applications, redetermination, and updates.

Target milestones in 2023 include:

- Document the legal authority to operate the Notification Service
- Identify potential program to pilot the Notification Service
- Complete the assessment of pilots
- Develop first new set of product features

Primary deliverables in 2023 include:

- Pre-pilot launch report
- Notification pilot design
- Pilot evaluation metrics
- Pilot learnings synthesis
- Best practices and guidance material

+$1,078,000 - Operations and Communications Staff, and inflationary increases (+8 FTE)

The increase will allow ASPA to hire public affairs specialist to aid the health communications outreach efforts, provide additional investments in operational staff, and support inflationary contract and pay cost increases.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$8,408,000
FY 2021	$8,408,000
FY 2022 Final	$9,522,000
FY 2023 Enacted	$9,876,000
FY 2024 President's Budget	$16,454,000

Program Accomplishments

In FY 2022, ASPA successfully coordinated and amplified key Departmental priorities and initiatives by managing thousands of media interview requests from across HHS, issuing hundreds of press releases and statements and overseeing hundreds of social media posts and video to communicate HHS's work.

- ASPA prepared hundreds of speeches for Secretary Xavier Becerra and other HHS principals, communicated HHS's policies and guidance through multiple digital channels and hundreds of media outlets, and held dozens of media calls or press events.
- As HHS issued new rules and policies to support the nation's health and wellbeing, ASPA played a critical role in reaching Americans across the country, with an eye towards equity. ASPA has worked to engage hard-to-reach communities– through a diverse group of principals, and people impacted by their decision-making.
- Communicating on multiple mediums simultaneously, ASPA focuses on amplifying top Departmental priorities. Throughout FY 2022, ASPA has led:
    - A robust and dynamic communications program to tackle COVID-19 and boost vaccine confidence.
    - A communications program to support the monkeypox response.
    - A communication program to support efforts to increase infant formula availability.
    - The rollout of new policy initiatives and rules to expand health care access and reduce costs.
    - New strategies and policies to strengthen mental and behavioral health.
    - The narrative around 988, the new three-digit lifeline to prevent suicide and support mental health crisis care.
    - Interagency messaging tied to advancing equity and tackling disparities in health care and public health.
    - The rollout planning and execution for the standup of the new Advanced Research Projects Agency for Health (ARPA-H), the newest HHS agency.
    - The rollout planning for the Department's contribution to the release of the President's FY 2023 Budget Proposal.
    - The rollout planning for a variety of major departmental policy announcements including FDA's sodium reduction guidance, proposal to ban menthol tobacco products, and the final rule allowing for the first time over-the-counter nationwide sales of hearing aids.

One example of how ASPA Lifted Up Departmental Priorities

<u>Strengthening Mental Health</u>

To help shine a light on the Department's priority of strengthening mental health, the ASPA team launched a Department-wide National Tour to Strengthen Mental Health – a series of trips taken by HHS principals to hear from communities across the country directly about their mental health needs, and to highlight federal resources available to help support them. The Secretary traveled to at least a dozen states to make good on this commitment, and HHS principals – from the Deputy Secretary to Assistant Secretary of Health to the Assistant Secretary of Substance Use And Mental Health Services, and others – traversed the country to amplify the Department's work and the importance of this mission. Additionally, ASPA led the messaging effort for the Department around the transition of the National Suicide Prevention Lifeline to 988. Media articles about the transition reflected the message that the Department adopted at ASPA's direction, lending to a smooth transition and partnership with the states.

OFFICE OF THE GENERAL COUNSEL

Budget Summary
(Dollars in Thousands)

Office of the General Counsel	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	$31,602	$32,732	$38,530	+$5,798
FTE	153	145	161	+16

Authorizing Legislation.....Reorganization Plan No. 1 of 1953
FY 2024 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description
The Office of the General Counsel (OGC) is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). OGC, with an accomplished team of almost 500 attorneys and a cohesive support staff, is one of the largest, most diverse, and talented law offices in the United States. It provides client agencies throughout the HHS with legal advice and representation on a wide range of highly visible national issues. OGC's goal is to promote the strategic goals and initiatives of the HHS Secretary and the Department, by providing high quality legal services together with sound and timely legal advice and counsel. OGC is organized with ten regions and eight divisions in the primary practice areas of: Children, Families and Aging; Centers for Medicare and Medicaid Services; Civil Rights; Ethics; General Law; Legislation; National Complex Litigation and Investigations; and Public Health.

Budget Request
The FY 2024 President's Budget request for OGC is $38,530,000 which is an increase of +$5,798,000 above the FY 2023 Enacted level.

At this level OGC will support an additional 16 FTE to support the Department and Administration's key social, economic, and healthcare issues. This level will provide legal advice and litigation support in the areas of pandemic response and procurement, Departmental policies, Executive Orders, and the advancement of the Secretary's priorities on the opioid crisis and reproductive health access. OGC will continue to manage the legal challenges and keep pace with the Secretary and Department's initiatives, strategic goals, and the following HHS programs.

Children Families and Aging Division (CFAD):
CFAD will add 2 FTE to support the Department's ongoing litigation support and legal review to the Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR). CFAD's expert on the equal treatment rule, at 45 C.F.R. Part 87, continues to engage with the White House and Department on changes made to that rule. CFAD continues to support the TANF program, the Office of Child Support Enforcement, the Office of Head Start, the Office of Trafficking in Persons, the Children's Bureau, the Office of Refugee Resettlement, the Office of Child Care, the Office of Community Services, the Office for Human Services Emergency Preparedness and Response, and the Administration for Community Living (ACL). Lastly, CFAD will continue to support ACF in their efforts to provide temporary assistance through the Repatriation Program to U.S. citizens and their dependents who are being evacuated from Afghanistan.

Civil Rights Division (CRD):
CRD will add 8 FTE to support the OCR to identify additional authorities throughout the Department to expand critical non-discrimination protections in health care, specifically in the interpretation of legal policies and regulations of Section 1557 and HIPAA and navigate through the complex litigation and regulatory environment. Further, CRD will continue to support the President's COVID-19 Health Equity Task Force and the HHS Health Disparities Council, in a legal advisement capacity, to help address access to health care issues including vaccine access and distribution. CRD will continue to assist the Department in its collaboration across government to coordinate and share health data as well as research and artificial intelligence expertise to aid in the fight against COVID-19 while protecting individuals and complying with privacy laws.

General Law Division (GLD):
GLD will add 4 FTE to provide Department-wide legal support for emerging agency acquisitions including: fiscal law and federal real property; general information and administrative law support; claims processing, adjudication, federal court litigation support for medical malpractice claims under the Federal Tort Claims Act (FTCA); and labor and employment law advice, litigation, and representation.

OGC will continue to assist in providing procurement advice on claims and new and existing contracts, including pandemic response contracts, employment and tort law questions regarding COVID-19, and various fora. GLD will continue to provide legal advice to ACF ORR on leases and licenses for facilities, procurements for a myriad of services necessary for providing adequate care, employment law advice related to employee details to Emergency Intake Sites and adjudicating a significant number of claims filed under the FTCA. GLD will continue to support ASPR in the furtherance of contract authority to coordinate the acceleration of countermeasures, product advanced research, and development in preparation for other emerging threats. GLD will continue to support of the Department's programs to care for unaccompanied children crossing the Southern border. OGC will litigate, as required, employment discrimination cases, MSPB appeals, labor arbitrations, and providing extensive advice concerning Departmental policies, Executive Orders, hiring and pay authorities, and performance and conduct actions. Lastly, GLD will continue to process, adjudicate claims, and provide federal court litigation support.

Public Health Division (PHD):
As part of the national effort to address the opioid crisis, the PHD will add 2 FTE to work closely with HHS as it addresses the revised family planning service grant rules as it related to Title X and address the legal issues impacting reproductive health access. PHD will continue to advise the agency's leadership on the establishment and structure of a comprehensive and novel public-private partnership involving the National Institutes of Health (NIH), other Federal agencies, private pharmaceutical companies, and representatives from patient advocacy groups. PHD will also continue to work closely with HHS to finalize revisions to the Title X regulations, promulgating rules to establish new Alternative Dispute Resolution process for the 340B Discount Drug Program and developing drug pricing control policies. PHD will also continue to provide advice to other HHS components in their efforts related to the opioid crisis, grants-related and intellectual property issues, and the ISDEAA agreement negotiations.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$31,100,000
FY 2021	$31,602,000
FY 2022 Final	$31,602,000
FY 2023 Enacted	$32,732,000
FY 2024 President's Budget	$38,530,000

Program Accomplishments

Children Families and Aging Division (CFAD)

CFAD provides intensive litigation support and legal review to the Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) on several litigation cases, numerous class actions, and support for the unprecedented influx at the Southern border. CFAD works closely with the administration in examining litigation challenging the Adoption and Foster Care and Reporting System (AFCARS). CFAD supports ACF and Administration for Community Living (ACL) as they implement the Coronavirus Aid, Relief, and Economic Security (CARES) Act, including a grant program for water administered by the Office of Community Services and significant funding increases for the Child Care Development Fund. CFAD provides crucial advice to ACF and ACL regarding Stafford Act flexibilities for grantees for addressing the COVID-19 pandemic. CFAD's expert on the equal treatment rule, at 45 C.F.R. Part 87, continues to work with the White House and the Department on changes made to that rule. CFAD also continues to support the Temporary Assistance for Needy Families (TANF) program, Office of Child Support Enforcement, the Office of Head Start, the Office of Trafficking in Persons, Children's Bureau, Office of Child Care, and Office for Human Services Emergency Preparedness and Response.

Centers for Medicare and Medicaid Services Division (CMSD)

CMSD advises the Centers for Medicare & Medicaid Services (CMS) in support of the agency's strategic pillars, as well as in support of the agency's continuing response to Presidential and Departmental emergency declarations addressing the COVID-19 pandemic. For example, one of the pillars is to advance health equity. CMSD works closely with colleagues to provide training and ongoing advice on how to best incorporate quality measures and metrics in existing programs to address the health disparities in our health care system and expects to continue this work in FY 2024. CMSD previously advised on a broad gamut of approaches to the pandemic, such as Section 1135 waivers, adjustments to permissible sites of care, increased payment for treatment of COVID-19 and access to testing, vaccines, and treatments. CMSD now focuses on "unwinding measures" such as coverage transition. These measures ensure that individuals enrolled in Medicaid and Children's Health Insurance Program (CHIP) maintain a source of coverage after the Public Health Emergency (PHE) ends. CMSD provides counsel on the implementation of various provisions of the No Surprises Act and works closely with the Department of Justice (DOJ) in defending CMS in several lawsuits brought by providers challenging the implementing rule. CMSD also advises CMS on its operation of the Exchanges and regulation of the individual and group health insurance markets, including addressing issues with certification of qualified health plans, Affordable Care Act (ACA) section 1332 waivers, the requirement for health insurance plans to cover contraceptives, and the complex federal risk adjustment program.

CMSD also advises on numerous issues concerning Medicaid demonstrations, guidance, and related litigation. CMSD assists CMS in its pillar of protecting programs through its review and advice on annual Medicare payment rules governing a multitude of complex payment systems, quality reporting requirements, and provider types. CMSD advises CMS on telehealth rules, Emergency Medical

Treatment and Labor Act **(**EMTALA) requirements, survey and certification processes, provider/supplier enrollment, accelerated and advanced payments, and debt recovery requirements. CMSD also works closely with DOJ with respect to litigation involving maintaining access to reproductive health care in response to the President's Executive Order on this topic, particularly with respect to litigation involving EMTALA and conflicting state law. CMSD's efforts contribute to CMS's goal of integrating the 3Ms (Medicare, Medicaid & CHIP, Marketplace) to promote seamless continuity of care for people served by the 3Ms. CMSD responds expeditiously to support the urgent enactment of new statutes. CMSD provided extensive technical assistance with respect to the Build Back Better Act of 2021, and more recently with respect to the Inflation Reduction Act and expects to provide legal advice to CMS regarding the agency's implementation of the Inflation Reduction Act.

CMSD also works closely with its law enforcement partners in combatting fraud, waste and abuse in Medicare and Medicaid programs by both supporting program integrity litigation, including False Claims Act cases, and providing legal advice to various CMS components regarding policy development and implementation to help CMS better anticipate, prevent, detect, and address program vulnerabilities. The focus in FY 2024 of CMSD's program integrity efforts will continue to be fraudulent billing practices related to COVID-19 and opioids.

Civil Rights Division (CRD)

CRD assists the Office for Civil Rights (OCR) and the Department in its efforts to expand critical non-discrimination and health information privacy protections in health care in a variety of ways. After the U.S. Supreme Court issued its Bostock and Dobbs decisions, CRD continues to assist OCR in identifying a pathway forward to achieve its policy goals in a complex litigation and regulatory environment. CRD continues its partnership with the DOJ to defend and represent OCR's interests in national litigation surrounding Section 1557, Section 504, the Bostock-related notice, as well as in drafting amendments to 45 CFR Parts 160 and 164, and 42 CFR Part 2 required by the CARES Act. Critically, CRD has provided substantial support to OCR in its drafting and publication of the Notice of Proposed Rulemaking for Section 1557 as well as other rulemaking efforts on its published agenda, such as the Request for Information regarding recognized security practices as defined in Health Information Technology for Economic and Clinical Health (HITECH) and additional efforts relating to OCR's drafting efforts regarding Section 504.

CRD provides essential legal analysis and advice for some of the Department's top priorities. In support of the Department's COVID-19 response, CRD provides critical legal advice to OCR, helping to issue key guidance documents clarifying how health information may be shared in response to the public health emergency. These documents are essential in ensuring that Health Insurance Portability and Accountability Act (HIPAA) is not perceived as a barrier to providing care during the public health emergency and to managing the spread of the disease. Further, in support of the Department's efforts to be mindful of health equity issues in its programs and services, CRD receives requests for analysis as the central reviewing office of OGC for all HHS agencies.

CRD collaborates with multiple HHS agencies, the National Security Council, Department of Energy, Veterans Affairs, and Department of Defense to coordinate and share health data, research, and artificial intelligence expertise to aid in the fight against COVID-19. CRD assists in drafting HHS Protect agreements which allows a central collection of data from hospitals, public health agencies, and private systems. This work includes the drafting of data use agreements (DUAs) with Oracle, 3M, Epic, Tiberius, FEMA, CVS Pharmacy, and Abbott Laboratories that allows for the ease of flow of diagnostic data between the public and private sectors.

General Law Division (GLD)

GLD is instrumental in advising the Department's policymakers regarding the administration of their core programs, including advising them on relevant fiscal, procurement, claims, and employment law matters. GLD plays a key role in providing legal advice to ACF ORR on leases and licenses for facilities, procurements for a myriad of services necessary for providing adequate care, employment law advice related to employee details to Emergency Intake Sites and adjudicating a significant number of claims filed under the Federal Tort Claims Act (FTCA). Working closely with the Assistant Secretary for Preparedness and Response (ASPR), GLD plays a central role in the Department's response to the COVID-19 pandemic, assisting in procuring critical therapeutics, diagnostics, personal protective equipment (PPE), vaccines and with the Assistant Secretary for Administration (ASA) advancing the agency's response to the vaccine mandate as appropriate for HHS return to work policy and the agency's healthcare workforce. In addition, GLD provides critical advice to the Office of the Secretary (OS) and Operating Divisions (OpDivs), on myriad novel, complex, and time-sensitive employment and tort law questions regarding COVID-19. GLD continues to take the lead in advice and litigation matters for the agency in various fora. GLD provides employment and labor advice to senior policymakers; advice on the Federal Advisory Committee Act (FACA), as well as on the disclosure, retention, and withholding of information requested through various mechanisms; adjudicated claims for the Department, including FTCA, Military Personnel and Civilian Employees Claims (MPCE) Act, and Federal Medical Care Recovery Act (FMCRA), and provides federal court litigation support as necessary. Finally, GLD represents the Department in administrative litigation before the Equal Employment Opportunity Commission (EEOC), Merit Systems Protection Board (MSPB), labor arbitrations, and other litigation matters, including federal court litigation support as appropriate.

Public Health Division (PHD)

PHD is the lead OGC division advising multiple parts of the Department on a myriad of issues related to the COVID-19 pandemic response. It advises on legal matters including those related to the Public Readiness and Emergency Preparedness Act and the Provider Relief Fund (including the Uninsured Program, Coverage Assistance Fund and American Rescue Plan (ARP) Rural Fund); COVID-19 legislation and the development and distribution of vaccines; delivery of vaccines to medically underserved communities through Health Resources Services Administration (HRSA) funded community health centers; countermeasures injury compensation coverage; testing and therapeutics; the implementation of various orders issued pursuant to Section 361 of the Public Health Service Act as well as high-profile litigation challenging these orders. PHD advises staff supporting the Disparities Council and advises and coordinates with other OGC divisions on health equity initiatives. Finally, PHD handles numerous questions related to the distribution of COVID-19 vaccine in Indian Country, particularly through the Indian Health Service (IHS) system, the largest rural healthcare system in America.

PHD provides legal advice to clients on many high priority Administration initiatives, such as defending the revised family planning service grant rules, awarding $6.6 million through the Title X family planning program to address increased need for family planning services where restrictive laws and policies have impacted reproductive health access, promulgating rules to establish a new Alternative Dispute Resolution process for the 340B Discount Drug Program, revising a significant multi-agency regulation to assist the homeless, and developing drug pricing control policies. PHD also advises on key programs for expanded services in rural health and a new Office for the Advancement of Telehealth. In addition, PHD serves as the lead office within OGC for grants-related and intellectual property issues.

As part of the national effort to address the opioid crisis, PHD continues to advise agency leadership on

a comprehensive and novel public-private partnership involving the National Institutes of Health (NIH), other Federal agencies, private pharmaceutical companies, and representatives from patient advocacy groups. PHD's legal advice has led to the successful implementation of NIH's Helping End Addiction Long-Term initiative and many grants to address the opioid epidemic. PHD continues to advise on multiagency preparedness efforts related to the opioid epidemic, including public health emergency declarations, grants for treatment and prevention activities, expanding access to buprenorphine for treatment of opioid use disorder, and enhanced distribution processes for Naloxone. Furthermore, PHD works alongside the DOJ to pursue claims against opioid manufacturers on behalf of IHS, under the authorities of the FMCRA, the Indian Health Care Improvement Act, and the False Claims Act. To date, these efforts have resulted in recoveries for IHS as part of DOJ's $2.8 billion civil settlement agreement with Purdue Pharma L.P. and $225 million civil settlement agreement with the Sackler family.

PHD will continue to lead OGC teams negotiating over $6.2 billion in Indian Self-Determination and Education Assistance Act (ISDEAA) agreements with Indian Tribes and Tribal organizations. PHD has negotiated settlements in over 1,700 IHS contract support costs claims brought under the Contract Disputes Act seeking over $2.25 billion, with a savings of over $1.277 billion over amounts claimed. The Division provides extensive legal advice to the IHS to help operate its large rural health care system and urban programs.

OFFICE OF GLOBAL AFFAIRS

Budget Summary
(Dollars in Thousands)

Office of Global Affairs	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	6,981	7,643	11,057	+3,414
FTE	17	24	28	+4

Authorizing Legislation……Reorganization Plan No. 1 of 1953
FY 2024 Authorization……Permanent
Allocation Method…… Direct Federal

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

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

Budget Request
The FY 2024 President's Budget is $11,057,000, an increase of $3,414,000 above the FY 2023 Enacted level. At this level, OGA continues its critical role of representing health and human services overseas, coordinating related policies and programs, protecting HHS equities, and facilitating the involvement of HHS Divisions. OGA also continues to lead the USG on engagement with the WHO, PAHO, and other WHO regional offices, while ensuring the health and well-being of Americans and improving health and safety across the globe. OGA provides optimal, comprehensive coverage and support at the health policy level for the American people, which is vital in establishing key global partners in critical areas, such as infectious disease surveillance and response, cutting edge research, and regulatory oversight of food and medical products bound for the United States.

At this level, OGA will have the critical funds it needs for staff and travel costs related to the mission,

while covering inflation and mandatory pay increases. The President's Budget also funds the creation of three additional health attaché offices located within U.S. Embassies in Africa, Asia, and Europe. HHS Health Attachés are, and will continue to be, critical assets to the USG. These positions focus on regions and multilateral entities where there is significant USG investment on health and human services, and where there is a strategic benefit to the United States to strengthen collaborations with international stakeholders. Health Attaché Offices include a health attaché and two locally employed staff that help maximize current USG investments in health. Attachés provide linkages between domestic health and human service programs, which is critical to exchange bilateral and multilateral experiences, best practices, ensure domestic and international policies align, and inform positions and strategies for regional and global work-including for pandemics. Health Attachés are currently only in a limited number of countries, yet COVID-19 reinforced the importance of global partnerships and the critical role that these representatives play. Moreover, OGA is working in close collaboration with the White House, Department of State and the U.S. Centers for Disease Control and Prevention (CDC), to expand U.S. support to African institutions like the Africa CDC, to assist them in achieving their own priority goals and objectives in COVID-19 response and beyond.

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

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$6,026,000
FY 2021	$6,081,000
FY 2022	$6,981,000
FY 2023 Enacted	$7,643,000
FY 2024 President's Budget	$11,057,000

Program Accomplishments

Significant recent accomplishments include:

- Led a successful effort to reform WHO post-COVID-19, and a return to full U.S. participation in the organization. This includes targeted amendments to the International Health Regulations (2005) to increase transparency and accountability of WHO and its Member States starting with the successful adoption at the World Health Assembly (WHA) in May 2022 of an Amendment to Article 59 to smooth the process for future amendments.
- Guided an interagency process for new pandemic instrument negotiations at WHO in such a way as to facilitate U.S. priorities and participation, including greater health equity, more transparency and inclusion of civil society and the private sector in decision making, and more coordinated responses to future outbreaks before they become pandemics.
- Developed and negotiated a reform package designed to strengthen WHO's response to future global health threats, by increasing accountability and transparency of relevant multilateral

mechanisms. The World Health Assembly established a Working Group on strengthening WHO preparedness and response to health emergencies and U.S. leadership was recognized as the United States was elected to co-chair the negotiations by consensus.

- Worked with the interagency, counterpart Ministries, other funders, and the WHO to address concerns about readiness, misinformation, lower demand than expected, and vaccine confidence.
- Provided support under White House COVID Task Force leadership on the unprecedented U.S. commitment to COVID-19 vaccine sharing, including organizing technical inputs from across HHS, working with key partners, and providing important diplomatic communications with counterpart governments on progress or challenges of dose sharing.
- Continued to support the growth of the Africa Centres for Disease Control and Prevention by working closely with key actors within the African Union to ensure this important institution can operate effectively and improve its capacity to detect and respond to infectious disease in the region.
- Worked with the CDC along the U.S.-Mexico Border through the U.S.-Mexico Border Health Commission to advance the GHSA and AMR objectives, including Coronavirus surveillance, and projects on the border. OGA also utilized the insights and expertise of the U.S. members of the Commission to better understand local needs and strategies for collaborative efforts related to COVID-19 in the border region.
- Provided critical and timely inputs on behalf of the USG at the Global Fund board meeting to ensure that the Global Fund remains focused on its mission.

OFFICE OF INTERGOVERNMENTAL AND EXTERNAL AFFAIRS

Budget Summary

(Dollars in Thousands)

Office of Intergovernmental and External Affairs	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	11,572	11,999	16,262	+4,263
FTE	54	57	73	+16

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2024 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

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

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

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

Budget Request

The FY 2024 President's Budget request for IEA is $16,262,000, which is an increase +$4,263,000 above the FY 2023 Enacted level.

The President's Budget level includes $3,000,000 designated for the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANHPI) and the President's Advisory Commission on Asian

Americans, Native Hawaiians, and Pacific Islanders (PACAANHPI). IEA will need an additional 4 FTE to support this initiative. IEA expects significantly increased travel, outreach, and meetings for the Interagency Working Group, Regional Network, and Commission, as well as key policy and programmatic deliverables that will require increased contractor support.

The remaining balance of the total increase will allow IEA to continue mission critical activities that include soliciting and coordinating input regarding Presidential Executive Orders, intergovernmental responsibilities to state, local and Tribal nations involving all Departmental initiatives and priorities. This level will assist in securing an additional 12 FTE who are knowledgeable about the complexity and sensitivity of various HHS programs, facilitate communication among key stakeholders, represent intergovernmental and external perspectives of Departmental priorities and initiatives, and serve as a lead in educational outreach and stakeholder engagement.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$10,625,000
FY 2021	$10,821,000
FY 2022 Final	$11,572,000
FY 2023 Enacted	$11,999,000
FY 2024 President's Budget	$16,262,000

Program Accomplishments

In the past year, IEA directly supported the White House in communication efforts, playing key roles in providing information, responses, and guidance on COVID-19 efforts to government and external organizations, worked with governors, state health officials, and other state and local leaders to address reduction in health care costs, substance use and mental health, health disparities, and played a key role in managing public relations for Unaccompanied Children (UC) efforts with the Office of Refugee Resettlement (ORR).

IEA has implemented an intergovernmental outreach program to governors, state health officials, and other state and local leaders regarding COVID-19 focusing on:

- Leads outreach and technical assistance on vaccine distribution to jurisdictions in conjunction with the CDC and the Operation, including updated priority populations, innovative delivery models, and other needs
- Daily email highlighting all news releases and activities across the Department related to COVID-19
- Weekly communication to states regarding CRAFT deployment and allocation; COVID-19 response (testing supplies, PPE, etc.); surge testing capacity needs; and triage testing and supply issues.
- Compiles and distributes state-specific response and recovery information on a weekly basis.

IEA has successfully facilitated stakeholder calls with external organizations regarding Department initiatives and rollouts.

- External stakeholders calls covering topics including COVID-19, rural, maternal, and behavioral health, and other HHS initiatives.
- Racial and ethnic minority groups calls on COVID-19, and other HHS initiatives.

IEA played a key role in the UC program.

- IEA performed notification of state and local elected officials whenever there was an influx of unaccompanied children requiring emergency influx shelters (EIS) or temporary influx care facilities (ICF) beyond the permanent beds ACF currently had or could bring online.
- IEA notified appropriate state and local officials of a community at each stage of the process and coordinated a "community leaders briefing" should HHS reach a stage in the process where such an engagement was called for.
- IEA worked with the National Governors Association to set up educational briefings and informational briefings for governors' Washington staffs and state-federal representatives.
- IEA worked with the U.S. Conference of Mayors and its 1,400 big city municipalities to setup educational briefings for mayors.
- IEA provided assistance in reviewing requests for tours of facilities housing unaccompanied children. In emergency situations, IEA Regional offices have provided tours onsite of emergency intake shelters (EIS) or Influx Care Facilities (ICF) during "all-hands-on-deck" situations.

IEA played a pivotal role in the development of the HHS-wide Maternal Health initiative.

- IEA hosted five roundtables in Washington, DC, with Senior Leadership and key stakeholder groups to gather information regarding innovations, quality, and standards of care.
- IEA organized and held four listening sessions in New Jersey, North Carolina, Louisiana, and South Dakota to inform the Maternal Health strategy through consideration of state leadership and best practices for care.
    - Created a roll-out plan and hosted a release event for the HHS Maternal Health Action Plan that included participation from nearly 3,000 stakeholders

IEA's Tribal team has done extensive outreach to tribes across the country.

- Hosted the Annual HHS Tribal Budget Consultation, virtually
- Hosted annual HHS Regional Tribal Consultations
- Held two Secretary's Tribal Advisory Committee Meetings one in person and virtually
- Organized and coordinated several HHS leadership visits to Indian Country: South Dakota, New Mexico, Wisconsin, and Alaska.
- Responsible for developing a weekly email to Tribes regarding COVID-19 from HHS.
- Developed an HHS COVID-19 Tribal Fact Sheet.
- Assisted and Facilitated the White House with their bi-weekly COVID-19 call with Indian Country

IEA has done extensive outreach with the COVID-19 Federal Vaccine Effort:

- IEA convened two Vaccine Consultation Panel (VCP) groups, one with intergovernmental partners and another with external groups, to communicate with key partners to discuss messaging best practices around a successful vaccination campaign. Calls were held once a month with the intergovernmental group and twice a month with the external group.
- IEA partnered with U.S. Army personnel and HHS leadership on engagement with industry leaders on distribution, administration, and IT for the implementation of the vaccine distribution plan.
- IEA provided comprehensive technical assistance on behalf of HHS and the COVID-19 Response to jurisdiction and external partners.

THE PARTNERSHIP CENTER FOR FAITH-BASED AND NEIGHBORHOOD PARTNERSHIPS

Budget Summary

(Dollars in Thousands)

Partnership Center for Faith-Based & Neighborhood Partnerships	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	1,317	1,356	1,418	+62
FTE	4	5	5	-

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2024 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description and Accomplishments:

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

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

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

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

Budget Request

The FY 2024 President's Budget request for Partnership Center is $1,418,000, which is an increase +$62,000 above the FY 2023 Enacted level. The increase in funding for the Partnership Center will support continued efforts to advance the President's priority to expand collaborations between the Center and leaders of different faiths, faith-based and community organizations in addressing national public health and human service concerns identified as priorities for the Department. The funding will also be used to maintain current staffing levels; and leverage new, innovative technology to accommodate additional faith-based and community partners.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$1,299,000
FY 2021	$1,316,000
FY 2022 Final	$1,317,000
FY 2023 Enacted	$1,356,000
FY 2024 President's Budget	$1,418,000

Program Accomplishments

Partnership Center accomplishments to support the Administration and Secretary efforts have included:

- Weekly and monthly e-newsletters that connected thousands of faith and community leaders, and providers with the most up-to-date information, resources, and practical strategies related to public health and human service issues
- Strengthened the response of faith and community partners to critical public health and better integrated the connection between health care providers and community health assets by producing practical videos and print resources including:
  - *Compassion in Action: Guide for Faith Communities Serving People Experiencing Mental Illness and Their Caregivers;*
  - *Faith & Community Roadmap to Recovery Support: Getting Back to Work; and the*
  - 4th Edition of *The Opioid Crisis Practical Toolkit for Faith and Community Leaders.*
- Works with trusted messengers within underserved, minority, and rural communities to equip them with credible, engaging, and culturally relevant information and communication strategies, best practices, and tools and resources including; rapid response materials providing up-to-date responses to FAQs, guidance on preventive practices as they relate to faith or community's activities and traditions; webinar trainings that build local capacity and highlight models and practices that are working to address inequities in vaccine access; create events in coordination with highly visible and influential faith and community leaders as co-hosts to CDC or HHS COVID-19 experts.
- Produced materials and webinars that addressed needs and concerns related to COVID-19, in English and in Spanish, including more than 9,000 registrants to webinars on mental health challenges and solutions during COVID-19 and multiple resources explaining how faith and community leaders could understand and address the disease in their respective communities.
- Amplified the work of HHS reaching faith and community leaders including promoting efforts lead and coordinated through Office for Civil Rights, National Institutes of Health, Assistant Secretary for Health, Administration for Children and Families, and others.
- Partnered with HHS Assistant Secretary for Preparedness and Response (ASPR) and FEMA to help distribute over 57 million face coverings to community and faith-based partners in response to CDC's COVID-19 prevention recommendations.
- Hosted educational webinars that supported and expounded upon mental health, COVID-19, and addiction resources. Webinars averaged over 1,500 registrants each.

- Strengthened our social media presence by establishing a branded YouTube Channel.
- Participated in-person and through online conference and community presentations to educate, equip, and engage faith and community leaders and providers about HHS and Partnership Center priorities and activities.
- Supported the Campaign to End HIV/AIDS by engaging hard-to-reach community influencers in regional areas experiencing the highest level of new diagnoses in order to create relevant and culturally appropriate strategies.
- Facilitated, encouraged, and supported internal efforts to highlight faith-based and community leaders and providers in additional agency programs, including foster care and adoption, women's and maternal health.

DEPARTMENTAL APPEALS BOARD

Budget Summary
(Dollars in Thousands)

Departmental Appeals Board	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2024
Budget Authority	4,550	4,674	6,389	+1,715
FTE	10	18	22	+4

Authorizing Legislation……Reorganization Plan No. 1 of 1953
FY 2024 Authorization…….. Permanent
Allocation Method …….. Direct Federal

Program Description
The Departmental Appeals Board (DAB), a staff division within the Office of the Secretary, provides impartial, independent hearings and appellate reviews, and issues federal agency decisions pursuant to more than 60 statutory provisions governing HHS programs. The DAB's Medicare claims adjudication costs have been funded out of the Medicare Hearings and Appeals appropriation since its inception in FY 2020. The appropriation also funds the Office of Medicare Hearings and Appeals with the purpose of consolidating costs of the adjudicative expenses associated with appeals of Medicare claims brought by beneficiaries and health care providers. Details regarding that appropriation are not included in this section, which accounts specifically for resources for non-Medicare appeals related DAB activities.

The DAB's mission is to provide high-quality adjudication and other conflict resolution services in administrative disputes involving HHS, and to maintain efficient and responsive business practices. Cases are initiated by outside parties who disagree with a determination made by an HHS agency or its contractor. Outside parties include States, universities, Head Start grantees, nursing homes, clinical laboratories, doctors, medical equipment suppliers, and Medicare beneficiaries. Disputes heard by the DAB sometimes involve over $1 billion in federal funds in a single year. DAB decisions on certain cost allocation issues in grant programs have government-wide impact because HHS decisions in this area legally bind other Federal agencies. All of the judges (Board Members, Administrative Law Judges (ALJs), and Administrative Appeals Judges (AAJs)) are appointed by the Secretary. The DAB is organized into the following four Divisions, in addition to having an Immediate Office of the Chair and an Administration Division:

<u>Board Members – Appellate Division</u>
Board Members, including the DAB Chair who serves as the executive for the DAB, issue decisions in panels of three, with the support of Appellate Division staff. Board Members provide appellate review of decisions by DAB ALJs and Department of Interior ALJs (in certain Indian Health Service cases). In addition, Board Members provide *de novo* review of certain types of final decisions by HHS components, including Administration for Children and Families, Centers for Medicare & Medicaid Services (CMS), Health Resource & Services Administration, Substance Use And Mental Health Services Administration, Office of the National Coordinator for Health Information Technology (ONC), and the Program Support Center, involving discretionary and mandatory grants and cooperative agreements.

<u>Alternative Dispute Resolution (ADR) - Alternative Dispute Resolution Division</u>
Under the Administrative Dispute Resolution Act, each federal agency must appoint a dispute resolution specialist and must engage in certain activities to resolve disputes by informal methods that are

alternatives to adjudication or litigation, such as mediation. The DAB Chair is the Dispute Resolution Specialist for HHS and oversees ADR activities pursuant to the HHS policy issued under the Act. Using ADR techniques decreases costs and improves program management by reducing conflict and preserving relationships that serve program goals (e.g., between program offices and grantees, or among program staff).

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

Administrative Law Judges – Civil Remedies Division (CRD)

DAB Administrative Law Judges, supported by CRD staff, conduct adversarial hearings and issue decisions on the record in a wide variety of proceedings that are critical to HHS programs. Hearings may last a week or more and may raise complex medical or clinical issues. Some cases require presentation of evidence to prove allegations of complicated fraudulent schemes. Cases may also raise legal issues of first impression, such as appeals of enforcement cases.

Approximately 90% of CRD's workload is made up of CMS cases. CRD ALJs hear cases appealed from CMS or Office of the Inspector General determinations, which exclude providers, suppliers, or other healthcare practitioners from participating in Medicare, Medicaid, and other federal healthcare programs, or impose civil monetary penalties (CMP) for fraud and abuse in such programs. CRD jurisdiction also includes appeals from Medicare providers or suppliers, such as cases under the Clinical Laboratory Improvement Amendments of 1988. ALJs provide expedited hearings when requested in certain types of proceedings, including provider terminations and certain nursing home CMP cases. These cases typically involve important quality of care issues. ALJs also hear cases that require testimony from independent medical and scientific experts on issues of research misconduct for the purposes of fraudulently obtaining federal grants in cases brought by the Office of Research Integrity. Additionally, CRD ALJs hear appeals of CMPs for privacy, security or breach notification violations brought by the Office for Civil Rights and transaction violations brought by CMS under HIPAA and/or the Health Information Technology for Economic and Clinical Health Act.

CRD ALJs also hear appeals of other federal agency enforcement actions through reimbursable interagency agreements. The largest of these workloads involve appeals of tobacco enforcement actions brought by the Food and Drug Administration, which include CMP determinations and No Tobacco Sale Orders. In addition, with reimbursable funding, ALJs conduct hearings on CMPs imposed by the Inspector General of the Social Security Administration, certain debt collection cases, and corporate integrity agreement enforcement actions brought by the HHS Office of the Inspector General. It is expected that the ALJs hear cases related to PSC overpayments, ONC matters, and Tricare.

Medicare Appeals Council - Medicare Operations Division (MOD)

MOD provides staff support to the Administrative Appeals Judges on the Medicare Appeals Council. The Council provides the final administrative review within HHS of claims for entitlement to Medicare and individual claims for Medicare coverage and payments filed by beneficiaries or health care providers and suppliers. The costs of Medicare claims adjudication are funded out of the Medicare Trust Funds and the corresponding budget request appears in the "Medicare Hearings and Appeals" section of the

Departmental Management budget justification.

Budget Request
The FY 2024 President's Budget request for DAB is $6,389,000, which is an increase of +$1,715,000 above the FY 2023 Enacted level. Medicare claims adjudication costs are funded out of the Medicare Hearings and Appeals appropriation.

In 2023, the DAB analyzed its staffing costs split across GDM and MHA activities and realigned the labor distribution of certain positions to better reflect workload content. The result is a reduction of FTE from the GDM appropriation to the MHA one from FY 2022 to FY 2023. The positions funded from the GDM appropriation are the most senior leadership of the DAB, including two new Board members in FY 2022, ALJs, and senior executives. The FY 2024 level allows DAB to invest in the mandatory inflationary pay for these staff and all non-pay cost increases. As the DAB portfolio grows, the Chair and Deputy Chair are required to oversee a wider scope of duties. The staffing costs remain the largest portion of the budget, particularly when inflation factors are considered. During FY 2021, the Board managed a grant docket with an estimated value of $900 million, and the docket continues to grow in monetary significance as well as complexity. The FY 2024 increase allows DAB to complete staff hiring where positions serve critical roles in supporting the Board and its activities. The attorneys in the Appellate Division and Immediate Office provide legal assistance, information-gathering, docket management for ever-growing caseloads, and policy advising for leadership. Several of these positions are currently vacant, creating a challenge for the DAB to process cases in a timely manner. It is one of DAB's priorities to fill these positions as soon as possible, which the FY 2024 funding allows them to do.

The FY 2024 funding level also allows DAB to manage other operational costs where needed. For instance, DAB continues to enhance adjudicative efficiency by implementing and improving IT-based solutions, such as e-filing, digitization of paper claim files, and case systems database enhancements. The DAB's goal is to continue to build on the existing e-filing and electronic record systems and transform case processing across its adjudicatory divisions into a completely paperless process. The DAB also continues to focus on cutting-edge IT enhancements, such as artificial intelligence and data analytics as tools to collect, manage, and analyze case data.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$4,552,402
FY 2021	$4,539,000
FY 2022 Final	$4,550,000
FY 2023 Enacted	$4,674,000
FY 2024 President's Budget	$6,389,000

Program Accomplishments

Workload Statistics
Board Members – Appellate Division
The total value of grant disallowance appeals at the end of FY 2022 was approximately $892,640,378. The Board closed 58 appeals, including approximately $75 million in disallowance cases.

Chart A shows total historical and projected caseload data for the Appellate Division. All data are based on year-to-date case receipt and closure data for FY 2022, and the onboarding and retirement of staff,

including Board Members.

APPELLATE DIVISION CASES – Chart A

Cases	FY 2021	FY 2022	FY 2023
Open/start of FY	132	151	184
Received	95	91	95
Cases Closed by Decisions	34	27	32
Total Closed	76	58	70
Open/end of FY	151	184	209

Administrative Law Judges – Civil Remedies Division, FDA Tobacco Program

In FY 2022, CRD received a total of 1,313 new cases and closed 1,055 (80%), of which 195 were by decision. In FY 2022, CRD received more cases as a result of the FDA resuming in person inspections. The FDA cases are expected to increase in FY 2023.

Chart B shows caseload data for the CRD, FDA Tobacco Program. All FDA Tobacco Program data are projected based on historical trends and assumptions, including the extension of the interagency agreement in FY 2023 to hear FDA cases, and no major regulatory changes. In March 2020, FDA suspended tobacco inspections following the COVID-19 Public Health Emergency, resulting in a decrease in the number of enforcement actions filed in the second half of FY 2020 and continuing into FY 2021. FDA has since resumed inspections and there was a gradual increase in the number of enforcement actions later in FY 2021. There was an increase in enforcement action in FY 2022 and DAB expects a return close to pre-COVID numbers of enforcement actions in FY 2023.

CIVIL REMEDIES DIVISION, TOBACCO CASES – Chart B

Cases	FY 2021	FY 2022	FY 2023
Open/start of FY	52	3	261
Received	12	1,313	3,500
Decisions	39	195	700
Total Closed	61	1,055	2,975
Open/end of FY	3	261	786

Performance Analysis

The DAB has made measurable progress in the strategic management of human capital by reengineering its operations and improving its case management techniques. The DAB shifts resources across its divisions as needed to meet changing caseloads, and targets mediation services to reduce pending workloads. The DAB is maintaining FY 2023 performance targets, with the exception that the DAB reduced the Board's 1.2.1 target by 10 percent in FY 2023 to account for staff retirements, personnel changes, and training demands.

Appellate Division

In FY 2022, 54 percent of Appellate Division decisions had a net case age of six months or less, exceeding the Measure 1.1.1 target of 50 percent. In FY 2023 and FY 2024, the target for Measure 1.1.1 remains 50 percent, due to the loss of productivity caused by the need to train three new attorneys and three new Board Members in FY 2022. The Appellate Division expects to meet the target for Measure 1.1.1 in both fiscal years.

In FY 2022, the Appellate Division did not meet the target of 90 percent for Measure 1.2.1 by issuing decisions in 89 percent of appeals having a statutory or regulatory deadline, due to new Board Members not onboarding until the fourth quarter. In FY 2021 and FY 2022, the target had been 90 percent, but the retirement of the longest-serving Board Member in late 2021, as well as the recruitment delay and training demands of new Staff Attorneys and Board Members caused the target for Measure 1.2.1 to be decreased to 80% for FY 2023 and FY 2024. The Appellate Division expects to meet the target level for Measure 1.2.1 in both FY 2023 and FY 2024. However, there is the potential that the Board may receive additional types of appeals in the foreseeable future that could affect its ability to reach the targets for both Measures 1.1.1 and 1.2.1 in further fiscal years.

Alternative Dispute Resolution (ADR) Division

In FY 2022, the ADR Division closed 86% of cases open during the fiscal year and conducted 18 conflict resolution seminars.

In FY 2022, ADR exceeded one of its performance targets (Measure 1.5.1 -- number of conflict resolution seminars conducted (15)) but fell short of its other target (Measure 1.5.2 – cases closed in a fiscal year as a percentage of cases open in the same fiscal year (target 90%)). Despite losing both the Director of the ADR Division and an ADR attorney in FY 2022, ADR expects to meet both targets in FY 2023 through cross-training and utilizing expertise across the DAB and seeking further advances in Information Technology. These advances will be focused on implementing e-filing, developing a new Intranet page, and revising our current Internet page, which will allow customers to file requests for cases online, to register for courses online, to review and fill out standard forms used in cases and trainings online, and to provide feedback about our services online.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(Dollars in Thousands)

Office of the Assistant Secretary for Health	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	341,842	359,282	371,375	+12,093
FTE	255	289	331	+42

Agency Overview

The Office of the Assistant Secretary for Health (OASH), headed by the Assistant Secretary for Health (ASH), is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). The ASH serves as the senior advisor to the Secretary for public health and science and coordinates public health policy and programs across the Operating and Staff Divisions of HHS. The mission of OASH is to develop and coordinate the implementation of policies, investments, and frameworks to improve the health and well-being of all Americans. OASH accomplishes its mission by providing leadership and coordination across the Department on numerous priority initiatives such as addressing the impacts of Long COVID, advancing health equity, including LGBTQI+ health; addressing the health impacts of climate change and environmental justice; behavioral health; ending the HIV epidemic in America; healthcare transformation through disease prevention, health promotion and resiliency; women's health, including maternal and reproductive health; immunization policy; and emerging public health challenges related to infectious diseases, and others.

In support of this mission, OASH:

- Emphasizes health maintenance, healthy behaviors, prevention, early detection, and evidence-based treatment to achieve optimal health.
- Focuses on ways to improve health outcomes, reduce disparities, and promote health equity, as well as initiatives on health issues that can function as "exemplars" for more complex future initiatives.

In building a healthy nation for all, OASH will focus on the following strategies:

- Health Transformation – catalyze a health promoting culture.
- Health Response – respond to emerging health challenges and environmental impacts.
- Health Expertise – attract, develop, and retain the Nation's best talent.
- Health Innovation – foster novel approaches and solutions.
- Health Opportunity – advance health opportunities and health equity for all.

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

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

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

(Dollars in Thousands)

Office of the Assistant Secretary for Health	FY 2022 FTE	FY 2022 Final	FY 2023 FTE	FY 2023 Enacted	FY 2024 FTE	FY 2024 President's Budget
Immediate Office of the Assistant Secretary for Health	66	17,291	64	15,693	64	16,181
Office of Infectious Disease and HIV AIDS Policy	13	7,582	15	7,582	16	8,144
Office of Disease Prevention and Health Promotion	19	7,956	25	7,894	37	26,134
Office for Human Research Protections	20	6,225	21	6,225	28	7,711
Office of Adolescent Health	1	443	1	443	3	5,727
Public Health Reports	1	470	1	470	1	503
Teen Pregnancy Prevention	24	101,000	24	101,000	26	111,000
Office of Minority Health	39	64,835	57	74,835	75	85,835
Office on Women's Health	46	38,140	54	44,140	54	44,140
Office of Research Integrity (Non-Add)	***26***	***8,986***	***37***	***11,986***	***37***	***14,986***
Minority HIV/AIDS Fund	26	56,900	26	60,000	26	60,000
Embryo Adoption Awareness Campaign	-	1,000	-	1,000	-	1,000
Sexual Risk Avoidance	-	35,000	-	35,000	-	-
Kidney X	-	5,000	1	5,000	1	5,000
Subtotal, GDM	***255***	***341,842***	***289***	***359,282***	***331***	***371,375***
PHS Evaluation Set-Aside	-	-	-	-	-	-
Office for the Assistant Secretary for Health	3	4,885	3	4,885	5	8,083
Teen Pregnancy Prevention Initiative	-	6,800	-	6,800	1	7,892
Office of Climate Change and Health Equity	-	-	-	-	15	4,650
Subtotal, PHS Evaluations	***3***	***11,685***	***3***	***11,685***	***21***	***20,625***
Total Program Level	**258**	**353,527**	**292**	**370,967**	**352**	**392,000**

IMMEDIATE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(Dollars in Thousands)

Immediate Office of the Assistant Secretary of Health	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	17,291	15,693	16,181	+488
FTE	66	64	64	-

Authorizing Legislation:.....PHS Act, Title II, Section 301
FY 2024 Authorization .....Permanent
Allocation Method.....Direct Federal

Program Description

The Assistant Secretary for Health (ASH) and the Immediate Office of the Assistant Secretary for Health (OASH-IO) serve in an advisory role to the Secretary on issues of public health and science. The OASH-IO includes the Immediate Office of the Surgeon General, the OASH Office of the Chief Information Officer, the Office of Science and Medicine, the Office of Policy and Legislation, and the Office of Regional Health Operations, which oversee 10 regional offices, the Office of Climate Change and Health Equity, and the Office of Environmental Justice. The OASH-IO also includes the OASH Executive Office and communications team.

The OASH-IO drives the OASH mission to improve the health and well-being of all Americans by leading on policy, practices, and programs through the application of science, innovation, education, and a commitment to social justice and equity. The OASH-IO provides leadership and coordination across both OASH and the Department. Additionally, OASH-IO provides advice and counsel to the Secretary and Administration on cross-cutting priorities to combat public health issues, such as preventing, detecting, and treating Long COVID, protecting and securing access to reproductive health care following the *Dobbs* decision, promoting healthy eating, nutrition, and physical activity, including advancing the Biden Administration's National Nutrition Action Plan, transforming behavioral health and substance use disorder services; advancing health equity, including for LGBTQI+ individuals; and addressing the health impacts of climate change and environmental hazards.

Senior public health officials within the OASH-IO work to ensure a public health and prevention perspective is addressed in Secretarial and Presidential priorities in three ways. First, by leading; second, by convening; and third, by consulting. To effectively as a coordinating lead, OASH officials must also be well-versed on how legislative authorities and/or policies impact public health and the ability of agencies to develop and implement new policies and programs, an important function held in the Office of Policy and Legislation within OASH. This policy unit supports OASH on all policy and intergovernmental matters and is essential to providing the ASH and OASH leadership with guidance on complex policy areas and timely assessments of emerging needs and requirements to determine programmatic direction.

The Office of the Surgeon General (OSG) is responsible for the management of the U.S. Public Health Service (USPHS) Commissioned Corps, including the USPHS Ready Reserve and the Public Health Emergency Response Strike Team (PHERST), and supports the Surgeon General's role as America's Doctor to communicate, engage, and provide tools to better prevent public health challenges and respond to public health emergencies. When President Biden announced his nominee for Surgeon

General on December 8, 2020, he noted that this Office will be charged with restoring "public trust and faith in science and medicine." As the Department continues to respond to the longer-term impacts of the COVID-19 pandemic, the Surgeon General's role remains critically important in order to restore public trust while addressing challenges that prevent people in America from living full, healthy, and safe lives. The longer-term impacts of the COVID-19 pandemic continue to exacerbate other longstanding public health challenges including substance use disorder, mental health, and social isolation and loneliness, issues that require clear, consistent, and empathetic leadership based in science from a trusted messenger.

The Office of Science and Medicine (OSM) brings together a diverse collection of experts across medicine, science, and public health to tackle critical issues impacting health, public safety, and national security. OSM effectively collaborates to tackle problems in a way that leverages the collective strength of the team. They provide a unique set of perspectives and skills not found elsewhere in OASH, which positions them as an adaptive and resilient asset in OASH for leading collaborations across OASH, HHS, the Federal Government, and with private and industry entities and for providing strategic and tactical advice for non-traditional approaches to addressing cross-cutting challenges. For instance, OSM continues to coordinate the whole-of-government initiative to address the longer-term impacts of the COVID-19 pandemic. OSM leverages data to identify critical health innovation gaps as well as leads and coordinates solutions to address those gaps. OSM also leads the interagency development of the first-ever National Strategy on Vector-Borne Diseases due to Congress in 2023.

OSM manages two programs with multi-million-dollar commitments from external partners: KidneyX Innovation Accelerator (KidneyX) and the Lyme Innovation Accelerator (LymeX), as part of the broader National Strategy on Vector-Borne Diseases. KidneyX is a public-private partnership between HHS and the American Society for Nephrology to catalyze innovation and improve equitable outcomes in the prevention, diagnosis, and treatment of kidney diseases. LymeX is a public-private partnership between HHS and the Steven & Alexandra Cohen Foundation to deliver the LymeX Diagnostics Prize in collaboration with Lyme patients, patient advocates, and diverse stakeholders across academia, nonprofits, industry, and government. LymeX is part of the HHS Lyme Innovation initiative that includes the Health+ (pronounced "health plus") human-centered-design research for infection-associated chronic illnesses and partnerships with Defense Advanced Research Projects Agency, National Aeronautics and Space Administration, and diverse partners. Both KidneyX and LymeX programs serve as a national platform for internal and external partners to advance coordination, collaboration, and recruitment of additional private sector resources. KidneyX's budget request is covered in a separate chapter and is not included in the toplines above.

Established in 2021, the Office of Climate Change and Health Equity addresses the impact of climate change on the health of the American people. Exercising powers of convening, coordination and collaboration, the Office serves as a department-wide hub for climate change and health policy, programming, and analysis, in pursuit of environmental justice and equitable health outcomes. In 2022, the Office of Environmental Justice (OEJ) was created within the Office of Climate Change and Health Equity. OEJ's mission is to protect the health of disadvantaged communities and vulnerable populations on the frontlines of pollution and other environmental hazards that affect health. The Offices' FY 2024 budget requests are covered in the PHS Evaluation Office of Climate Change and Health Equity chapter and not included in the toplines above.

The Office of Regional Health Operations (ORHO) provides support for public health projects and events in the ten HHS regional offices and serves as liaison for the Secretary and Assistant Secretary for Health

with Federal, State and local officials. Representing senior public health officials in the region, ORHO is the central point of contact for public health activities for the regions, coordinating and partnering with other HHS operational division regional leads to support and assist with regional responses to public health and other national-level and state levels events. ORHO continues provide assistance on COVID-19, monkeypox (mpox), the substance use disorder, and other relate public health priorities. The Office provides the HHS Secretary and the ASH consolidated real-time updates from local and state public health leaders across the nation, contextualizing policy needs and articulating success Translating these needs back to OASH and HHS better amplify the purpose, reach, and importance of Federal leadership in emergency and steady-state times. In addition, ORHO further links state and local public health programs with HHS and other USG agencies to multiply the impact of public and private assets, avoiding unnecessary duplication, and leveraging existing and future Federal resources.

OASH established an OASH-Office of the Chief Information Officer (OASH-OCIO) to address inconsistent and variable information technology (IT) investments, including ensuring OASH IT systems are in compliance with Federal Information Security Modernization Act (FISMA) and Federal Information Technology Acquisition Reform Act (FITARA). OASH-OCIO is responsible for and manages over 33 distinct/disparate systems across program areas including websites; identifies and resolves cyber threats to ensure OASH program data are secure; supports continuity of operations; and provides oversight for IT governance, security, and customer support. OASH-OCIO also identifies and resolves complex business problems through innovative IT solutions. This prepares and enables OASH to meet the emerging and increasing demands resulting from responding to public health emergencies and global pandemics, including the efforts of the Commissioned Corps.

Budget Request

The FY 2024 President's Budget request for the OASH Immediate Office is $16,181,000, which is an increase of +$488,000 above FY 2023 Enacted. This increased funding level will provide the OASH IO with additional resources to continue supporting staff within the IO who bolster the IO's ability to continue three vital functions for the Department: (1) supporting comprehensive coordination across the regions, state, and local-level implementation of department- and Interagency-wide initiatives; (2) amplifying OASH, and other OPDIV or STAFFDIV programs and directives; and (3) providing technical assistance and advice to regional, state, and local-level leadership to respond to and increase the capacity to address public health issues. In this way, investing in the OASH IO has a ripple effect and maximizes the disparate investments across HHS to achieve greatest impact. For instance, this funding would ensure that the OASH IO has the resources to continue to coordinate the response to addressing the longer-term impacts of COVID-19, the initiative to strengthen primary health care, and efforts to improve health equity, including LGBTQI+, health.

This funding level allow the Office of the Surgeon General to continue the public health campaigns, which will direct efforts in three areas: (1) mental health, (2) substance abuse, and (3) social isolation. These areas are critical to devote additional OSG resources to as these public health crises require significant translation, reframing, and mobilizing around them, all of which the Surgeon General in the role of America's Doctor has a unique ability to provide.

The budget request will also allow the Office of the Regional Health Operations to increase engagement with community stakeholders and State/Territorial health officials though the addition of at least 6 additional multi-regional hybrid events. These in-person and virtual events provide the opportunity for community-based organizations, state officials, and other local stakeholders to provide input on health and human service topics and to raise the voices of those within the community and nation who are

often overlooked. Led by OHRO, these events will include multiple OPDIVs and inter-agency participation, e.g., EPA, HUD, VA, DOT, and others. The additional support will accelerate the Department's mission and ensure communities are aware and can access services directed for their benefit.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$13,178,000
FY 2021	$13,793,000
FY 2022 Final	$17,291,000
FY 2023 Enacted	$15,693,000
FY 2024 President's Budget	$16,181,000

Program Accomplishments

Accomplishments from FY 2022 and FY 2023 to date:

- Coordinate the USG wide effort called for in an April 2022 Presidential Memorandum on **Addressing the Longer-Term Effects of COVID-19.** The memorandum outlines the government's policy and actions to address the substantial longer-term impacts of the COVID-19 pandemic, including Long COVID. The memorandum charged the Secretary of Health and Human Services with coordinating a whole-of-government response across 14 federal departments and 18 HHS divisions and agencies and publication of two reports within 120 days. The reports are Services and Supports for Longer-Term Impacts of COVID-19 and the National Research Action Plan on Long COVID. In addition, the office facilitated the November 2022 release of The Health+ Long COVID Report, which aims to improve government services using human-centered innovation, while simultaneously advancing interagency efforts to address the longer-term effects of COVID-19 including Long COVID. The Health+ process involves those affected by Long COVID working side-by-side with HHS to co-create solutions, together, as equal partners, to improve patient outcomes with this complex disease.

- **Advancing Equity**: OASH continues to support the HHS Team Equity effort by providing leadership along with ASPE and OMH to support the HHS Disparities Council, including the Policy Lab and Secretary's Challenge work as well as to develop the HHS Equity Roadmap, the Equity Technical Assistance Center, and the Equity Assessment activities. OASH also provides department-wide coordination regarding implementation of the President's Executive Order Advancing Equality for LGBTQI+ Individuals

- **MPOX Response:** OASH-IO, working with OIDP, helped coordinate the MPOX national response. OASH worked across HHS and the White House to support coordinated efforts and convenings to bring together community organizations, Local and State health officials, higher education organizations and many others to educate on the disease and associated stigma, share valuable resources on testing and treatment, access to vaccine, and share information on ways to protect and prevent against the disease. Through these convenings, it also highlighted the incredible need to engage communities most impacted by the disease, like the LBGTQ+ communities and focus on health disparities to combat and contain the outbreak quickly.

- **White House Hunger, Nutrition, and Health Conference:** Together with OASH's Office of Disease Prevention and Health Promotion, IO leadership supported the HHS efforts to coordinate the

September 2022 Conference. The Conference led the way for catalyzing the public and private sectors around a coordinated strategy to drive transformative change in the U.S. to end hunger, improve nutrition and physical activity, and close the disparities surrounding them.

- **Behavioral Health Coordinating Council (BHCC)**: OASH continues to lead HHS efforts, in partnership with SAMHSA, to break down silos between our agencies and facilitate innovation and collaboration across the Department on behavioral health – one of the Department's strategic priorities, including combating the drug overdose epidemic. This includes execution of a comprehensive strategy, advancing evidence based-interventions, supporting novel research, developing new guidelines, developing a detailed cross- departmental strategy to counter the growing methamphetamine abuse crisis, publishing Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder, and co-chairing and managing with SAMSHA the HHS Behavioral Health Coordinating Council.

- **Mental Health and Substance Use Disorders**: In collaboration with national policy experts, clinicians, and researchers developed and implemented an evidence-based strategy to address a historical care gap for maternal-infant dyads with **opioid exposure** and to publish recommendations on standardizing the clinical definition of opioid withdrawal in the neonate. In collaboration with HHS partners and state leadership teams, completed a follow-up evaluation of state-mandated reporting of neonatal abstinence syndrome (NAS) to improve epidemiologic surveillance. A January 2022 report published in the of the *Morbidity and Mortality Weekly Report (MMWR) Series* demonstrated continued advantages in determining NAS incidence and community exposure patterns to guide state program development. However, persistent data collection challenges and infrastructural gaps influence states' capacity for longer-term surveillance beyond initial case reporting. States considering surveillance beyond initial case reporting might benefit from understanding opportunities and challenges related to necessary infrastructure and resource development to facilitate longer-term public health follow-up. The U.S. Surgeon General launched a **Surgeon General's Advisory on Youth Mental Health Crisis**, which outlines the pandemic's unprecedented impacts on the mental health of America's youth and families, as well as the mental health challenges that existed long before the pandemic, and calls for an immediate, whole-of-society response to the crisis and provided a series of recommendations.

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

- **Office of Climate Change and Health Equity:** Since its establishment in August of 2021, the Office has been highly productive in making communities and health systems more resilient to the health impacts of climate change, as well as aligning the health sector with President's Bidens national climate change mitigation goals. Specifically, the Office has convened and consulted with all relevant divisions of HHS to develop a robust set of strategies to address the health impacts of climate change, established a national climate health sector pledge campaign with the White House. Over 102 private sector organizations representing 837 hospitals signed the climate pledge with goals on emissions reduction and developed a comprehensive HHS Climate Change and Health Equity Strategy**.** In addition, OCCHE launched the Climate Health Outlook, a periodic seasonal forecast for health that interprets federal 30 day and 90 day forecasts for the health sector and general public, established a federal Learning Network of agencies with health systems to facilitate implementation

of Executive Order 14057, and developed an integrated set of webinars and information resources related to assisting the health sector in achieving resilience and decarbonization goals.

- Led KidneyX innovation efforts including the launch and execution of the $10.5 million dollar Artificial Kidney Prize Phase 2. Led Kidney-COVID-19 working group subcommittee on policy and processes to ensure effective care for patients with chronic kidney disease during the pandemic. Led LymeX Innovation Accelerator efforts, including the $10 million dollar LymeX Diagnostics Prize for the next-generation of Lyme disease diagnostics and patient-center innovations to identify opportunity areas with actionable recommendations for the future, and crowdsourcing to identify the best educational materials to raise awareness about tick-borne disease prevention.

- Implemented components of the U.S. Public Health Service (USPHS) **Commissioned Corps modernization** (the development of Public Health and Response Strike (PHERST) teams and the Ready Reserve component, as well as changes to its training and policies to better align with other uniformed services). PHERST officers are full-time Active-Duty officers ("first on the ground teams") responding within hours to public health emergencies (PHE) and other health crises. Since its establishment in 2021, 100% of PHERST officers have been deployed. The Corps has also deployed the onboarded Ready Reserve Officers, expanded its management operations. Corps redesigned robust training to ensure more deployable force and revised 10 policies and identified policy gaps to align with uniformed services. From 2013 to 2022, the number of Corps officers deployed have expanded more than two-fold. Two-thirds of Corps directly responded to the states who requested COVID-19 assistance, the largest deployment in our history.

- The **Office of the Surgeon General** continued to take a leadership role in the public awareness campaign on vaccine confidence, a critical responsibility to drive the public messaging through earned media, social media, and engagement with partners and trusted messengers. The Office of the Surgeon General has also launched initiatives to address critical public health issues related to, borne out of, or exacerbated by the COVID-19 pandemic. These include health misinformation, mental health, in particular the crisis among youth, the health and sustainability of our healthcare workforce, workplace mental health and well-being, and re-building the fabric of social connection and community among people in America. The initiatives listed above have included the launch of Surgeon General Advisories, tools for the public, a series of strategically developed public, stakeholder and media engagements, and the development of new and innovative tools to reach Americans, including a podcast, social media, and other partnerships. OSG also manages Public Health Reports. The journal has put out 6 editions in 2022 and is tracking for the highest impact factor in the journal's history.

OFFICE OF ADOLESCENT HEALTH

Budget Summary

(Dollars in Thousands)

Office of Adolescent Health	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	443	443	5,727	+5,284
FTE	1	1	3	+2

Authorizing Legislation.....PHS Act, Title XVII, Section 1708
FY 2024 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

The Office of Adolescent Health (OAH) was established in 2010 with the Teen Pregnancy Prevention (TPP) program as its central focus. Beginning in 2019, OAH moved within the Office of Population Affairs (OPA) and now reports to and operates within OPA. OAH engages national partners from healthcare, public health, education, community and out-of-school time programs, faith-based groups, and social services to improve adolescent health outcomes. In addition, OAH serves as a leader in promoting the importance of meaningfully engaging young people in the development, implementation, and evaluation of initiatives intended for young people.

Budget Request

The FY 2024 President's Budget request for the Office of Adolescent Health is $5,727,000, which is an increase of +$5,284,000 above the FY 2023 Enacted. At this funding level, OAH will carry out activities included in the national action plan to improve adolescent health, which is being developed in collaboration with federal and non-federal stakeholders and partners in FY 2023. This increase in funding will support the new National Information Clearinghouse on Adolescent Health and will enable OPA to fund research projects aligned with the adolescent health research agenda that was developed in coordination with national experts and federal and non-federal stakeholders. OAH will also fund organizations in states, territories, tribes, and communities to implement adolescent health promotion activities aligned with the national action plan with a focus on increasing protective factors for young people and their families. The FY 2024 budget request will also continue to support administration of the TPP program and coordination of adolescent health funding initiatives across HHS.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$442,000
FY 2021	$443,000
FY 2022 Final	$443,000
FY 2023 Enacted	$443,000
FY 2024 President's Budget	$5,727,000

Program Accomplishments

In FY 2022, OAH began developing a national action plan for improving adolescent health and an accompanying research agenda. Through this development process, the office engaged a broad range of

adolescent health stakeholders, including providers, advocates, parents, youth, and researchers. Additionally, OAH rebranded and relaunched a national health observance, now called National Adolescent Health Month (NAHM) that takes place during the month of May. NAHM activities included shareable social media content for OAH partners and Youth Create!, a youth engagement initiative that collects and features youth-generated original artwork, music, photography, and poetry on the OAH website and social media channels.

In FY 2023, OAH will work with federal and non-federal partners, youth, caregivers, and providers to finalize the national action plan for improving adolescent health and the accompanying research agenda. Once the national action plan and research agenda are finalized, OAH will work with its partners to promote, disseminate, and implement the action plan to ensure that our nation's adolescents are healthy and thriving.

OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION

Budget Summary

(Dollars in Thousands)

Office of Disease Prevention and Health Promotion	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	7,956	7,894	26,134	+18,240
FTE	19	25	37	+12

Authorizing Legislation……PHS Act, Title XVII, Section 1701
FY 2024 Authorization Status……Expired
Allocation Method……Direct Federal

Program Description

The Office of the Assistant Secretary for Health (OASH), Office of Disease Prevention and Health Promotion (ODPHP), which includes the President's Council on Sports, Fitness and Nutrition (PCFSN) provides leadership for a healthier America by initiating, coordinating, defining and supporting disease prevention and health promotion activities, programs, policies, and information through collaborations within Health and Human Services (HHS) and across Federal agencies, as well as those with external partners.

This budget request supports the priority set forth by the Office of the Assistant Secretary for Health (OASH) to improve health equity and reduce health disparities through improved health promotion and disease prevention efforts. ODPHP continues to focus efforts on setting national health goals, supporting programs and initiatives that expand healthy activities, and increasing availability of health promotion and prevention information across the health system and the general public to promote better health outcomes and well-being for all.

Dietary Guidelines for Americans Program Description

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

Healthy People Program Description

ODPHP establishes health goals for the Nation by leading the development and implementation of Healthy People. Healthy People provides science-based national objectives with 10-year targets for improving the health of all Americans at all stages of life. It underpins HHS priorities and strategic initiatives and provides a framework for prevention and wellness programs for a diverse array of federal and non-federal users across sectors. Many state and local health departments draw on Healthy People to develop their own health plans. The fifth iteration of the Healthy People objectives, Healthy People *2030* was released in August 2020. Drawing on user feedback that supported a more streamlined and focused approach, Healthy People 2030 provides a significantly reduced number of national objectives (from about 1,200 measurable objectives in the previous iteration to 358 in Healthy People 2030). The

aspiration is that this new iteration will go even further and provide the framework for health in all policies and programs across all sectors of society. Central to *Healthy People 2030* is its overarching goal to eliminate health disparities, achieve health equity, and attain health literacy to improve health and well-being for all.

Physical Activity Guidelines for Americans Program Description
The Physical Activity Guidelines serve as the primary, authoritative voice of the federal government for evidence-based guidance on physical activity, fitness, and health for Americans. ODPHP released the first edition of the Guidelines in 2008, followed by the Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity Among Youth in 2013.

National Youth Sports Strategy Program Description
Released in FY 2019, the National Youth Sports Strategy (NYSS), provides a framework for uniting U.S. sports culture around the shared vision that one day, all youth will have the opportunity, motivation, andaccess to play sports. Implementation of the NYSS focuses on four key areas: communication and promotion of youth sports, partnership and stakeholder coordination, federal government coordination, and measurement of youth sports, all with input from the HHS implementation steering committee.

Move Your Way® Program Description
In 2018 ODPHP launched the Move Your Way (MYW) campaign. The campaign promotes the recommendations from the second edition of the Physical Activity Guidelines for Americans and supports HHS's strategic goal to protect the health of Americans where they live, learn, work, and play. The campaign now includes over 80 resources in English and Spanish on health.gov. Collaboration with federal partners and a variety of external entities continue to be essential to the campaign's development, promotion, and associated outcomes.

Health.gov Program Description
ODPHP fulfills its Congressional mandate to provide reliable prevention and wellness information to the public through its website. ODPHP recently updated health.gov's infrastructure and improved the user interface for the MyHealthfinder microsite, which customizes preventive services recommendations for users based on age, sex, and pregnancy status and provides recommendations using plain language. Health.gov also features a robust microsite to support Healthy People 2030 with an Application Programming Interface that automatically updates the data for each of the 358 objectives.

Health Literacy Program Description
ODPHP founded, hosts, and supports the efforts of the HHS Health Literacy Workgroup and currently leads the Workgroup in coordination with the Agency for Healthcare Research and Quality (AHRQ). The Health Literacy Workgroup is comprised of all operating and most staff divisions under HHS and has met regularly since 2003. The workgroup collaborates to ensure that improving health literacy remains a priority for HHS. The workgroup strives to:

- Create understandable and actionable health information
- Support and facilitate engaged and activated health consumers
- Refresh the health literacy science base on a regular basis.

President's Council on Sports, Fitness, and Nutrition (PCSFN) Program Description
President Biden issued amendment to Executive Order (EO) 13265 on September 30, 2021, renewing the President's Council on Sports, Fitness & Nutrition (PCSFN) until September 30, 2023. The PCSFN is a federal advisory committee of up to 30 volunteer citizens who serve at the discretion of the President.

Budget Request:
The FY 2024 President's Budget Request for ODPHP is $26,134,000, which is an increase of +$18,240,000 above FY 2023 Enacted. At this funding level, ODPHP will be able to develop its programs to more predictably and effectively meet the office's statutory mandate to help the nation establish greater resilience through improved health. This budget will provide for up-to-date enhancements and quality improvements of the tools and resources that optimize implementation of ODPHP's key programs – *Healthy People*, Dietary Guidelines for Americans, Physical Activity Guidelines for Americans, MyHealthfinder.com, health literacy, and the health.gov platform. Importantly, the request will allow ODPHP to support the implementation of the National Strategy on Hunger, Nutrition, and Health by expanding efforts across all ODPHP's programmatic areas, and through the development and promulgation of nutrition and physical activity policies, communications campaigns, and partnership initiatives. ODPHP will continue leveraging its key role in the coordination of activities among Federal partners that enable HHS to effectively apply scientific, evaluative, and programmatic findings of agencies government wide. Also, critical to ODPHP addressing extant and expanded requirements across the office's portfolio, the budget request will allow ODPHP to address critical staffing shortfalls in the areas of nutrition science, physical activity, data analytics and communications by increasing the total number of FTEs to 37 and ensuring sufficient staffing for HHS' essential interagency role as administrative lead for the next iteration of the Dietary Guidelines and Physical Activity Guidelines.

Healthy People
The FY 2024 request will support strategic implementation of the decade's national, 10-year health objectives, Healthy People 2030, and ensure the initiative is well situated to support HHS' and the Administration's priorities of achieving health equity, eliminating health disparities, and addressing the social determinants of health. ODPHP will continue to promote the use of the initiative's key elements: overarching goals, Overall Health and Well-being Measures, Social Determinants of Health Framework, comprehensive health objectives, and Leading Health Indicators. ODPHP will develop enhanced online disparities data visualization tools for the Healthy People website. The FY 2024 request will allow ODPHP to make updated data available on a more frequent basis (at least quarterly) to users, including researchers and policy makers at state, local, Tribal, and territorial levels for integration into their own websites and data dashboards through content syndication and to inform their health improvement planning efforts. The request will also allow ODPHP to provide technical assistance to states, localities, and Tribes to facilitate their use and uptake of Healthy People 2030. ODPHP will expand the Healthy People 2030 Champions program to promote the use of the initiative among a more diverse array of stakeholders committed to achieving the vision of a society in which all people can achieve their full potential for health and well-being across the lifespan. ODPHP will conduct ongoing reviews of the Healthy People 2030 objectives to ensure they remain relevant and address the nation's evolving critical public health issues. In FY 2024, ODPHP will initiate a decennial study of the use of Healthy People among various stakeholders. The study will inform improvements to the current decade's initiative and the development of the next decade's edition.

Dietary Guidelines for Americans (DGA)
HHS is the current administrative lead for the development of the 2025-2030 edition of the Dietary Guidelines for Americans (DGA). The FY 2024 budget request will support many activities including overseeing and supporting the work of the 2025 Dietary Guidelines Advisory Committee (DGAC) as they review the science and summarize their findings in a comprehensive scientific report to be delivered to the HHS and USDA Secretaries. Funding in FY 2024 will support ongoing content development for the website, DietaryGuidelines.gov, to enable public transparency of the entire Dietary Guidelines process. The FY 2024 request will support implementation of the Dietary Guidelines through the development of

a comprehensive and sustained nutrition communications campaign to increase awareness of healthy eating recommendations in the *Dietary Guidelines* and to support all Americans in making healthy choices. Among many outlets, this federal campaign can be amplified through new public-private partnerships and activities of members of the President's Council on Sports, Fitness & Nutrition.

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

The FY 2024 budget request will support staff to work on the implementation of the Physical Activity Guidelines Midcourse Report focused on strategies to increase physical activity among older adults, to be released in FY 2023. Work will begin in FY 2025 to initiate the next edition of the Physical Activity Guidelines for Americans, 3rd edition to be released in 2028. The FY 2024 budget request will support initial work to appoint the Physical Activity Guidelines for Americans Advisory Committee members to initiate contracts for communications and website support, and for a literature review team.

The request will support ODPHP's continued work on and expansion of the Move Your Way® communications campaign, which ODPHP developed to promote the second edition of the Physical Activity Guidelines for Americans (PAG) to encourage Americans to get the physical activity they need to improve their health. We will increase our efforts to reach adolescents and identify new focus areas for Move Your Way® materials, such as resources to engage hard to reach, at risk audiences like American Indian and Alaskan Native populations, and adolescents and seek opportunities to amplify the findings of the Physical Activity Guidelines Midcourse Report which resonate with older adults. ODPHP will further develop and leverage partnerships to raise awareness of and encourage behavior change that will benefit the health of all Americans. ODPHP will expand implementation of the National Youth Sports Strategy (NYSS) through its NYSS Champions partnership initiative and support strategies to create safe, fun, inclusive, developmentally appropriate, and accessible youth sports opportunities.

President's Council on Sports, Fitness & Nutrition

The FY 2024 Budget request will support the work of the PCSFN appointed to advise the President, through the Secretary of HHS, on programs and partnerships that recognize the benefits of youth sports participation, physical activity, and a nutritious diet in helping create habits that support a healthy lifestyle. This includes the PCSFN's work to continue supporting implementation of the NYSS and promoting the awareness of mental health as it relates to physical activity and nutrition. The PCSFN will serve as "health ambassadors" and will have the opportunity to inspire and lead the nation as we work toward implementation of the National Strategy on Hunger, Nutrition and Health. PCSFN members can expand the reach of healthy eating and physical activity messages through targeted engagement across HHS regions to spur local action utilizing the nutrition campaign and Move Your Way messages®. ODPHP will also improve on and update PCSFN's programs to promote physical activity and healthy eating, awards and recognition, and ensure alignment of these programs with the Physical Activity Guidelines for Americans and the Move Your Way campaign, the National Youth Sports Strategy, and the Dietary Guidelines for Americans. Engagement of the PCSFN's Science Board subcommittee ensures the latest scientific evidence is incorporated into all PCSFN deliverables.

Health Communication and Health Literacy

The FY 2024 request will support research, and improvement of the MyHealthfinder tool. ODPHP will also develop additional plain language content to educate Americans of their preventive behavior and screening needs. Funds will also support the creation of health literacy educational tools to assist organizations and individuals in engaging in effective health communication, and to advance efforts to identify and potentially pilot effective measures of national health literacy. The request will allow

ODPHP to update the Health Literacy Online tool. Designed to promote the use of plain language and people-first principles in health communication.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$7,894,000
FY 2021	$7,956,000
FY 2022 Final	$7,956,000
FY 2023 Enacted	$7,894,000
FY 2024 President's Budget	$26,134,000

Program Accomplishments:

ODPHP served as the HHS lead for the September 2022 White House Conference on Hunger, Nutrition, and Health. As part of the White House Conference work, the Department contributed to a National Strategy that was released by the White House at the Conference. The ODPHP actions included in the Strategy build on ODPHP's current statutory, yet unfunded, mandates. ODPHP will continue to lead activities related to the implementation of the National Strategy within the Department.

Select Healthy People Accomplishments

In FY 2022 ODPHP continued efforts to implement two key elements of *Healthy People 2030*—the Leading Health Indicators (LHIs) and the Overall Health and Well-being Measures (OHMs). The *Healthy People 2030* LHIs are a small subset of 23 high-priority *Healthy People 2030* objectives selected to drive action and focus resources toward improving health and achieving the objectives' 10-year targets. The OHMs are broad, global outcome measures intended to assess the Healthy People 2030 vision: *A society in which all people can achieve their full potential for health and well-being across the lifespan*. *Healthy People 2030* includes eight OHMs that encompass well-being, healthy life expectancy, and mortality and health. New to *Healthy People 2030* is the OHM indicator of well-being. In FY 2022, ODPHP collaborated with CDC's National Center for Health Statistics to collect nationally reliable data on life satisfaction via the National Health Interview Survey. These data, which are expected to be released in FY 2023, include demographic data regarding life satisfaction that will be used to measure well-being at the national level. Together, the *Healthy People 2030* objectives, LHIs and OHMs offer a complete framework for assessing progress in achieving the nation's health and well-being goals.

In FY 2022, ODPHP spearheaded implementation activities to strategically drive progress across diverse sectors toward the elimination of health disparities, achievement of health equity, and attainment of health literacy to improve health and well-being for all. ODPHP conducted an environmental scan on how health equity and health disparities are defined and communicated within the field of public health. The environmental scan, in combination with other information and resources, informed the development and dissemination of health equity information and products for *Healthy People 2030*. ODPHP added new health equity content to the Healthy People 2030 microsite, including results from this environmental scan and a new graphic that highlights how *Healthy People* can be leveraged to advance health equity.

In FY 2022, ODPHP worked with the Healthy People 2030 Social Determinants of Health (SDOH) Topic Area Workgroup and other federal subject matter experts to publish on the Healthy People 2030 microsite 19 SDOH descriptive summaries, which provide a snapshot of the latest research related to

specific SDOH. These summaries reflect the current state of science on key social determinants that influence health outcomes. In addition, ODPHP worked with the HHS Studio to release a video featuring Assistant Secretary for Health ADM Rachel Levine to highlight the five SDOH domains of the Healthy People 2030 SDOH Framework.

In FY 2022, ODPHP led the Healthy People 2030 Champion Program to increase stakeholder engagement and collaboration in achieving Healthy People 2030's vision. The Champion Program, which was launched in FY 2021, recognizes public and private organizations that are committed to working toward Healthy People 2030's goals and objectives. In FY 2022, ODPHP launched an online Champions application to make the application process easier for interested organizations to apply and produced a series of engagement activities. The engagement activities included the development of a toolkit with resources for Champions to use to promote *Healthy People 2030* with their own networks, production of four welcome events and two Learning Collaborative workshops, launch of a SharePoint site where Champions can access curated materials and share best practices. By early FY 2023, ODPHP had selected 150 organizations as Champions, spanning multiple sectors, ranging from state and local governmental agencies to business, academic, and professional organizations.

In FY 2022, ODPHP developed a Healthy People State and Territorial Coordinators engagement plan to promote *Healthy People 2030* uptake at the state and territorial level. The plan, developed with input from OASH's Regional Health Administrators, incorporates the pressing challenges and priorities faced by states and territories. To keep states and territories informed of relevant announcements and resources and to highlight innovative practices, ODPHP released the inaugural issue of its quarterly *Healthy People State and Territorial Coordinators* Newsletter.

ODPHP continues its efforts to contribute to the scientific literature on disease prevention and health promotion program and policy development and implementation. In FY 2022, the *Journal of Public Health Practice and Management* published a special section focused on Health Equity and Healthy People 2030.

In FY 2022, ODPHP continued to refine the redesigned microsite for *Healthy People 2030* on health.gov by incorporating additional tools and resources to make the *Healthy People 2030* information more widely available and easily accessible and to increase its utility and relevance to a broader range of users.

In FY 2022, ODPHP conducted a public comment period to garner public input on proposed new Healthy People 2030 objectives that were put forward by federal subject matter experts to fill gaps in the current slate of objectives. Following the public comment period, four new objectives were approved by the Secretary and added to the Healthy People 2030 microsite. ODPHP will garner public comment through the midpoint of decade to ensure Healthy People maintains its relevance throughout the decade.

In FY 2022, working in partnership with the National Center for Health Statistics, ODPHP finalized and released key components of the Healthy People 2020 Final Review, including an interactive online tool that displays changes over time in disparities for a subset of measurable objectives by six selected characteristics: sex, race and ethnicity, educational attainment, family income, disability status, and geographic location.

Dietary Guidelines Program Accomplishments

The process to develop the ninth (2020-2025) edition of the *Dietary Guidelines* began in FY 2017 and was completed in FY 2021, with USDA as the administrative lead for this edition. andHHS and USDA released the 2020-2025 *Dietary Guidelines* in December 2020.

In FY 2022, HHS and USDA continued their efforts to implement the Dietary Guidelines 2020-2025 through promotional and consumer-facing educational materials, including a Toolkit for Professionals with 10 consumer-friendly handouts, public webinars and presentations, peer-reviewed journal publications, and outreach to key stakeholders. Building on its work in FY 2021 to update its toolkit for health professionals, ODPHP developed, tested, and released additional resources in FY 2022. Additionally, ODPHP published a series of blogs throughout FY 2021 and FY 2022 that highlight nutrition recommendations and actions for health professionals and consumers.

Beginning in FY 2021, ODPHP also assumed the administrative lead, and therefore the primary financial responsibility, for the development of the multi-year process to develop the 2025-2030 *Dietary Guidelines* (anticipated release 2025). In FY 2022, ODPHP and CNPP reviewed recommendations from the previous Committee and worked with subject matter experts across the federal government to develop proposed scientific questions for the next Committee to address and posted them for public comment. ODPHP and CNPP reviewed over 1,400 public comments and evaluated whether edits or changes to the scientific questions were needed. ODPHP and CNPP also announced the intent to establish the next Committee, developed a proposed charter and submitted it for leadership approval, and opened a public call for Committee nominations, receiving over 150 qualified nominations. In December 2022, the Dietary Guidelines Advisory Committee Charter was filed with Congress. The Committee members was sworn in during their first public meeting in February 2023. The Committee will continue to meet in FY 2023 and FY 2024 to review and deliberate on the scientific evidence and will present their findings in a scientific report to the HHS and USDA Secretaries in 2024.

To promote transparency, the DietaryGuidelines.gov website provides regular updates on the Dietary Guidelines development process.

Physical Activity Program Accomplishments

In FY 2019, the second edition of the Physical Activity Guidelines for Americans (PAG, or Guidelines), was released at the American Heart Association Scientific Sessions. The Guidelines serve as the primary basis for physical activity recommendations in the Dietary Guidelines and the physical activity objectives in *Healthy People*. Adherence to the physical activity guidelines could reduce premature mortality by 10% and save over $100 billion annually in health care expenditures.

In FY 2021, planning began for the PAG Midcourse Report with an anticipated release in FY 2023, 5 years after the second Guidelines edition. In FY 2022, the Science Board Subcommittee of the President's Council on Sports, Fitness & Nutrition (PCSFN) conducted a systematic literature review to determine what works to increase physical activity among older adults and to summarize their finds for PCSFN. The Midcourse Report will focus on older adults who historically have lower rates of meeting the Guidelines. This report will highlight strategies and settings based on the current scientific evidence to encourage more older adults to get the physical activity they need to get and stay healthy.

NYSS Program Accomplishments

The NYSS Champions program, a partnership initiative, recognizes organizations working in alignment with the NYSS vision and help foster partnership and collaboration across different levels and sectors of society. It was launched at the September 2020 President's Council on Sports, Fitness, & Nutrition meeting and currently includes a growing network of over 200 organizations. In FY 2022, ODPHP hosted three partner webinars and the yearly NYSS Champions workshop which brought together NYSS Champions to share resources and partner updates, and to discuss and learn about different topics that can help further their efforts to create safe, fun, inclusive, developmentally appropriate, and accessible sports opportunities for all youth. Tracking youth sports participation was included for the first time in *Healthy People 2030*, and we have been sharing information with partners about how they could align their goals around the Healthy People target.

Move Your Way® Program Accomplishments

In FY 2022 ODPHP incorporated healthy eating messages into the campaign's consumer microsite on health.gov, continued to evaluate the campaign and implementation strategies, developed an introductory video to encourage widespread use of the campaign, and made improvements to the Move Your Way® Community Playbook, which provides community organizations and local health departments with the information and resources needed to implement the campaign locally.

Also, in FY 2022, Move Your Way® entered into three Memorandum of Understandings with the Austin Department of Public Health, University of Minnesota Extension, and the South Dakota Department of Health to promote the campaign to consumers and partners. ODPHP plans to continue the campaign in FY 2023 by continuing to promote widespread campaign use by local communities, supporting communities implementing the campaign through technical assistance, and expanding work with federal and non-federal partners.

Health.gov Program Accomplishments

In FY 2022, ODPHP launched a promotional campaign to encourage African American and Hispanic women ages 45-54 (targeting 9 counties in Arizona, Florida, Georgia, and Texas) to catch up on preventive services (due to delays during the COVID-19 pandemic) with the assistance of the MyHealthfinder tool. During the four-month span of the campaign, health promotion messages were shown to key audiences roughly 4.5 million times (via paid advertising and social media), and the MyHealthfinder website had more than 320,000 new visitors.

ODPHP also added new content sections to health.gov in FY 2022, including a section related to the government-wide, federal plan for Equitable Long-Term Recovery and Resilience, developed in the wake of the COVID-19 pandemic. ODPHP continues to support efforts to improve website security and content delivery and make updates that support and further its programmatic work.

Healthy Literacy Program Accomplishments

In FY 2022, ODPHP made additional updates to its health literacy resources on health.gov to promote continued uptake of the new health literacy definition by its public health audience. These included an updated literature summary on how health literacy contributes to addressing the social determinants of health and the creation of a video for health professionals that identifies strategies to increase health literacy.

ODPHP continues to partner with the Agency for Healthcare Research and Quality to lead the HHSHealth Literacy Workgroup. Throughout FY 2022 the workgroup supported health literacy quality improvement

projects for HHS agencies. ODPHP plans to continue leading the workgroup in FY 2023, and research ways to measure health literacy on a national level.

The PCSFN advises the President, through the Secretary of HHS, on programs, partnerships, and initiatives that increase access to opportunities for all Americans to lead active, healthy lives. PCSFN members—in consultation with offices within HHS and across the Federal government, as well as the private and non-profit sectors—have the delegated authority from ODPHP to promote sports participation among youth of all backgrounds and abilities, and healthy and active lifestyles for all Americans.

PCSFN Program Accomplishments

Since the release of the National Youth Sports Strategy (NYSS), the PCSFN has been focused on its implementation and building partnerships with youth sports organizations. The most recent amended EO calls for continued promotion of the NYSS and provides for the work of the Council to include a focus on expanding national awareness of the importance of mental health as it pertains to physical fitness and nutrition. The 2020-2021 Science Board—a PCSFN subcommittee composed of 14 volunteer experts in physical activity, youth sports, and nutrition—published two commentaries in 2021 that spotlight potential improvements to post-pandemic youth sports to better meet young people's mental, emotional, and social needs.

The 2022 Science Board subcommittee was convened to summarize the scientific literature related to strategies that increase physical activity among older adults. They completed their report in FY 2022 which will inform the Physical Activity Guidelines Midcourse Report on Older Adults, expected for release in 2023.

To further support the PCSFN, Secretary Becerra appointed eight new members to the Board of Directors of the National Fitness Foundation (NFF) in July 2022. The NFF was created by Congress in 2010 to assist and strengthen the PCSFN and its mission by facilitating investments and partnerships that engage, educate, and empower all Americans to lead healthy, active lives.

ODPHP– Key Outputs and Outcomes Table [5]

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/- FY 2023 Target
I.b Visits to ODPHP-supported websites (Output)	FY 2021: 13,222,325 Target: 10.5 Million (Target Exceeded)	10.5 Million	10.5 Million	Maintain
II.a Percentage of States that use the national disease prevention and health promotion objectives in their health planning process (Outcome)	FY 2020: 94% Target: 94% (Target Met)	60%	65%	+5%

ODPHP (including PCSFN)– Key Outputs and Outcomes Table [6]

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/- FY 2023 Target
8.6 Number of social media impressions related to ODPHP's sports, physical activity, nutrition and other health promotion programs	FY 2021: 400 million Target: 101 million (Target Exceeded)	320 Million	320 million	Maintain

Performance Analysis

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

Outreach for the Dietary Guidelines is also primarily web-based. ODPHP will continue to update web content and resources in FY 2024 to support implementation of the 2020-2025 DGA as well provide updates on the development of the next edition (2025-2030) of the Dietary Guidelines, including topics and questions, public meetings of the Committee, subcommittee progress, and detailed documentation of the evidence review process.

The online MyHealthfinder tool provides easy-to-understand, customized prevention recommendations to consumers and a targeted promotional effort to encourage Americans to catch up and keep up with preventive services that they might have missed during the COVID-19 pandemic in FY2022 is expected to increase use of the tool. As the data reflects, ODPHP is increasing itsreach and engagement with

[5] FY 2022 results available in May 2023
[6] FY 2022 results available in May 2023

Americans and exceeding performance targets. As a result, the public and professionals have more evidence-based tools, resources, and support for their prevention and wellnessactivities.

ODPHP expects to continue to grow its online presence across all its programmatic areas. Such growth will provide resources that help Americans to be more effective in their prevention and wellness activities by offering social media, data visualization tools, content syndication of prevention and wellness information, and forums that have proven to increase public andprofessional engagement. It also will allow ODPHP to continue developing user-centered information and web-based tools based on health literacy and plain language principles, extending the reach and impact to those who are not savvy users of health information or the internet. Although web traffic continues to grow, ODPHP expects that the archival of the previous decade's website for the *Healthy People* initiative could result in a small decrease in web visits in FY 2023. Additionally, ongoingdenial of service (DDoS) attacks in FY2022 have had a dampening effect on growth in web traffic. For these reasons, ODPHP will maintain a flat target for FY 2024, as we monitor possible impacts to web traffic in FY 2023.

ODPHP expects states' use of *Healthy People's* objectives to mirror the uptake seen with the previous decade's objectives. With the launch in FY 2020of the new decade's objectives—*Healthy People 2030*—use in FY 2022 dropped, as expected, as states recalibrated their efforts to align with the new national objectives. Further adding to the decrease, was the COVID-19 pandemic, which caused some states to pause their regular health planning efforts. While use is expected to again increase in FY 2023, ODPHP will increase slightly the FY 2024 target from the FY 2023 leveldue to the uncertainty of possible continued impact of the pandemic. The significant reduction in the number of objectives in Healthy People 2030, which was driven in large part by stakeholder input, is expected to improve the ease of use of the national objectives by states and others as they identify critical health priorities and develop programs to address those needs.

In FY 2021 ODPHP ran a social media campaign as part of the Move Your Way pilot tests. As this campaign was a significant driver of ODPHP's social media impressions, ODPHP anticipates a steep decrease in social media impressions in FY 2022 and in FY 2023 and leveling in FY 2024.

OFFICE FOR HUMAN RESEARCH PROTECTIONS

Budget Summary

(Dollars in Thousands)

Office for Human Research Protections	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	6,225	6,225	7,711	+1,486
FTE	20	21	28	+7

Authorizing Legislation……PHS Act, Title II, Section 301
FY 2024 Authorization……Permanent
Allocation Method……Direct Federal

Program Description

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

OHRP provides clarification and guidance, develops policy, creates educational programs and materials, maintains regulatory oversight through compliance activities, provides advice on ethical and regulatory issues in biomedical and behavioral research, and administers the programs for assurance of compliance and Institutional Review Board (IRB) registrations. These program activities include processing approximately 3,000 Federal-wide Assurances (FWAs) and 3,000 IRB registrations each fiscal year. The office also supports the Secretary's Advisory Committee on Human Research Protections (SACHRP), which advises the HHS Secretary on issues related to protecting human subjects in research. OHRP has oversight over an estimated 13,500 institutions in the United States and worldwide that conduct HHS-supported non-exempt human subjects research (Authorizing Legislation Sections 491 and 492A of the Public Health Service Act).

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

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

OHRP's Division of Policy and Assurances (DPA) develops policy and guidance documents related to HHS regulations for the protection of human subjects (45 CFR Part 46). These documents address topics that the research community has indicated warrant additional clarification, an alternative regulatory interpretation, or regulatory change. DPA also administers the processes by which institutions register an IRB or obtain an FWA.

OHRP's Division of Education and Development (DED) develops educational resources, conducts outreach, and works with institutions around the United States to co-sponsor conferences and workshops to educate and support IRB members and administrators, investigators, institutional officials, and others, in their efforts to promote community engagement in research and protect human research participants. The OHRP Research Community Forum (RCF), an event organized in collaboration with research establishments, is a flagship DED education and outreach activity. DED sponsors two to three RCFs each year. DED conducts educational webinars and accepts institutional requests to support educational workshops and webinars tailored to their needs. In addition, DED develops online educational resources, including videos and infographics for the general public to educate them about research participation and for the research community to educate prospective research participants about their rights and protections under the regulations.

OHRP's Division of Compliance Oversight (DCO) conducts compliance investigations in response to possible allegations of noncompliance and evaluates human research protections programs at institutions that conduct human subject research under the Federal Policy for the Protection of Human Subjects, as well as Institutional Review Boards that review and oversee HHS-funded human subject research. The following describes three primary functions of DCO.

- DCO Compliance Evaluations and Investigations: DCO conducts in-depth surveillance evaluations of human research protections programs at institutions that conduct HHS-supported research and of IRBs that review and oversee HHS-supported human research. DCO also conducts investigations when it receives allegations of non-compliance with HHS regulations for the protection of human subject research supported by HHS. These evaluations and investigations are performed in a manner that conforms to OHRP's policies for such evaluations.
- The Federal Policy for the Protection of Human Subjects requires that institutions engaged in HHS-funded human subjects research have written procedures to ensure prompt reporting to OHRP of incidents such as unanticipated problems involving risks to subjects or others, any serious or continuing noncompliance with HHS's human subjects protection regulations or IRB determinations, or any suspension or termination of an IRB approval. DCO reviews each report within two business days to determine whether remedial actions are adequate to address the incident and protect human research subjects. DCO reviews and logs approximately 800-1,000 incident reports per year.
- DCO reviews allegations (or "complaints") of noncompliance in human subject research and determines whether the complaint involves HHS-supported research; and if so, OHRP determines how to resolve the matter (e.g., conduct a for-cause compliance investigation). Generally, the source of complaints sent to OHRP include, but are not limited to, research subjects and their family members, individuals involved in the conduct of research such as investigators and study coordinators, institutional officials, journalists, or media. DCO evaluates and logs approximately 400-600 complaints per year.

Budget Request

The FY 2024 President's Budget request for OHRP is $7,711,000, which is an increase of +$1,486,000 above FY 2023 Enacted. This level of funding would bring OHRP's staff level to 28 FTEs. At this funding level, OHRP will maintain its current activities supporting the conduct of sound and ethical scientific

research, and it will also be able to backfill a total of seven Public Health Advisor (0685 series) positions. Current activities that OHRP expects will be carried out with the FY 2024 request include the following:

- Backfill five staff with specialized knowledge to develop policies, guidance, and educational materials and conduct compliance activities related to the federal regulations 45 CFR part 46. Subpart A of the regulations underwent major revisions and was published in June 2017 with a general compliance date of January 21, 2019.
- Develop guidance on the revised Common Rule. Priorities for this budget request include incorporating advisory committee recommendations on the ethical principle of justice into guidance and education efforts, continuing active harmonization efforts with FDA counterparts, and identifying gaps in policy and guidance to support trends in the field toward decentralization of clinical research.
- Pursue rulemaking to address technical issues with the regulations that have resulted in unintended burden on the regulated community.
- Support OHRP's ongoing role in managing and improving the processes and tools by which institutions register IRBs and obtain assurances to conduct HHS-supported human subjects research. This includes additional software development to promote usability and efficiency and to conform to the revised Common Rule requirements.
- Support three SACHRP meetings with expert speakers
- Backfill two staff persons in the Division of Compliance Oversight to support high profile compliance investigations, develop robust reporting and posting of myriad compliance activities as recommended by OIG and to implement expected GAO recommendations. The two additional staff will also enable OHRP to better align its compliance activities and manage workload with the increase in HHS funding for human subject research and OHRP's new authority over IRBs.
- Support additional tasks to improve policy and guidance website organization, navigation, translated materials, and multimedia resources.
- Support additional contracted tasks to assist with updates to the International Compilation of Human Research Standards.
- Support advanced-level regulatory and guidance writing training for senior policy staff, which will improve efficiency and effectiveness of current and future rulemaking activities.
- Support OHRP's education team to increase the office's output of online educational resources on human research protections, provide additional support for in person educational workshops, and increasing our capacity to invite SMEs to participate in these events. The demands generated by the movement of decentralizing research and the interests in diversifying and expanding engagement of different entities in communities to support research activities and broaden potential participant pools can be better met by this increased effort. This corresponding educational effort is vital to reducing risks, promoting ethical conduct across the research enterprise, fostering more just and equitable research, and furthering trust in science and research.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$6,243,000
FY 2021	$6,225,000
FY 2022 Final	$6,225,000
FY 2023 Enacted	$6,225,000
FY 2024 President's Budget	$7,711,000

Program Accomplishments

FY 2022 DED Achievements:

DED co-sponsored **two Research Community Forums** (RCF) in FY 2022:

- A virtual event with **Northwell Health System** of New York on May 11-12, attracting over 500 registrants, and
- An in-person event with **Indiana University** in the suburb of Indiana on September 20-21, attracting 170 attendees

The two RCFs covered important and diverse topics from the ethics of clinical trials to diversity, inclusivity, and community engagement in research. **Eight selected video recordings** for these two events have been added to the OHRP **Luminaries Lecture Series** in FY 2022, providing a continued set of educational resources for the research community.

- DED delivered **a series of three virtual webinars** on the Basics of the Common Rule to large audiences from the research community on two separate time periods. The slides and recordings of these webinars are now posted on the OHRP website *Human Research Protection Training* as part of its comprehensive educational program for the research community. As an accompanying piece, DED invited experts in the research community to share their experiences in IRB administration in the webinar ***A Conversation with IRB Professionals*** on April 27, 2022. The recording of this has also been made available on OHRP website.
- To promote diversity in IRB membership and facilitate the training of nonscientist members from the community, DED leveraged the plain language training materials it has developed over the years and created a **training checklist for nonscientist IRB members**. This, together with the **checklist developed to help promote community engagement** in research, serve to help build trust in the public on HHS-funded research.
- DED released **two interactive programs** to help explain the expectations for IRB reviewers and investigators in applying the Common Rule IRB review criteria of equitable selection of subjects in research and minimizing research risks for participants. The new interactive educational series is called *Considerations for Reviewing Human Subjects Research* and forms an integral part of OHRP's Human Research Protection Training initiative. The two programs have attracted almost 7,000 views until the end of September 2022.
- OHRP hosted its 5th Exploratory Workshop, ***Beyond Altruism - Exploring Payment for Research Participation***, a timely discussion integral to promoting equity and diversity in research participation. The event attracted 1,300 live views and prompted the NIH-led workshop *Inclusive Participation in Clinical Research* to further explore the issue. The impact of the 2022 OHRP Exploratory Workshop will continue to be felt through its archived recordings and summary report accessible from its website.
- The *About Research Participation* project focuses on educating the general public about research participation and protections. DED launched a **new Voices of Participants series** that includes audio-recordings of people speaking about their experience related to research and research participation. **Two recordings** with accompanying visual illustrations and Spanish captioning were posted in FY 2022. DED also added several new informational resources including the *Learn About Research Participation* brochure and poster, an educational checklist for community engagement, and the *Informational Resources Flyer*, all available in both English and Spanish.
  DED organized **seven Lunch and Learn seminars** for OHRP staff covering a variety of topics on human research that could inform OHRP on future development of policy and guidance.

In FY 2022, DPA facilitated OHRP's issuance of several guidance documents and other resources for the regulated community. These include the following:

- *International Compilation of Human Research Standards*, published online February 7, 2022. Within the first month of launch, this resource had over 1500 unique page views. https://www.hhs.gov/ohrp/international/compilation-human-research-standards/index.html
- *Institutional Review Board (IRB) Records for HHS/OASH Consultation Process*, OMB Control Number OS-0990-0481, 30-day notice concluded February 14, 2022. https://www.federalregister.gov/documents/2022/01/05/2021-28566/agency-information-collection-request-30-day-public-comment-request
- *Department of Health and Human Services (HHS) Registration of an Institutional Review Board (IRB) Form*, OMB Control Number OS-0990-0279, 60-day notice for renewal posted February 16, 2022. https://www.govinfo.gov/content/pkg/FR-2022-02-16/pdf/2022-03239.pdf
- *General Instructions on the Informed Consent Posting Requirement (45 CFR 46.116(h))*, published March 29, 2022. https://www.hhs.gov/ohrp/regulations-and-policy/informed-consent-posting/informed-consent-posting-guidance/index.html
- *Posting Requirement for the Exemption at 45 CFR 46.104(d)(5) of the 2018 Requirements*, published April 20, 2022. https://www.hhs.gov/ohrp/regulations-and-policy/guidance/posting-requirement-for-the-exemption-at-45-cfr-46-104-d-5-of-2018-requirements/index.html
- *Department of Health and Human Services (HHS) Registration of an Institutional Review Board (IRB) Form*, OMB Control Number OS-0990-0279, 30-day notice for reinstatement posted May 24, 2022, and approved on June 27, 2022. https://www.govinfo.gov/content/pkg/FR-2022-05-24/pdf/2022-11064.pdf
- *Draft Guidance: Use of a Single Institutional Review Board for Cooperative Research*, announced in the Federal Register July 1, 2022, with solicitation for public comment through August 30, 2022. https://www.hhs.gov/ohrp/regulations-and-policy/requests-for-comments/draft-guidance-use-single-institutional-review-board-for-cooperative-research/index.html

- Other efforts under active development include the following: joint FDA guidance on exculpatory language; revised FAQs on compensating research subjects; draft guidance on HIPAA exemption in .104(d)(4)(iii); draft guidance on secondary use of information and biospecimens; draft guidance on broad consent; revised FAQs on informed consent; new FAQ(s) on mandatory exploratory biopsies.
- To support broader considerations for justice in guidance and policy, DPA submitted a successful proposal to the Equity TA Center (ETAC) for assistance. This collaboration, which kicked off in May 2022, is intended to have an enduring impact on OHRP's guidance development processes. DPA completed the engagement in September 2022 and is now pursuing follow-on actions for equity capacity-building.
- DPA administers the process by which institutions submit assurances of compliance with HHS protection of human subjects' regulations and IRB registrations. For FY 2022, DPA approved 950 new Federalwide Assurance (FWA) applications and 2,155 renewed/updated FWA applications. DPA also accepted 302 new IRB Organization registrations, each of which can include multiple registered IRBs. DPA also accepted 2,803 renewed/updated IRB Organization registrations and expects similar numbers in FY 2023-2024.
- SACHRP approved seven sets of recommendations that have been forwarded to the Secretary on the following topics:
  - The NIH Genomic Data Sharing Policy
  - Protection of Non-subjects from Research Harm.
  - A New Interpretation of the "Engaged in Research" Standard
  - Considerations for IRB Review of Research Involving Artificial Intelligence
  - DRAFT Supplemental Information to the NIH Policy for Data Management and Sharing: Protecting Privacy When Sharing Human Research Participant Data
  - Interpretation of the Definition of "Support" in the HHS Regulations

- Recommendations on the Draft Guidance for Use of Single Institutional Review Board for Cooperative Research

In FY 2022, DCO's key accomplishments for FY 2022 are:

- Opened four compliance assessments and closed six compliance assessments
- Processed 979 Incident Reports (up from 735 in FY 2021)
- Processed 1,300 complaints (~5% of which include human subjects research as defined by the regulations)
- Integrated fields from OMB/PRA approved Incident Report form for direct submission into our database
- Established quarterly meetings between FDA and OHRP to facilitate efficiency in shared compliance oversight activities
- Conducted a joint agency investigation with NIMH
- Launched a joint project with ORI to obtain information from ORI and OHRP's stakeholders who perform clinical research trials to identify the barriers and pitfalls in identifying and evaluating protocol violations, noncompliance, and research misconduct in clinical trials
- Published revised guidance on Incident Reporting
- Conducted a quality control analysis of all determination codes cross linked to determination letters posted on our website and resolved all discrepancies
- Worked to develop an outreach video to aid institutions in preparation for OHRP compliance assessments

OFFICE OF INFECTIOUS DISEASE AND HIV/AIDS POLICY

Budget Summary
(Dollars in Thousands)

Office of Infectious Disease and HIV/AIDS Policy	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	7,582	7,582	8,144	+562
FTE	13	15	16	+1

Authorizing Legislation……PHS Act, Title II, Section 301; PHS Act, Title XXI, Section 2101
FY 2024 Authorization……Permanent; Expired
Allocation Method……Direct Federal

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

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

OIDP also leverages expert advice to prevent infectious diseases through the management of five federal advisory committees (FACs) and workgroups. These FACs span the Office's portfolio and include the Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA), Presidential Advisory Council on HIV/AIDS (PACHA), Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB), National Vaccine Advisory Committee (NVAC), and the Tick-Borne Disease Working Group (TBDWG). Through the development of formal reports and recommendations, these committees and workgroups improve the health of the nation. The Tick-Borne Disease Working Group sunset in December 2022 and submitted its final report to Congress in FY 2023.

Health equity is a critical component of OIDP's portfolio. Populations disproportionately impacted by these infectious diseases are the same populations that experience other health disparities, including COVID-19 and Mpox. OIDP has trusted relationships with disproportionately impacted communities and has worked with them to advance awareness of infectious diseases and their prevention and treatment to reduce disparities. In FY 2022, OIDP coordinated the development of four National Strategic Federal Implementation Plans: the HIV National Implementation Plan, Viral Hepatitis Implementation Strategic Plan, STI National Implementation Plan, and Vaccines National Implementation Plan.

Budget Request
The FY 2024 President's Budget request for the Office of Infectious Disease and HIV/AIDS Policy is $8,144,000, which is an increase of +$562,000 above FY 2023 Enacted. At this level, OIDP will strengthen its syndemic focus and initiatives on the intersectionality of STIs, HIV, and Hepatitis. In

addition, OIDP will strengthen its community engagement and communication efforts, including a focus on vaccine equity and hesitancy, increasing childhood immunization rates, and Mpox.

The FY 2024 President's Budget request will enable OIDP to continue its critical role in directing HHS and federal government-wide policies, programs, and activities related to infectious diseases. OIDP's primary areas of emphasis include vaccines and immunizations, HIV/AIDS, viral hepatitis, tick-borne diseases, blood and tissue safety and availability, STIs, antibiotic-resistant bacteria, COVID 19, and other emerging infectious diseases of public health significance.

The FY 2024 President's Budget request will also allow OIDP to provide leadership and support on vaccine hesitancy and increase confidence in programs and activities. OIDP will also lead efforts on implementation strategies and monitoring progress on the National Strategies on HIV, Viral Hepatitis, Vaccines, and STIs and will continue to lead the five federal advisory committees it manages to ensure all committee meetings, recommendations, reports, and other deliverables are executed throughout the year.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$7,552,000
FY 2021	$7,582,000
FY 2022 Final	$7,582,000
FY 2023 Enacted	$7,582,000
FY 2024 President's Budget	$8,144,000

Program Accomplishments

COVID-19

OIDP has played important roles in the COVID-19 response. In FY 2022, OIDP coordinated the HHS COVID-19 vaccine communications through its leadership of the federal Vaccine Communicators Group and participation in the HHS COVID-19 and Flu Public Education Campaign. OIDP communicates with stakeholders and partners on COVID-19 resources, vaccines, messages, and policies to promote COVID-19 equity and prevent the burden of vaccine-preventable disease on the entire country. In FY 2022, OIDP continued its catch-up immunization activities by drafting an analytical inventory report of current catch-up immunization activities from federal agencies, advocacy groups, and private entities. In FY 2022, OIDP further encouraged the uptake in missed vaccinations due to the COVID-19 and launched the campaign in late 2022.

OIDP serves on CDC's Advisory Committee on Immunization Practices (ACIP) as an ex officio member, as well as a member on its COVID-19 work group and COVID-19 vaccine safety technical subgroup. OIDP also serves on FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) as a voting member and was engaged in all discussions and recommendations on emergency use authorizations of COVID-19 vaccines for adults and children. By holding these key positions on scientific advisory committees associated with COVID-19, OIDP provides public health expertise and medical recommendations on the safety, appropriate use, and effectiveness of COVID-19 vaccines.

In FY 2022, the Presidential Advisory Committee on Combating Antibiotic Resistant Bacteria reported on the impact of the COVID-19 pandemic on antimicrobial use, resistance, and stewardship, and continues to address the issue and receive updates at every public meeting. Additionally, the National Vaccine Advisory Committee approved a report with recommendations for improving COVID-19 vaccination

efforts and wrote a letter providing recommendations to improve confidence of COVID-19 vaccines and vaccination efforts. In FY 2022, HIV.gov launched a page on Mpox, which is continuously updated with content on federal resources. HIV.gov continued to update content on COVID-19 and how COVID-19 affects people with HIV.

In FY 2022, OIDP launched *Giving = Living*, a national campaign designed to increase awareness of the importance of donating blood and plasma and to encourage eligible Americans to donate regularly. During the COVID-19 pandemic, our nation's blood supply dropped to historic lows and impacted the availability of medicines made from plasma. While some areas of the country have seen improvement, other areas are still struggling to meet the demand. Blood and plasma are needed on an ongoing basis to treat a variety of life-threatening conditions. The campaign, funded through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, features personal stories of people who benefit from donations.

Ending the HIV Epidemic in the U.S.
The Ending the HIV Epidemic in the U.S. (EHE) initiative is a bold national plan created to end the HIV epidemic in the U.S. by 2030. The initiative leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the efforts of HHS agencies and offices. OIDP leads the Operational Leadership Team (OLT), which provides oversight to all operational aspects of the Initiative. As such, OIDP is responsible for coordinating the activities and work of the CDC, HRSA, NIH, and IHS – the primary agencies for the Initiative. In addition, OIDP coordinates with other agencies which also have a role in addressing the HIV epidemic.

In support of EHE, OIDP, and through the Minority HIV/AIDS Fund (MHAF, see below), maintains the America's HIV Epidemic Analysis Dashboard (AHEAD). AHEAD is focused on visualizing baseline data and indicator targets for the six EHE specific indicators, charting the nation's collective progress in reaching EHE goals. In early FY 2022, OIDP enhanced AHEAD with stratified data by four key demographic categories at the national, state, and local levels, where data is available. The four demographic categories are age, race/ethnicity, gender/sex at birth, and mode of transmission. Multi-way stratified data will enable stakeholders to view data for selected subpopulations to better understand programmatic gaps and areas where additional focus and resources are needed. Second, OIDP enhanced AHEAD with select social determinants of health, including HIV stigma, housing instability, poverty, education levels and more, to contextualize the six HIV indicator data to inform program planning. In FY 2022, OIDP also added additional useful features to assist stakeholders in reaching the 2025 and 2030 targets that have been established for the EHE initiative.

In FY 2022, OIDP launched a viral suppression campaign titled "I Am a Work of ART". The Centers for Disease Control and Prevention (CDC) estimates the viral suppression rate in the United States is 53%. A key strategy of the "I Am a Work of ART" campaign is to increase the proportion of people with HIV who are virally suppressed. The focus of the campaign encourages people with HIV who are not in care to seek care and achieve viral suppression through anti-retroviral therapy. The campaign was co-created with a diverse group of people living with HIV, who served as creative partners on the initiative.

Minority HIV/AIDS Fund
OIDP administers the Minority HIV/AIDS Fund (MHAF) on behalf of OASH. The purpose of MHAF is to reduce new HIV infections, improve HIV-related health outcomes, and reduce HIV-related health disparities for racial and ethnic minority communities by supporting innovation, collaboration, the integration of best practices, effective strategies, and promising emerging models. In addition, MHAF is

focused on transforming HIV prevention, care, and treatment for communities of color by bringing federal, state, and community organizations together to design and pilot innovative solutions that address critical emerging needs and working to improve the efficiency, effectiveness, and impact of federal investments in HIV programs, activities, and services for racial and ethnic minorities.

National HIV/AIDS Strategy for the United States 2022-2025
The *National HIV/AIDS Strategy for the United States 2022-2025* (NHAS), released in December 2021, focuses strongly on the syndemics—a set of linked health problems involving two or more health problems that excessively affect a population—including HIV, STIs, viral hepatitis, and mental health and substance use disorders. The Strategy was informed by community stakeholders, including people living with HIV, and supported by federal partners from nine federal departments whose programs, policies, services, or activities contribute to our national response to HIV. The Strategy builds on the progress achieved and lessons learned from the prior national strategies and seeks to leverage new tools and opportunities to address the challenges that remain. The Federal Implementation Plan was released in FY 2022 as a roadmap for federal partners contributing to Ending the HIV Epidemic.

Prevention through Active Community Engagement (PACE) Program
The PACE Program is funded by MHAF and is comprised of the U.S. Public Health Service (USPHS) officers stationed in Atlanta (Region IV), Dallas (Region VI), and Los Angeles (Region IX). Several of the officers are bilingual, enabling the teams to increase engagements with the Latinx/Hispanic communities. In FY 2023 OIDP, as part of broader community engagement efforts, continues to convene the internal EHE Stakeholder and Partner Engagement Coordination committee focused on engaging: (1) a broad range of health care providers, (2) pharmacists and pharmacies, (3) faith-based organizations, (4) academic and educational institutions, including HBCUs, and (5) community based social support organizations. The aim of this coordination committee is to align and coordinate the PACE Program and EHE work on engaging stakeholders, leveraging shared resources, and avoiding duplication of efforts.

Presidential Advisory Council on HIV/AIDS
The Presidential Advisory Council on HIV/AIDS (PACHA) provides advice, information, and recommendations to the Secretary about programs, policies, and research to promote effective prevention, treatment, and care of HIV and AIDS, including common comorbidities, to promote effective HIV diagnosis, treatment, prevention, and quality care services. PACHA also advises on the development and implementation of the EHE initiative, in addition to the HIV National Strategic Plan (formerly the National HIV/AIDS Strategic Plan).

In early FY 2022, PACHA convened virtually and focused on topics that included molecular HIV surveillance, private-sector engagement, and HIV and meeting 2030 goals. In September 2022, PACHA convened an advisory meeting focusing on the needs of the Los Angeles community and critical prevention and community engagement issues including molecular HIV surveillance, HIV and aging, and global lessons learned from the International AIDS Conference. Additional information, including the Council's recommendations can be found on the PACHA page on HIV.gov: https://www.hiv.gov/federal-response/pacha/about-pacha.

HIV.gov
The HIV.gov website is a leading source of comprehensive information on federal HIV policies, programs, and resources, including the Ending the HIV Epidemic in the U.S. (EHE) initiative and the National

HIV/AIDS Strategy for the United States 2022-2025. The website also hosts a testing site and care services site locator and a blog highlighting current news and updates for the community.

The HIV.gov program supports cross-governmental coordination and provides technical leadership to ensure HIV messaging is consistently communicated, and resources are widely available across federal programs to reach target audiences with maximum impact. As part of this effort, HIV.gov convenes the Federal HIV Web Council, provides updates on COVID-19, Mpox, and HIV, and coordinates key HIV awareness days and other events. In partnership with NIH, HIV.gov is the dynamic home of the federal HIV treatment guidelines and often reports on breaking scientific and policy news from conferences and events to educate multiple audiences through multiple platforms.

For FY 2022, the HIV.gov website was projected to have over 7 million unique visitors. During a three-month period during FY 2022, HIV.gov's Locator widget was used on more than 600 websites and more than 7,300 times. The site transitioned to become a Progressive Web App to increase security and functionality from FY 2021, yielding a 19% increase in views. HIV.gov has also created standards for web hosting/internet security that serves as a model for HHS.

Immunization Leadership and Coordination
OIDP leads the coordination of federal immunization activities, managing the federal interagency vaccine work group and a vaccine communicators call meeting. OIDP also collaborates with immunization stakeholders, including state and local governments, non-governmental health groups, healthcare providers, health insurers, vaccine manufacturers, and the public to achieve the goals outlined in the Vaccines National Strategic Plan 2021–2025.

Medical and Public Health Expertise and Strategic Policy Direction on Vaccinations and Immunizations
OIDP sets national vaccine policy by working with other recognized medical and public health experts as a liaison member on the ACIP, which advises the Director of the CDC on national policy on the use of vaccines. OIDP is also an ex officio member of the Advisory Commission on Childhood Vaccines, which advises HRSA's National Vaccine Injury Compensation Program. By holding these scientific positions, OIDP provides public health expertise and medical recommendations on the safety, appropriate use, and effectiveness of vaccines and immunization schedules for infants, children, adolescents, and adults. OIDP works with federal, state, and local partners as well as nongovernmental entities to provide technical assistance and guidance on vaccination-related issues and priorities.

Immunizations-related Community Grants, Strategic Partnerships and Project Initiatives
In addition to providing medical and public health expertise and policy direction, OIDP oversees two on-the-ground vaccination initiatives. In FY 2023, OIDP continues to monitor six grantees to promote vaccine confidence in local communities, in partnership with the regional health offices, to plan, implement, and evaluate evidence-based strategies and innovation practices to increase vaccine confidence in racial and ethnic minorities and other underserved populations with low vaccination coverage. In FY 2022, OIDP also began an initiative to identify and examine best practices for COVID-19 testing and vaccination services in underserved and difficult-to-reach populations and to collaborate with state, local, tribal, and territorial officials to identify successful models or strategies to increase COVID-19 testing and COVID-19 vaccine uptake.

In FY 2022, OIDP led the coordination of flu communication research, messaging, and communication materials to ensure HHS and other federal partners were aligned in approach and did not replicate

communication materials. OIDP continues to grow the vaccine confidence community and expand the work of these professionals.

Vaccines National Strategic Plan
The Vaccines National Strategic Plan establishes a comprehensive five-year strategic framework to promote routinely recommended vaccines and vaccinations. The Plan's goals are to advance innovation in vaccine development, ensure vaccine safety, increase public vaccine knowledge and confidence, increase access to and use of vaccines, and support global immunization efforts. The Plan also includes more specific objectives, strategies, and representative indicators with targets to monitor progress.

Federal Interagency Vaccine Work Group
OIDP chairs and convenes the Federal Interagency Vaccine Working Group (IVWG), which functions as the Steering Committee for the Vaccines National Strategic Plan 2021-2025 and the Vaccines Federal Implementation Plan. The IVWG comprises 25 members representing senior leadership from 15 departments and agencies with a stake in promoting vaccine development and use. In partnership with OIDP, the IVWG develops and drafts the recommendations for the goals, objectives, and strategies in the National Strategic Plan. The IVWG members identify and develop cross-departmental or agency policies, programmatic initiatives and collaborative approaches to address challenges and gaps as well as capitalize on potential synergistic opportunities. The IVWG facilitates the coordination, collaboration, and accountability of federal efforts and monitors and reports on progress towards the Strategic Plan's goals.

National Adult and Influenza Immunization Summit
OIDP co-leads with the CDC and the Immunization Action Coalition, the National Adult and Influenza Immunization Summit (NAIIS), an adult immunization coalition of over 700 partners, representing more than 130 public and private organizations. The goals of the Summit are to convene stakeholders and identify specific actions to be taken by NAIIS members that will lead to improvements in uptake of ACIP recommended vaccines. NAIIS supports work groups to disseminate and promote best immunization practices for adults. OIDP co-chairs two of four NAIIS workgroups, the Access and Provider Workgroup and Influenza and Adult Immunizations Workgroup. The NAIIS conducts weekly informational partner calls, hosts webinars on topics of current interest, and convenes in-person annual summit meetings. NAIIS conducted additional web-based meetings to disseminate information on COVID-19 vaccine development, safety and effectiveness, storage and handling, allocation and distribution, and administration strategies.

National Vaccine Advisory Committee
OIDP manages the National Vaccine Advisory Committee (NVAC) to advise the Assistant Secretary for Health on vaccine safety, effectiveness, supply, and other issues. NVAC is addressing ongoing challenges associated with vaccine confidence and hesitancy, as well as immunization equity, and COVID-19 vaccination. In FY 2022, the Assistant Secretary for Health charged NVAC with developing recommendations on vaccine safety and innovation. These recommendations serve as the basis for current and future NVAC considerations on the development and use of COVID-19 vaccines. NVAC's recommendations were taken into consideration in the development of the Vaccines National Strategic Plan.

Viral Hepatitis National Strategic Plan
OIDP is responsible for coordinating national efforts and informing policies to prevent, diagnose, and treat viral hepatitis in the United States. OIDP led development of the most recent iteration of the Viral

Hepatitis National Strategic Plan, released in January 2021, which sets forth a roadmap to eliminate viral hepatitis as a public health threat by 2030. To ensure that the development of the Plan was inclusive, OIDP convened and led a joint HIV-viral hepatitis federal steering committee and three topic-specific viral hepatitis subcommittees, which were comprised of representatives from across HHS as well as other federal departments. In addition, several hundred sets of public comments received through 18 listening sessions and an RFI published in the Federal Register informed the development of the Plan. In 2021, OIDP disseminated the Plan through postings on HHS websites and through numerous presentations and webinars, reaching a broad range of stakeholders. A companion Viral Hepatitis Federal Implementation Plan was released in May 2022. The Federal Implementation Plan sets forth federal partners' commitments to policies, research, and activities during the fiscal years 2021–2025 to meet the National Strategic Plan's goals, pursuant to their respective missions, funding, and resources. OIDP also coordinated opportunities for written and verbal public comment to inform development of these plans.

Viral Hepatitis Implementation Working Group

OIDP convenes and leads the Viral Hepatitis Implementation Working Group (VHIWG) with more than 20 federal agencies and offices, including HHS, HUD, DOJ, and the VA. Through the VHIWG, OIDP monitors and reports on progress implementing the prior National Viral Hepatitis Action Plan. This group also serves as a vehicle for coordinating and leveraging viral hepatitis initiatives across the federal government and is currently reconstituted to serve as a subcommittee for the newly established Syndemic Steering Committee to monitor and report on federal implementation of the current Viral Hepatitis National Strategic Plan.

Addressing Reimbursement/Payment Barriers to Integrated Viral Hepatitis Prevention and Care Services

In FY 2023, OIDP is in its final year of a 3-year project to conduct research through environmental scans, focus group discussions, and partner meetings to identify barriers to reimbursement and other systemic barriers to integrated viral hepatitis prevention and care services in clinical and non-clinical settings. The first year of the project focused on identifying and addressing hepatitis C-related payment barriers. Findings will be used to inform hepatitis C elimination initiatives and to collaborate with partners to implement recommendations. Successful implementation of recommendations could drive down costs for patients and the healthcare system and provide a catalyst to reach the 2030 goal of viral hepatitis elimination, as outlined in the Viral Hepatitis National Strategic Plan 2021-2025. This project also provides important roadmap that the President's cancer moonshot initiative could build upon. Recommendations will be disseminated through partner planning meetings, HHS.gov/hepatitis, and other platforms as the project continues.

Sexually Transmitted Infections National Strategic Plan

OIDP led the development of the first Sexually Transmitted Infections (STI) National Strategic Plan (2021-2025), which was released in December 2020. STIs have risen dramatically since 2013 and are widely recognized as a public health epidemic. The STI National Strategic Plan contains quantitative targets and actionable strategies to reach those targets. In FY 2022, OIDP also led the development of a comprehensive review of herpes prevention, research, and treatment efforts in HHS as a basis for developing a comprehensive strategy. OIDP is working with federal partners to release an implementation plan of activities in FY 2023.

Blood, Plasma and Tissue Safety and Availability
Ensuring that safe blood, plasma, and tissue products are available when they are needed is critical to the health and wellbeing of Americans, and OIDP is at the forefront of this mission. OIDP continues to monitor the status of the U.S. blood supply and participate in response planning. In early FY 2022, the U.S. blood supply was "code red" with less than one-day supply, and while the national shortage has ended, there are still shortages in communities throughout the United States. In FY 2022, OIDP continued to meet with stakeholders from the blood and healthcare industries, including DoD and VA to discuss the actions to alleviate the blood and plasma shortages.

OIDP supports the Assistant Secretary for Health (ASH) in facilitating departmental and interagency activities to maintain safety and availability of the nation's blood, plasma, and tissue supply as part of the COVID-19 response efforts. The Giving = Living campaign, which was mandated through the 2020 CARES Act, was created in FY 2022 to increase donations across the United States. OIDP also manages the Biennial HHS National Blood Collection and Utilization Survey (NBCUS), which is the primary method for gathering data on blood collection and utilization in the US. OIDP serves on the AABB Interorganizational Task Force on Domestic Disaster and Acts of Terrorism that works with the civilian blood counterparts ensuring that blood and tissue products are made available for any natural or man-made disaster contingencies.

Federal Advisory Committee on Blood and Tissue Safety and Availability
The Federal Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) advises, assists, and makes recommendations to the Secretary of HHS, through the ASH, on issues related to the safety of blood, blood products, organs, and tissues. OIDP was assigned the responsibility for addressing the Pandemic and All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA), Section 209 Blood Safety Report. Specifically, the report made recommendations related to the challenges associated with the continuous recruitment of blood donors, ensuring the adequacy of the blood supply in the case of public health emergencies, the implementation of the transfusion transmission monitoring system, and other measures to promote safety and innovation, such as the development, use, or implementation of new technologies, processes, and procedures to improve the safety and reliability of the blood supply.

Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria
OIDP manages the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB). The PACCARB provides information and recommendations to the Secretary about programs and policies intended to reduce or combat antibiotic-resistant bacteria that may present a public health threat as well as to improve capabilities to prevent, diagnose, mitigate, or treat such resistance. Activities include support and evaluation of the implementation of Executive Order (EO) 13676, the National Strategy for Combating Antibiotic-Resistant Bacteria (Strategy) and the National Action Plan for Combating Antibiotic-Resistant Bacteria (Action Plan), and the performance of duties consistent with those assigned to the Advisory Council in section 505(b) of Public Law 116-22, PAHPAIA. PACCARB coordinates and works very closely with the interagency CARB Task Force – the federal entity that develops and implements the goals and corresponding objectives included in the CARB National Action Plan.

The PACCARB website has averaged approximately 1,000-2,000 new user access views monthly. Additionally, the PACCARB Designated Federal Officer has been and continues to be invited to both local and international fora to provide an overview of the federal advisory committee structure, PACCARB's activities related to providing AMR recommendations, and collaboration with the federal interagency CARB Task Force. These outreach engagements have proven successful through the gradual increases in website attention/traffic and PACCARB public meeting attendees. OIDP will sustain these efforts as the

topic of AMR garners further attention as a public health security priority in One Health, especially within the context of environmental justice and specifically, the topic of emerging diseases and climate change.

Tick-Borne Disease Working Group

OIDP had been responsible for convening the Tick-Borne Disease Working Group (TBDWG) to ensure requirements of the 21st Century Cures Act (P.L. 114-255, Section 2062, and Tick-Borne Diseases) were met. The final report to the HHS Secretary and Congress regarding findings and recommendations for the federal response to tick-borne diseases is planned for release in FY 2023. The committee had 7 subcommittees with the following topics: 1) Diagnostics, 2) Clinical Presentation and Pathogenesis, 3) Changing Dynamics of Tick Ecology, Personal Protection and Control, 4) Disease Prevention and Treatment, 5) Access to Care and Education, 6) Public Comments, and 7) Federal Inventory.

OFFICE OF RESEARCH INTEGRITY

Budget Summary
(Dollars in Thousands)

Office of Research Integrity	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	8,986	11,986	14,986	+3,000
FTE	26	37	37	-

Authorizing Legislation……PHS Act Title II, Section 301
FY 2024 Authorization……Permanent
Allocation Method……Direct Federal

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

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

ORI functions through two divisions. The Division of Education and Integrity (DEI) manages programs to ensure that PHS-funded institutions have policies and procedures in place to address allegations of research misconduct; conducts outreach to provide support and resources to help institutions promote and foster research integrity; and evaluates trends in research integrity lapses and activities. The Division of Investigative Oversight (DIO) handles allegations of research misconduct and monitors institutional research misconduct proceedings to develop and support HHS findings of research misconduct and proposed administrative actions. The purpose of the administrative actions is remedial and may include imposition of supervision requirements for the researcher's PHS grants and contracts; exclusion of the researcher's participation in any PHS advisory capacity; correction/retraction of published papers; and/or the federal-wide suspension or debarment of a researcher for a period ranging from one year up to a lifetime.

ORI leads or collaborates in cross-departmental training and oversight activities. ORI works with HHS's Office for Human Research Protections (OHRP) and Office of Inspector General (OIG) to educate institutional officials about how to deal with misconduct that involves fabrication/falsification/ plagiarism of data, violations of human subjects' protections, and/or fraud. ORI convenes periodic meetings with representatives from other agencies and departments responsible for handling allegations of research misconduct [e.g., NIH, the National Science Foundation (NSF), and Department of Veterans Affairs]. ORI also coordinates efforts when an allegation of research misconduct involves funds from the PHS and another federal department or agency.

Budget Request
The FY 2024 President's Budget request for ORI is $14,986,000 which is an increase of +$3,000,000 above FY 2023 Enacted. The FY 2024 request is the amount agreed to by NIH to transfer to ORI for operational costs. Expanded funding will allow ORI to modernize its databases, enhance its oversight of institutional research misconduct investigations, expand its compliance monitoring processes, and invest in education and outreach efforts and resources.

With the FY 2024 funding level, ORI will accelerate the pace of conducting oversight review activities and taking actions against those found to have committed research misconduct. ORI will enhance its monitoring of institutional compliance with ORI's regulation through the active review of assurances and detailed analysis of limitations in institutional investigations that failed to meet evidentiary or procedural standards. ORI cannot make findings of research misconduct in the presence of defects in institutional investigations.

ORI will continue to develop and update training modules and resources for institutions to use in their own procedures for handling allegations of research misconduct and in teaching the responsible conduct of research. With completion of ORI's revised regulation anticipated by the summer of 2024, ORI plans to have updated materials to accompany the regulation upon its release, with more to follow in the ensuing months.

ORI plans to invest in IT infrastructure in FY 2023 and FY 2024 to support the release of the AI-based image analysis tool within the HHS IT environment. Commercial products analyzed by ORI in 2022 showed great promise but also significant limitations, particularly their lack of FISMA-compliant architecture and security.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$8,558,000
FY 2021	$8,986,000
FY 2022 Final	$8,986,000
FY 2023 Enacted	$11,986,000
FY 2024 President's Budget	$14,986,000

Program Accomplishments
ORI provided procedures and guidelines as models for the federal-wide scientific integrity efforts led by the White House, culminating in *Protecting the Integrity of Government Science – A Report by the Scientific Integrity Fast-Track Action Committee of the National Science and Technology Council* (NSTC), which was released in January 2022. ORI also reviewed and commented on the NSTC draft framework for Scientific Integrity, released in January 2023 and will participate in development of HHS' policies and training resources to implement this framework.

ORI has been asked to co-chair a newly formed Community of Practice (COP) under the Subcommittee on Scientific Integrity of the NSTC Committee on Science. In CY 2023 the COP will explore the opportunities where scientific and research integrity overlap, while ensuring that research integrity/research misconduct activities remain intact among the six departments/agencies where regulations govern those specific responsibilities.

ORI's FY 2022 accomplishments include:

- Responded to 267 allegations through coordination with their respective institutions as needed.
- Provided technical assistance and guidance to institutions responding to allegations of research misconduct in over 700 instances, a 6-fold increase since 2018.
- Closed 77 cases, including 9 with findings of research misconduct involving PHS-funded research, 2 of which resulted in debarments.
- Assured that over 5,700 institutions worldwide attested to having research misconduct policies in place, a requirement for receiving PHS funds for research. Monitored their annual reports of research misconduct and their compliance with their own policies for handling allegations of research misconduct. Reviewed 300 policies from academic institutions for compliance with the PHS Policies on Research Misconduct. In FY 2022, ORI also issued a letter of reprimand to an institution that failed to adhere to the federal regulations in its reporting obligations to ORI.
- Received over 1.3 million visitors to the ORI website, with over 3 million page views from users in domestic and international locations.
- Promoted ORI's learning and teaching resources. Videos on research integrity in basic and clinical research drew over 55,000 page views, and ORI's 18 infographics drew over 4,000 page views.
- Sponsored virtual Boot Camps for Research Integrity Officials with the University of North Carolina and Case Western Reserve University. Co-hosted an in-person conference with Duke University, focused on federal and university research leadership working together to protect and promote the integrity and quality of research. Over 100 participants, including senior research officials from PHS-funded academic institutions as well as leaders from NIH, NSF, OSTP, DOJ, and ORI, participated. Combined with engagement with stakeholder organizations, such discussions enhance ORI's ability to tailor educational and outreach efforts.
- Presented at and participated in the annual meeting of the Association of Research Integrity Officers (ARIO), a key ORI stakeholder group. ORI provides guidance and best practices for institutions conducting research misconduct investigations and implementing responsible conduct of research programs. ORI also provides "office hours" in which institutional officials can interact with ORI in a private setting to inquire about the federal regulations, assessment of allegations, activities and programs to promote research integrity and prevent misconduct, and technical assistance in investigations. Offered regular social media and blog posts throughout the year, as well as email updates announcing notable opportunities and activities.
- Extended an interagency agreement with the Air Force Research Laboratory (AFRL) in support of Purdue University, to continue development of artificial intelligence tools to detect falsified digital images or data related to investigative work. The project has matured to feasibility for use by ORI, although at least another year's work remains. NIH has joined ORI in refining and further developing this effort. The team received COVID-19 funding to support a special modification for certain clinical/scientific images not anticipated in the original system design, which had focused on electrophoresis gels/blots (i.e., western blots), photomicrographs, and data displays (e.g., charts, tables, graphs). ORI is working with OASH's Office of the Chief Information Officer (OCIO) to develop a plan to host the product within the HHS IT environment by late 2024.
- Fulfilled 12 Freedom of Information Act (FOIA) requests and 1 FOIA appeal.
- Fully implemented ORI's updated records schedule, including in website redesign plans, to comport with current guidance of the National Archives and Records Administration. The schedule enables ORI to align its database improvements with more efficient records management processes, specifically electronic records, and to purge a substantial number of paper case records that had been in storage at the OASH warehouse since 2019.

With the support of OASH's OCIO and NIH, in FY 2022 ORI funded critical enhancements to its aging database systems that will roll out in FY 2023. Planned improvements under a new contract include more efficient file access and records management, as well as enhancements to ORI's assurance database. ORI envisions a cloud-based system with new capabilities that support and facilitate case handling from intake through disposition, as well as systematic review of institutional policies for handling allegations of research misconduct. Many of these tasks must be conducted manually in the current databases.

ORI briefed federal colleagues on the developmental artificial intelligence (AI)-driven image analysis tool led by Purdue University (funded through the AFRL agreement). ORI anticipates a product ready for evaluation and assessment by late-CY 2023, with full implementation by FY 2025, supported in part by an award of HHS non-recurring expense fund (NEF) monies in FY 2022 and increased funding for ORI from NIH. In parallel, ORI has worked with a researcher at Syracuse University to evaluate a smaller-scale image analysis tool for which further development remains feasible. Finally, ORI has examined the performance of a commercial image-analysis system in use by some universities and scientific journal publishers. ORI found that the system does not meet federal information-security requirements, and the vendor has not indicated interest in doing so. ORI will continue evaluating these systems for their potential utility in case the Purdue project fails to meet performance expectations.

ORI received permission early in FY 2022 to begin the public process of overhauling its 2005 regulation at 42 C.F.R. Part 93, anticipating completion by summer 2024. Potential changes in the regulation would clarify compliance guidance for research institutions, as well as streamline some of the investigative and oversight processes. Delaying these changes would continue to burden institutions (and ORI) with an overly complex regulation that had not envisioned the digital revolution (in data, imagery, and analysis, let alone records retrieval and management) of the past 20 years. ORI released a request for information (RFI) to the public late in FY 2022 soliciting viewpoints on needed changes in 42 C.F.R. Part 93. The RFI was viewed over 400 times, and individuals, institutions, and major stakeholder organizations submitted 31 total responses. This information will help ORI structure the notice-and-comment rulemaking to begin in Q2, FY 2023.

ORI --Grants Award Table:

Grants (whole dollars)	FY 2022 Final	FY 2023 Enacted[1]	FY 2024 President's Budget[1]
Number of Awards	3	3 continuation, 5 new (anticipated)	3 continuation, 5 new (anticipated)
Average Award	$149,433	$125,000	$125,000
Range of Awards	$148,505 - $150,000	$25,000 - $150,000	$25,000 - $150,000

[1]Number of awards: 3 continuations and 5 new

PUBLIC HEALTH REPORTS

Budget Summary
(Dollars in Thousands)

Public Health Reports	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	470	470	503	+33
FTE	1	1	1	-

Authorizing Legislation.....PHS Act, Title III, Section 301
FY 2024 Authorization.....Permanent
Allocation Method.....Direct Federal

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

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

Budget Request
The FY 2024 President's Budget request for Public Health Reports is $503,000, which is an increase of +$33,000 above FY 2023 Enacted. At this funding level, *Public Health Reports* will maintain its current staffing levels with one Managing Editor and capacity for publishing at the rate of six editions per year. This funding will allow the journal to continue to focus on emerging public health concerns and topics, such as disease surveillance, infectious and chronic diseases, occupational disease and injury, immunization, health disparities, substance use disorders, and tobacco use in support of enhancing the health and well-being of all Americans. This funding level will help support an additional ORISE fellow and trademarking the journal.

Five-Year Funding Table

Fiscal Year	Amount
FY 2020	$467,000
FY 2021	$470,000
FY 2022 Final	$470,000
FY 2023 Enacted	$470,000
FY 2024 President's Budget	$503,000

Program Accomplishments

Some of *Public Health Reports* recent accomplishments include reducing the time from receiving a manuscript to publication, increasing the diversity of its content and editorial board, expanding readership (latest data available: electronic downloads were up by 68% in CY2021 vs CY2020), and increasing the journal's impact factor (latest data available: impact factor up from 1.764 in CY2019 to 2.792 in CY2020 to 3.117 in CY2021 (highest impact factor in journal's history for a 2nd year in a row). In 2022, the journal put out six regular issues, 2 sponsored supplements, and launched a new department on public health ethics.

TEEN PREGNANCY PREVENTION

Budget Summary

(Dollars in Thousands)

Teen Pregnancy Prevention	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	101,000	101,000	111,000	+10,000
FTE	24	24	26	+2

Authorizing Legislation.....Current Year Appropriation
FY 2024 Authorization .....Annually
Allocation Method.....Direct Federal

Program Description

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

Through the TPP program, competitive grants and contracts are awarded to public and private entities to provide medically accurate and age-appropriate programming to adolescents in communities with the greatest need to reduce disparities in teen pregnancy and birth rates. Funding also supports grant administration, program evaluation, technical assistance, and training.

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

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

Budget Request

The FY 2024 President's Budget request for the Teen Pregnancy Prevention Program is $111,000,000, an increase of +$10,000,000 above FY 2023 Enacted. OPA is competing all TPP funding in FY 2023 and anticipates funding an estimated 90 new grantees across the country in communities and among populations most in need. Funds will also support development and testing of new and innovative approaches to preventing teen pregnancy and advancing positive youth development. The increase in FY 2024 will enable OPA to fund additional grantees to provide a greater number of youth with effective programs and to support development and testing of additional new and innovative approaches.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$101,000,000
FY 2021	$100,697,000
FY 2022 Final	$101,000,000
FY 2023 Enacted	$101,000,000
FY 2024 President's Budget	$111,000,000

Program Accomplishments

For more than a decade, TPP recipients have significantly improved U.S. adolescent health outcomes by partnering with close to 20,000 community partners to provide evidence-based, medically accurate, trauma-informed, and age-appropriate sexual and reproductive health programs to close to 1.5 million young people and to develop and evaluate over 100 different innovative and new approaches to disrupting health inequities and improving adolescent sexual and reproductive health. TPP recipients center positive youth development and meaningful youth engagement throughout all aspects of their work and their projects.

In FY 2022, TPP recipients worked together with over 1,000 other community partners to reach close to a hundred thousand young people providing them with the information and skills needed to have the best possible health outcomes. TPP recipients connected young people and their families to a wide range of support services; ensured parents, caregivers, and communities were prepared to help young people thrive; and tackled system-wide challenges that lead to disparities and inequities. TPP recipients also continue to work with communities to develop new and innovative approaches to expand the evidence-based approaches. To date, demonstration grants have identified and are testing over 100 unique interventions and innovative approaches for reducing unintended teen pregnancy. In FY 2021, TPP recipients added 7 new evidence-based programs, proven effective through rigorous evaluations, to the field. These programs include two of the first programs specifically developed for LGBTQ+ youth, clinic-based interventions, and technology-based interventions.

Teen Pregnancy Prevention – Key Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result Target for Recent Result Summary of Result	FY 2023 Target	FY 2024 Target	FY 2024 Target +/- FY 2023 Target
9.1 Number of youth served by theTPP Program	FY 2022: 126,571 Target: 210,000 (Target Not Met)	210,000	50,000	-160,000
9.2 Number of TPP Program formalor informal partners	FY 2022: 1,359 Target: 2500 (Target Not Met)	2,500	2,500	Maintain
9.3 Number of Intervention Facilitators provided new or follow-up training	FY 2022: 16,362 Target: 3,700 (Target Exceeded)	3,700	3,700	Maintain
9.4 Percent of youth receiving atleast 75% of available TPP programming	FY 2022: 7 4 . 4 % Target: 80% (Target Not Met)	80%	80%	Maintain
9.5 Mean percentage of the effective program being implemented asintended	FY 2022: 94.3% Target: 90% (Target Exceeded)	90%	90%	Maintain

Performance Analysis

9.1 OPA will fund a new cohort of TPP grantees in FY 2023. As a result, the FY 2024 target is lower than the FY 2023 target because it will reflect data from grantees in their first year of new grant funding. Historically, we expect a lower number of youth served as the first six months of new funding is focused on administrative activities in preparation for executing the implementation of the program for youth.

Teen Pregnancy Prevention – Grants Award Table

Grants (whole dollars)	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Number of Awards	77	87	95
Average Award	$1,000,000	$1,000,000	$1,000,000
Range of Awards	$500,000-$2,000,000	$350,000 - $2,000,000	$350,000 - $2,000,000

OFFICE OF MINORITY HEALTH

Budget Summary
(Dollars in Thousands)

Office of Minority Health	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	64,835	74,835	85,835	+11,000
FTE	39	57	75	+18

Authorizing Legislation.....PHS Act, Title XVII, Section 1707
FY 2024 Authorization Status.....Expired
Allocation Method.....Direct federal

Program Description
The Office of Minority Health (OMH) was created in 1986 as a result of the 1985 *Secretary's Task Force Report on Black and Minority Health*. OMH was subsequently established in statute by the Disadvantaged Minority Health Improvement Act of 1990, reauthorized under legislation in 1998, and most recently reauthorized under the Affordable Care Act. OMH's statutory authority requires that OMH work to improve the health of racial and ethnic minority groups by supporting research, demonstration projects, and evaluations; disseminating information and education about prevention and service delivery to individuals from disadvantaged backgrounds; contracting to increase health care providers' ability to provide culturally and linguistically appropriate services; and supporting a national minority health resource center.

OMH Mission and Vision

- OMH's mission is to improve the health of racial and ethnic minority populations through the development of policies and programs that help eliminate health disparities.
- OMH's vision is to improve health outcomes for racial and ethnic minority communities through leadership that strengthens the coordination and impact of HHS initiatives, programs, communities, and stakeholders across the United States.

OMH Strategic Priorities
OMH is focused on the collective goal of the **success, sustainability, and spread of health equity promoting policies, programs, and practices**. OMH has four overarching programmatic priorities:

- Supporting states, territories, and tribes in identifying and sustaining health equity-promoting policies, programs, and practices.
- Expanding the utilization of community health workers to address health and social service needs within communities of color.
- Strengthening cultural competence among healthcare providers throughout the country.
- Supporting COVID-19 response and recovery within racial and ethnic minority communities.

Racial and ethnic minorities are less likely to receive preventive care, have higher rates of many chronic conditions, have fewer treatment options, have the highest rates of uninsured, and are less likely to receive quality health care. Consequently, specific OMH focus areas are (1) Prevention activities that promote health (e.g., physical activity and nutrition); (2) Secondary and tertiary prevention activities to identify conditions in the earliest stages before the onset of signs and symptoms and to prevent disease progression (e.g., substance use disorder, HIV, maternal mortality, sickle cell disease, diabetes, cancer, and Lupus); and (3) Individual social needs and social determinants of health. OMH supports and

implements initiatives in these focus areas to identify and disseminate innovative and best practices for providing access to quality health care, addressing health disparities, and improving opportunities to achieve optimal health. OMH also addresses these issues through educational outreach and collaboration with strategic partners and stakeholders to increase these populations' understanding of health coverage, health care, and how to effectively and efficiently use the healthcare system to improve their health.

Budget Request

The FY 2024 President's Budget request for OMH is $85,835,000, which is an increase of +$11,000,000 above FY 2023 Enacted. OMH will use the increase of +$11,000,000 for staffing and initiatives that align with the Department's priorities to advance equity, including to bolster the Department's work on sickle cell disease, address the long-term impacts of COVID-19 on racial and ethnic minority populations, and identify best practices for implementing interventions focused on racial and ethnic minority populations that align with Healthy People 2030. OMH will also continue to provide leadership for policies, programs, and resources that improve health outcomes, reduce disparities, and promote health equity for racial and ethnic minority and American Indian and Alaska Native populations. This work includes coordinating HHS programs and activities that address health disparities; collecting and analyzing data; assessing policy and programmatic activities for health disparity implications; building awareness of issues that impact the health disparities and health equity; developing guidance and policy documents; collaborating and partnering with agencies within HHS and across the federal government, and with other public and private entities; funding demonstration programs; and supporting projects of national significance.

The FY 2024 funding supports existing, enhanced, and new efforts, including the following (see OMH Program Data Chart for more details):

- Contracts: $15,044,346 supports existing OMH contracts, including the Center for Linguistic and Cultural Competency in Health Care to implement the National Culturally and Linguistically Appropriate Standards, the OMH Resource Center, evaluation efforts, and logistical support across OMH programs.
- Grants/Cooperative Agreements: $45,835,003 supports new and existing demonstration grants or cooperative agreements, including support related to community-based perinatal health services, the Center for Indigenous Innovation and Health Equity, language access services within health care and human services, health equity leadership development, community-driven approaches addressing factors that contribute to health disparities and may contribute to structural racism, the National Lupus Outreach and Clinical Trial Education program, and Healthy People 2030 leading health indicators.
- Inter-Agency Agreements: $4,606,664 supports new and existing programmatic and operational activities, including support for promoting improved maternal health outcomes for American Indian and Alaska Native women, assessing the impact of COVID-19 on non-COVID health care access and utilization for racial and ethnic minority populations, implementing the 2020 National Academies Sickle Cell Disease Strategic Plan, and disseminating various evidence informed practices identified through OMH initiatives.
- Operating Costs: $20,348,987 supports staffing and other necessary operating costs for the administration and management of OMH programs, policies, and initiatives in FY 2024.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$58,670,000
FY 2021	$61,649,000
FY 2022 Final	$64,835,000
FY 2023 Enacted	$74,835,000
FY 2024 President's Budget	$85,835,000

Program Accomplishments

OMH awards new and continuation funds to 83 organizations to support policy demonstration initiatives and other public health activities. In addition to funding competitive grants, contracts, and cooperative agreements to public and non-profit entities, OMH facilitates the coordination of efforts across the government to address and eliminate health disparities. OMH plays a critical role in leading the Department's efforts to promote health equity, including co-leading the HHS Health Disparities Council. OMH makes important contributions to the Department's response to public health crises, including the HHS response to the COVID-19 pandemic, which has disproportionately impacted racial and ethnic minority populations.

Selected OMH FY 2022 accomplishments are categorized according the OMH Strategic Priorities (listed in bold) and align with the HHS strategic goals as noted below.

Supporting states, territories, and tribes in identifying and sustaining health equity-promoting policies, programs, and practices

The activities listed below support HHS Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Health Care.

- In FY 2022, OMH supported three new initiatives: Promoting Equitable Access to Language Services in Health and Human Services; Community-Driven Approaches to Address Factors Contributing to Structural Racism in Public Health; and Demonstrating Policy Effectiveness to Promote Black Youth Mental Health.
  - The *Promoting Equitable Access to Language Services in Health and Human Services* initiative covers developing and testing methods of informing individuals with limited English proficiency (LEP) about the availability of language access services in health care-related settings. During this three-year initiative, the 11 award recipients will implement and evaluate strategies to enhance language access services through policy development and implementation, technology utilization, education for individuals with LEP, and education for providers, including medical support staff. Awardees are expected to address health disparities among individuals with LEP and demonstrate the impact of those efforts on outcomes and the overarching goal of advancing health equity.
  - The *Community-Driven Approaches to Address Factors Contributing to Structural Racism in Public Health* initiative intends to identify new and innovative ways to address policies that may create or perpetuate health disparities and may contribute to structural racism over a three-year period. The 10 award recipients will assess the impact of existing policies and practices and the implementation of new or modified ones to address factors contributing to health disparities and structural racism in health services. Recipients also evaluate the extent their projects result in increased capacity of community coalitions to assess policy and practice

impact within their communities. Ultimately, recipients are expected to address health disparities among racial and ethnic minority populations and to help demonstrate the impact of those efforts on outcomes and the overarching goal of advancing health equity. This initiative builds upon OMH's Framework to Address Health Disparities through Collaborative Policy Efforts initiative, as recipients will utilize the developed assessment framework and tools to help identify policies that may create or perpetuate disparities and contribute to structural racism.

- The *Demonstrating Policy Effectiveness to Promote Black Youth Mental Health* initiative helps identify health and wellness policies that are successful in improving Black youth mental health, including suicide prevention. During the three-year project period the 8 award recipients will use a policy assessment framework to identify existing policies that expect to promote mental health in Black youth. Awardees will test the impact of these policies on Black youth mental health in varied settings, such as schools, faith-based organizations, community centers, health centers, or other community agency settings.

- In FY 2022, OMH's 16 policy or program demonstration initiatives identified 7 evidence-informed practices (EIP) among grant and cooperative agreement recipients. OMH has identified a total of 41 EIPs from FY 2020 to FY 2022. EIPs differ from evidence-based approaches because they use research, expertise, and experience that is already available and has been tested, tried, and true, as opposed to evidence from academic research only. EIPs' inclusion of the knowledge of practitioners and those with lived experiences enhances the design and potential impact of health promotion programs and activities within racial and ethnic minority communities. The following are examples of OMH initiatives and identified EIPs:

- The Partnership for Achieving Health Equity initiative is intended to demonstrate that partnerships between federal agencies and organizations with a nationwide or regional reach, can efficiently and effectively do one of the following: improve access to and utilization of health services; develop innovative models for managing multiple chronic conditions; increase the diversity of the health workforce; or increase data availability and utilization of data.
- The University of Chicago, Pritzker School of Medicine implemented an innovative virtual 6-month group visit and text messaging program in health centers in rural and underserved healthcare areas across eight mid-west states to improve clinical outcomes among individuals with uncontrolled diabetes. Intervention sites successfully implemented the virtual group visit and text messaging programs. Providers and staff had significant improvements diabetes knowledge, diabetes distress, and diabetes social support. Compared to control patients, group visit patients had better processes of care (A1C test, lipid panel, flu vaccine, depression screening, foot exam). In the intervention arm, A1C improvement was associated with group visit attendance. A1C mean baseline decreased in the intervention group from 9.84% to 8.96%.
- Northeastern Vermont AHEC implemented a multi-pronged program to increase student engagement, participation, and interest in Science, Technology, Engineering, and Mathematics (STEM) related activities. The program includes: (1) strong partnerships; (2) mentoring and coaching; (3) family outreach and support; (4) paid student internships; and (5) celebrating success. This partnership framework was identified as a model practice at the Vermont School District and resulted in a steady improvement in participation retention rates from 68% to 88% among hard-to-reach student populations. Approximately 950 unduplicated individuals participated in the demonstration project in Year 4 of the initiative.
- The University of Washington Solutions in Health Analytics for Rural Equity across the Northwest website is a collaborative project with public health professionals in four Pacific Northwest states (Washington, Idaho, Oregon, and Alaska) to effectively identify, address, and

communicate health disparities in the rural communities they serve. The website also includes trainings and webinars to help public health professionals develop the skills to make key decisions to improve health equity in the communities they serve. The trainings and webinars are organized by topics that correspond to data dashboards. Data from FY 2022 training participants indicate that: (1) 70-90% made a change to data decision-making; and (2) 61.4% reported evidenced-based public health impacts their day-to-day work. A manuscript titled Supporting rural public health practice to address local-level social determinants of health across Northwest states: Development of an interactive visualization dashboard was published in the Journal of Biomedical Informatics. A research brief titled, The Future of Public Health Data: Prioritizing Equity in Evaluation was published in the Exchange Winter 2022 of the National Association of County and City Health Officials.

- The OMH Hepatitis B Virus (HBV) Demonstration initiative seeks to test the implementation of comprehensive, culturally competent community-based HBV education, screening, vaccination and treatment programs in racial and ethnic minority and disadvantaged communities. This initiative supports HHS' goal of ending HBV transmission and reducing morbidity and mortality attributable to HIV infection.
    - Collectively, OMH HBV awardees have increased HBV testing by 13%, increased linkage to care for those testing positive for HBV from 87% to 95%, increased HBV directed care from 81% to 95%, and increased individuals retained in HBV care from 61% to 90%.
    - The Philadelphia Department of Public Health program model includes multisector partnerships to drive systematic change in HBV care and treatment. Over 4,800 people were reached through community outreach and 232 providers (49% in the target area) were trained in HBV care, treatment, and vaccination. Linkages to care and retention in care rates increased by 22% and 25%, respectively.

- The Sickle Cell Disease (SCD) Clinical Data Collection Platform initiative is designed to determine whether a standardized clinical data collection platform, shared across medical centers and other healthcare facilities, can serve as a central repository for analyzing data from large patient cohorts, recruiting patients for clinical trials, assessing adherence to evidence-based clinical guidelines, and identifying new areas for research. As of July 2022, 37 sites have enrolled and submitted data into the SCD data hub, which includes information on over 21,000 SCD patients across 16 states. Lessons learned from the SCD Data Collection project will help inform the expansion and enhancement of national sickle cell data collection efforts.
- The Demonstration to Increase Hydroxyurea Prescribing for Children with Sickle Cell Disease Through Provider Incentives initiative is intended to demonstrate the feasibility and effectiveness of providing financial incentives to three clinician types to improve the quality of life of children living with SCD through increased prescription rates of hydroxyurea. The three clinician types for this project are emergency department, primary care, and hematology providers. The awardee has developed SCD provider financial incentive and educational modules in partnership with key SCD stakeholders that included community representatives. The awardee aims to evaluate the extent to which the clinician incentive and educational modules impact hydroxyurea prescribing for children 9 months to 21 years of age. Lessons learned from the project will help inform recommendations for advancing equitable access to recommended therapies such as hydroxyurea for children with SCD.
- OMH supported efforts led by the Centers for Disease Control and Prevention (CDC) to provide resources and guidance related to racial and ethnic maternal mortality disparities for state maternal mortality review committees (MMRCs). As part of these efforts, CDC and OMH developed and launched a Community Vital Signs Dashboard to support MMRCs' identification of community and

system level factors that contribute to maternal mortality disparities among racial and ethnic minority women.
- OMH established a partnership with the National Institute on Minority Health and Health Disparities (NIMHD) to collaborate on the inclusion of evidence-informed practices from OMH grant initiatives in NIMHD's electronic *HD Pulse* interventions portal.

Expanding the utilization of community health workers (CHWs) to address health and social service needs

The activities listed below support HHS Strategic Goal 2: Safeguard and Improve National and Global Health Conditions and Outcomes.

- A collaboration between OMH and the U.S. Department of Housing and Urban Development (HUD) Jobs Plus Initiative resulted in the OMH-HUD Community Health Worker (CWH) Place-based Approach to Health program. Through the program, public housing authorities in the following cities recruited, hired, and trained 12 CHWs to address health and social needs within their public housing communities: Baltimore, MD; Los Angeles, CA; Akron, OH; Chicago, IL; and New Orleans, LA. FY 2022 activities also included a program evaluation and the development of a toolkit to support future dissemination of this model.

- In partnership with the Indian Health Service (IHS), OMH developed a technical assistance toolkit to support tribal readiness to implement the Community Health Aide Program (CHAP). The CHAP was first established in Alaska, and Congress authorized IHS to develop a national CHAP in the contiguous 48 states to promote the health status objectives in the Indian Health Care Improvement Act.

Strengthening cultural competence among healthcare providers throughout the country

The activities listed below support HHS Strategic Goal 1: Protect and Strengthen Equitable Access to High Quality and Affordable Health Care.

- OMH is the lead office for promoting the adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care, which supports the strengthening of cultural competence among healthcare providers throughout the nation. During FY 2022, OMH furthered the adoption, implementation, and evaluation of the National CLAS Standards by:
  - Supporting free, accredited e-learning programs for health professionals to build knowledge and skills in providing culturally and linguistically appropriate services. There were 54,978 e-learning program completions, and health professionals and students earned 212,146 continuing education credits toward their continuing education licensure requirements.
  - Launching a new Cultural Competency Deployment Refresher e-learning program in February 2022 for U.S. Public Health Service Commissioned Corps officers; there were 500 program completions.

Supporting COVID-19 response and recovery within racial and ethnic minority communities

The activities listed below support HHS Strategic Goal 3: Strengthen Social Well-being, Equity, and Economic Resilience.

- OMH staff monitored and provided technical assistance to 73 awardees funded under the Advancing Health Literacy to Enhance Equitable Community Response to COVID-19 initiative. The initiative seeks to demonstrate the effectiveness of local government implementation of evidence-based health literacy strategies that are culturally appropriate to enhance COVID-19 testing, contract tracing and other mitigation measures (e.g., public health prevention practices and vaccination) in racial and ethnic minority and other socially vulnerable populations, including racial and ethnic minority rural communities. While grant awards were made under supplemental COVID-19 appropriations, OMH leadership and selected staff funded under OMH's discretionary appropriation supported project start-up, data collection, and evaluation planning.

- OMH supported the development and launch of the COVID-19 Health Equity Task Force (HETF) established by Executive Order 13995, Ensuring an Equitable Pandemic Response and Recovery, including serving as the Designated Federal Officer. The Task Force was part of the government-wide effort to identify and eliminate health and social disparities that result in disproportionately higher rates of exposure, illness, hospitalization, and death related to COVID-19. The Task Force released its final report and recommendations in October 2021. OMH has also developed and maintained the COVID-19 HETF web microsite to support the Task Force. In FY 2022, the HETF webpages received 28,240 total views and 23,299 unique views.

- During National Minority Health Month, April 2022, OMH adopted the theme Give Your Community a Boost! The theme focused on the continued importance of COVID-19 vaccination, including boosters, as one of the strongest tools we can use to protect communities from COVID-19, which has disproportionately affected communities of color. The National Minority Health Month theme was extended beyond April and included a blog series highlighting four state and community leaders' efforts to advance the response to COVID-19.

Selected Additional Accomplishments Supporting OMH's Mission and Strategic Priorities

<u>Educational outreach and collaboration</u>

The activities listed below support HHS Strategic Goal 4: Restore Trust and Accelerate Advancements in Science and Research for All.

OMH Knowledge Center Library

- OMH supports the OMH Knowledge Center Library, which has a collection of reports, books, journals, and media along with health information in 40 languages. The database currently contains 71,463 records. This includes both print and electronic formats. Overall, a total of 64,478 items have been electronically linked to digital content. This represents approximately 90.2 percent of the total database collection.

Lupus Clinical Trial Diversity Initiative

- In collaboration with the Food and Drug Administration's Office of Minority Health and Health Equity (FDA OMHHE), OMH established a Lupus Clinical Trial Diversity initiative to increase outreach, education, and awareness of opportunities to participate in lupus clinical trials among minority populations nationally. This initiative, which includes online and radio ads, patient testimonial videos, and social media outreach, builds upon OMH's grant program to address the lack of diversity in lupus clinical trials, the National Lupus Training, Outreach, and Clinical Trial Education Program. OMH and FDA OMHHE will use the initiative to identify model strategies for partnering with other

federal and non-federal organizations to improve racial and ethnic minority representation in clinical trials.

Evaluation

The activities listed below support HHS Strategic Goal 5: Advance Strategic Management to Build Trust, Transparency, and Accountability.

- OMH's Performance Improvement and Management System provides support to OMH and OMH grantees through the Evaluation Technical Assistance Center (ETAC) and through the collection and analysis of performance measure data. The ETAC provides tailored evaluation assistance for OMH awardees that supports the identification of promising approaches and best practices for reducing health disparities.

Office of Minority Health – Key Outputs and Outcomes Table

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/- FY 2023 Target
4.2.1 Increased percentage of continuing education credits earned or awarded to enrollees who complete at least one or more of OMH's accredited 'Think Cultural Health' e-learning programs (Output) [7]	FY 2022: 17% Target: 27% (Target Not Met but Improved)	Discontinued	Discontinued	N/A
4.2.1a Number of completions of OMH's Think Cultural Health e-learning programs (Output) [8]	N/A	44,700	45,550	+2%
4.4.1 Unique visits to OMH website (Output)	FY 2022: 1,155,822 Target: 510,000 (Target Exceeded)	515,000	520,000	+5,000
4.5.1 Percentage of State and Territorial Offices of Minority Health/Health Equity that have incorporated national disease prevention and health promotion (e.g., Healthy People 2030) and health equity goals in their health disparities/ health equity planning processes. (Output) [9]	FY 2022: 51 Target: 54 Target Not Met)	55	53	-2
4.6.1 Percentage of evidence informed practices produced by OMH grant initiatives that result in a positive change (Output)	FY 2021: 56% Target: 52% (Target Exceeded)	53%	54%	+1 percentage point(s)
4.7.1 Recommended Measure A: Promote effective interventions that reduce health disparities (Outcome). Measure 1: Proportion of completed research and demonstration grant projects that demonstrate a reduction in a key health disparity. [10]	FY 2020: 0 Target: 30 (Target Not Met)	Discontinued	Discontinued	N/A

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Performance Analysis

4.2.1a: Think Cultural Health houses a suite of continuing education e-learning programs designed to build knowledge, skills, and awareness of cultural and linguistic competency among health care professionals. With the addition of new e-learning programs and resources for health care and public health professionals to be introduced in FY 2023, and an increased focus on the promotion and adoption

[7] Measure 4.2.1 will discontinue as of FY 2023. Final FY 2022 results will be reported upon availability.
[8] Measure 4.2.1a will replace Measure 4.2.1 in FY 2023 to reflect the new target and result format which aligns more closely with overarching goals and objectives for Think Cultural Health, which are not limited to the promotion/award of continuing education credits.
[9] Measure 4.6.1 is revised to better align the measure with the current terms used in the overall evaluation framework.
[10] Measure 4.7.1 will discontinue as data collection infrastructure does not support reportable measures.

of the *National CLAS Standards*, OMH expects to seeincremental growth through a 2 percent increase over the FY 2023 target, in FY 2024, in the number of completions of OMH's accredited e-learning programs.

4.4.1: OMH's main website, www.minorityhealth.hhs.gov, is administered through the OMH Resource Center. The website includes access to the OMH Knowledge Center collection, which is a database composed of over 71,400 records and 90.2 percent of the content is in digital format. The database contains minority health and health disparities data and literature, information on national and local minority health organizations, as well as resources for students, researchers, community and faith-based organizations, and institutions of higher education (including minority-serving institutions), and information about OMH.

- The website supports community organizations and health disparities researchers in assembling accurate and comprehensive information and articles for use in program development and grant writing. The website serves as an information dissemination tool for OMH initiatives and projects and facilitates educational outreach to Black/African American, Hispanic/Latino, American Indian, Alaska Native, Asian American, Native Hawaiian, and Pacific Islander communities. OMH saw 1,246,923 unique visitors to its main website in FY 2021, far exceeding the projected 505,000. Some of the increased traffic to OMH's website may have been driven by interest sparked by the observed sharp racial and ethnic disparities in COVID-19 morbidity and mortality rates among Black/African Americans, American Indians, Alaska Natives, and Hispanics. OMH expects the number of unique visitors to return to pre-pandemic levels of 515,000 unique visitors by the end of FY 2023 and increase slightly to 520,000 in FY 2024.
- Social media has been a growing outlet for the dissemination of health information from OMH and its stakeholders. OMH has more than 70,000 followers on its English Twitter handle with an extended reach to more than one million individuals and organizations. The OMH Facebook, Instagram, and Spanish Twitter channels also continue to gain in followers and potential reach.

4.5.1: OMH builds strategic partnerships and provides leadership and coordination for State and Territorial Offices of Minority Health/Health Equity. In FY 2022, 51% of these entities incorporated national disease prevention and health promotion (e.g., *Healthy People 2030*) and health equity goals in their health disparities/health equity planning processes, lower than what was achieved in FY 2021 (53%). This difference attributed to a change in OMH's protocol for calculating the measure, which was refined to clarify the definitions and criteria related to "disease prevention and health promotion" and "health equity" goals. In FY 2024, OMH expects an increase of 1% over the FY 2023 target of 52%, yielding 53% of States and Territories incorporating national disease prevention and health promotion (e.g., *Healthy People 2030*) and health equity goals in their health disparities/health equity planning processes, aided by OMH support through its Health Equity Policy Analysis Support initiative.

4.6.1: OMH is charged with advising the Secretary and the Department on the effectiveness of community-based programs and policies impacting health disparities and supporting research demonstrations and evaluations to test new and innovative models. OMH funds demonstration grants to develop, test, and implement interventions to reduce health disparities. Results from these demonstration programs play a critical role in supporting the HHS Disparities Action Plan and the Department priority goal to eliminate health disparities and achieve health equity. Additionally, OMH is charged with ensuring on-the-ground implementation of initiatives and programs that provide access to quality health care and HHS Disparities Action Plan strategies. OMH expects to see evidence-informed practices produced by 53% of OMH-funded grantees and cooperative agreement partners in FY 2023, and an increase of 1% in FY 2024. For FY 2021, OMH grantees achieved a rate of 56%, exceeding the

target of 52%. The expected performance of this measure is in line with the FY 2023 funding level.

Office of Minority Health – Grants Award Table:

Grants (whole dollars)	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Number of Awards	83	64	73 to 77
Average Award	$436,345 -$444,279	$569,767 - $628,205	$642,857 - $725,806
Range of Awards	$250,000 - $1,500,000	$250,000 - $2,000,000	$300,000 - $2,000,000

Office of Minority Health –Program Data Chart:	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Contracts	-	-	-
OMH Resource Center	3,157,546	4,187,546	4,167,546
Logistical Support for OMH	475,649	1,213,000	2,825,000
Center for Linguistic and Cultural Competency in Health Care	2,775,156	2,419,617	2,374,617
Evaluation	909,842	2,250,000	2,450,000
Language Translation	510,778	522,270	522,270
Minority Leadership Development Program – Contract Portion	551,718	501,238	501,238
Disparity Impact Strategy Implementation Support	403,675	403,675	403,675
Health Equity Policy Analysis Support	599,853	1,800,000	1,800,000
Subtotal, Contracts	***9,384,217***	***13,297,346***	***15,044,346***
Grants/Cooperative Agreements	-	-	-
State/Tribal/Territorial; Document & Sustain Disparity-Reducing Interventions	1,500,000	-	-
Community Approach; Strengthening Economic Support for Working Families	9,946,838	-	-
Increase Hydroxyurea Prescribing Children with Sickle Cell Disease via Incentives	1,250,000	-	-
Center for Indigenous Innovation and Health Equity (CIIHE)	3,000,000	4,000,000	4,000,000
National Lupus Outreach and Clinical Trial Education Program	2,034,447	2,000,000	2,000,000
Accessing Social Determinants of Health Data Local Data Intermediaries	500,000	500,000	-
Addressing Health Disparities via Collaborative Policy Development: Demonstration Projects	2,150,598	2,150,598	-
Addressing Health Disparities via Collaborative Policy Development: Coordinating Center	500,000	500,000	-
Family Centered Approaches to Improving Diabetes Control and Prevention	3,401,423	3,389,212	-
Health Equity Leadership Development – Grant Portion	2,083,203	2,500,000	2,500,000
Effective Policies to Promote Black Youth Mental Health	3,000,000	3,200,000	3,500,000
Promoting Equitable Language Access – Demonstrations & Coordinating Center	4,055,003	4,055,003	4,335,003
Community-Based Approaches addressing Structural Racism in Public Health Pilot Programs	4,815,849	7,500,000	7,500,000
Achieving Equitable Maternal Health Outcomes Initiative (Perinatal Health Workers)	-	10,000,000	12,000,000
Departmental Equity Initiatives	-	-	10,000,000
Subtotal, Grants/ Cooperative Agreements	***38,237,361***	***39,794,813***	***45,835,003***
Inter-Agency Agreements (IAAs)	**2,214,068**	**4,006,664**	**4,606,664**
Operating Costs	***14,999,354***	***17,736,177***	***20,348,987***
Total	**64,835,000**	**74,835,000**	**85,835,000**

OFFICE ON WOMEN'S HEALTH

Budget Summary
(Dollars in Thousands)

Office on Women's Health	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	38,140	44,140	44,140	-
FTE	46	54	54	-

Authorizing Legislation.....PHS Act, Title II, Section 229
FY 2024 Authorization .....Expired
Allocation Method.....Direct Federal

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

OWH also coordinates across the Department on activities relating to disease prevention, health promotion, service delivery, research, and public and health care professional education for issues of particular concern to women throughout their lifespan. As part of its statutory requirements, OWH monitors HHS's offices, agencies, and regional activities regarding women's health and leads the coordination of activities across the Department. OWH also leads the Coordinating Committee on Women's Health and the National Women's Health Information Center.

Budget Request
The FY 2024 President's Budget request for the Office on Women's Health is $44,140,000, which is flat with the FY 2023 Enacted. At this level, OWH continues to develop new initiatives focused on prevention and treatment of eating disorders, violence, substance use disorders, and cancers that disproportionately impact women, especially in underserved communities. OWH is committed to addressing the most common causes of morbidity and mortality in women, conditions that disproportionately impact women, and gaps that remain to fully meet women's health needs. OWH work in these areas include:

- Enhancing initiatives to prevent, recognize and respond to violence against women.
- Expanding initiatives to decrease maternal morbidity and mortality and make the U.S. a safer place to give birth.
- Enhancing the eating disorders portfolio by implementing evidence-based strategies and community-based interventions for adolescents and women experiencing eating disorders.
- Leading public health initiatives with an emphasis on maternal health, mental health, violence against women, vaccines, hypertension, and health equity.
- Leading the Improving Maternal Health through Addressing Endometriosis, Fibroids, and/or Polycystic Ovary Syndrome Initiative. This initiative implements and evaluates evidence-based interventions and strategies to comprehensively identify and treat endometriosis, fibroids, and/or polycystic ovary syndrome with a special emphasis on addressing and reducing disparities in underserved communities.
- Improving initiatives for screening and treatment of patients during pregnancy and postpartum, who experience substance use disorder and intimate partner violence across healthcare settings by

cross-training providers to recognize and treat the signs and symptoms.
- Working on initiatives to reduce maternal deaths due to substance use disorder. This project is designed to strengthen perinatal and postnatal support structures to optimize maternal health outcomes for individuals with substance use disorder and to reduce deaths during the perinatal and postpartum period due to overdose.

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

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$33,640,000
FY 2021	$35,035,000
FY 2022 Final	$38,140,000
FY 2023 Enacted	$44,140,000
FY 2024 President's Budget	$44,140,000

Program Accomplishments

Impact National Health Policy as it Relates to Women and Girls

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

- OWH continues its leadership role on HHS and interagency committees and workgroups that advance policies to improve the health of women and girls. The HHS Coordinating Committee on Women's Health (CCWH), chaired by OWH, advises the Assistant Secretary for Health on current and planned activities across HHS that safeguard and improve the health of women and girls. In FY 2022, the CCWH focused on COVID-19 and vaccinations. Additionally, the CCWH facilitated and hosted a webinar series on COVID-19 vaccine hesitancy in women and communities of color. Through the CCWH, OWH leads the Maternal Health Working Group, which convenes stakeholders from across the Department to share data, programs, and policies related to maternal health.
- OWH co-chairs the HHS Violence Against Women Steering Committee with the Administration for Children and Families. The Steering Committee gathers federal stakeholders to learn about and build capacity for initiatives across HHS and the federal government that focus on preventing and surviving violence, trauma, and abuse for individuals, families, and communities. In FY 2022, the Committee met throughout the year to highlight specific initiatives, foster collaborations, and strengthen engagements. The three meetings provided a platform for an interagency showcase focused on dating violence, sexual assault, and intimate partner violence research, respectively. OWH supports the Assistant Secretary for Health as the co-chair of the HHS Task Force to Prevent Human Trafficking. In FY 2022, the Task Force began with goals to build the capacity of HHS divisions, programs, and regions; prevent and respond to human trafficking through coordination and information sharing; initiate strategic opportunities to integrate human trafficking prevention and intervention through cross-division collaboration and jointly funded projects; and leverage strengths, reach, and resources of health and human service programs to directly benefit individuals, families, and communities impacted by human trafficking and to inform anti-trafficking

policies and practices.
- During FY 2022, OWH launched the Coordinating Committee on the Promotion of Optimal Birth Outcomes to oversee and coordinate the White House Blueprint for Addressing the Maternal Health Crisis (the Blueprint). The Coordinating Committee facilitates cooperation, communication, and collaboration across the government to ensure that the goals of the Maternal Health Blueprint are met.

In FY 2022, OWH developed projects to provide insight into emerging issues. These projects leveraged evidence-based data and fostered partnerships for sustainability by:
- Recruiting of over 220 hospitals for the Maternal Morbidity and Mortality Data and Analysis Initiative to obtain up-to-date information on maternal and infant health outcomes to inform our policy and programs with a greater understanding of the drivers of maternal mortality and severe maternal morbidity.
- Partnering with the Office of Infectious Disease and HIV/AIDS Policy to develop targeted enhancement of immunization culture in obstetric care to increase trust in vaccinations across the life course.
- Announcing the winners of Phase 1 of the Racial Equity in Postpartum Care Challenge in partnership with the Centers for Medicare and Medicaid Services.
- Launching National Eating Disorders Awareness Week to bring awareness to the seriousness of eating disorders across the United States. This observance emphasizes the role that OWH plays in preventing eating disorders and ensuring those currently living with eating disorders have access to quality care and community support to fully recover.
- Hosting an Eating Disorders and the COVID-19 Pandemic Summit in partnership with the Office on Population Affairs, where health providers and researchers discussed trends in eating disorders and the impact of the COVID-19 pandemic on eating disorder symptoms and hospitalizations.
- Continuing the State-Level Paid Family Leave Policy Project, which informs program and policy about new mothers' health, health behaviors, and their ability to fulfill their roles in the workplace, family, and community. Data was collected and analyzed from focus groups and Pregnancy Risk Assessment Monitoring System survey data to examine the relationship of the paid family leave benefit and perceived maternal health, specifically mental health.
- Continuing partnership with the CDC to increase the focus and collection of data on women's health by adding specific questions related to benign gynecological conditions and blood pressure control to the National Survey of Family Growth.

<u>Innovative and Model Programs on Women's and Girls' Health</u>

OWH supports activities and programs aimed at gathering evidence on effective strategies to help women and girls of all ages live healthier lives. OWH programs also focus on advancing effective women's health interventions through research and grant opportunities, such as:
- Investing $8.5 million in initiatives designed to reduce pregnancy-related deaths and complications that disproportionately impact minority populations and those living in rural areas.
- The "State, Local, Territorial, and Tribal Partnership Programs to Reduce Maternal Deaths due to Violence" initiative. The initiative funded 14 nationwide cooperative agreements designed to identify and reduce deaths among pregnant and postpartum women due to violence.
- Supporting year 3 of a partnership with the Office of Minority Health on *Youth Engagement in Sports: Collaboration to Improve Adolescent Physical Activity and Nutrition (YES Initiative)* that awarded over $4 million in support of improving physical activity and nutrition and promoting the recently updated Physical Activity Guidelines and National Sports Strategy. Grantees funded by

OWH focus on engaging girls in sports. The initiative was extended until September 2022 to continue the work due to delays during the COVID-19 pandemic.

- The Self-Measured Blood Pressure Program, OWH leverages internal and external relationships and encourages women to maintain healthy blood pressure levels at every age and stage of their lives. In FY 2022, the program successfully built a network of 43 organizations that support and drive outreach and education efforts, share information, and work to better meet the needs of individuals with hypertension.
- Collaborating with the Office of Population Affairs for a cooperative agreement that established the Reproductive Health National Training Center focused on preconception care and preventing and addressing hypertension. The Reproductive Health National Training Center provided training and technical assistance to build Title X and Teen Pregnancy Prevention grantees' capacity to improve women's health with an increased focus on strategies to prevent maternal mortality, and to promote preconception health, hypertension, and fertility.
- Awarding two grant recipients through the *Reducing Maternal Deaths Due to Substance Use Disorder* initiative to strengthen perinatal and postnatal support structures for patients with substance use disorder and reduce deaths during the perinatal and postpartum periods.
- Creating a statewide pilot project, V*iolence Against Women and Substance Use Prevention Initiative*, to train substance use disorder (SUD) treatment providers on intimate partner violence (IPV) and address the intersection of IPV and SUD during the pregnancy and postpartum period.
- Launching the *Improving Maternal Health through Addressing Endometriosis, Fibroids, and Polycystic Ovarian Syndrome (PCOS)* initiative with awards to nine grant recipients to implement and evaluate evidence-based interventions to comprehensively identify and treat endometriosis, fibroids, and/or PCOS with an emphasis on addressing and reducing disparities in underserved communities.

<u>Education and Collaboration on Women's and Girls' Health.</u>

OWH administers the National Women's Health Information Center which provides health information to women across the nation through OWH websites, webinars, written materials, social media, partnership outreach, and interactivetraining modules that increase consumer and health care professional knowledge of health issues, research, practices, programs, and policies that affect the health of women and girls. OWH work in this area is constant, some recent accomplishments include:

- Allowing women and girls to find scientifically accurate and reliable health information written in English and Spanish at the 8th grade reading level or below.
- Completing the final year of the HPV VAX NOW campaign to improve HPV vaccination rates.
- Launching an influencer engagement strategy to utilize influencers age 18-26 living in Mississippi, South Carolina, and Texas with low HPV vaccination rates. Influencers shared OWH messages and resources to increase awareness of HPV and the benefits of HPV vaccination.
- Developing a strategy to expand HPV vaccination efforts beyond the campaign to include populations across the lifespan from childhood to adulthood.
- Continuing the Breastfeeding Program for African American Mothers and Families to develop, implement, and evaluate a national program to improve breastfeeding rates for at least the first six months with support from their families. The program uses the existing OWH materials as core elements, partnerships with outreach partners, community stakeholders, and the Regional Offices.
- Continuing the Hypertension and Insulin Resistance Campaign to improve health outcomes and address health equity for adolescent girls and women at risk for insulin resistance, prediabetes, and hypertension.
- Developing a communication campaign to educate women and their loved ones of the risks of

postpartum depression. The campaign created PSAs, social media content, and written materials designed to destigmatize postpartum depression and encourage treatment.

- Developing an evidence-based campaign, "Actively Aging: Strength in Movement" focusing on opportunities to change behaviors that decrease the risk of sarcopenia exacerbated by COVID-19 in partnership with AARP. This campaign ensures that OWH addresses women's health across the lifespan including older women.
- Celebrated the 23rd Annual Observance for National Women's Health Week, 17th Annual Observance of National Women and Girls HIV/AIDS Awareness Day, 3rd Annual Observance of National Women's Blood Pressure Awareness Week, and the 1st Annual Observance of National Eating Disorders Awareness Week.

Office on Women's Health – Key Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result Target for Recent Result Summary of Result	FY 2023 Target	FY 2024 Target	FY 2024 Target +/- FY 2023 Target
5.5.1 Number of users of OWH's communication channels (Reach)	FY 2022: 15,923,290 Target: 14,437,500 (Target Exceeded)	21,656,250	21,981,094	+324,844
5.6.1 Number of occasions that users interact with OWH content (Engagement)	FY 2022: 58,671,366 Target: 3,858,750 (Target Exceeded)	10,000,000	10,000,000	Maintain
5.7.1 Number of OWH interactions for the purpose of health education and training (Outreach)	FY 2022: 1,874 Target: 275 (Target Exceeded)	415	515	+100
5.8.1 Number of individuals served by OWH activities, programs, and partnerships (Outreach)	FY 2022: 2,459,548 Target: 441,000 (Target Exceeded)	441,000	441,000	Maintain

Performance Analysis

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

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

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

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

Office on Women's Health – Grants Award Table

Grants (whole dollars)	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Number of Awards	34	34	34
Average Award	$364,229	364,229	364,229
Range of Awards	$230,661 - $693,712	$230,661 - $693,712	$230,661 - $693,712

Office on Women's Health - Program Data Chart

Activity	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Contracts	-	-	-
Disease Prevention (Formerly Congenital Syphilis)	300,000	300,000	300,000
National Women's Health Information Center (Formerly Health Communications, National Women's Health Information Center, Exercise in Pregnancy, HPV)	1,543,054	2,586,093	2,586,093
Women's Health Across the Lifespan (Formerly Women's Health Across the Lifespan, Trauma/Violence Against Women, and State	257,211	125,000	125,000
Health Disparities in Women (Formerly Postpartum Depression)	600,109	597,796	597,796
Health Care Service Delivery and Data (Formerly Health Care Services for Women)	9,395,989	12,775,000	12,775,000
Public Education and Health Promotion (Formerly Education and Collaboration on Women's and Girls Health)	1,072,512	841,052	841,052
Subtotal, Contracts	***13,168,875***	***17,224,941***	***17,224,941***
Grants/Cooperative Agreements	-	-	-
Violence Against Women (Formerly Trauma/ Violence Against Women)	8,051,790	9,900,000	9,900,000
Preconception Health (Formerly Education and Collaboration on Women's and Girls' Health (Empowering Women))	4,777,868	4,600,000	4,600,000
Addressing Eating Disorders in Adolescent Girls and the COVID-19 Pandemic	981,490	340,000	340,000
Reducing Maternal Deaths due to Substance Use Disorder/ State, Local, Territorial, and Tribal Partnership Program to Reduce Postpartum Deaths Due to Drug Overdose	600,000	500,000	500,000
Subtotal, Grants/Cooperative Agreements	***14,411,148***	***15,340,000***	***15,340,000***
Inter-Agency Agreements (IAAs)	**1,237,690**	**668,000**	**668,000**
Operating Costs	**9,322,287**	**10,907,059**	**10,907,059**
Total	**38,140,000**	**44,140,000**	**44,140,000**

EMBRYO ADOPTION AWARENESS CAMPAIGN

Budget Summary

(Dollars in Thousands)

Embryo Adoption Awareness Campaign	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	1,000	1,000	1,000	-
FTE	-	-	-	-

Authorizing Legislation.....PHS Act, Title II, Section 301
FY 2024 Authorization.....Permanent
Allocation Method.....Direct Federal

Program Description

The purpose of the Embryo Adoption Awareness (EAA) Campaign is to increase public awareness of embryo donation as a method of family building and provide individuals donating embryos and receiving donated embryos with supportive medical and administrative services. The program provides funding annually to 3 grantees, who provide medical and administrative services to facilitate the use of embryo donation; increase knowledge, awareness, and understanding of embryo donation as a method of family formation; monitor and evaluate the outcomes of their activities; and communicate and disseminate about their activities, successes, and lessons learned.

Budget Request

The FY 2024 President's Budget for Embryo Adoption Awareness Campaign is $1,000,000, which is flat with the FY 2023 Enacted. At this funding level, the program will continue to support public awareness and medical and administrative services to facilitate the use of embryo donation as a method of family formation.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$1,000,000
FY 2021	$1,000,000
FY 2022 Final	$1,000,000
FY 2023 Enacted	$1,000,000
FY 2024 President's Budget	$1,000,000

Program Accomplishments

In FY 2022, EAA grantees provided information and education through a broad range of public awareness strategies, resulting in close to 3,000 potential donors and potential embryo adopters contacting organizations to ask questions or inquire about available services. In addition, EAA grantees provided medical services (i.e., general counseling services, genetic counseling services) to close to 2,200 individuals and provided administrative services (e.g., financial and legal counseling and education, matching services) to close to 3,500 individuals.

MINORITY HIV/AIDS FUND

Budget Summary
(Dollars in Thousands)

Minority HIV/AIDS Fund	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	56,900	60,000	60,000	-
FTE	26	26	26	-

Authorizing Legislation.....Current Year Appropriation
FY 2024 Authorization.....Annually
Allocation Method.....Direct Federal

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

Budget Request
The FY 2024 President's Budget request for MHAF is $60,000,000, which is flat with the FY 2023 Enacted. At this funding level, MHAF will be able to continue its efforts to integrate additional Administration priorities as detailed in the National HIV/AIDS Strategy for the United States 2022-2025 (NHAS), including extensive piloting of strategies and interventions that address social and structural barriers to prevention, treatment and care; piloting of innovative syndemic approaches involving HIV, viral hepatitis, STIs, and substance use disorders; and exploring "status neutral" programming to better meet persons at risk for or living with HIV where they are. The funding will further MHAF efforts to reduce persistent HIV-related health disparities and meet the challenge of promoting health equity. Additional consideration will be given to expand MHAF support in non-EHE jurisdictions that have seen spikes in their HIV epidemic since the release of the EHE initiative and for which the data reveal the same racial and ethnic disparities as seen in the EHE-designated jurisdictions.

Funding History

Fiscal Year	Amount
FY 2020	$53,900,000
FY 2021	$55,400,000
FY 2022 Final	$56,900,000
FY 2023 Enacted	$60,000,000
FY 2024 President's Budget	$60,000,000

Program Accomplishments

In FY 2022, OIDP worked with the White House to publish the National HIV/AIDS Strategy for the United States 2022-2025 (NHAS). The Strategy reflects President Biden'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 Strategy sets bold targets for ending the HIV epidemic in the United States by 2030. To guide the nation toward realizing the vision, the Strategy focuses on four goals and details 21 objectives and 78 action strategies for federal and nonfederal stakeholders. The Strategy replaces the HIV National Strategic Plan. OIDP also worked with ONAP to develop the Federal Implementation Plan to support the strategy. It was released in August 2022.

Phase 1 of *Ending the HIV Epidemic in the U.S. (EHE),* which includes funded activities supported by the MHAF, focuses on the geographic areas of the nation that comprise more than 50% of the new HIV diagnoses in 2016 and 2017, plus seven states with disproportionately high burdens of HIV in rural areas. The goal of the EHE initiative is to decrease new HIV infections by 90% to less than 3,000 per year by 2030. OIDP leads the Operational Leadership Team (OLT), which provides oversight to all operational aspects of the initiative. As such, OIDP is responsible for coordinating the activities and work of the CDC, HRSA, NIH, and IHS – the primary partner agencies for the initiative. In addition, OIDP coordinates with other federal agencies, who also have a role in addressing the HIV epidemic, including the Centers for Medicare & Medicaid Services and the Department of Housing and Urban Development.

In FY 2022, OIDP continued to support critical infrastructure and operational activities that provide significant contributions to the EHE initiative. OIDP also continued to pursue innovative strategies to address those barriers, including social and structural determinants of health that are at the center of the persistent racial and ethnic disparities in HIV and a challenge to achieving health equity. Specifically, MHAF funding continues to support America's HIV Epidemic Analysis Dashboard (AHEAD) and the *Ready, Set, PrEP* program.

America's HIV Epidemic Analysis Dashboard (AHEAD)

AHEAD provides the most up-to-date information about EHE progress to help inform national and priority geographic area decision-making on EHE efforts. AHEAD features data for 48 counties, Washington, D.C., and San Juan, Puerto Rico, as well as seven states that are included in Phase I of EHE.

In FY 2022, OIDP worked with our CDC partners to refine and ensure the integrity and accuracy of all data, including making some adjustments in alignment with the National HIV/AIDS Strategy released on December 1, 2021. Looking ahead, OIDP will consider other necessary modifications to assist stakeholders in reaching the 2025 and 2030 targets that have been established for the EHE initiative and to make the website more user-friendly.

Ready, Set, PrEP

FY 2022 MHAF resources continued to support EHE efforts to increase the uptake of PrEP. PrEP is a way for people who do not have HIV, but who are at very high risk of getting it, to prevent HIV infection by taking a pill every day. Studies have shown that PrEP reduces the risk of getting HIV from sex. More than one million people in the U.S. could benefit from PrEP; however, only a small fraction have received a prescription for it.

Ready, Set, PrEP is a nationwide program that provides free PrEP to people who do not have prescription drug coverage. It expands access to PrEP, which in turn reduces the number of new HIV transmissions, bringing us one step closer to ending the HIV epidemic in the U.S. This program has

expanded its partnerships to include collaborations with more than 32,000 co- sponsoring pharmacies, expanded mail order services, and updated the enrollment portal for the ease of participants. Health centers and IHS facilities can have medications mailed to patients' homes or other locations directly from the program. OIDP conducted a needs assessment in FY 2022 that looked at ways to further help to increase participation. The budget also includes a mandatory proposal for a transformational PrEP Delivery Program. If enacted, the FY 2024 funding request for the "Ready, Set, PrEP" program is still necessary, as there would be a transition period during which the new program is established. OIDP will also work to ensure a seamless transition of current "Ready, Set, PrEP" clients to the new national PrEP Delivery Program.

Additionally, in FY 2022, MHAF funded projects by federal partners included four new projects:

- **Leveraging the HIV Criminalization Legal and Policy Assessment Tool to Help States Strengthen Their HIV Data Protection Policies and Modernize HIV Criminalization Laws (CDC) –** Assist state and local leaders, through a collaborative strategic decision-making process, to review HIV laws and policies and assess if they are informed by science, help populations disproportionately affected by HIV receive the care and services they need, and ensure laws and policies do not impede public health solutions.
- **National HIV Behavioral Surveillance among Transgender Women (NHBS-Trans) (CDC) –**Build on the NHBS-Trans cycle conducted before COVID-19 in 2019-2020 that was funded by MHAF. The study found extremely high HIV prevalence, very poor social determinants of health, and missed opportunities for prevention and elimination of HIV in this population. NHBS-Trans will update data on HIV-related behaviors, gaps and barriers to services, and other experiences of transgender women within racial and ethnic minority populations.
- **Increasing Uptake of Long-Acting Injectable Antiretrovirals Among People with HIV (HRSA) –** Work to increase uptake and continued utilization of long-acting injectable (LAI) antiretroviral (ARV) medications among people of color with HIV, which may offer benefits in achieving viral suppression among people who have difficulty with oral therapy. The proposal will analyze medical and social impacts on communities and patients of color when using LAI ARV medication formulations versus traditional oral medication options.
- **Indigi-HAS (Indigenous HIV/AIDS Strategy) Dissemination and Implementation Plan -Tribal Set-Aside (Set-Aside) (IHS) –** Work across Indian Country and Alaska to formulate a comprehensive dissemination and implementation plan to communicate and promote the Indigi-HAS and its various campaigns and tools via building partnerships with tribes, tribal organizations, state, federal, universities, and other organizations; enhance capacity and build infrastructure for HIV/HCV/STI prevention and clinical activities; and disseminate and implement Indigi-HAS in Native communities.

Continuation funding for several FY 2021 projects into FY 2022, included:

- Using Implementation Science to Advance Multidisciplinary Prevention and Treatment Approaches to EHE (NIMHD)
- Increasing Retail Clinical Capacity to Improve HIV and STI Prevention, Diagnosis, and Care for Underserved Minorities (CDC)
- Strategies to Maintain HIV Viral Suppression Among State Prison Inmates Released to the Community (CDC)
- Scaling up HIV Prevention Services in STD Specialty Clinics through Training and Technical Assistance (CDC)
- Building the HIV Workforce and Strengthening Engagement in Communities of Color (B-SEC) (HRSA)
- Ending the HIV Epidemic in the U.S.: Technical Assistance and Training on Stigma and Cultural

Humility (HRSA)
- Improving Care and Treatment Coordination for Black Women with HIV (HRSA)
- Building Capacity to Implement Rapid ART Start for Improved Care Engagement in the Ryan White HIV/AIDS Program (HRSA)
- HisStory, HerStory, TheirStory, OurStory: Storytelling As Resistance (IHS)
- Clinical Innovations in Indian Country (IHS)
- Empowering Healthier Tribal Communities (IHS)
- Project Red Talon (IHS)
- Addressing the HIV Epidemic Among Urban AI/AN (IHS)

MHAF - Outputs and Outcomes Table [11]

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/- FY 2023 Target
7.1.12a: Increase the number of racial and ethnic minority clients who are tested through the Secretary's MHAF programs. (Outcome)	FY 2021: 20,330 FY 21 Target: 40,000 (Target Not Met)	42,000	42,000	Maintain
7.1.12b: Increase the diagnosis of HIV-positive racial and ethnic minority clients through HIV testing programs supported by the Secretary's MHAF programs. (Outcome)	FY 2021: 930 Target: 800 (Target Exceeded)	820	820	Maintain
7.1.15: Increase the proportion of newly diagnosed and re-diagnosed HIV- positive racial and ethnic minority clients' linkage to HIV medical care within 1 month of diagnosis or re- diagnosis through the Secretary's MHAF programs. (Outcome)	FY 2021: 72% Target: 80.8% (Target Not Met)	81%	81%	Maintain
7.1.19 Increase the proportion of persons with diagnosed HIV who have achieved viral suppression.	FY 2021: 66% FY 2021 Target: 67% (Target Not Met)	68%	68%	Maintain
7.1.20 Increase the proportion of persons who received PrEP among those for whom PrEP was indicated.	FY 2021: 14% FY 2021 Target: 13% (Target Exceeded)	15%	15%	Maintain

Performance Analysis

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

According to CDC data published in May 2021, an estimated 1.2 million people aged 13 and older were living with HIV in the United States at the end of 2019. Of those 1.2 million people, an estimated 87%

[11] FY22 results available in May 2023.

were diagnosed. That means that 13% of people with HIV (nearly 1 in 7) did not know they had HIV and were therefore not accessing the care and treatment they needed to stay healthy and prevent transmitting the virus to their partners. Of those who received an HIV diagnosis in 2019, 81% were linked to care within one month. Approximately 66% had received HIV medical care; 50% were retained in care; and an estimated 57% had achieved viral suppression.

MHAF testing projects will continue to require more attention to meet linkage targets, including our push for expediting the linkage process to immediate linkage. In addition, HIV testing is the gateway activity for the two new measures of viral suppression and PrEP. Both measures currently anchor our domestic response to HIV and are fully integrated in both the Ending the HIV Epidemic in the U.S. Initiative and the HIV National Strategic Plan. One of our most serious challenges will involve increasing the number of racial and ethnic minorities who are accessing and maintaining use of PrEP services. Enhancements to the Ready, Set, PrEP program or through some other mechanism and continued outreach efforts will be essential. In addition, it is our expectation that our elevated programming around social and structural determinants of health, the syndemic of HIV, viral hepatitis, STIs, and substance use disorders, and a “status neutral” approach will provide benefit to our testing, PrEP, linkage to care, and viral suppression efforts.

KIDNEY INNOVATION ACCELERATOR

Budget Summary

(Dollars in Thousands)

Kidney Innovation Accelerator	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	5,000	5,000	5,000	-
FTE	-	1	1	-

Authorizing Legislation.....Current Year Appropriation
FY 2024 Authorization.....Annual
Allocation Method.....Direct Federal

Program Description

The Kidney Innovation Accelerator (KidneyX) is a public-private partnership between HHS and the American Society for Nephrology (ASN) to catalyze innovation in the prevention, diagnosis, and treatment of kidney diseases. KidneyX uses the authority of the America COMPETES Act to establish partnerships and administer a series of prize competitions to attract entrepreneurs and innovators from a broad array of domains to develop breakthrough therapies and diagnostics, including the development of an artificial kidney. The partnership includes intra-departmental collaboration among FDA, NIH, CDC, CMS, and OASH. The Executive Order 13879 on Advancing American Kidney Health, signed July 10, 2019, established that "It is the policy of the United States to prevent kidney failure whenever possible through better diagnosis, treatment, and incentives for preventive care," and requires KidneyX to "produce a strategy for encouraging innovation in new therapies." KidneyX is fulfilling this mandate to advance the development of an artificial kidney by planning and running prize challenges across each of these broad domains with the goal of having an artificial kidney in human clinical trials in 2024.

Budget Request

The FY 2024 President's Budget requests $5,000,000, which is flat with the FY 2023 Enacted. At this funding level, KidneyX will deliver the Artificial Kidney Prize (phase 3) and a series of KidneyX Health Equity innovation activities to deliver on the promise to have an artificial kidney in human clinical trials in 2024 and to accelerate the development of the next generation of digital innovation and technologies for equitable kidney-care solutions accessible to all Americans.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	--
FY 2021	$5,000,000
FY 2022 Final	$5,000,000
FY 2023 Enacted	$5,000,000
FY 2024 President's Budget	$5,000,000

Program Accomplishments

Since Congressional appropriations began in 2020, KidneyX has completed phases 1 and 2 of its Redesign Dialysis Prize, awarding $4,100,000 to 21 winners from a pool of 235 applicants across both phases. These prize challenges were aimed at solving specific engineering and technology problems towards the development of technologies that can improve dialysis outcomes and patient experience. KidneyX also completed a $70,000 Patient Innovator Challenge (25 winners from 129 submissions) to

recognize the innovative capacity of patients and caregivers to inspire and inform medical product development. During the COVID-19 pandemic, the KidneyX COVID-19 Innovation challenge engaged frontline doctors, caregivers, and patients to improve dialysis and kidney care, awarding $300,000 to prize winners for their solutions to safely deliver kidney care. The $2,500,000 Artificial Kidney Prize (AKP) Phase 1 laid the foundation for future KidneyX prizes to incentivize innovation. Currently in Phase 2, the next AKP phase will award $10,500,000 to winners who demonstrate initial prototypes and enabling tools for artificial kidneys. The AKP is a multi-phased, multi-year challenge that aims to accelerate the development of artificial kidneys in human clinical trials by 2024. Across all five of these prize challenges, KidneyX has already delivered success, accelerating industry progress and catalyzing interest among patients, caregivers, doctors, startups, investors, and industry to solve important problems for the real-world benefit of kidney disease patients.

KidneyX federal expenditures to date represent a portion of overall program costs, with the remainder consisting of funds raised by ASN. Beyond the prize purses cited above, HHS and ASN have supported overhead costs in the form of personnel and contract labor for the development and administration of prize programs. The specific appropriations language sends a strong signal to the innovation community and to patients that advancing artificial kidney development is a top national public health priority, worthy of continued investment.

SEXUAL RISK AVOIDANCE

Budget Summary

(Dollars in Thousands)

Sexual Risk Avoidance	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	35,000	35,000	-	-35,000
FTE	-	-	-	-

Authorizing Legislation.....Current Year Appropriation
FY 2024 Authorization.....Annual
Allocation Method.....Direct Federal

Program Description

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

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

Budget Request

The FY 2024 President's Budget request does not request funds for this program.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$35,000,000
FY 2021	$35,000,000
FY 2022 Final	$35,000,000
FY 2023 Enacted	$35,000,000
FY 2024 President's Budget	--

RENT, OPERATION, MAINTENANCE AND RELATED SERVICES

Budget Summary

(Dollars in Thousands)

Rent, Operation, Maintenance and Related Services	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	14,441	14,659	16,400	+1,741
FTE	-	-	-	-

Authorizing Legislation.....Reorganization Plan No.1 of 1953
FY 2024 Authorization.....Permanent
Allocation Method.....Direct federal

Program Description and Accomplishments

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

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

Budget Request

The FY 2024 President's Budget Rent, Operation, Maintenance and Related Services request is $16,400,000 which is an increase of +$1,741,000 above the FY 2023 Enacted level. Funding will support costs associated with rental charges from GSA and maintaining aging buildings.

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

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$15,314,000
FY 2021	$12,269,000
FY 2022	$14,441,000
FY 2023 Enacted	$14,659,000
FY 2024 President's Budget	$16,400,000

SHARED OPERATING EXPENSES

Budget Summary
(Dollars in Thousands)

Shared Operating Expenses	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Request	FY 2024 +/- FY 2023
Budget Authority	10,828	10,828	19,064	+8,236
FTE	-	-	-	-

Authorizing Legislation……Reorganization Plan No.1 of 1953
FY 2024 Authorization……Permanent
Allocation Method……Direct federal

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

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

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

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

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

Budget Request
The FY 2024 President's Budget request for Shared Operating Expenses is $19,064,000 which is an increase of +$8,236,000 above FY 2023 Enacted. Shared Operating Expenses funds the centralized costs of GDM funded Office of the Secretary components and mainly supports OS contributions to Department-wide taskforces and committees; centralized human resources costs, financial systems maintenance, joint funding arrangements; and other mandatory and operational costs. Increases continue to support a more robust telework posture initiated by the onset of the COVID-19 pandemic

which required virtual private network and IT desk-side support expansions; and increases in equipment costs.

+$1,526,000 General Services Administration (GSA)Technology Transformation Services
Shared Operating Expenses includes in increase to provide for contributions to the GSA in support of a new Technology Transformation Services reimbursable program in alignment with the recently authorized section 753 of the Financial Services and General Government Appropriations Act, 2023. The 2024 increase reflects the transition of GSA's FedRAMP program currently funded by GSA appropriations to an agency contribution model where agencies will reimburse GSA's cost for operating the program.

Increases at this level will also support more robust centralized, independent financial system audits, increases to centralized human resources costs and internal controls efforts focusing on the use of COVID-19 supplemental funding and other emerging issues as well as support the administration of the Federal Executive Board (FEB) program through the newly mandated annual contribution.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$10,478,000
FY 2021	$10,477,212
FY 2022 Final	$10,828,000
FY 2023 Enacted	$10,828,000
FY 2024 President's Budget	$19,064,000

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

ELECTRIC VEHICLE PROGRAM

Budget Summary

(Dollars in Thousands)

Electric Vehicle Program	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	-	-	22,000	+22,000
FTE	-	-	3	+3

Authorizing Legislation.....Current Year Appropriations
FY 2024 Authorization.....Annual
Allocation Method.....Direct federal

Program Description

In support of the Administration's international engagement to address climate change, the Electric Vehicle Program establishes a Department-wide capability to invest in transforming its fleet to electric. The scientific community has made it clear that the scale and speed of necessary action is greater than previously believed. Responding to the climate crisis will require both significant short-term global reductions in greenhouse gas emissions and net-zero global emissions by mid-century or before.

In implementing—and building upon—the Paris Agreement's three overarching objectives (a safe global temperature, increased climate resilience, and financial flows aligned with a pathway toward low greenhouse gas emissions and climate-resilient development), the United States will exercise its leadership to promote a significant increase in global climate ambition to meet the climate challenge.

A key component of meeting these objectives is by aligning the management of Federal procurement and real property, public lands and waters, and financial programs to support robust climate action. HHS has been asked to support the Council on Environmental Quality (CEQ) to develop programs that provide clean and zero-emission vehicles for Federal, State, local, and Tribal government fleets, including vehicles of the United States Postal Service. The goal is to convert HHS fleet to carbon pollution-free electricity no later than 2035. These resources will be used to provide infrastructure to support, and to the extent practical, replace fossil fuel vehicles by 2035, in accordance with EO14008 and EO14057.

Budget Request

The FY 2024 President's budget request for Electric Vehicle conversion and charging is $22,000,000, which is an increase of +$22,000,000 above the FY 2023 Enacted. HHS requests for these funds to be available until expended because incurring obligations of related activities (i.e.: costs related to electrifying infrastructure, electrician services to install chargers, and vehicles purchasing or leasing) can be a multi-year process depending on availability of EVs and related materials, which is driven by EV manufacturing capability.

At this funding level, HHS/PSC/Transportation Services, will continue to convert HHS's fleet (over 4,000 vehicles) from combustion engine vehicles to Electric Vehicles, while expanding HHS's electric vehicle charging capabilities to support the broadening Electric Vehicle fleet as well as support, in a cost recovery model, charging capabilities for employee and public visitor parking as practical. HHS/PSC/Transportation Services will continue to work across HHS's fleet community to share resources to begin ordering GSA leased new electric vehicles to replace aging GSA leased internal combustion

vehicles, absorbing increased GSA Electric Vehicle surcharges to optimize the conversion process. Additionally, HHS/PSC/Transportation Services will work with the HHS Building Operations community to expand charging capabilities to HHS's land holding operating divisions while working with GSA for GSA leased vehicles.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	-
FY 2021	-
FY 2022 Final	-
FY 2023 Enacted	-
FY 2024 President's Budget	$22,000,000

Program Accomplishments

To date, HHS has been implementing clean and zero-emission vehicle purchases subject to the availability of funds. This program will leverage existing government infrastructure provided through the General Services Administration's (GSA) Blanket Purchase Agreement (BPA) that offers seven (7) brands of charging stations and is available to all federal agencies that are authorized to lease or purchase vehicles from the GSA Fleet.

Infrastructure will be made available to support recharging Federal fleet vehicles at HHS facilities. Charging stations may be used by Federal employees and other authorized users for privately owned vehicles at the user's expense.

Additionally, this program will leverage GSA's vehicle leasing program to replace the more than 4,000 vehicle fleet with Electric Vehicles.

Children's Interagency Coordinating Council

Budget Summary

(Dollars in Thousands)

Children's Interagency Coordinating Council	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Request	FY 2024 +/- FY 2023
Budget Authority	-	$3,000	$3,000	-
FTE	-	-	-	-

Authorizing Legislation..... Reorganization Plan No. 1 of 1953
FY 2024 Authorization.....Expired
Allocation Method.....Direct Federal

Program Description

The purpose of the Children's Interagency Coordinating Council (CICC) is to coordinate and provide actionable research for federal partners who have a role to play improving children's economic wellbeing and addressing child poverty. Poverty persists and was projected to have increased last year, and the many federal programs designed to promote family economic stability are fragmented and complex for families and administrators. The CICC brings together federal agencies and departments involved in child policy to break down silos and improve coordination, efficiency, and effectiveness. HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE), within the Office of the Secretary, is establishing the CICC in FY 2023. Meaningful engagement with communities and individuals with lived experience is an important part of the CICC's work.

Budget Request

HHS's FY 2024 President's Budget request for CICC is $3,000,000 which is flat with the FY 2023 Enacted. The funds will allow HHS to continue the work of the Children's Interagency Coordinating Council, including funding: 1) convenings, coordination, and collaboration among Council member agencies; 2) public engagement with individuals and families with lived experience; and 3) research, data analysis, and reporting on federal policies that have affected child poverty as well as a broad array of cross-cutting issues affecting child poverty and well-being.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	-
FY 2021	-
FY 2022 Final	-
FY 2023 Enacted	$3,000,000
FY 2024 President's Budget	$3,000,000

Program Accomplishments

In FY 2023, HHS will establish the CICC, staffing of the Council and initiate a contract with the National Academies of Science, Engineering and Medicine to prepare a report analyzing federal policies that have affected child poverty, as directed by Congress. HHS will also work with partners across the government to develop an outreach, engagement, and strategic plan for the CICC to accomplish its goals.

PHS EVALUATION SET-ASIDE

Budget Summary

(Dollars in Thousands)

PHS Evaluation Set-Aside	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
ASPE	43,243	43,843	62,621	+18,778
Public Health Activities	8,800	8,200	8,800	+600
ASFR	1,100	1,100	1,200	+100
OASH	4,885	4,885	8,083	+3,198
TPP	6,800	6,800	7,892	+1,092
OCCHE	-	-	4,650	+4,650
Total	**64,828**	**64,828**	**93,246**	**+28,418**
FTE	**148**	**147**	**199**	**+52**

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Planning and Evaluation	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Request	FY 2024 +/- FY 2023
Budget Authority	43,243	43,843	62,621	+18,778
FTE	127	124	154	+30

Authorizing Legislation..... PHS Act, Title II Section 247
FY 2024 Authorization..... Permanent
Allocation Method.....Direct Federal

Program Description

The Office of the Assistant Secretary for Planning and Evaluation (ASPE), headed by the Assistant Secretary for Planning and Evaluation, is a Staff Division of the Office of the Secretary in the Department of Health and Human Services (HHS). The Assistant Secretary is the principal advisor to the Secretary of HHS on policy development, data analysis, program evaluation, and strategic planning. ASPE's staff lead initiatives for the Secretary and provide direction for HHS strategic, legislative, and policy planning. ASPE maintains a diverse portfolio of intramural and extramural research and evaluation, conducts economic analysis, and estimates the costs and benefits of policies and programs under consideration by HHS or Congress. ASPE's analytic products include legislative and regulatory proposals, research papers and briefs, public-use datasets, dashboards, and internal briefing memoranda. Analyses involve a range of information sources and methodologies including survey data and analyses, program evaluation, analytical models, and performance data.

ASPE develops its research priorities in consultation with HHS leadership and agencies to identify areas in which ASPE's work will add value and directly inform actionable policy and decision-making. ASPE often serves as a convener for interagency collaborations and leads initiatives around HHS priorities, including development of the quadrennial HHS Strategic Plan; HHS-wide action plans on maternal health and social determinants of health; the HHS research plan on Long COVID; the HHS Overdose Prevention

Strategy; implementation of the Administration's National Action Plan to Combatting Antibiotic-Resistance Bacteria initiatives; and development of the National Plan for Alzheimer's Disease and Related Dementias. ASPE also staffs the Secretary in his role as a Trustee of the Social Security and Medicare Trust Funds and issues annual updates on two key sets of parameters – the Federal Poverty Guidelines and the Medicaid Federal Medical Assistance Percentage.

ASPE's research, evaluation, and policy work spans HHS's mission to enhance and protect the well-being of all Americans by providing effective health and human services, and fostering advances in medicine, public health, and human services. To support this work, ASPE maintains several simulation models and databases, as well as provides actuarial support and other resources to support timely policy analysis and development for existing agency efforts. Among other priorities, ASPE's work has focused on emergency preparedness and response; maternal and women's health; child well-being; and disability and aging. ASPE's priority areas consistent with current Administration priorities include: (1) expanding health care affordability and strengthening health insurance coverage, (2) responding to the COVID-19 pandemic, (3) advancing health equity and equitable well-being and economic mobility, (4) addressing behavioral health challenges, and (5) promoting scientific integrity and evidence-based policymaking.

Expanding Health Care Affordability and Strengthening Health Insurance Coverage
ASPE works to support Administration priorities around improving health care affordability and strengthening health insurance coverage. ASPE's research and analysis is a critical piece of the Department's strategic planning and implementation efforts around the Inflation Reduction Act's (IRA) provisions designed to reduce prescription drug costs and improve access to life-saving treatments for Medicare beneficiaries, as well as sustain the financing of the Medicare program.

ASPE also contributes to the Administration's commitment to strengthening Medicaid and the Affordable Care Act to expand and improve health insurance coverage. ASPE conducts research and policy analyses to support the Department's objectives in reforming, strengthening, and modernizing the U.S. healthcare system. This work includes Departmental efforts to: monitor and evaluate health insurance coverage in the Marketplace and Medicaid; identify uninsured populations and provide data to support outreach and enrollment efforts; enhance nursing home quality; improve the delivery of behavioral health; develop innovative payment and delivery systems; and improve care delivery and financing in the Indian Health Service.

Responding to the COVID-19 Pandemic ASPE is conducting research on the Department's response to COVID-19. ASPE has conducted analyses around vaccine hesitancy, vaccine distribution, health and economic benefits of vaccination, patterns of use and access to therapeutics for COVID-19, and the shift to health insurance coverage of COVID vaccines and treatments ("commercialization"). ASPE's work on COVID-19 has had a special focus on high-risk populations including communities of color, the homebound, and those with multiple chronic conditions.

To address the economic and social consequences of COVID-19, ASPE developed analyses and tools to enable human services programs and low-income individuals and families (including communities of color, youth, individuals reentering society from incarceration, and others) meet pandemic challenges. This includes providing technical assistance on virtual human services delivery and research on children's mental health and well-being following the start of the pandemic, including children with a COVID-19 diagnosis. ASPE has also modeled the effect of the COVID recession on poverty rates and program eligibility and is positioned to model the role of the ARP as well as the Administration's economic proposals on poverty and economic well-being.

Enhancing Health Equity and Equitable Well-Being and Economic Mobility
ASPE has a longstanding commitment to cross-cutting work to promote the economic and social well-being of all Americans, with a focus on equity, prevention, and seamless integration of the federal safety net. For example, ASPE is identifying strategies to invigorate the child-care workforce, which consists primarily of low-income women of color, how human service programs identify substance use challenges and support recovery; how the Affordable Care Act (ACA) and American Rescue Plan (ARP) have affected coverage among communities of color, LGBTQ+ individuals, rural Americans, people with disabilities, and immigrants. ASPE also works to enhance federal and state data infrastructure to better understand outcomes across various demographic groups and engages with key experts to identify available policy levers to address disparities.

ASPE takes a vital and unique cross-cutting perspective on human services policy, working in concert with other agencies to improve the wellbeing of all Americans; identify and address the root causes of systemic social challenges such as poverty; and emphasize the opportunity to prevent adverse outcomes. To better align and coordinate effective safety net programs and approaches, ASPE coordinates the U.S. Interagency Council on Economic Mobility chaired by HHS, chairs the Interagency Working Group on Youth Programs, coordinates HHS homelessness initiatives and approaches to support reentry into the community from incarceration; and partners with the Department of Education and ACF to support early childhood development.

ASPE leads analyses and offers guidance on numerous activities related to improving equity and social determinants of health (SDOH). ASPE co-Chairs with the Assistant Secretary for Health, the HHS Health Disparities Council, an umbrella group for equity efforts across the Department. ASPE co-leads the HHS Data Council, which is documenting the landscape of equity data collected and exploring mechanisms to harmonize data.

Addressing Behavioral Health Needs
ASPE has led the Department in coordinating and evaluating behavioral health access, quality, and outcomes. In recent years, ASPE has partnered with CMS SAMHSA to develop or modify over thirty behavioral health quality measures for reporting at the facility level. These measures address important issues such as follow-up after inpatient and emergency room treatment for behavioral health conditions; screening for clinical depression and follow-up; and adherence to psychotropic medications. ASPE is using some of these measures as part of their evaluation of the Certified Community Behavioral Health Clinic (CCBHC) demonstration program.

ASPE plays a key role in supporting the Secretary's priority related to overdose and related behavioral health issues. These efforts involve data purchases, contract research, and in-house analyses. ASPE has a central role in behavioral health policy, working closely with other staff divisions, operating divisions, and outside stakeholders. For example, ASPE leads the CCBHC demonstration evaluation along with CMS and SAMHSA. On initiatives related to the behavioral health workforce, ASPE works closely with the Health Resources and Services Administration and SAMHSA. Since enactment of the SUPPORT Act in 2018, ASPE has coordinated Department-wide implementation tracking in close collaboration with the Office of the Assistant Secretary for Health. ASPE also participates in the National Quality Forum and National Committee on Quality Assurance workgroups to help strengthen and improve behavioral health quality measures used across HHS reporting programs. ASPE has been engaged in policy changes to increase access to behavioral health care during the COVID-19 pandemic.

ASPE provides significant subject matter expertise and rigorous analysis to develop policy options and proposals related to addressing the nation's overdose crisis. Demand for ASPE's coordination capabilities and subject matter expertise in this domain is likely to increase, as the overdose crisis continues to grow, only exacerbated by COVID-19.

Promoting Scientific Integrity and Evidence-Based Policymaking

ASPE coordinates the implementation of the Evidence Act, including providing technical assistance within HHS on the development of Evidence Plans and an Evaluation Plan, with an emphasis on making policymaking more evidence based. The work is intended to modernize federal data management practices, evidence-building functions, and statistical efficiency to inform policy decisions. Ultimately, this work aims to create a culture of learning to ensure evidence-based decision-making throughout HHS. ASPE also participates in the White House's Scientific Integrity Task Force and leads HHS in executing requirements of the Memorandum on Restoring Trust in Government Through Scientific Integrity and Evidence-Based Policymaking. This memorandum calls on agencies to establish and enforce scientific integrity policies that ban improper political interferences and promote transparency in the conduct of scientific research and in the collection of scientific or technological data.

ASPE infuses rigorous methods, high-quality data, and modeling capabilities into analyzing the policies considered and implemented in HHS. For instance, ASPE conducts regulatory impact analyses (RIAs) for the Department through technical assistance, resources, and regulatory review. At this time when significant regulations will need RIAs, methodological improvements enable ASPE to better estimate the effects of regulations on sub-populations of interest and provide insight into important ways to address the Administration's priorities. ASPE led an initial effort by the HHS Data Council to examine existing data use agreements with the goal of standardizing and streamlining data use agreements across the Department. ASPE and the Data Council continue to examine data linkages, efforts to preserve privacy, and data gaps across HHS to increase access to data across HHS.

ASPE relies heavily on economic, actuarial, and microsimulation modeling to evaluate the impact of policy proposals on health and human services programs. ASPE routinely contracts for actuarial and other data analyses to explore proposed changes to health insurance coverage and reform efforts associated with long-term services and supports. ASPE also leads the Transfer Income Model and Dynamic Simulation of Income Model (TRIM). These are data-intensive and complex models that simulate changes to major governmental tax, transfer, and health programs that affect the U.S. population, and can produce results at the individual, family, state, and national levels. The models are useful for understanding the implications of broad demographic changes, such as population aging as well as childcare expansions and interactions with tax programs. TRIM can identify the differential impacts of policies on receipt and earnings for different subgroups, including race, ethnicity, geography, and household composition.

Budget Request

The FY 2024 President's Budget request for ASPE is $62,621,000, which is an increase of +$18,778,000 above ASPE's FY 2023 Enacted. Funding will enable ASPE to expand its work in several critical areas and provide actionable data and evidence in support of Secretarial decision-making.

ASPE will be able to purchase additional data and expand research capabilities on social and behavioral health for underserved populations, including evaluation efforts to track the Overdose Prevention Strategy and the Department's new guidance on contingency management for substance use disorder. ASPE would advance its evaluation of overdose-related outcomes using purchased substance use-

related data, as well as work to triangulate and collaboratively evaluate data from multiple sources related to illicit drug supply, treatment, and overdose. This funding level will also allow ASPE to undertake evaluation of expanded HHS programmatic approaches to contingency management and to assess outcomes of programs implemented, particularly related to stimulant use disorder.

ASPE will be able to build a broad research portfolio on developing a more resilient post-pandemic health care system that includes generating new evidence on telehealth and addressing drug supply chains and prescription drug prices. To support evidence-based policies on telehealth, analyses will be conducted to understand what telehealth policies can provide high quality care at appropriate cost, support the health care workforce, and improve both health outcomes and health equity. In support of ongoing efforts to promote competition in the pharmaceutical market, reduce drug prices, and strengthen the medical product supply chain, ASPE would purchase timely access to more extensive data for exploring critical questions related to drug development, trends in drug pricing and utilization, and impacts of drug and device shortages on patient health outcomes.

Funding at the President's Budget level will also allow ASPE to expand its research to advance the Administration's Cancer Moonshot, with analyses of Medicare and Medicaid data to study the availability of oncology therapeutics, including barriers to access such as high out-of-pocket prices, and whether the benefits of innovations in oncology drugs are experienced by vulnerable populations. ASPE will conduct research factors affecting participation of diverse patient populations in cancer clinical trials and will identify innovations developed during COVID-19 that may improve clinical trials for oncology therapeutics.

ASPE's work depends on a highly expert in-house staff team of analysts, as well as contractor support, particularly for large and complex database analyses such as Medicaid and Medicare claims data, detailed program eligibility and cost simulations for human services and health programs, and analyses of prescription drug pricing. This level of funding will allow ASPE to fill many of the vacancies and restore staff capacity for evaluation, data analysis, and coordination activities. This includes staffing for the Medicare team to strengthen expertise on prescription drugs; hiring additional support staff for the Scientific Integrity Officer; build sustained capacity to advance equity through the Equity Technical Assistance Center; and address key human services issues such as promoting successful return from incarceration.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$43,243,000
FY 2021	$43,243,000
FY 2022 Final	$43,243,000
FY 2023 Enacted	$43,843,000
FY 2024 President's Budget	$62,621,000

Program Accomplishments

Expanding Health Care Affordability and Strengthening Health Insurance Coverage

ASPE continues to develop advanced capacity to analyze and compare drug prices and utilization across U.S. payers and internationally. ASPE's analyses of drug prices support Department policymaking in regulations and legislative proposals. ASPE led the drafting of the Secretary's Comprehensive Plan for Addressing High Drug Prices in the U.S., a report pursuant to the Executive Order 14036 on Promoting Competition in the American Economy. The report identified ways to foster competition and promote

biosimilar and generics; to address the impacts of exclusivities and patent protections on generic drug entry; to reduce spending among patients; to foster transparency; and to advance equity in drug access and affordability. ASPE has published several reports as well as internal analyses describing the potential effects of the IRA, including identifying the frequency and size of drug price increases that may be subject to the new IRA's inflation rebate provision.

ASPE research has played a central role in HHS efforts to assure that all Americans have access to quality, affordable health care, through insurance coverage and health care safety-net programs that work for them and meet their needs. ASPE supported the Department's efforts to expand access to health insurance coverage under the ACA, the ARP, and the IRA ASPE research on the geographic and demographic characteristics of the uninsured, and the impact of the ARP, has informed the Administration's outreach strategies to reduce disparities. ASPE reports identifying the record-high enrollment in ACA-related coverage and the all-time low uninsured rate in early 2022 have been widely cited by the Secretary, White House, and in the media.

Responding to the COVID-19 Pandemic

ASPE prepared maps and other tools to inform state and local partners work on vaccine outreach efforts and prepared widely cited reports quantifying the number of lives saved and hospital costs averted through vaccination. ASPE conducts analytic work on pandemic impacts on the health care sector including provider finances and populations who may have deferred health care services and now have exacerbated medical conditions. ASPE analyses around Medicare, Medicaid, and commercial use of telehealth services are continuously updated and used to inform policymaking decisions for extended flexibilities beyond the pandemic with particular focus on achieving equitable access to services. ASPE's analyses supported the Administration's orderly transition with the private sector as coverage for COVID vaccinations and therapeutics move to health insurance plans now that Federal funding for the public health emergency is ending.

Enhancing Health Equity and Equitable Well-Being and Economic Mobility

ASPE co-leads coordination of Department-wide bimonthly equity learning session and builds capacity of HHS staff to ensure opportunity for all consistent with Executive Order 13985 on Advancing Racial Equity and Support for Underserved Communities through the Federal Government. ASPE has led progress on conducting equity assessments of HHS programs and policies in support of HHS's Agency Priority Goal on Equity by developing resources on approaches and methodologies to analyze data to understand disparities, engage communities and people with experiences in HHS programs; and identify and act on opportunities to advance equity. ASPE research surfaced cross cutting opportunities to better serve populations, such as an evidence review of doula care and maternal health which elevated policy opportunities to reduce disparities in maternal health care through doula services and a report that found that opportunities for HHS safety net programs to better reach the 3.2 million eligible for federal nutrition assistance programs but not yet receiving them.

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

Addressing Behavioral Health Needs

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

ASPE leads the CCBHC demonstration evaluation in partnership with CMS and SAMHSA. Since enactment of the SUPPORT Act in 2018, ASPE has coordinated Department-wide implementation tracking in close collaboration with the Office of the Assistant Secretary for Health. ASPE research has informed policy changes to increase access to behavioral health care during and beyond the COVID-19 pandemic and is leading an evaluation of the HHS buprenorphine prescribing guidelines.

Promoting Scientific Integrity and Evidence-Based Policymaking

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

Grants Award Table

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Number of Awards	**1**	**1**	**1**
Average Award	**$1,365,000**	**$1,092,000**	**$1,092,000**
Range of Awards	**$1,365,000**	**$1,092,000**	**$1,092,000**

PUBLIC HEALTH ACTIVITIES

Budget Summary

(Dollars in Thousands)

Immediate Office of the Secretary	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	8,800	8,200	8,800	+600
FTE[1]	12	16	20	+4

[1]FY 2024 FTE display provides adjustments to correctly reflect FTE counts between IOS and Public Health Activities - PHS Evaluation Funding.

Authorizing Legislation..... PHS Act, Title II Section 247
FY 2024 Authorization.....Permanent
Allocation Method .....Direct federal

Program Description

The Immediate Office of the Secretary (IOS) provides leadership, direction, policy, and management guidance to HHS and establishes Department priorities for evaluating Public Health Service (PHS) programs. IOS leads efforts to evaluate the effectiveness of HHS PHS programs and operations to improve the quality of those programs. IOS also uses PHS Evaluation funding for staff and contracts that evaluate the expected effectiveness and impact of new and proposed Public Health Service programs, regulations, policies, activities, and operations.

Budget Request

The FY 2024 PHS Evaluation level request is $8,800,000, which is an increase of $600,000 above the FY 2023 Enacted level. The request will continue to provide the Secretary with resources to respond to the needs of the Department as it evaluates and improves programs and services. This level will allow IOS to sustain its staffing levels and fill needed vacancies, ensuring continued leadership, direction, policy, and management guidance delivery to HHS.

Five-Year Funding Table

Fiscal Year	Amount
FY 2020	$8,800,000
FY 2021	$8,800,000
FY 2022 Final	$8,800,000
FY 2023 Enacted	$8,200,000
FY 2024 President's Budget	$8,800,000

Program Accomplishments

In FY 2022, IOS supported a variety of successes championed by PHS programs, including evaluation efforts to combat the COVID-10 pandemic, investment in the public health workforce, and strengthening public health preparedness and response.

PHS EVALUATION
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

Office of the Assistant Secretary of Health	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	4,885	4,885	8,083	+3,198
FTE	3	3	5	+2

Authorizing Legislation.....PHS Act, Title II, Section 247
FY 2024 Authorization.....Permanent
Allocation Method.....Direct Federal

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

Budget Request
The FY 2024 President's Budget request for OASH Evaluation is $8,083,000, which is an increase of +$3,198,000 above the FY 2023 Enacted. At this funding level, OASH will be able to support additional, robust projects to evaluate public health programs and identify ways to improve their effectiveness. The evaluation projects will continue to serve decision makers in federal, state, and local government, as well as support OASH priorities and the HHS Strategic Plan. The FY 2024 OMB Budget request will also continue to support salaries of InnovationX staff (e.g., permanent, detail, fellows) with some increased capacity to augment for needed additional support.

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

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

outcomes.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$4,285,000
FY 2021	$4,885,000
FY 2022 Final	$4,885,000
FY 2023 Enacted	$4,885,000
FY 2024 President's Budget	$8,083,000

Program Accomplishments

The following are the evaluation projects funded in FY 2022:

- Building a Resilient Nation: Evaluating Healthy People 2030 (HP2030) (pt. A):
  - Tracked, monitored, and reported publicly available data for the HP2030 measures by population groups, including race, ethnicity, gender, sexual orientation, disability status, education and income level, veteran status, geographic location, and other key variables to allow users within and outside the federal government to identify health disparities and inequities most urgently needing attention.
  - Evaluated HP2030 implementation resources and strategies, including data visualizations, content syndication, health disparities display tools, and communication activities to increase uptake and usefulness of HP2030 across sectors.
- Building a Resilient Nation: Evaluating HP2030 (pt. B)
  - Evaluated progress toward achieving the Healthy People 2030 objectives to identify health disparities and inequities and strategic approaches to addressing them at the federal, state, and local levels.
  - Evaluated the use of HP2030 across sectors to assess relevance and identify opportunities for improvement that would increase progress toward target attainment.
  - Assessed the current set of HP2030 objectives and measures to identify gaps in measurement, data collection, and research to ensure HP2030 addresses emerging and critical public health issues.
- Community Needs Assessment on the Impacts of Climate Change on Vulnerable Populations
  - Conducted listening sessions and focus groups to engage community health workers and community members from vulnerable populations in the Mid-Atlantic states who are disproportionately impacted by the effects of climate change.
  - Identified gaps and develop cues to action from these engagements.
  - Provided advice for the National Adaptation Plan for Health, coordinated by the Office of Climate Change and Health Equity (OCCHE), to ensure an equitable federal response to the climate crisis.
- OASH HHS-wide Long COVID Coordination
  - Coordinated federal leadership of Long COVID by convening a strategic assessment which comprehensively distills agency-wide efforts through the lens of the recommendations of the WH-Commissioned COVID-19 Health Equity Task Force to drive a substantive HHS response.
- Supporting Community-Led Prevention Efforts in Maternal Health in the Mississippi River Delta
  - Assessed barriers to implementation of effective strategies that improve outcomes and decrease health disparities for African American and Native American birthing people in the Mississippi River Delta, including counties in AR, LA, MO, MS, & TN (The Delta).

  - Produced and disseminate Initial Recommendations, Performance Goals and Measures, a Gap Analysis, Final Recommendations, and a White Paper for increased accountability.
  - Provided critical information for community leaders to make effective decisions about activities that improve maternal health and decrease health disparities.
- A Syndemic Approach: A Program Evaluation and Resource Tool and Library to Address the Syndemic of Viral Hepatitis, HIV, STIs and Substance Use Disorder
  - Evaluated current syndemic approaches that have been used to integrate infectious disease and SUD services across the continuum of care.
  - Identified evidence-based strategies to integrate services for high-risk groups in settings with a high proportion of people with risk factors for co-occurring infections and/or chronic infection.
  - Disseminated evidence-based strategies through the development of an online resource library that houses initiative deliverables and other syndemic related materials as a tool for service providers that plan to or are seeking information on how to integrate services for infectious disease into their programs. This includes primary care providers, SSPs, harm reduction programs and infectious disease specialists.
- Evaluating America's HIV Epidemic (EHE) Analysis Dashboard (AHEAD) Dashboard Evaluation
  - Evaluated AHEAD as a tool for representing complex, multi-year HIV indicator data.
  - Identified best practices for representing data to monitor progress and inform program planning and implementation across disparate communities.
  - Identified technical assistance and educational needs to enable different stakeholders to effectively use AHEAD to reach local program goals.
  - Supported progress reporting on the Administration's priority to end the HIV epidemic by 2030.
- HHS Initiative on the Mother-Infant Dyad with Substance Exposure: Information Technology-centered Strategy to Improve Long-term Care
  - Assessed the integrative IT framework and individualized components necessary to build an IT roadmap for longitudinal clinical monitoring prototype for infants with substance exposure.
  - Recommended precise IT resource requirements and step-by-step methodology necessary to develop the longitudinal clinical monitoring prototype.
  - Applied and integrated a set of maternal-child clinical data elements into the IT roadmap, which will be disseminated to pediatric care institutions nation-wide.
- Ensuring High Quality Primary Care for All: Developing Outcome Metrics and an Evaluation Dashboard to Assess the Impact of the Initiative to Strengthen Primary Health Care
  - Built on external stakeholder recommendations for a national primary care scorecard by addressing gaps in measures and data collection at the federal level.
  - Convened federal and external stakeholders to provide input and feedback in identifying measures and data collection needed for a meaningful and actionable evaluation dashboard to assess the impact of the Initiative to Strengthen Primary Health Care Apply a health equity lens in measure creation and analyze for potential unintended.
- Move Your Way, A Communications Campaign to Promote the Physical Activity Guidelines for Americans
  - Evaluated new Move Your Way implementation strategies to assess impact on physical activity knowledge, awareness, self-efficacy and behavior, especially within key target audiences.

- Assessed federal and non-federal partnership opportunities to increase widespread brand awareness and usage of the Move Your Way campaign and impact physical activity contemplators nationwide; and,
- Evaluated brand usage by community organizations and partners to understand impact of campaign customization on physical activity knowledge, awareness, self-efficacy, and behavior.

The OASH Evaluation Set-Aside program also supports OASH's InnovationX team, which joined OASH's Office of Science and Medicine in 2021. OASH InnovationX harnesses the power of collaboration, data-driven innovation, human-centered design, and emerging technologies to advance human health and equity initiatives for the Office of Science and Medicine. It leads the departmental "open innovation" portfolio, including customer experience (CX), technology sprints, and innovation sprints fueled by open data and open science. InnovationX serves as a hub for HHS public-private partnerships including KidneyX and LymeX, which use grand-prize challenges to accelerate innovation and scale solutions for real-world impact.

PHS EVALUATION
OFFICE OF CLIMATE CHANGE AND HEALTH EQUITY

Budget Summary

(Dollars in Thousands)

OASH-Office of Climate Change and Health Equity	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	-	-	4,650	+4,650
FTE	-	-	15	+15

Authorizing Legislation.....PHS Act, Title II Section 247
FY 2024 Authorization.....Permanent
Method.....Direct Federal

Program Description

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

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

In addressing environmental causes of health inequities, the Office of Environmental Justice (OEJ) within OCCHE undertakes actions that seek to directly improve the well-being of underserved communities, including, low-income communities and communities of color, who continue to bear the brunt of pollution from industrial development, agricultural practices, cumulative impacts of land use decisions, transportation, and trade corridors. Executive Order 14008, Tackling the Climate Crisis at Home and Abroad, directs agencies, including HHS to make achieving environmental justice part of its mission by developing programs, policies, and activities to address the disproportionately high and adverse human health, environmental, and climate-related and other cumulative impacts on disadvantaged communities.

OEJ is leading the development and implementation of an HHS-wide strategy on environmental justice, coordinating an annual HHS environmental justice report, and promoting training opportunities to build an environmental justice workforce. Additionally, this office provides with environmental justice expertise to the HHS Office of Civil Rights to support compliance under Title VI of the Civil Rights Act of

1964. OEJ has a critical role in providing expertise and coordination related to environmental justice deliverables and activities, including executive order implementation to the White House, Secretary of HHS, staff and operating divisions within HHS, and other federal agencies.

Budget Request

The FY 2024 President's Budget request for OCCHE is $4,650,000, which is an increase of +$4,650,000 above FY 2023 Enacted. At this level, the OCCHE will be able to add to its subject matter experts (SMEs) and support staff and work with its partners within HHS, the regional offices, and other stakeholders to accomplish the Office's goals. Funding will strengthen efforts to reduce the health consequences of harmful exposures related to climate change and environmental pollutants through enhanced partnerships and providing technical assistance to state, local, tribal, territorial as well as private sector stakeholders.

OCCHE will apply FY 2024 funding to the following key functions:

- **Personnel:** Funds will be dedicated for Office staff, including up to 10 total for OCCHE and five total for OEJ. Funds will also support ORISE and Presidential Management Fellows and Expert Consultants. Staff are needed as SMEs to engage and advise on collaborative efforts with other HHS divisions, manage contracts, cooperative agreements, and fellowship administration.
- **Contract Support:** The OCCHE requires contractor technical and logistical support for development of technical assistance resources, convening events, and leading the establishment of new interagency working groups and advisory councils, including those mandated by E.O. 14008.
- **Grants and Cooperative Agreements:** The OCCHE will enter into cooperative agreements with partners in public health, health care delivery, and local governments, to support health sector and community-based resilience initiatives. Cooperative agreements will also be used to support internships for underrepresented minority students in climate change and health equity and environmental justice.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	-
FY 2021	-
FY 2022 Final	-
FY 2023 Enacted	-
FY 2024 President's Budget	$4,650,000

Program Accomplishments:

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

- Partnering with the White House on a Health Sector Climate Pledge that has been signed by over 102 health sector organizations, including roughly 1 in 6 hospitals in the country, major pharmaceutical companies, and an array of payors, purchasing organizations, and professional societies.
- Establishing an online compendium and series of webinars raising awareness of existing federal resources for health sector decarbonization and resilience.
- Launching and expanding the OCCHE Climate and Health Outlook, the nation's first seasonal forecast product for health.
- Leading the development of HHS programming for the Climate Adaptation and Resilience Plan through one-on-one consultations with each Division; convening the Climate Change and Health Equity Working Group to develop a robust climate change strategy for all of HHS.

- Leading a learning network of federal health systems, including the DoD, VA, and Indian Health Service, to catalyze achievement of goals mandated by Executive Order 14057 for decarbonization of federal agencies.
- Planning and initiating a series of community conversations in partnership with the HHS regional offices, ACF, and other partners to inform a national climate adaptation plan for health.

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

- Partnering with the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to create and promote the Environmental Justice Index -- the first national, geographic-driven tool designed to measure the cumulative impacts of environmental burden through the lenses of human health and health equity.
- Supporting the HHS Office of Civil Rights (OCR) to initiate investigations and compliance reviews that address environmental justice and discrimination under Title VI of the Civil Rights Act.
- Serving as the HHS designated Environmental Justice Officer (EO 14008) and centrally coordinating with the Executive Office of the President on HHS policy matters regarding implementation of Justice40, which designates 40 percent of the overall benefits of certain federal investments flow to disadvantaged communities that are marginalized, underserved, and overburdened by pollution.

Office of Climate Change and Health Equity – Program Data Chart:

Office of Climate Change and Health Equity	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Grants/Cooperative Agreements	-	-	750,000
Contracts	-	-	800,000
Operating Costs (OCCHE)	-	-	2,400,000
Operating Costs (OEJ)	-	-	700,000
Total	**-**	**-**	**4,650,000**

PHS EVALUATION
TEEN PREGNANCY PREVENTION

Budget Summary
(Dollars in Thousands)

PHS Evaluation Teen Pregnancy Prevention	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	6,800	6,800	7,892	+1,092
FTE	-	-	1	+1

Authorizing Legislation.....PHS Act, Title II Section 247
FY 2024 Authorization.....Permanent
Allocation Method.....Direct Federal

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

Budget Request
The FY 2024 President's Budget request for Teen Pregnancy Prevention Evaluation (TPPE) is $7,892,000, which is an increase of +$1,092,000 above FY 2023 Enacted. The funds will provide additional support for an independent, systematic, rigorous evidence review of the TPP program. At this funding level, OPA will also support competitive grants and contracts to conduct research with the focus of improving access, equity, and quality in the TPP Program. These grants and contracts will put an added emphasis on determining factors that prevent and reduce disparities in sexual health outcomes and identifying core components of TPP programs that support effectiveness, as recommended in the 2019 Institute of Medicine report on the TPP Program.

OPA will also invest in the development of research-to-practice resources to translate research findings into best practices and actionable activities for practitioners and adults who work with adolescents. These funds will also support technical assistance and training for TPP grantees conducting research with rigorous evaluation.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$6,800,000
FY 2021	$6,800,000
FY 2022 Final	$6,800,000
FY 2023 Enacted	$6,800,000
FY 2024 President's Budget	$7,892,000

Program Accomplishments

TPP Evaluation supports:

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

PHS EVALUATION
ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary
(Dollars in Thousands)

Assistant Secretary for Financial Resources	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	1,100	1,100	1,200	+100
FTE	6	4	4	-

Authorizing Legislation.....PHS Act, Title II, Section 247
FY 2024 Authorization.....Permanent
Allocation Method.....Direct Federal

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

Budget Request
The FY 2024 President's Budget request for ASFR PHS Evaluation is $1,200,000, which is an increase of +$100,000 above FY 2023 Enacted.

With additional funding, ASFR will support costs associated with the Data Analytics Platform, which supports the Department's statutorily required effort to improve program, performance, and program evaluation through the collection, analysis and reporting of data for over 900 HHS program performance measures included in the budget. Improvements to the Data Analytics Platform are necessary to ensure the data is accessible and useful to all of HHS.

The FY 2024 request will be used to fund program evaluation activities within the ASFR Office of Budget. The Office of Budget which manages the implementation of the Government Performance and Results Modernization Act and all phases of HHS performance budget improvement activities. These funds will cover staff costs focused on enhancing program evaluation and data analysis and visualization activities in the preparation of performance reports for OMB, the Congress, and the public. Funds will also go towards the coordination of Agency Priority Goal and Strategic Review reporting. Agency Priority Goals are near-term goals that focus on key priorities of the Secretary and the Administration. During the Strategic Review process, HHS reports interim and end of year progress on meeting the goals and objectives of the new FY 2022-2026 HHS Strategic Plan. In addition, this funding supports production of the Annual Performance Plan and Report, which provides a more in-depth discussion of Department's progress towards achieving the goals and objectives described in the HHS Strategic Plan and setting goals for the future.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$1,100,000
FY 2021	$1,100,000
FY 2022 Final	$1,100,000
FY 2023 Enacted	$1,100,000
FY 2024 President's Budget	$1,200,000

Program Accomplishments

In FY 2022, this funding ensured the timely, accurate publication of the Annual Performance Plan and Report and Agency Priority Goals and supported ongoing Strategic Reviews. These statutorily required efforts support accountable, transparent, and results-oriented program management.

ASSISTANT SECRETARY FOR ADMINISTRATION
NONRECURRING EXPENSE FUND

Budget Summary
(Dollars in Thousands)

	FY 2022[12]	FY 2023[13]	FY 2024[14]
Notification[15]	17,645	75,000	159,127

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

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

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

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

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

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

[12] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on June 17, 2021.
[13] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[14] HHS has not yet notified for FY 2024.
[15] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

Budget Allocations FY 2024

ASA continues to make investments funded by the NEF that support information technology, cybersecurity enhancements, and facilities infrastructure. Current and completed NEF projects and accomplishments across the ASA are outlined in the following summarized projects. The FY 2023 and FY 2024 projects and funding amounts are planned estimates and subject to final approval.

Learning Management System (LMS) Replacement - $4,500,000

The LMS is HHS' System of Record for Employee Training and Reporting and is required by OPM to report employee learning. Federal regulation requires federal departments to track, document, maintain and report the training data of Federal employees. HHS' current LMS is a SABA Enterprise, which must be replaced. NEF funds will support the costs of transitioning to USDA's shared service solution.

Cybersecurity Investments (Zero Trust) – $154,627,000

The Zero Trust request is a direct response to Executive Order 14028, *Improving the Nation's Cybersecurity* and OMB Memorandum 22-09, *Moving the U.S. Government Toward Zero Trust Cybersecurity Principles* and seeks to continue efforts that were initiated across HHS in FY 2023.

After HHS' FY 2023 Zero Trust's immediate needs are addressed and executed, other priorities will focus on data protection, log management, encryption, and multifactor authentication. HHS will continue to support smaller OpDivs with planning and strategies to ensure that they are included in enterprise procurements and have the resources to plan to modernize to Zero Trust strategies. FY 2024 will build upon FY 2023 accomplishments and investments.

Budget Allocation FY 2023

Cybersecurity Investments (Zero Trust) – $75,000,000

The Cybersecurity Investments (Zero Trust) request is a direct response to Executive Order 14028, *Improving the Nation's Cybersecurity* and OMB Memorandum 22-09, *Moving the U.S. Government Toward Zero Trust Cybersecurity Principles* and seeks to kickstart these efforts across HHS. This project and funding amount are planned estimates and subject to final approval.

HHS is a large, federated agency with some components that function with a high degree of autonomy due to delegated authorities from the Chief Information Officer; these functions are typically focused on information technology and cybersecurity capabilities as articulated by the Federal Information Security Modernization Act of 2014.

HHS has several capabilities that need to augment existing Endpoint Detection and Response, Identity, and Secure Access Service Edge capabilities, which can be immediately executed. Smaller Operating Divisions need help and support from HHS with strategy and planning to ensure that they can implement Zero Trust in their inaugural year.

Budget Allocation FY 2022

HHS IMPACT - Identifying and Mobilizing Personnel Assignments to Critical Tracts - $3,395,000

NEF is investing in developing an enterprise federal employee volunteer program and platform, that will serve to streamline the process by which HHS deploys federal workforce volunteers in response to

public health emergencies, surge needs, and or crises scenarios. The platform assists with the mobilization of both clinical and non-clinical volunteer personnel, rapidly, based on skillset and readiness and provides direct human health impacts and positive health outcomes. *HHS IMPACT* is fully operational across the Department, with development and enhancements continuing through user-testing and specific mission requirements.

PIV Tracking and Access Management - $950,000

The PIV exception tracking and reporting system serves to mitigate risks with providing physical and logical access to personnel, and allows on-demand reporting, has the ability to query information quickly for OCIO to implement corrective actions more efficiently.

Debt Management System - $13,300,000

PSC's Debt Collection Center currently utilizes the Debt Management and Collection System to systematically manage individual customer agency's debt programs. The NEF is used in a modernization effort, with a projected operational platform in FY 2024.

Budget Allocation FY 2021 and Prior

Enterprise Network Consolidation and Trusted Internet Connection Migration - $4,999,847

This NEF investment identified efficiencies in enterprise security components, funded lifecycle refresh for the Trusted Internet Connection and Internet security components, and supported internet requirements and migration cost to MTIPS. These updates strengthened OMB mandated TIC cyber security capabilities.

ReImagine HHS - Better Insight from Better Data - $19,407,000

NEF funds were used to implement an internal portal for collaboration on data and data science across the Department. The platform relies on three integrated software tools to support the data lifecycle. The workspace now provides a secure cloud-based environment where the data analysts can perform their analyses and visualizations without moving the data off the system. This would be especially useful when the data are sensitive in nature. This environment creates a data-sharing platform for HHS-wide data science and AI capabilities by streamlining data-sharing, optimizing data access, and increasing the availability of state-of-the-art analytic tools — all of which dramatically reduce the amount of time to make data-driven decisions.

Portfolio Management Tool (PMT) Modernization - $1,150,000

NEF funds were used to complete the PMT modernization project in support of OCIO's mission in facilitating HHS's ability to manage, monitor, and track IT investment costs and projects in accordance with OMB Circular A-11 requirements, and to ensure HHS and taxpayer dollars are well spent and deliver meaningful technical results.

Enterprise Packet Capture Solutions Refresh migration to MTIPS - $5,499,916

NEF funds were used to centralize network threat identification and response activity and to complete the refresh of physical products across the Department.

HHS Cybersecurity Automation Program (HCAP)

NEF funds were utilized for implementing services, leveraging and integrating information and resources from the Security Governance, Risk and Compliance, CDM, and the Enterprise Log Management and Cybersecurity Security Information and Event Management projects. HCAP enables sharing and consolidation of data sources and analysis across the agency to produce useable cybersecurity risk management information for the Department.

Regional Consolidation - Chicago and San Francisco - $25,496,623

NEF funds were used for the new space requirements for the Chicago Regional Office and to renovate existing space in the San Francisco Regional Office. Regional office consolidation projects consist of multiple phases that occur over a three- to five-year period. The Chicago and San Francisco projects will result in significant space reductions and rent savings for HHS.

Humphrey Building Renovations - $6,309,471

NEF funding was utilized for design and construction for the Humphrey Building Cafeteria Renovations.

HHS Telework Center - $1,470,000

NEF funding was used to renovate the 801 Suite in the Humphrey Building to convert it to a telework center that will be used to accommodate staff that primarily telework when they report to the office.

Optimize Coordination - $5,000,000

The NEF will continue to make investments that support optimizing coordination across HHS by integrating administrative data into HHS decision making processes. This involves building the infrastructure for a “data hub” to link existing administrative data sources relating to budget, facilities, human resources, assets, badging, time and attendance, as well as others.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH
Nonrecurring Expenses Fund
Budget Summary
(Dollars in Thousands)

	FY 2022[16]	FY 2023[17]	FY 2024[18]
Notification[19]	--	3,500	7,670

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

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

The Office of the Assistant Secretary for Health (OASH) used NEF funding to initiate the replacement of the Commission Corps Payroll and Personnel Systems (CIPPS) and begin the transition of on-premises data to an Integrated Data Platform (IDP) on a secure cloud environment in compliance with Federal CIO recommendations. OASH tested initial payroll operating capabilities using a no-code platform and has developed a plan to create a shared technology platform for integrating payroll, leave, promotion, and personnel actions for more than 6,100 Commissioned Corps Active-Duty officers.

Budget Allocation FY 2024
NEF investment of $7.67 million will allow for standard IT platforms and procedures that are centrally built, managed, and authorized for operation. This includes enabling an OASH IT Ecosystem, expanding the use of CIPPS' IDP to house all OASH data and creating a unified web cloud-based platform to support OASH offices and their ability to communicate with the American people. This project and funding amount are based on planned estimates and are subject to final approval.

The NEF funding will continue to address the need for replacement of legacy IT systems and manual processes within OASH.

Budget Allocation FY 2023
OASH received a $3.5 million NEF supplement to the original CIPPS investment of $26.4 million for a total cost of $29.9 million. These funds cover the cost of establishing an IDP that enables CIPPS applications to efficiently utilize and house accurate data that can be analyzed and used to inform real-time deployment capabilities and response teams. It will also provide a consolidated dashboard for human resources to track and monitor Commissioned Corps personnel deployments.

[16] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on June 17, 2021.

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

[18] The NEF CJ indicates the amounts HHS intends to notify for in 2024; these amounts are planned estimates and subject to final approval.

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

Budget Allocation FY 2021 and Prior

In FY 2020, OASH received $26.4 million NEF to replace the Commissioned Corps Headquarters payroll and personnel system, which allows for coordination and interaction with HHS civilian HR Systems. OASH initiated the CIPPS project in FY 2021 and conducted system discovery, database analysis, and requirement gathering, established preliminary IT governance and program criteria, and determined that an IDP was necessary to house all Commissioned Corps data sets in a secure cloud environment.

Nonrecurring Expenses Fund
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION

Budget Summary
(Dollars in Thousands)

	FY 2022[20]	FY 2023[21]	FY 2024[22]
Notification[23]	1,361	2,800	2,950

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

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

The Office of the Assistant Secretary for Planning and Evaluation (ASPE), headed by the Assistant Secretary for Planning and Evaluation, is a Staff Division of the Office of the Secretary in the Department of Health and Human Services (HHS). The Assistant Secretary is the principal advisor to the Secretary of HHS on policy development, data analysis, program evaluation, and strategic planning. ASPE's staff lead initiatives for the Secretary and provide direction for HHS strategic, legislative, and policy planning. ASPE maintains a diverse portfolio of intramural and extramural research and evaluation, conducts economic analysis, and estimates the costs and benefits of policies and programs under consideration by HHS or Congress. ASPE's analytic products include legislative and regulatory proposals, research papers and briefs, public-use datasets, dashboards, and internal briefing memoranda. Analyses involve a range of information sources and methodologies including survey data and analyses, program evaluation, analytical models, and performance data. To cover this breadth of activities and analytical methodologies, ASPE consists of a diverse group of professionals, including economists, statisticians, demographers, epidemiologists, lawyers, sociologists, scientists, psychologists, and clinicians who conduct immediate need and longer-term policy research and analysis to support leadership decision-making.

ASPE infuses rigorous methods, high-quality data, and modeling capabilities into analyzing the policies considered and implemented in HHS. ASPE relies heavily on economic, actuarial, and microsimulation modeling to evaluate the impact of policy proposals on health and human services programs.

This proposal is designed to modernize and advance ASPE's IT infrastructure to ensure ASPE has the capacity in place to continue to provide rapid and rigorous information for leadership decision-making in a cost-effective manner and be responsive to Secretarial demands while meeting present-day security best practices.

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[20] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on June 17, 2021.

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

[22] The NEF CJ indicates the amounts HHS intends to notify for in 2024; these amounts are planned estimates and subject to final approval.

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

ASPE continues to incrementally improve products, services, processes through continuous and incremental fortification of ASPE systems and IT infrastructure. In alignment with HHS policies, ASPE continues to monitor, mitigate and manage cyber vulnerabilities, continually improving the infrastructure and risk posture through these measures.

ASPE leadership works in collaboration with the ASPE IT Advisory Committee in their executive oversight of the ASPE IT Solutions contract. The IT Advisory Committee will provide each office, through their committee representatives, a mechanism for laying out their policy requirements; defining metrics for successful outcomes; rely on data to inform decisions; staying up-to-date about contract activities; evaluating and providing input on proposed IT changes; drafting IT-related policies and operating procedures; and conveying, ideas, questions, and concerns to the IT Solutions Team. The committee will increase transparency, engagement, and collaboration across ASPE.

For these reasons, this funding will strengthen ASPE systems and IT infrastructure and align internal systems, the public facing websites, business operation systems and scientific and analytical computing capacity with HHS cybersecurity policy and continuity of operations. With the funding, ASPE will take steps to improve our risk posture through 3 initiatives:

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

These initiatives meet the standards set forth by the Presidential Executive Order 14028, Improving the Nation's Cybersecurity and HHS IT Strategic Plan *Objective 2.1: Modernize Legacy IT* with

- Fully Federal Risk and Authorization Management Program accredited products and services offered by the cloud hosting environment with approved HHS ATO to host Federal IT Systems.
- Providing a secure environment for ASPE IT Systems Federal Information Security Modernization Act systems.

The work for these initiatives is executed through the ASPE IT Solutions contract and managed by ASPE staff. The ASPE IT Solutions contract end date is September 2026.

Budget Allocation FY 2024:

ASPE continues to strengthen ASPE systems and IT infrastructure and align internal systems, the public facing websites, business operation systems and scientific and analytical computing capacity with HHS cybersecurity policy and continuity of operations through 3 main initiatives:

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

ASPE continues to strengthen its infrastructure and demonstrate that staff can successfully operate in a hybrid-work posture, providing effective service delivery and achieving operational excellence in a complex environment. ASPE, in coordination with the Department Leadership, collaborate to keep staff

safe and prepared to deliver services supporting core responsibilities central to our mission. Within ASPE's body of work, send ASPE staff lead initiatives for the Secretary and provide direction for HHS strategic, legislative, and policy planning. ASPE maintains a diverse portfolio of intramural and extramural research and evaluation, conducts economic analysis, and estimates the costs and benefits of policies and programs under consideration by HHS or Congress. ASPE's analytic products include legislative and regulatory proposals, research papers and briefs, dashboards, and internal briefing memoranda. Analyses involve a range of information sources and methodologies including survey data and analyses, program evaluation, analytical models, and performance data. To cover this breadth of activities and analytical methodologies, ASPE consists of a diverse group of professionals, including economists, statisticians, demographers, epidemiologists, lawyers, sociologists, scientists, psychologists, and physicians who conduct immediate need and longer-term policy research and analysis to support leadership decision-making. ASPE's plan for returning to the workplace initiated in FY 2022, addressed unprecedented circumstances of the pandemic. Based on our experience, the continued essential areas of continued focus are:

- Robust engagement with the public through data management, visualization and transparency
- Digitize, automate, and optimize operational activities
- Adoption of flexible and collaborative work models, technology and resources

Central to these areas of focus and the return to workplace planning, is a flexible and agile infrastructure giving management and staff the option to choose the appropriate work environment depending on the business need and what makes sense. As we have learned over the past years, planning for the long term is necessary and the right configuration supporting staff seamlessly will continue to improve and increase staff productivity.

In FY 2024, ASPE plans to continue to incrementally improve products, services, processes through continuous and incremental fortification of ASPE systems and IT infrastructure. In alignment with HHS policies, ASPE continues to monitor, mitigate and manage cyber vulnerabilities, continually improving the infrastructure and risk posture through these measures.

ASPE leadership works in collaboration with the ASPE IT Advisory Committee in their executive oversight of the ASPE IT Solutions contract. The IT Advisory Committee will provide each office, through their committee representatives, a mechanism for laying out their policy requirements; defining metrics for successful outcomes; rely on data to inform decisions; staying up-to-date about contract activities; evaluating and providing input on proposed IT changes; drafting IT-related policies and operating procedures; and conveying, ideas, questions, and concerns to the IT Solutions Team. The committee will increase transparency, engagement, and collaboration across ASPE.

Budget Allocation FY 2023:

FY 2023 NEF funds build upon FY 2022 activities and incrementally improve products, services, processes through continuous and incremental fortification of ASPE's workplace, systems and IT infrastructure. In alignment with HHS policies, ASPE will continue to monitor, mitigate and manage cyber vulnerabilities, continually improve the infrastructure and risk posture through these measures. Additionally, these funds will strengthen ASPE systems and IT infrastructure and align internal systems, the public facing website, and scientific and analytical computing capacity with HHS cybersecurity policy and continuity of operations. With this funding, ASPE will scale existing capabilities and align with HHS/OS strategic plans. As ASPE plans for the return to the workplace, upgrades directly impacting staff will help support staff

engagement by providing:

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

Budget Allocation FY 2022:

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

- Ensuring ASPE's public facing website has ATO;
- Purchasing and establishing a low-code solution for ASPE's business operations and ASPE's intranet website; and
- Acquiring or leveraging a cloud solution for scientific and analytical data processing, storage and management.

ASPE did not receive budget allocations prior to FY 2021.

Supporting Exhibits

BUDGET AUTHORITY BY OBJECT CLASS – DIRECT

(Dollars in Thousands)

Object Class Code	Description	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
11.1	Full-time permanent	92,222	103,580	126,756	+23,177
11.3	Other than full-time permanent	-	-	-	-
11.5	Other personnel compensation	-	-	-	-
11.7	Military personnel	3,050	3,940	4,779	+839
Subtotal	***Personnel Compensation***	***95,272***	***107,520***	***131,535***	***+24,015***
12.1	Civilian personnel benefits	35,826	40,167	49,332	+9,166
12.2	Military benefits	1,186	1,532	1,859	+327
13.0	Benefits for former personnel	-	-	-	-
Total	***Pay Costs***	***132,284***	***149,219***	***182,727***	***+33,509***
21.0	Travel and transportation of persons	1,737	1,758	1,774	+16
22.0	Transportation of things	73	70	71	+1
23.1	Rental payments to GSA	18,479	20,739	19,699	-1,040
23.3	Communications, utilities, and misc. charges	1,406	1,444	1,482	+38
24.0	Printing and reproduction	1,158	1,172	1,183	+11
25.1	Advisory and assistance services	34,222	36,090	36,787	+696
25.2	Other services from non-Federal sources	34,087	29,266	31,677	+2,410
25.3	Other goods and services from Federal sources	129,191	140,235	161,669	+21,434
25.4	Operation and maintenance of facilities	5,164	5,312	6,962	+1,650
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	2,075	1,950	1,970	+20
25.8	Subsistence and support of persons	18	18	18	-
26.0	Supplies and materials	489	495	502	+7
31.0	Equipment	747	693	702	+9
32.0	Land and Structures	-	-	-	-
41.0	Grants, subsidies, and contributions	145,163	148,683	164,097	+15,414
42.0	Insurance claims and indemnities	-	-	-	-
44.0	Refunds	-	-	-	-
Total	***Non-Pay Costs***	***374,010***	***387,925***	***428,593***	***+40,666***
Total	**Budget Authority by Object Class**	**506,294**	**537,144**	**611,320**	**+74,175**

SALARIES AND EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
11.1	Full-time permanent	92,222	103,580	126,756	+23,177
11.3	Other than full-time permanent	-	-	-	-
11.5	Other personnel compensation	-	-	-	-
11.7	Military personnel	3,050	3,940	4,779	+839
Subtotal	***Personnel Compensation***	***95,272***	***107,520***	***131,535***	***+24,015***
12.1	Civilian personnel benefits	35,826	40,167	49,332	+9,166
12.2	Military benefits	1,186	1,532	1,859	+327
13.0	Benefits for former personnel	-	-	-	-
Total	***Pay Costs***	***132,285***	***149,219***	***182,726***	***+33,509***
21.0	Travel and transportation of persons	1,737	1,758	1,774	+16
22.0	Transportation of things	73	70	71	+1
23.3	Communications, utilities, and misc. charges	1,406	1,444	1,482	+38
24.0	Printing and reproduction	1,158	1,172	1,183	+11
25.1	Advisory and assistance services	34,222	36,090	36,787	+696
25.2	Other services from non-Federal sources	34,087	29,266	31,677	+2,410
25.3	Other goods and services from Federal sources	129,191	140,235	161,669	+21,434
25.4	Operation and maintenance of facilities	5,164	5,312	6,962	+1,650
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	2,075	1,950	1,970	+20
25.8	Subsistence and support of persons	18	18	18	-
Subtotal	***Other Contractual Services***	**209,131**	**217,315**	**243,593**	**+26,276**
26.0	Supplies and materials	489	495	502	+7
Subtotal	***Non-Pay Costs***	***209,619***	***217,810***	***244,095***	***+26,283***
Total	**Salary and Expenses**	**341,904**	**367,028**	**426,821**	**+59,792**
Total	**Direct FTE**	**825**	**889**	**1,032**	**+143**

DETAIL OF FULL-TIME EQUIVALENT (FTE) EMPLOYMENT[24]

Detail	FY 2022 Final CIV	FY 2022 Final CC	FY 2022 Total	FY 2023 Enacted CIV	FY 2023 Enacted CC	FY 2023 Enacted Total	FY 2024 President's Budget CIV	FY 2024 President's Budget CC	FY 2024 Total
Direct	795	30	825	854	35	889	992	40	1,032
Reimbursable	593	9	602	615	9	624	667	9	676
Total FTE	**1,388**	**39**	**1,427**	**1,469**	**44**	**1,513**	**1,659**	**49**	**1,708**
-	-	-	-	-	-	-	-	-	-
Average GS Grade Direct	-	-	13.3	-	-	13.3	-	-	13.5

[24] Abbreviation Key: CIV – Civilian, CC – Commissioned Corps

DETAIL OF POSITIONS

(Direct Only)

Direct Civilian Positions	FY 2022 Actual	FY 2022 Enacted	FY 2024 President's Budget
Executive level I	1	1	1
Executive level II	1	1	1
Executive level III	-	-	-
Executive level IV	2	2	2
Executive level V	-		3
Subtotal, Positions	***4***	***4***	***7***
-	-	-	-
Executive Service	74	91	91
Subtotal, Positions	***74***	***91***	***91***
-	-	-	-
GS-15	158	165	179
GS-14	183	183	183
GS-13	192	214	215
GS-12	79	79	95
GS-11	46	43	76
GS-10	2	10	25
GS-9	43	48	85
GS-8	7	8	8
GS-7	4	6	25
GS-6	1	1	1
GS-5	1	1	1
GS-4	1	1	1
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal, Positions	***717***	***759***	***894***
-	-	-	-
Total Positions	**795**	**854**	**992**
-	-	-	-
Average GS grade	13.3	13.3	13.5
Average GS Salary	$116,003	$121,288	$127,779

FTES FUNDED BY THE AFFORDABLE CARE ACT

(Dollars in Thousands)

Program	Section	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Pregnancy Assistance Fund Discretionary P.L. (111-148)	Section 10214	23,200	23,275	23,300	23,275	23,350	23,350	0	0	0	0	0
FTE	**-**	**2**	**2**	**2**	**2**	**2**	**2**	**0**	**0**	**0**	**0**	**0**

PHYSICIANS' COMPARABILITY ALLOWANCE (PCA)

Office of the Assistant Secretary for Health

Physician Categories	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
1) Number of Physicians Receiving PCAs	4	4	4
2) Number of Physicians with One-Year PCA Agreements	-	-	-
3) Number of Physicians with Multi-Year PCA Agreements	4	4	4
4) Average Annual PCA Physician Pay (without PCA payment)	173,627	181,740	197,550
5) Average Annual PCA Payment	25,500	25,500	25,500
6) Number of Physicians' Receiving PCA's by Category (non-add) Category I Clinical Position	-	-	-
Number of Physicians' Receiving PCA's by Category (non-add) Category II Research Position	-	-	-
Number of Physicians' Receiving PCA's by Category (non-add) Category III Occupational Health	-	-	-
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-A Disability Evaluation	-	-	-
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-B Health and Medical Admin.	4	4	4

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

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

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

RENT AND COMMON EXPENSES

(Dollars in Thousands)

Details	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Rent	**-**	**-**	**-**	**-**
GDM	10,344	10,451	10,558	+107
IOS	204	221	221	-
ASA	-	-	-	-
ASFR	117	118	119	+1
ASPA	-	-	-	-
CFOI	66	67	68	+1
DAB	537	643	750	+107
IEA	-	-	-	-
OASH	5,483	5,519	56	-5,463
OGA	450	470	475	+5
OGC	1,278	3,250	1,330	-1,920
Subtotal	**18,479**	**20,739**	**13,577**	**-7,162**
Operations and Maintenance				
GDM	3,140	3,241	4,865	+1,624
IOS	117	118	118	-
ASA	838	847	856	+9
ASFR	255	258	261	+3
ASPA	4	64	65	+1
CFOI	14	14	14	-
DAB	140	141	142	+1
IEA	81	32	53	+21
OASH	2,562	2,472	25	-2,447
OGA	692	699	706	+7
OGC	632	638	645	+7
All Other GDM	170	182	2,664	+2,482
Subtotal	**8,645**	**8,706**	**10,414**	**+1,708**
Service and Supply Fund	-	-	-	-
GDM Shared Services	10,828	10,828	19,064	+8,236
IOS	1,713	1,799	1,889	+90
ASA	5,477	5,751	6,038	+288
ASFR	1,532	1,609	1,689	+80
ASPA	658	691	725	+35
CFOI	152	160	168	+8
DAB	389	408	429	+20
IEA	589	618	649	+31
OASH	6,663	6,996	7,346	+350
OGA	441	463	486	+23
OGC	2,998	3,148	3,305	+157
Subtotal	**31,440**	**32,471**	**41,788**	**+9,317**

CENTRALLY MANAGED PROJECTS

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

Project	Description	FY 2023 Funding
Bilateral and Multilateral International Health Activities	Office of Global Affairs activities leading the U.S. government's participation in policy debates at multilateral organizations on health, science, social welfare policies, advancing HHS's global strategies and partnerships, support of coordination of global health policy, and setting priorities for international engagements across USG agencies.	$7,943,357
HHS GAO Audit Activity Augmentation	ASL support the HHS GAO audit liaison mission and the GAO Audit unit supports the Department's efforts to effectively and efficiently collaborate with GAO to include ongoing maintenance, licensing, technical assistance, and any enhancements of the IT platform. All HHS components will have access to the system, its workflows and dashboards to better track and monitor their respective caseloads and recommendations.	$ 272,493
Department-wide CFO Audit of Financial Statements	HHS financial statements annual audit (as required by the CFO Act of 1990), and stand-alone audit of the CMS producing Department-wide financial statements, and coordinating the HHS audit process (i.e.: FISMA).	$ 19,579,704
The Digital Accountability and Transparency Act	DATA Act operations and maintenance services, an allocation by financial system, determined to be the most reflective of the law, and the area of greatest impact to HHS business operations.	$ 819,372
White House Initiative and President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders	The White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (Initiative) and the President's Advisory Commission on Asian Americans, Native Hawaiians, and Pacific Islanders (Commission) are housed within HHS per Executive Order 14031. Both entities are tasked with developing, monitoring, and coordinating executive branch efforts to advance equity, justice, and opportunity for Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities throughout the entirety of the Federal government by working in close collaboration with the White House.	$3,200,000
HHS Biosafety and Biosecurity Coordinating Council	HHS efforts to confront threats posed by the accidental or deliberate release of high-consequence biological agents/toxins and aligns with the principles articulated in the *National Health Security Strategy;* the *National Strategy for Countering Biological Threats,* and EO 13546 *(Optimizing the Security of Select Agents and Toxins*).	$351,036
Intradepartmental Council on Native American Affairs	HHS-wide tribal consultation, gathering information towards developing policies affecting the Native American communities served by the department. Coordination of activities throughout HHS and works to improve coordination, outreach, and communication on American Indian/Alaska Native, Tribal Government, Native Hawaiian, and other Pacific Islander issues at HHS.	$201,820
National Science Advisory Board for Bio-Security (NSABB)	NSABB provides guidance and recommendations to researchers; develops strategies for enhancing interdisciplinary bio-security and outreach; engages journal editors on policy review and international engagement; and develops Federal policy for life sciences research oversight at the local level.	$2,472,000
NIH Negotiation of Indirect Cost Rates	NIH expanded its capacity to negotiate on behalf of all HHS OPDIVs, indirect cost rates with commercial (for-profit) organizations receiving HHS contract	$2,700,909

	and grant awards, to ensure indirect costs are reasonable, allowable, and allocable.	
President's Advisory Council on Combating Antibiotic-Resistant Bacteria	EO 13676 directs the Secretary of Health and Human Services to establish the Advisory Council in consultation with the Secretaries of Defense and Agriculture. The Council provides advice on programs and policies to preserve the effectiveness of antibiotics, to strengthen surveillance of antibiotic-resistant bacterial infections, and the dissemination of up-to-date information on the appropriate and proper use of antibiotics to the public, human, and animal healthcare providers.	$1,125,000
Regional Health Administrators (RHAs)	The RHAs provide senior-level leadership in health, bringing together the Department's investments in public health and prevention by providing a health infrastructure across the ten HHS regions. Particularly in the areas of prevention, preparedness, coordination, and collaboration, the RHA's represent the Secretary, Assistant Secretary for Health and Surgeon General in the Regions and are key players in managing ongoing public health challenges.	$2,772,090
Secretary's Advisory Committee on Blood and Tissue Safety and Availability	Committee advises the Secretary on a broad range of public health, ethical and legal issues related to blood transfusion and transplantation safety. Activities ensure HHS coordination of transfusion and transplantation safety and availability, for relevant U.S. Public Health Service (PHS) agencies to prevent adverse events that occur during the donation and transfusion/ transplantation processes.	$1,500,000
Secretary's Policy System (SPS)	The official records repository of the Immediate Office of the Secretary (IOS), it is used to manage regulations, reports to Congress, correspondence, memoranda, invitations, and other documents. The SPS system ensures compliance with laws, directives, and Executive Orders, and provides HHS leadership assurance that all documents, policies, or regulations that require review and approval are tracked, reviewed, and recorded for future reference.	$610,629
Tick-Borne Disease Working Group	Congress established the Tick-Borne Disease Working Group in December 2016 as part of the 21st Century Cures Act. The Office of the Assistant Secretary for Health (OASH) convenes, coordinates, and supports the Tick-Borne Federal Advisory Committee for ongoing tick-borne research, programs, and policies, including those related to causes, prevention, treatment, surveillance, diagnosis, diagnostics, duration of illness, and intervention of individuals with tick-borne diseases.	$1,000,000
Secretary's Tribal Advisory Committee (STAC)	The STAC develops a coordinated, HHS-wide strategy for incorporating Tribal recommendations on HHS priorities, policies, and budgets, improving the Government-to-Government relationship, and ensuring that mechanisms to improve services to Indian tribes are in place. The STAC's primary purpose is to seek consensus, exchange views, share information, provide advice and/or recommendations, or facilitate any other interaction related to intergovernmental responsibilities or administration of HHS programs.	$730,000
Dietary Reference Intakes Updates	OASH's Office of Disease Prevention and Health promotion (ODPHP), other HHS agencies (NIH, CDC, FDA), USDA, and DOD collaborate with Health Canada to coordinate for updates the Dietary Reference Intakes (DRIs) that are used across the federal government in high priority nutrition activities. There is a joint U.S. and Canadian committee to update the DRIs for macronutrients (carbohydrates, fats, and proteins) and energy. The macronutrient and energy DRIs were last updated in 2004 and is needed for the next (2025) edition of the *Dietary Guidelines for Americans (Dietary Guidelines*)	$1,000,000

Federal-wide Assurance and Institutional Review Board Registration Database Modernization	The Office for Human Research Protections (OHRP) will modernize database tools used to fulfill statutory and regulatory responsibilities for the protection of human research subjects. Additionally, recent changes to 45 CFR part 46 must be adopted through modifications to the database. OHRP will optimize usability in order to reduce staff time and burden on regulated research institutions while improving accuracy and ensuring the system meets or exceeds security requirements.	$200,000
Healthcare and Public Health Sector Risk Management	As the Sector Risk Management Agency (SRMA) for the Healthcare and Public Health (HPH) Sector, HHS is responsible for supporting risk management, assessing risk across the sector, conduct day-to-day coordination across federal, state, local, tribal and territorial (FSLTT) government and private sector owner-operators, facilitating information sharing related to sector risk, and supporting incident management and emergency preparedness efforts.	$1,100,000
Development of the Dietary Guidelines for Americans, 2025-2030	The *Dietary Guidelines* is required by statute to be published jointly by HHS and the U.S. Department of Agriculture (USDA) every five years. It is the cornerstone of all federal nutrition programs and policies, providing science-based recommendations to help prevent diet-related chronic diseases and promote overall health. HHS and USDA alternate serving as the administrative lead for each five-year *Dietary Guidelines* cycle, which entails assuming primary financial responsibility. HHS has the lead role for the 2025 edition.	$1,055,000
HHS-wide Language Access Coordination	The HHS Language Access Steering Committee (Steering Committee) will be designated as the responsible vehicle for implementing provisions of the Equity Action Plan. The HHS Language Access Steering Committee, established in 2012, is comprised of representatives from each HHS OpDiv and StaffDiv and will lead and coordinate HHS efforts to implement language access goals. OCR, as the lead and chair of the Steering Committee, will ensure that the program, policy, and technical goals are in alignment with the relaunch of the committee.	$300,000

SIGNIFICANT ITEMS

House Report (page 219)

Advertising Contracts for Small Business Owners: The Committee understands that, as the largest advertiser in the United States, the Federal government should work to ensure fair access to its advertising contracts, including outdoor advertising, for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs each department and agency to include the following information in its fiscal year 2024 Congressional Budget Justification: expenditures for fiscal year 2022 and expected expenditures for fiscal year 2024 for (1) all contracts for advertising services; and (2) contracts for the advertising services of (I) socially and economically disadvantaged small businesses concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

Action Taken or To Be Taken

For FY 2022, the Public Education Campaign advertising expenditures totaled $236 million funded through the American Rescue Plan.

For FY 2024, we are currently in the process of determining our expected expenditures and will keep Congress updated.

House Report (pages 219-220)

The Committee recognizes that although one in 50 Americans has a brain aneurysm, there are typically no warning signs or symptoms unless the aneurysm ruptures. Up to 50 percent of patients will not survive such a hemorrhage. Even when an aneurysm has ruptured, the symptoms are not widely known among health care professionals. The Committee reiterates the language included in House Report 115–862 directing the Secretary, in consultation with appropriate stakeholders—including health care providers, brain aneurysm patient advocacy foundations, brain aneurysm survivors, and caregivers—to facilitate the development of best practices on brain aneurysm detection and rupture for first responders, emergency room physicians, primary care physicians, nurses, and advanced practice providers. The Committee encourages the Secretary to consider incorporating topics including, but not limited to, the symptoms of brain aneurysms, evidence-based risk factors for brain aneurysms, appropriate utilization of medical testing and diagnostic equipment, and screening recommendations. The Secretary shall continue to consult with appropriate stakeholders to develop a strategy for disseminating information about the best practices and begin implementing this strategy within one year after the date of enactment of this Act. The Secretary shall review research on brain aneurysm detection and diagnosis and update the best practices every three years, as appropriate. In addition, the Committee requests an update in the fiscal year 2024 Congressional Budget Justification outlining the Department's expenditures over the last five fiscal years on research and other activities related to brain aneurysms.

Action Taken or To Be Taken

The National Institutes of Health (NIH) reports categorical spending on hundreds of topics through the Research, Condition, and Disease Categorization (RCDC) system. The RCDC system does not have a separate category for brain aneurysm research, which like the other subtypes of cerebrovascular events is captured in research categories such as "stroke" and "cerebrovascular." However, approximate,

unofficial numbers can be obtained by conducting an advanced search in the NIH RePORTER[25] public search tool which draws upon a database of NIH-funded grants. A search was conducted for projects funded between fiscal year (FY) 2017-FY 2021 using the text "brain aneurysm" and categorized as "Cerebrovascular" by the RCDC system[26], and it yielded an average of approximately 40 projects per year, totaling around $17 million per year in research spending. This unofficial total includes projects that explore basic vessel biology and the molecular and genetic pathways that underlie aneurysm development and rupture as well as the development of effective prevention and treatment strategies. For example, NIH-supported investigators are exploring changes in the brain's blood vessels that trigger or exacerbate aneurysm development, and genetic, lifestyle, and other risk factors and associated molecular pathways related to aneurysms and hemorrhagic stroke. Further, NIH-supported research seeks to better understand injury and repair mechanisms that occur when blood ruptures into the brain tissue and cerebrospinal fluid. Pre-clinical and early phase clinical research is developing new and improved approaches to medical or surgical management of brain aneurysms, for example improving upon the common surgical process that involves platinum coils placed in aneurysms to prevent rupture. Clinical imaging techniques and risk assessment approaches that can detect aneurysm and identify patients in need of intensive therapy are also being developed.

House Report (page 223)

Committee requests an update in the fiscal year 2024 Congressional Budget Justification on how the Office of Global Affairs (OGA), CDC, FDA, BARDA, and NIH—including the Fogarty International Center—jointly coordinate global health research activities with specific measurable metrics used to track progress and collaboration toward agreed upon health goals.

Action Taken or To Be Taken

Global health research is coordinated across the Department of Health and Human Services (HHS) to prevent duplication, as well as complement and augment the work of each division. The National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Administration for Strategic Preparedness and Response/ Biomedical Advanced Research and Development Authority (ASPR/BARDA), Office of Global Affairs (OGA), and the Food and Drug Administration (FDA) lead specific areas of work and engage in topics of mutual interest and coordinate to assure the broadest returns for public health. The activities of these divisions cover all aspects research and align with HHS Global Health Objectives to create critical scientific data that underpin public health decisions, enhance surveillance, prevent health threats, prepare for emergencies, strengthen international standards, catalyze research, strengthen health systems, and address changing disease patterns.

OGA facilitates relationships and advances policies that contribute to conducting global health research within HHS, the USG, Ministries of Health and Science and Technology, International Organizations including the World Health Organization (WHO), and other governmental and non-governmental partners. As the primary global interlocutor for HHS, OGA works across the Department, including with NIH, CDC, ASPR/BARDA, and FDA to ensure that the mission and equities of HHS are appropriately represented in bilateral, regional, and global discussions and forums. Coming out of the COVID-19 pandemic, global attention is on how to improve the end-to-end medical countermeasure (MCM) ecosystem, from research and development, manufacturing, product approval, and procurement, to

[25] reporter.nih.gov/

[26] RCDC categories are listed under "NIH Spending Category" in RePORTER

equitable allocation, delivery, and administration, so that everyone is better prepared to respond to the next global public health emergency. OGA is the leading voice representing HHS positions and policies in these discussions, including through the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; the G20; the G7; and other key forums.

NIH supports and conducts groundbreaking biomedical and behavioral fundamental and applied research that generates scientific evidence that contributes to improving health in the United States and globally. The NIH funded research portfolio includes studies of the causes, diagnosis, prevention, and cure of human diseases; the processes of human growth and development; the biological effects of environmental contaminants; the understanding of mental, addictive and physical disorders; as well as directing programs for the collection, dissemination, and exchange of information in medicine and health. International collaborations are a key component of NIH funded projects. While many NIH Institutes and Centers have strategic programs in global health research, the Fogarty International Center (FIC) is the only component at NIH whose mission is exclusively focused on advancing and facilitating global health research at NIH. This is accomplished through collaborative funding opportunities for U.S. and international investigators, by building partnerships between health research institutions in the U.S. and abroad, and in training the next generation of scientists to address global health needs. FIC's Division of International Relations serves as a central NIH coordinator for agency input and representation and works to coordinate participation by NIH Institutes, Centers and Offices. FIC's Advisory Board, which includes CDC as an ex officio member, helps guide its activities in global health research and coordination.

CDC, as the United States' lead public health agency, has been engaged in the development of new laboratory diagnostic tools, ranging from point-of-care diagnostics to advanced molecular tests for diseases such as Ebola and other viral hemorrhagic fever viruses, SARS-CoV-2, Zika virus, dengue virus, and other diseases caused by existing and emerging pathogens. CDC is also engaged in the development and evaluation of MCMs therapeutics and vaccines including those for pandemic influenza, yellow fever, and dengue. These activities build on disease surveillance infrastructure and include clinical and field trials of MCMs for a broad range of pathogens, and screening antivirals to inform the development of new MCMs. For vaccine-preventable diseases, CDC collaborates with epidemiological, behavioral, and program experts at the forefront of research to develop new vaccines, vaccine delivery methods (e.g., microneedle patch), diagnostic tests, surveillance and strategic information tools, and strategies to address immunization program challenges and maximize impact. CDC also works to advance the science for non-pharmaceutical measures such as vector mitigation strategies to improve the U.S. and other entities' capabilities to address the increasing threat from vector-borne disease. CDC also works with partners to evaluate and assess diagnostic tools that may be used in international and domestic settings. CDC collaborates with many partners, including DoD, NIH, FDA, and the WHO, on prevention and control of pathogens globally, including for example, safety and efficacy of novel therapeutics, field trials of malaria vaccines and global schistosomiasis elimination efforts.

FDA works closely with U.S. Government partners including CDC, NIH, and ASPR/BARDA, product developers, and international partners (including regulatory authorities) to help facilitate the development and availability of medical products to address global health threats, including vaccines, diagnostics, and therapeutics. These activities include providing regulatory advice, guidance, and technical assistance as necessary to clarify regulatory and data requirements to help advance the development of medical products, improve compliance with FDA requirements, and enhance the capacity of foreign regulatory partners to conduct inspections and laboratory analyses. FDA also

conducts and supports regulatory science research to develop the tools and data that are necessary to support regulatory decision-making and the approval of new products.

ASPR/BARDA supports advanced research, development, manufacturing, and procurement of vaccines, therapeutics, diagnostics, and devices to diagnose, prevent, and treat the medical consequences caused by Chemical, Biological, Radiological and Nuclear (CBRN) threats, pandemic influenza and emerging infectious diseases. The Public Health Emergency Medical Countermeasures Enterprise (PHEMCE) provides interagency coordination among CDC, FDA, ASPR/BARDA, NIH, DoD, Department of Homeland Security, United States Department of Agriculture, Department of Veterans Affairs (VA), and the Office of the Director for National Intelligence to enhance preparedness for chemical, biological, radiological, and nuclear threats and emerging infectious diseases.

ASPR/BARDA funding bridges the "valley of death" – the transition of preclinical product candidates into clinically viable products that can be evaluated in human trials. ASPR/BARDA's support ensures continuity of funding for the most promising medical product candidates developed by industry or emerging from fundamental and applied biomedical research and preclinical development activities conducted and supported by the NIH. Over the past 16 years, ASPR/BARDA has supported the development of over 400 MCMs, 62 of which have been approved, licensed and/or cleared by the FDA for such CBRN threats as anthrax, Ebola, Zika, smallpox, radiologic injuries, burn injuries due to nuclear blasts, botulism, antibiotic resistant bacteria, and others.

The most vigorous cross-agency collaboration and coordination is in the area of infectious diseases, where pathogens have no geographical boundaries. ASPR/BARDA supported the development, licensure, and subsequent cGMP production of Ebola monoclonal antibodies and vaccine, including advanced development of a monoclonal antibody developed by NIH. These products are the only products licensed to prevent/treat Ebola virus disease and are now utilized to support international response efforts to Ebola outbreaks. During the Ebola Sudan outbreak in Uganda in 2022, ASPR/BARDA provided an Ebola Sudan therapeutic under compassionate use to support Uganda’s outbreak response and worked with NIH and vaccine manufacturers to provide an Ebola Sudan vaccine candidate to WHO and Uganda under an Investigational New Drug protocol for use in potential clinical trials as part of the Government of Uganda’s research response. ASPR/BARDA also worked with FDA to support clearance of a rapid, point-of-care diagnostic test for Ebola Zaire that also can detect Ebola Sudan and provided this diagnostic for use in Uganda. Collaborative research will continue in pursuit of advanced development of Ebola Sudan vaccines and therapeutics to address national security and assist the global community.

ASPR/BARDA has made significant investments over the past 16 years in new platform technologies for the accelerated discovery, research, development, and commercial scale manufacture of MCMs that can be rapidly deployed during a pandemic. Several of those platforms were used in the United States effort to respond to the COVID-19 pandemic, including the Janssen and Moderna vaccine platforms and the Regeneron monoclonal antibody platform. The funding and technical support provided in close collaboration with NIH and FDA underpinned the expansion and use of these vaccines throughout the globe. In addition, the Foundation for the National Institutes of Health, NIH, ASPR/BARDA, CDC, FDA, DoD, and Department of Veterans Affairs; HHS Coordination Operations and Response Element; the European Medicines Agency; and representatives from academia, philanthropic organizations, and numerous biopharmaceutical companies formed a public private partnership called Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) to develop a coordinated research strategy for prioritizing and speeding development of the most promising treatments and vaccines for COVID-19.

In addition, as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC, OGA, FDA, and NIH work with partners to improve methods for finding, treating, and preventing HIV and TB and the interagency Combatting Antibiotic Resistant Bacteria (CARB) Task Force, which includes CDC, NIH, FDA, ASPR, and OGA, coordinates implementation of global research and other activities under goal 5 of the United States CARB National Action Plan which supports critical studies to improve antimicrobial stewardship, infection control, and other prevention-oriented needs in collaboration with multiple international partners to address the growing threat of antimicrobial resistance.

Global engagement in research for these and associated health topics is a critical component for the successful development of effective interventions for persons in the U.S. and abroad. Global engagement is essential for increasing scientific research capacity, for impacting health outcomes, and to affect best practices in public health policies or programs. These will ultimately improve the health and wellbeing of people living in the United States and around the world.

House Report (page 224)

Local News Media: The Committee encourages the Department to utilize local broadcasters and local newspapers, including those in small communities, in their public affairs Federal advertising campaigns. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on the Department's public affairs advertising campaigns by percentage of Federal funding spent on social media, national media, local news media, and outdoor advertising during fiscal years 2021 and 2022. In addition, the Committee encourages the Department's Office of the Assistant Secretary for Public Affairs, in consultation with other relevant offices, to consider a pilot project focusing on Federal advertising effectiveness in rural communities—with populations under 40,000 individuals or fewer than 20,000 households—utilizing local news media, including broadcast, radio, and non-daily newspapers, whose involvement in advertising campaigns and message delivery can assist in reaching under-served rural areas.

Action Taken or To Be Taken

The HHS COVID-19 Public Education Campaign (PEC) is committed to providing critical COVID-19 information to as many people as we possibly using local media in advertising, including local television, digital, radio broadcast stations, and newspapers to the greatest extent possible.

The PEC made a dedicated effort to invest paid media dollars in media channels that are located in and trusted by rural populations. The *"We Can Do This"* campaign has had a dedicated rural audience effort with tailored creative and media buys. In addressing rural audiences, the campaign focused on the more than 46 million Americans who live in "micropolitan" or "noncore" counties according to the National Center for Health Statistics 2013 Urban-Rural classification scheme.

The PEC advertising campaigns spend on social media, national media, local news media, and outdoor advertising during fiscal years 2021 and 2022 is as follows:

FY 2021	
Digital Media (includes social)	35.5%
National Media	49.8%
Local Media	12%
Out of Home (Local and National)	2.7%
FY 2022	
Digital Media (includes social)	41.5%
National Media	36.8%
Local Media	17.2%
Out of Home (Local and National)	4.4%

House Report (page 226)

The Committee recognizes that harassment, including sexual harassment and assault, continue to be pervasive in the workplace, and that the use of predispute nondisclosure and nondisparagement clauses as conditions of employment can perpetuate illegal conduct by silencing survivors and shielding perpetrators. The Committee directs the Department to include proposals in its fiscal year 2024 Congressional Budget Justification to eliminate the use of grants and contracts to employers that use this practice.

Action Taken or To Be Taken

We appreciate the Committee's concern and the Congressional direction. We think this is important and will look for opportunities to incorporate such restrictions.

House Report (page 226)

The Committee recognizes the work across HHS to implement practices and policies to eliminate healthcare disparities in America, particularly for communities of color. Rare kidney diseases are underreported and understudied, especially among Black Americans. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on disparities in kidney care and the inclusion of rare kidney diseases in policies and programs aimed at eliminating health disparities in communities of color.

Action Taken or To Be Taken

Research aimed at improving health equity is a key priority of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the lead NIH Institute for kidney disease research. In February 2022, NIDDK hosted a virtual, 2-day workshop on "Designing Interventions that Address Structural Racism to Reduce Kidney Health Disparities," which informed two of the Institute's recent funding initiatives focused on catalyzing research in this critical area.

A broad range of ongoing NIDDK studies are also designed to understand, evaluate, and resolve racial and ethnic disparities in health outcomes and adverse social determinants of health for individuals with chornic kidney disease (CKD) and end stage renal disease (ESRD). NIDDK has made a long-term investment in the Chronic Renal Insufficiency Cohort (CRIC) study, which is characterizing a diverse cohort of nearly 4,000 individuals with CKD. AI-CRIC, an ancillary study with 500 American Indian participants, will improve understanding of risk factors for CKD progression and of the scope of CKD among American Indians. The System Interventions to Achieve Early and Equitable Transplants study is

quantifying the effectiveness of interventions that harness and coordinate health-system resources to overcome the multiple roadblocks to receiving living-donor kidney transplants that contribute to disparities, particularly for African Americans. The Motivational Strategies to Empower African Americans to Improve Dialysis Adherence trial uses culturally tailored motivational interviewing in African American participants with ESRD to improve dialysis treatment adherence and reduce hospitalizations, morbidity, mortality, and costs. NIDDK-funded research helped end the inclusion of race as a factor in estimating glomerular filtration rates, a method for assessing kidney function; the discovery of new, superior kidney function biomarkers will further improve renal care and promote health equity.

NIDDK's commitment to striving for health equity includes recruiting a sufficiently diverse cohort of participants in its major clinical trials to ensure that results will be applicable to the most affected U.S. populations, and ensuring that individuals with the conditions being studied have a leadership role on the research team as patient advisors. For example, patient advisors are a key feature of the *APOL1* Long-term Kidney Transplantation Outcomes Network, providing input and guidance on study design, including participant recruitment and retention, implementation of protocols, and return of results. The study will determine the effects of genetic variations in the *APOL1* gene, found in some people of African descent, on outcomes for people who donate a kidney or receive a kidney transplant. Until and unless a suitable kidney donor can be found, people with ESRD require three lengthy dialysis sessions each week, resulting in significant pain in more than half of people who receive such therapy. Therefore, the NIDDK's Hemodialysis Opioid Prescription Effort (HOPE), part of NIH's Helping to End Addiction Long-term® (HEAL) Initiative, is testing alternatives for pain management in dialysis patients, because traditional opioid therapy can increase risk of death and could lower quality of life. Because ESRD disproportionately affects Black Americans, the HOPE study design specifies that half of participants should be Black, and patient advisors on its steering committee have made invaluable contributions to achieving this participant recruitment goal. NIDDK will continue to fund and conduct research that advances health equity through prevention, diagnosis, and treatment of diverse populations in CKD and other mission areas.

House Report (Page 231)

Shortage of Healthcare Providers.—The Committee is concerned about the growing shortage of providers including both primary and specialty healthcare providers that threatens the foundation of the health care system and health equity. A coordinated national strategy is needed to diversify the health care workforce and address shortages in rural and urban communities. The findings of The Roundtable on Black Men and Black Women in Science, Engineering, and Medicine outline racism and bias as significant reasons for this disparity in science, engineering, and medicine, with detrimental implications on individuals, health care organizations, and the nation as a whole. The Committee directs the Secretary to include a multi-year plan in the fiscal year 2024 Congressional Budget Justification to address the national primary care and specialty provider shortages to improve access to care. The plan shall include strategies to improve health outcomes by diversifying the field of primary care through the establishment of a pathway program for community college students to pursue premedical training and enter medical school.

Action Taken or To Be Taken

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law 116-136) directed the Secretary of the Department of Health and Human Services (HHS) to develop a "comprehensive and

coordinated plan with respect to HHS health workforce development programs, including education and training programs." The Health Workforce Strategic Plan (Strategic Plan) provides a forward-looking framework for health workforce improvements, focused on four key goals: expanding supply, ensuring equitable distribution, improving quality, and enhancing the use of data and evidence to improve program outcomes. This Strategic Plan will facilitate coordinated and intentional efforts to address long-standing barriers to strengthening the health workforce – barriers that have been amplified by ongoing crises, including the COVID-19 pandemic, the economic condition for lower and middle-income families, changing health impacts due to climate change, and the need to advance racial equity.

In accordance with the Strategic Plan, HHS is addressing each of the four goals related to expanding supply, ensuring equitable distribution, improving quality, and enhancing the use of data and evidence to improve program outcomes.

To ensure an adequate supply of primary care providers, the Teaching Health Center Graduate Medical Education (THCGME) Program in HHS's Health Resources and Services Administration (HRSA) seeks to increase the number of physician and dental residents in community-based training preparing become primary care specialists, which, in turn, leads to an increase in the overall number of primary care doctors and dentists where they are needed most. THCs specifically have been shown to attract residents from rural and/or disadvantaged backgrounds who are more inclined to practice in underserved areas.

To promote an equitable distribution of primary care providers in underserved areas, HRSA's National Health Service Corps (NHSC) increased its field strength to 20,215 providers in Fiscal Year 2022, its highest field strength ever. Moreover, the NHSC has expanded awards-eligible primary health service providers to include disciplines such as Physician Assistants, Nurse Practitioners, and Certified Nurse Midwives through the NHSC Scholarship Program (SP) and Students to Service (S2S) Loan Repayment Program. Many racial and ethnic minority groups are underrepresented nationally within the major health professions, and the NHSC is working to bolster clinician diversity. The percentage of racial and ethnic minority traditional NHSC Loan Repayment Program (LRP) and NHSC SP providers exceeds the percentage of racial and ethnic minority providers in the national workforce.

To promote health care quality, HHS's grantees incorporate the social determinants of health into many program curricula. For example, HRSA's Centers for Excellence (COE) programs awarded in 2022 are designed to improve information resources, clinical education, curricula, and cultural competence as these factors relate to minority health issues and social determinants of health.

Finally, HHS supports a number of HRSA programs that are part of the health careers pipeline. The Health Careers Opportunity Program (HCOP) and Scholarships for Disadvantaged Students (SDS) Program provide training assistance to individuals with low incomes and from disadvantaged backgrounds to strengthen the supply of high-demand health occupations. HCOP offers assistance to individuals from educationally or economically disadvantaged backgrounds to undertake education and complete a health or allied health professions program, while SDS offers scholarships to health professional students from disadvantaged backgrounds enrolled in health professions degree programs. Additionally, COE programs support the recruitment, training, and retention of underrepresented minority students and faculty in primary care, behavioral health, public health, dentistry, and veterinary medicine.

Legislative Proposals

DISCRETIONARY LEGISLATIVE PROPOSALS

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

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

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

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

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

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

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

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

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

This proposal will give the HHS Office of Minority Health (OMH) explicit and broader authority to contract with for-profit entities in carrying out its program work. The current statutory limitation has prevented OMH from becoming a financial partner with other Federal initiatives that are authorized to utilize for-profit contractors.

MANDATORY LEGISLATIVE PROPOSALS

MANDATORY BUDGET PROPOSAL
PrEP DELIVERY PROGRAM TO END THE HIV EPIDEMIC IN THE UNITED STATES

Budget Summary

(Dollars in Millions)

-	FY 2024 President's Budget
Mandatory Proposal – PrEP Delivery Program to End the HIV Epidemic in the United States	237
Allocation Method	Direct Federal

Program Description and Accomplishments

This proposal creates a new Pre-Exposure Prophylaxis Delivery Program to End the HIV Epidemic in the United States ("PrEP Delivery Program"). The PrEP Delivery Program will be designed to expand access to PrEP and essential wraparound services for uninsured and underinsured individuals at high risk of HIV infections across the United States. Currently, there is a fragmented patchwork of PrEP access programs for uninsured individuals; this comprehensive new program is a key pillar of the Administration's efforts to meet the commitments laid out in the National HIV/AIDS Strategy for the United States to reduce HIV infections by 75% by 2025.

PrEP medications, which are typically taken daily, can dramatically reduce the risk of getting HIV from sex or injection drug use. The growing availability of PrEP has contributed to an overall decline in new HIV infections, but significant barriers to prevention remain, including stigma, medical mistrust, cost and access barriers, and issues associated with social determinants of health (SDOH). As a result, fewer than 1 in 4 people who could benefit from PrEP are receiving the medication.

There are also significant disparities in PrEP coverage based on race/ethnicity, gender identity and sexual orientation, age, and geographic location. Black and Hispanic/Latino people account for the majority of people for whom PrEP is recommended, but they have the lowest rates of PrEP use among all racial/ethnic groups. CDC data from 2020 show only 9 percent (42,372) of the nearly 469,000 Black people in the United States who could benefit from PrEP received a prescription in 2020 and only 16 percent (48, 838) of the nearly 313,000 Hispanic and Latino people who could benefit from PrEP received a prescription.

The PrEP Delivery Program is designed to advance equitable access to HIV prevention by addressing many of these systemic barriers and supporting all components of PrEP service delivery. The program will provide access to PrEP medication and laboratory services at no cost for uninsured and underinsured individuals; eliminate costs for essential associated services; and greatly expand the network of PrEP providers supporting underserved communities.

The PrEP Delivery Program will provide capped reimbursement to participating providers for the cost of generic PrEP, or non-generic PrEP when medically authorized. The program will also reimburse participating providers for laboratory services and clinical visits associated with PrEP. To immediately expand the number of PrEP providers, providers that participate in the Ryan White HIV/AIDS Program will be invited to join as well as other community providers that serve at-risk individuals. Grants to clinical and community-based organizations will further expand access to providers that prescribe PrEP,

provide laboratory services, and provide essential wrap-around services. Grants to state, tribal, and local public health departments will provide support for the creation of low-threshold points of entry for the PrEP Delivery Program (in STD clinics, women's health clinics, higher education health centers, community centers, and drug user health venues); essential wrap-around services; direct to consumer education; and provider outreach, education, and technical assistance to further build and maintain the network of PrEP providers supporting underserved communities.

Providers and organizations receiving grants will have the capability to either provide or link patients to the following services:

- Screen patients for eligibility, consistent with the eligibility determinations made by community-based HIV prevention programs based on CDC clinical guidelines and guidance
- Connect individuals with telehealth providers to screen patients, prescribe and monitor PrEP, and help patients with necessary lab and social services
- Provide medication adherence and support services to educate patients about their medication, help with establishing dosing routines, and provide reminder tools
- Provide outreach and education to increase PrEP confidence, use, and maintenance, usingtrusted messengers themselves and training other community messengers to engage individuals to initiate PrEP
- Connect individuals with navigators, adherence counselors, social workers, community health workers and others to support them in accessing ongoing lab services and maintaining their drug regimen and to provide connections and referrals to social services
- Connect individuals who test positive for HIV or other infectious diseases to care during either PrEP intake or follow up testing.

Budget Request

The FY 2024 OMB request for the PrEP Delivery Program to End the HIV Epidemic in the United States is $237,000,000 in FY 2024, with funding increasing in subsequent years resulting in a ten-year program cost of $9,835,000,000 in budget authority ($9,653,000,000 in outlays over ten years).

Another key component of the Administration's strategy to expand PrEP access is to eliminate barriers to PrEP in Medicaid, which reduces federal spending by $10,230,000,000[1]. The net outlay savings of both of the Administration's PrEP proposals is $577,000,000, while vastly expanding prevention, saving health care costs, and saving lives.

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

MANDATORY BUDGET PROPOSAL

MENTAL HEALTH TRANFORMATION FUND

Budget Summary
(Dollars in Millions)

-	FY 2024 President's Budget
Mandatory Proposal – Mental Health Transformation Fund	2,000

Allocation Method……Direct Federal

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

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

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

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

Budget Request
The FY 2024 OMB request for the Mental Health Transformation Fund mandatory proposal is $2,000,000,000 to be allocated over time.

MANDATORY LEGISLATIVE PROPOSAL

NATIONAL HEPATITIS C ELIMINATION PROGRAM IN THE UNITED STATES

Budget Summary

(Dollars in Millions)

-	FY 2024
Mandatory Proposal – National Hepatitis C Elimination Program in the United States	$11,337

Allocation Method ……Direct federal

Program Description and Accomplishments

The FY 2024 President's budget includes a new mandatory National Hepatitis C Elimination Program (Program) to deliver cures for hepatitis C to millions of people in the United States.

More than 2 million Americans are chronically infected with hepatitis C. Untreated, hepatitis C can cause advanced liver disease, liver failure, liver cancer, and death. Hepatitis C is now the leading cause of liver cancer. An FDA-approved 8 to 12-week course of oral direct acting antivirals (DAAs) cures hepatitis C in more than 95% of people, and has almost no side effects. Curative treatment stops transmission, stops liver cancer and liver failure, saves lives, and ultimately reduces downstream health care costs. Hepatitis C disproportionately affects certain populations, many of which experience other health and social inequities -- including those who are uninsured, American Indian and Alaska Native persons, non-Hispanic Black persons, those caught up in the opioid crisis, and baby boomers who were infected in pre-1993 blood transfusions. From 2010 to 2020, rates of acute hepatitis C quadrupled among adults aged 20–39 years, mirroring increasing rates of overdose deaths fueled by the nation's opioid and methamphetamine crises. Despite the availability of a cure, it is estimated that fewer than 85,000 people in America received treatment for hepatitis C in 2020, less than one-third of those who were diagnosed. In addition, 40% of those infected are unaware of their status. Because of the high cost of the DAAs, barriers to access hepatitis C cures for those who test positive have been widely imposed by Medicaid and other programs. Pilot projects conducted in the state of Louisiana, Washington State, the Cherokee Nation, the Veterans' Health Administration (VHA) and the Federal Bureau of Prisons have encouraging lessons to support a successful national program.

Program Description

The 5-year program aims to eliminate hepatitis C in the United-States, with a specific focus on high-risk populations. The program has 3 main components:

1) **Accelerating the availability of Point-Of-Care (POC) diagnostic tests**: the initiative will seek to enhance the availability of POC diagnostic tests for hepatitis C, currently available outside of the US but not yet in the US. The program will work with manufacturers, the NIH, the FDA and CMS. This will be game-changing for the hepatitis C single-visit "test and treat" programs.

2) **Providing broad access to curative hepatitis C medications**:
   a): Subscription model. A national subscription model, where a fixed sum for drug access is negotiated with participating manufacturers, based on Louisiana's so-called "Netflix Model", will greatly reduce costs and make drugs readily available to Medicaid beneficiaries, justice-involved populations, and the uninsured.
   b): Medicare Co-Pay Assistance. Additional co-pay assistance will be provided to Medicare beneficiaries for whom current costs are a barrier.
   c): Approach for commercial insurance: Private insurers will be strongly encouraged to increase hepatitis C testing and increase coverage of hepatitis C treatment with limited out-of-pocket costs.

3) **Increasing implementation efforts:**
   A hepatitis C elimination program will only be successful if all infected individuals can be reached, tested and treated. The initiative therefore proposes to support the:
   - Expansion of screening strategies and settings, especially for high-risk populations;
   - Expansion of the number of providers who can screen and treat hepatitis C using innovative telehealth methods such as the ECHO program;
   - Expansion of the number of community health workers and case managers who can link people to care;
   - Re-energizing vaccine research and support for preventive services

Budget Request

The FY 2024 President's budget request for the National Hepatitis C Elimination Program in the United States is $11.3 billion to be allocated over five years. The funding reflected in this account represents the costs of the subscription model and other associated programs. In addition, it is estimated that this proposal will increase Medicare net costs by $984 million over ten years, while creating estimated net savings to Medicaid of $7.2 billion over 10 years, including reduction in health care costs by prevention of downstream illness. The net impact to Medicare and Medicaid is reflected within their respective accounts.

The overall net cost to the Federal government of this proposal across all accounts is $5.1 billion over ten years.

MANDATORY LEGISLATIVE PROPOSAL

ENCOURAGE DEVELOPMENT OF INNOVATIVE ANTIMICROBIAL DRUGS

Budget Summary
(Dollars in Millions)

-	FY 2024
Mandatory Proposal – Encourage Development of Innovative Antimicrobial Drugs	$9,000

Allocation Method ……Direct federal

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

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

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

The novel payment structure outlined is intended to sustain companies with antimicrobial products currently in the pipeline and to stimulate future innovation in antimicrobial products. Providing the potential for a guaranteed revenue stream may incentivize larger companies to re-enter antimicrobial research and development. Revitalization of the antimicrobial product market is key to ensuring continued availability of life-saving antimicrobial drugs. This program would significantly amplify the

existing and planned U.S. Government strategy to stimulate the antimicrobial product market and would be in addition to ongoing complementary efforts to facilitate clinical trials, improve guidelines for the treatment of antimicrobial-resistant infections, and consider additional changes to hospital reimbursement that could facilitate appropriate use of novel products. While this proposed program would not cover prevention modalities, efforts will be made to understand the market for and support the development of products that reduce the spread of resistant infections, including vaccines and decolonization agents.

Budget Request

The FY 2024 President's budget request for the Encourage Development of Innovative Antimicrobial Drugs mandatory proposal is $9 billion available beginning in FY 2024 until spent.

Medicare Hearings and Appeals

DEPARTMENT OF HEALTH AND HUMAN SERVICES Office of the Secretary

Office of Medicare Hearings and Appeals
Office of the Chief Judge
2550 S. Clark Street, Suite 2001
Arlington, VA 22202
(703) 235-0635 Main Line
(703) 308-0222 Facsimile

I am pleased to present the Office of Medicare Hearings and Appeals (OMHA) FY 2024 Congressional Justification. This budget request reflects OMHA's enduring commitment to provide a responsive and independent forum for the fair, credible, and efficient adjudication of Medicare appeals for beneficiaries and other parties.

Since beginning operations in July 2005, OMHA has pursued continuous innovation in the Medicare appeals process and continuous improvement of operations. These pursuits have supported OMHA's mission through adversity. Between FY 2010 and FY 2014, OMHA experienced a ten-fold surge in annual appeals, while annual funding increased by only 16 percent. The exponential increase in annual appeals resulted in a large backlog of aged appeals that could not be adjudicated within the statutory 90-day period.

Congressional support through fiscal year 2018 and 2019 appropriations enabled OMHA to significantly increase adjudicatory capacity and alleviate the appeals backlog at a faster pace. Combined with backlog mitigation initiatives implemented in collaboration with other HHS components, this increased capacity substantially eliminated the backlog in FY 2022.

The following budget request supports OMHA's efforts to resume and maintain timely adjudication of appeals through FY 2024, by balancing adjudicatory capacity with the projected appeals workload. This request also supports continued refinement of OMHA's Electronic Case Adjudication Processing Environment (ECAPE). Completed in November 2019, ECAPE automates OMHA's adjudicatory business processes, from management of documents and correspondence related to requests for hearing exhibits, to preparation, scheduling and management of hearings, and issuance of appeal decisions. ECAPE also enables OMHA to continuously improve caseload analysis and reporting capabilities and provides an electronic public portal for appellants to file an appeal, submit evidence, and access information about pending appeals.

OMHA leadership remains committed to timely adjudication of appeals, maximizing efficiency through continued innovation and technological improvements, and providing exceptional value to the public through superior customer service and quality adjudication. The following budget request provides enough resources to sufficiently support these commitments in the near-term.

McArthur Allen

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McArthur Allen
Chief Administrative Law Judge

The Departmental Appeals Board (DAB) provides impartial, independent hearings and appellate reviews, and issues final agency decisions under more than 60 statutory and regulatory provisions governing HHS programs. A large percentage of the DAB's work is the result of Medicare claims appeals. As noted in Judge Allen's letter, the surge in Medicare appeals resulted in a large backlog at OMHA, which triggered a similar impact on the workload of the Medicare Appeals Council in the DAB's Medicare Operations Division (MOD).

The DAB has utilized multiple strategies for eliminating or reducing the backlog in MOD. However, the cumulative effect of an evolving workload that is increasing in complexity makes eliminating the backlog of Medicare appeals an on-going challenge. Appeal receipts at the Council level are projected to continue to increase in FY 2023 as the appellant community responds to OMHA ALJs issuing decisions within the 90-day statutory deadline. Additionally, based on historical trends, the adjudication of complex cases by OMHA will likely result in an increase of complex cases at the Council level. For example, in FY 2022 MOD experienced a significant increase in Part B appeals in response to a new and emerging treatment therapy for a deadly brain tumor. This was the first time in over a decade that Part B appeals exceeded Part A Inpatient Hospital cases.

At the end of FY 2022, MOD had a backlog of 17,411 cases and an adjudication capacity of 7,000 cases annually. The DAB will direct funding from the FY 2023 appropriation and the funding increase in FY 2024 to continue to address the backlog. Specifically, FY 2024 levels allow the DAB to further its progress in hiring term appointed attorneys and judges, giving MOD the opportunity to adjudicate more incoming appeals within the statutory deadline while increasing efforts to reduce the backlog.

The backlog at the DAB impacts many constituencies, including beneficiaries, whose appeals are prioritized; the provider supplier community which includes physicians; hospitals; home health agencies; skilled nursing facilities; ambulance suppliers; and medical equipment companies. These constituents currently face long wait-times to receive a final decision. As of September 30, 2022, the average amount in controversy of an appeal pending adjudication in MOD was approximately $170,000, for a total Medicare Appeals backlog value of over $2.9 billion, compared to $500 million in FY 2021. The FY 2023 Enacted level and FY 2024 President's Budget enables the DAB to increase adjudication capacity and to decrease the average wait time from when an appeal is filed to when a decision is issued.

Approximately 90% of the DAB's Civil Remedies Division (CRD) workload is made up of CMS cases. In recent years, CRD has seen a continued increase in its receipt of skilled nursing facility cases which often contain complex issues and high dollar Civil Monetary Penalties. CRD expects this increase to continue as program integrity efforts remain an important goal for CMS. CRD expects to hear new cases related to overpayments, Tricare, unaccompanied children, and other HHS program integrity measures in FY 2024.

The DAB continues to seek innovative ways to enhance its adjudicative efficiency. These efforts involve continuing to develop and deploy newly implemented IT-based solutions, including e-filing, expanding the MOD document generation system, and establishing case management system integration with the other levels of the appeals process. In FY 2023 and FY 2024, the DAB will focus on cutting-edge IT enhancements, such as artificial intelligence and data analytics, as tools to collect, manage, and analyze case data. The DAB has also proposed a change to the Medicare Appeals Council's standard of review, with the exception of beneficiary appeals, increasing MOD's adjudicatory capacity by up to 30%.

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Constance B. Tobias
Chair, Departmental Appeals Board

The FY 2023 Medicare Hearings and Appeals (MHA) justification is a consolidated display that deals with the Medicare hearings and appeals related work carried out by two Office of the Secretary Staff Divisions:

- Office of Medicare Hearings and Appeals (OMHA), which represents the third level of the Medicare appeals process; and
- Departmental Appeals Board (DAB), which represents the fourth level of the Medicare appeals process.

The FY 2024 President's Budget request for MHA is $199,000,000 in discretionary funding, an increase of $3,000,000 over the FY 2023 Enacted level. OMHA and DAB access this program level funding to address Medicare related work as follows:

Medicare Hearings and Appeals (MHA)	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2023 +/- FY 2022
OMHA Discretionary Budget Authority	172,381	162,000	164,218	+2,218
DAB Discretionary Budget Authority	23,619	34,000	34,782	+782
TOTAL Medicare Hearings and Appeals /1	196,000	196,000	199,000	+3,000

1/ 2022, 2023, and 2024 funding levels for OMHA and DAB represent HHS allocations from the overall MHA appropriation, which are subject to change based on actual incoming appeal receipt levels and statuses of appeal backlogs at each organization.

The **Office of Medicare Hearings and Appeals** was created in response to the Medicare Prescription Drug Improvement and Modernization Act of 2003 (MMA). As mandated by the MMA, OMHA began operations on July 1, 2005, to hear Medicare appeals at the Administrative Law Judge (ALJ) level, for cases brought under titles XVIII and XI of the Social Security Act. OMHA requests $164,218,000 in program level funding and 731 FTE.

The **Departmental Appeals Board** provides impartial, independent hearings and appellate reviews, and issues federal agency decisions pursuant to more than 60 statutory provisions governing HHS programs. The Medicare Hearings and Appeals appropriation funds DAB's Medicare-related work. The DAB requests $34,782,000 at the Add Back and Target level in program level funding and 196 FTE for such Medicare-related work.

OMHA and DAB's Medicare adjudicative related expenses are funded from the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds.

Appropriations Language

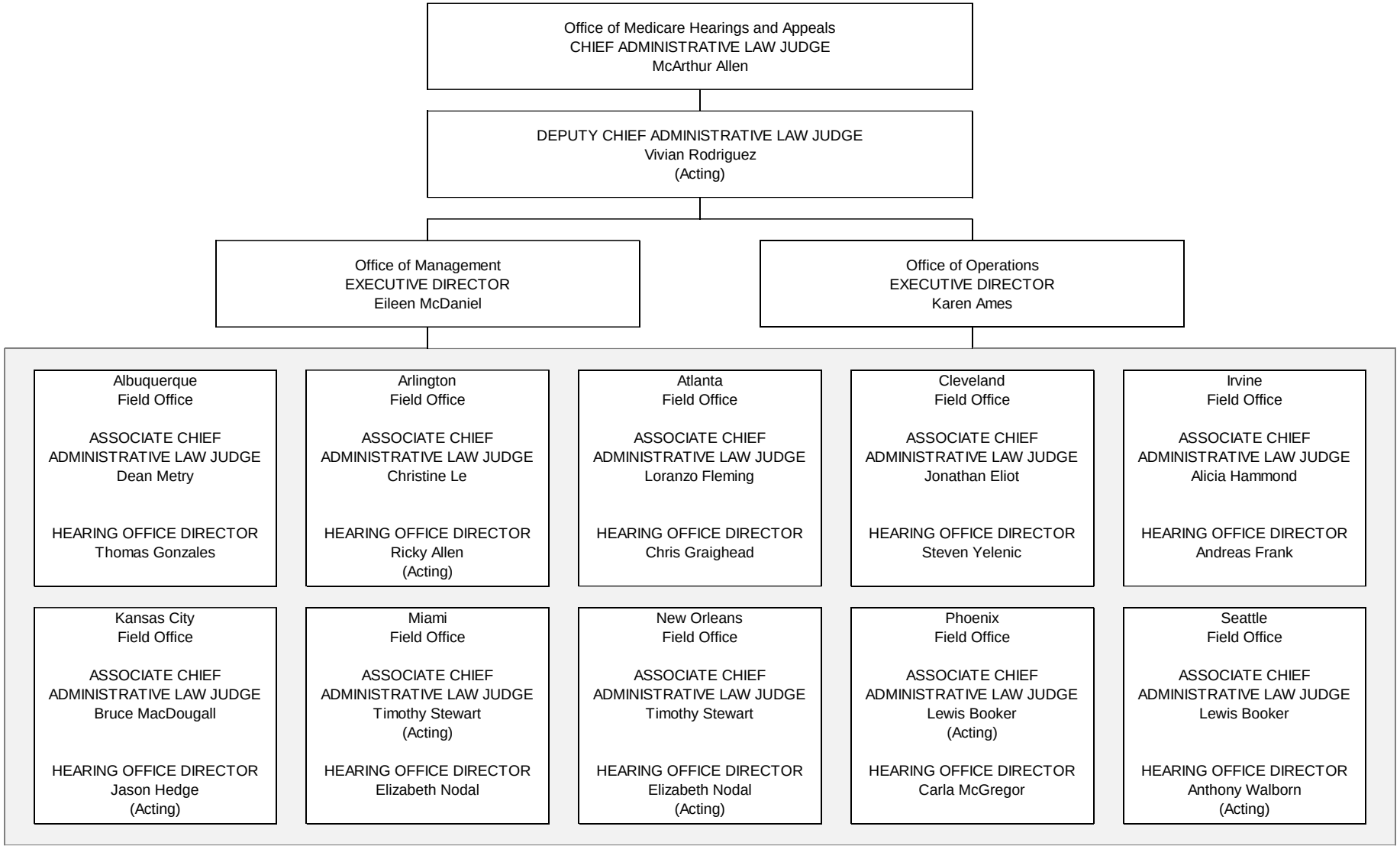
MEDICARE HEARINGS AND APPEALS

For expenses necessary for Medicare hearings and appeals in the Office of the Secretary, [$196,000,000] *$199,000,000* shall remain available until September 30 [2024], *2025*, to be transferred in appropriate part from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund.

Appropriations Language Analysis

The FY 2024 appropriations language requests $199,000,000 in discretionary budget authority for the "Medicare Hearings and Appeals" appropriation from which OMHA is allocated $164,218,000 and DAB is allocated $34,782,000. These allocations are subject to change.

Medicare Hearings and Appeals (OMHA) Organizational Chart



Organizational Chart (Text Version)

Office of Medicare Hearings and Appeals

- Chief Administrative Law Judge, McArthur Allen
- Deputy Chief Administrative Law Judge, Vivian Rodriguez (Acting)
- Executive Director, Office of Management, Eileen McDaniel
- Executive Director, Office of Operations, Karen Ames

The following offices report directly to the Deputy Chief Administrative Law Judge:

Albuquerque Field Office
- Associate Chief Administrative Law Judge, Dean Metry
- Hearing Office Director, Thomas Gonzales

Arlington Field Office
- Associate Chief Administrative Law Judge, Christine Le
- Hearing Office Director, Ricky Allen (Acting)

Atlanta Field Office
- Associate Chief Administrative Law Judge, Loranzo Fleming
- Hearing Office Director, Chris Craighead

Cleveland Field Office
- Associate Chief Administrative Law Judge, Jonathan Eliot
- Hearing Office Director, Steven Yelenic

Irvine Field Office
- Associate Chief Administrative Law Judge, Alicia Hammond
- Hearing Office Director, Andreas Frank

Kansas City Field Office

- Associate Chief Administrative Law Judge, Bruce MacDougall
- Hearing Office Director, Jason Hedge (Acting)

Miami Field Office
- Associate Chief Administrative Law Judge, Timothy Stewart (Acting)
- Hearing Office Director, Elizabeth Nodal

New Orleans Field Office
- Associate Chief Administrative Law Judge, Timothy Stewart
- Hearing Office Director, Elizabeth Nodal (Acting)

Phoenix Field Office
- Associate Chief Administrative Law Judge, Lewis Booker (Acting)
- Hearing Office Director, Carla McGregor

Seattle Field Office
- Associate Chief Administrative Law Judge, Lewis Booker
- Hearing Office Director, Thomas Gonzales (Acting)

Office of Medicare Hearings and Appeals (OMHA)

Introduction and Mission

The Office of Medicare Hearings and Appeals, headed by the Chief Administrative Law Judge, is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). OMHA administers the third level of appeals nationwide for the Medicare program. OMHA ensures that Medicare beneficiaries, providers, and suppliers have access to an independent forum and opportunity for a hearing conducted pursuant to the Administrative Procedure Act on disputed Medicare claims. By providing a timely and impartial review of Medicare appeals, OMHA encourages providers and suppliers to continue to offer services and supplies to Medicare beneficiaries. Such access to timely adjudication of disputes is essential to the integrity of the Medicare system. On behalf of the Secretary of HHS, the Administrative Law Judges (ALJs) within OMHA conduct impartial hearings and issue decisions on claim determination, and organization and coverage determination appeals involving Medicare Parts A, B, C and D, as well as Medicare beneficiary entitlement and eligibility, and premium appeals.

Mission
OMHA is a responsible forum for fair, credible, and timely decision-making through an accomplished, innovative, and resilient workforce. Each employee makes a difference by contributing to shaping American health care.

Vision
World class adjudication for the public good.

Statutory Decisional Timeframe
The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 envisions that OMHA issues decisions on appeals of Part A and Part B Qualified Independent Contractor reconsiderations within 90 days after a request for hearing is filed.

Overview of Budget Request

The FY 2024 budget request for the OMHA is $164,218,000, which is +$2,218,000 above FY 2023 Enacted. At this level, OMHA sustains approximately 102 ALJ teams, 731 FTE, and a maximum annual capacity of 76,000 appeal dispositions. The resulting average capacity will likely be sufficient to ensure timely adjudication of the projected workload. This request aligns staffing with workload forecasts to prevent another backlog, enables compliance with the statutory 90-day adjudication timeframe, and keeps OMHA poised to expand and contract in a timely manner as future workloads demand, consistent with Objective 5.2 of the HHS Strategic Plan: *Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust*.

Office of Medicare Hearings and Appeals (OMHA)

Overview of Performance

For the past decade, OMHA's de facto priority was to draw down and eliminate a backlog of Medicare appeals that was 11 times larger than the agency's annual adjudicatory capacity at its peak. The prolonged backlog, a subsequent court order, and 6 years of statements of *material noncompliance* on HHS Agency Financial Reports made aged appeals OMHA's operative priority for many years, impeding the agency's most important performance metric – timeliness – from as far back as FY 2012, through the decade that followed, and into FY 2023.

FY 2024 is the first year since 2011 that OMHA can once again fully focus on its legislatively mandated priority – timely adjudication of appeals. Toward that end, OMHA's timeliness-oriented performance measure – *Increase the number of Benefits Improvement and Protection Act of 2000 cases closed within the applicable adjudication timeframe* – will return to a pre-backlog target of 90 percent in FY 2024. This measure aligns with Goal 5 of the HHS Strategic Plan – *Advance Strategic Management to Build Trust, Transparency, and Accountability*.

A second high-priority performance measure – *Retain average survey results from appellants reporting good customer service on a scale of 1 to 5 at the Medicare appeals level* – also aligns with Goal 5. To measure progress toward targets, OMHA annually commissions independent assessments that capture the scope of the appeals adjudication experience by randomly surveying selected appellants and appellant representatives. To ensure appellants and related parties are satisfied with the appeals adjudication experience regardless of the outcome of their appeal, this performance target prescribes an average survey result of 3.6.

In the 2022 survey, OMHA exceeded its target of 3.6 with an average survey result of 3.9. Despite the improvement, adjudication delays still had a predictably detrimental effect on customer satisfaction scores due to non-beneficiary appellants' frustration with the amount of time it takes for cases to be assigned to an adjudicator. Non-beneficiary appellants rated this part of the process at 3.08 on a scale of 1 to 5, which significantly reduced OMHA's average score. As a result, last year's average score still fell short of the 4.3 recorded in FY 2010, prior to the backlog and consequent increase in processing times.

Targets set for the remaining performance measure – *Reduce the percentage of decisions reversed or remanded on appeals to the Medicare Appeals Council* – are consistently met and were largely unaffected by the backlog.

Office of Medicare Hearings and Appeals (OMHA)

All Purpose Table
(Dollars in Thousands)

OMHA	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 President's Budget +/- FY 2023 Enacted
Total Program Level Funding	173,000	162,000	164,218	+2,218
Total, OMHA Discretionary Budget Authority	173,000	162,000	164,218	+2,218
Non-Recurring Expense Funds	0	0	10,560	+10,560
ECAPE - ePortal Module	0	0	10,560	+10,560

Authorizing Legislation……Titles XVIII and XI of the Social Security Act
FY 2024 Authorization……Indefinite
Allocation……Direct Federal

Office of Medicare Hearings and Appeals (OMHA)

Amounts Available for Obligation

Detail	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Trust Fund Discretionary Appropriation			
OMHA Discretionary Appropriation	172,381	162,000	164,218
Total, Discretionary Appropriation	172,381	162,000	164,218
Unobligated balance lapsing	-	-	-
Total Obligations	172,381	162,000	164,218

Office of Medicare Hearings and Appeals (OMHA)

Summary of Changes
(Dollars in Thousands)

FY 2023 Enacted	
Total estimated budget authority	162,000
(Obligations)	162,000
FY 2024 President's Budget	
Total estimated budget authority	164,218
(Obligations)	164,218
Net Change	**$2,218**

	FY 2023 Enacted		**FY 2024 President's Budget**		**FY 2024 +/- FY 2023**	
	FTE	**BA**	**FTE**	**BA**	**FTE**	**BA**
Full-time permanent	832	82,237	731	84,323	(101)	2,086
Other personnel compensation	-	1,596	-	1,757	-	161
Civilian personnel benefits	-	30,187	-	32,102	-	1,915
Travel and transportation of persons	-	385	-	50	-	(335)
Transportation of things	-	127	-	65	-	(62)
Rental Payments to GSA	-	8,428	-	10,134	-	1,706
Communications, utilities, and misc. charges	-	13,878	-	10,299	-	(3,579)
Printing and reproduction	-	787	-	475	-	(312)
Advisory and assistance services	-	2,213	-	2,528	-	315
Other services from non-Federal sources	-	6,570	-	10,050	-	3,480
Other goods and services from Federal sources	-	13,315	-	9,944	-	(3,371)
Operation and maintenance of facilities	-	1,021	-	1,451	-	430
Medical Care	-	22	-	45	-	23
Operation and maintenance of equipment	-	451	-	614	-	163
Supplies and materials	-	631	-	345	-	(286)
Equipment	-	119	-	26	-	(93)
Land and Structures	-	18	-	-	-	(18)
All Other Insurance Claims and Indemnities	-	15	-	10	-	(5)
Total	**832**	**162,000**	731	**164,218**	**(101)**	**2,218**
Net Change	**-**	**-**	**-**	-	(101)	2,218

Office of Medicare Hearings and Appeals (OMHA)

Budget Authority by Activity

(Dollars in Thousands)

Activity	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Discretionary Budget Authority	**172,381**	**162,000**	**164,218**
FTE	**987**	**832**	**731**

Medicare Hearings and Appeals (MHA)

Authorizing Legislation

(Dollars in Thousands)

Medicare Hearings and Appeals	FY 2023 Amount Authorized	FY 2023 Amount Appropriated	FY 2024 Amount Authorized	FY 2024 President's Budget
Medicare Hearings and Appeals, Social Security Act, Titles XVIII and XI	Indefinite	196,000	Indefinite	199,000
Total Appropriation	-	**196,000**	-	**199,000**

Medicare Hearings and Appeals (MHA)

Appropriations History Table

Fiscal Year	Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2014	Trust Fund Appropriation	82,381,000	-	82,381,000	82,381,000
	Subtotal	***82,381,000***	***-***	***82,381,000***	***82,381,000***
2015	Trust Fund Appropriation	100,000,000	-	-	87,381,000
	Subtotal	***100,000,000***	***-***	***-***	***87,381,000***
2016	Trust Fund Appropriation	140,000,000	-	-	107,381,000
	Subtotal	***140,000,000***	***-***	***-***	***107,381,000***
2017	Trust Fund Appropriation	120,000,000	107,381,000	112,381,000	107,381,000
	Subtotal	***120,000,000***	***107,381,000***	***112,381,000***	***107,381,000***
2018	Trust Fund Appropriation	117,177,000	112,381,000	107,381,000	182,381,000
	Subtotal	***117,177,000***	***112,381,000***	***107,381,000***	***182,381,000***
2019	Trust Fund Appropriation	112,381,000	172,381,000	182,381,000	182,381,000
	Subtotal	***112,381,000***	***172,381,000***	***182,381,000***	***182,381,000***
2020	Trust Fund Appropriation	182,381,000	182,381,000	182,381,000	191,881,000
	Subtotal	***182,381,000***	***182,381,000***	***182,381,000***	***191,881,000***
2021	Trust Fund Appropriation	196,381,000	191,881,000	191,881,000	191,881,000
	Subtotal	***196,381,000***	***191,881,000***	***191,881,000***	***191,881,000***
2022	Trust Fund Appropriation	196,000,000	196,000,000	196,000,000	196,000,000
	Subtotal	***196,000,000***	***196,000,000***	***196,000,000***	***196,000,000***
2023	Trust Fund Appropriation	196,000,000	196,000,000	196,000,000	196,000,000
	Subtotal	**196,000,000**	**196,000,000**	**196,000,000**	**196,000,000**
2024	Trust Fund Appropriation	199,000,000			
	Subtotal	**199,000,000**			

Office of Medicare Hearings and Appeals (OMHA)

Narrative by Activity

Program Description

OMHA opened its doors in July 2005 pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), which sought to respond to the delays in processing of Medicare appeals that existed at the Social Security Administration (SSA) by establishing an Administrative Law Judge hearing forum dedicated solely to the adjudication of Medicare benefit appeals. According to the Government Accountability Office, SSA ALJs took an average of 368 days to resolve appeals in 2003. While SSA had no statutory timeframe for case adjudication, the Medicare, Medicaid, and State Children's Health Insurance Program Benefits Improvement and Protection Act of 2000 envisioned that most Medicare appeals would be decided by OMHA within 90 days of filing. Furthermore, the MMA provided for the addition of ALJs and staff as needed to ensure "timely action on appeals before administrative law judges," (MMA § 931(c), 117 Stat. 2398–99).

OMHA serves a broad sector of the public, including Medicare service providers and suppliers, and Medicare beneficiaries who are often elderly or disabled. Ensuring that providers and suppliers have a forum for independent and timely resolution of their disputes over Medicare payments contributes to the security of the Medicare system by encouraging provider and supplier communities to provide services and supplies to Medicare beneficiaries. OMHA administers its program in ten field offices: Albuquerque, New Mexico; Arlington, Virginia; Atlanta, Georgia; Cleveland, Ohio; Irvine, California; Kansas City, Missouri; Miami, Florida; New Orleans, Louisiana; Phoenix, Arizona; and Seattle, Washington.

At the time of OMHA's establishment, it was anticipated that OMHA would receive Medicare Part A and Part B fee-for-service benefit claim appeals, and Part C Medicare Advantage program organization determination appeals. However, OMHA's original jurisdiction soon expanded. In 2007, OMHA was also given additional responsibility for conducting hearings and issuing decisions on Medicare Part B Income-Related Monthly Adjustment Amount appeals.

Beyond changes in jurisdiction, OMHA's workload was also affected by changes to improve program integrity. In 2008, OMHA began to receive a significant volume of appeals through the CMS Recovery Audit Contractor (RAC) program, which was piloted in six states beginning in 2007. This program included RAC reviews of Medicare Part A and Part B claims on a post-payment basis, and reviews for Medicare Secondary Payer recoupments. In January 2010, the RAC program became permanent and was expanded to all 50 States. As a result of this expansion, OMHA received nearly 433,000 RAC appeals between FY 2013 and FY 2014 (50 percent of all agency appeal receipts) with no additional resources to handle this new workload. Although the RAC expansion legislation provided funding for the administrative costs of the program at CMS, OMHA is functionally and fiscally independent of CMS, and OMHA's administrative costs were not covered by the legislation. Subsequently and by design, the number of RAC appeals received through CMS rapidly declined from a high of 239,383 in FY 2014 to a low of 485 in FY 2019.

In FY 2022 there were 2,722 RAC appeals received. Moving forward, appeal receipts are expected to increase steadily through FY 2024. Near term increases will be measured in manageable percents (versus multiples). Long term projections remain to be determined.

FY 2024 Budget Request

The FY 2024 budget request for OMHA is $164,218,000, which is +$2,218,000 above the FY 2023 Enacted. At this level, OMHA sustains approximately 102 ALJ teams, 731 FTE, and a maximum annual capacity of 76,000 appeal dispositions. The resulting average capacity will likely be sufficient to ensure timely adjudication of the projected workload. This request aligns staffing with workload forecasts to prevent another backlog, enables compliance with the statutory 90-day adjudication timeframe, and keeps OMHA poised to expand and contract in a timely manner as future workloads demand.

In a continuing effort to match adjudicatory capacity with post-backlog appeal workloads, OMHA has been cost-cutting since October of 2020, when the ongoing hiring freeze was implemented and concurrent efforts to find savings in non-pay expenses were initiated. Though cost-cutting efforts will continue, additional savings in FY 2024 are likely to be offset by additional inflationary increases. In this context, additional pay-related expenses such as pay raises and inflationary increases in benefit costs will be offset by additional attrition, and the entirety of the 1.4% increase will be used to restore funding to non-pay cost categories that were cut in prior years. These include employee training and engagement, travel for program oversight, critical ECAPE operations and maintenance activities, and office space consolidation projects that will result in significant expense reductions in the coming years.

Cost-cutting Efforts

Pay costs associated with salaries and benefits comprise more than 75 percent of OMHA's annual budget, and more than 80 percent of OMHA's pay costs are attributable to the Administrative Law Judges, attorneys and legal assistants that support the adjudicatory process. Through reimbursable agreements, OMHA maintains this pay to non-pay ratio and remain poised to expand immediately when necessary. Current reimbursable agreements include:

- ALJ loans to other agencies
- Staff details to other agencies
- Human Resource Center services to other agencies

While reimbursable agreements reduce costs and maintain capacity, outright size reduction and non-pay cost-cutting efforts have been necessary. Both types of efforts have continued through the past few years. Since the ongoing hiring freeze implemented in October of 2020, 255 positions have been eliminated through attrition, and concurrent efforts to find savings in non-pay expenses have expanded.

Capacity-balancing Efforts

An FY 2024 budget level of $164.2 million will fund 102 ALJ teams and a maximum agency-wide capacity of 76,000 appeals. This assumes a maximum capacity of 750 appeals per ALJ team. Average capacity per team may be lower due to post-backlog case mix and staffing variance due to departures, extended absences, and changes in average team composition and experience level.

The most conservative CMS appeal projections are 63,000 appeals to OMHA in FY 2024. The gap between maximum capacity and current projections will be eliminated if appeal receipts exceed these projections, or if average capacity per team is less than 750 appeals. Both scenarios could occur simultaneously, and either might require 102 fully staffed ALJ teams to prevent another backlog, thus full funding of $164.2 million to maintain 102 ALJ teams is necessary.

If receipts exceed capacity by any means, another backlog will begin to form. Once capacity has been shed, it takes significant time and additional funds to rebuild. This could prolong even a small backlog through multiple years to come.

OMHA's recent backlog persisted for more than a decade and resulted in statements of *material noncompliance* on HHS Agency Financial Reports from 2016 through 2021. The backlog and subsequent increase in processing times were also the subjects of a lawsuit by the American Hospital Association. Pursuant to a November 2018 ruling, the Secretary of HHS has been operating under a mandamus order directing specific annual reductions in the appeals backlog leading to total elimination by the end of FY 2022. Continued interagency collaboration through the Medicare Appeals Workgroup minimizes the possibility that OMHA becomes overwhelmed by unexpected workloads in the coming years and minimizes the likelihood of similar consequences.

Though the workgroup's latest quarterly projections predict 63,000 appeals to OMHA in FY 2024, additional, less predictable increases can be expected from changes in appellant behavior in response to average processing times returning to 90 days or less (from a high of 1,448 days in FY 2020). Provided the sum of pending appeals and new appeals received in FY 2024 does not approach 76,000, OMHA's planned adjudicatory capacity for the year will be sufficient to meet the statutory 90-day adjudication time frame and prevent recurrence of a backlog in FY 2024.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$172,381,000
FY 2021	$172,381,000
FY 2022 Final	$172,381,000
FY 2023 Enacted	$162,000,000
FY 2024 President's Budget	$164,218,000

Program Accomplishments

OMHA's timeliness-oriented performance measures were unattainable for the duration of the backlog. After precipitous drops in FY 2011 and FY 2012, both were discontinued. With the backlog substantially eliminated, OMHA's primary timeliness-oriented performance measure has been restored for FY 2023 and FY 2024, and further refined to read: *Increase the number of Benefits Improvement and Protection Act of 2000 cases closed within the* ***applicable adjudication timeframe***, since a 90-day timeframe is not always pertinent. FY 2023 workloads included a significant number of aged appeals at the beginning of the Fiscal Year, so the FY 2023 target is an ambitious 70 percent of BIPA cases closed within the applicable adjudication timeframe. Assuming sufficient funding and predictable workloads in FY 2023 and FY 2024, OMHA expects to return to pre-backlog performance levels very soon, resulting in an FY 2024 target of 90 percent of BIPA cases closed within the applicable adjudication timeframe.

<u>Recent Achievements</u>

Relentless and continuous improvement efforts, expanded capacities, and initiatives implemented in collaboration with HHS partners have finally overcome a backlog that became inevitable more than a decade ago when OMHA began FY 2012 with an unmanageable 20,000 pending appeals. In a few short years, that small backlog of pending appeals grew to more than 886,000 at the end of FY 2015,

then persisted through FY 2022. With a more manageable workload at hand, OMHA is now returning to its original, legislatively mandated priority – a 90-day processing timeframe for most appeals.

Historical Context

For more than a decade, OMHA was unable to issue decisions within the statutorily required 90 days for BIPA appeals. Consequently, average processing time reached a high of 1,448 days in FY 2020, then dropped quickly when the backlog was substantially eliminated to 725 days as of September 30, 2022. Similarly, the average age of pending appeals rose to a high of 1,525 days in FY 2019, and subsequently fell to 180 days as of September 30, 2022. Both will continue to fall sharply in FY 2023, as aged appeal workloads are fully replaced by new appeal receipts and remnants of the backlog no longer affect these averages.

Collaborative efforts to address the backlog began in 2015 with the formation of an interagency workgroup. The efforts of this workgroup, combined with Departmental initiatives and increased adjudicatory capacity, have enabled OMHA to substantially eliminate the backlog in 2022.

Initiatives

Various Departmental initiatives had immediate effects on OMHA's pending appeals backlog. Examples include the Centers for Medicare & Medicaid Services (CMS) Part A Hospital Appeals Settlement Process and OMHA's Settlement Conference Facilitation (SCF) efforts with State Medicaid agencies. The largest initiatives produced sizable one-time reductions in OMHA's pending workload.

Capacity

With the aid of significant funding increases in FY 2018 and FY 2019, OMHA quickly increased adjudicatory capacity by adding new offices and hiring additional personnel, reaching a high of 1,206 staff on-board in December of 2019.

Ten months after reaching peak capacity in December of 2019, OMHA implemented a hiring freeze in October of 2020 that is expected to continue into FY 2024 when workload and capacity are projected to be in balance. From that point forward, any significant increase in workload will require a commensurate increase in adjudicatory capacity to prevent recurrence of a backlog.

Office of Medicare Hearings and Appeals (OMHA)

Key Outputs and Outcomes Table

Measure	Year and Most Recent Result /Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/-FY 2023 Target
1.1.4 Reduce the percentage of decisions reversed or remanded on appeals to the Medicare Appeals Council. (Outcome)	FY 2022: 0.7% Target: 1% (Target Exceeded)	1%	1%	Maintain
1.1.5 Retain average survey results from appellants reporting good customer service on a scale of 1 – 5 at the Medicare Appeals level (Outcome)	FY 2022: 3.9 Target: 3.6 (Target Exceeded)	3.6	3.6	Maintain
1.1.8 Increase the number of Benefits Improvement and Protection Act of 2000 (BIPA) cases closed within the applicable adjudication timeframe. (Outcome)	FY 2023: Result Expected Nov 20, 2023 Target: 70.0 % (Pending)	70.0 %	90.0 %	+20 percentage point(s)

Nonrecurring Expenses Fund
Budget Summary
(Dollars in Thousands)

	FY 2022[1]	FY 2023[2]	FY 2024[3]
Notification[4]	--	--	$10,560

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.

Since 2019, OMHA has used their Electronic Case Processing Environment (ECAPE) to process and adjudicate Level III Medicare claims electronically. The system assigns appealed claims to adjudication teams, docket and hearing management, and headquarters oversight of overall agency workload. ECAPE has increased overall efficiency of OMHA by significantly reducing the burden of manual, paper-based appeal and docket management and has been crucial in OMHA's ability to electronically process Medicare appeals.

Budget Allocation FY 2024
OMHA developed a prototype public facing portal (ePortal) to test the viability of engaging the public during the appeal process in a digital footprint. The prototype has limited functionality to enable parties to submit an electronic Request for Hearing and submit supplemental documentation to an existing appeal. While this has been crucial in OMHA's ability to electronically process Medicare appeals, there are opportunities to improve our externally facing ePortal module to (1) reduce the mailing of notices and appeal documents and reduce carbon emissions, (2) improve the Customer Experience through electronic access to the appeal record, improve the scheduling process, and increase coordination during hearings, and (3) reduce costs by improving customer engagement efficiency. This project will start in FY 2024.

Budget Allocation FY 2021 and prior

NEF investment to date in ECAPE totals $43.6 million which is comprised of development, testing, implementation, and operation of the minimally viable product currently in operation. ECAPE is a critical component of workload management and an important tool in reducing the backlog. Implementation of ECAPE was completed in 2019.

[1] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on June 17, 2021.
[2] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[3] HHS has not yet notified for FY 2024.
[4] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

OMHA is projected to successfully reduce its backlog and return to a workload within its adjudication capacity by early FY 2023. With this progress, OMHA is focused on reducing the average processing time frame for pending appeals and returning to the 90-day processing time frame required by statute. Now that the majority of OMHA's dispositions are being issued in ECAPE, and ECAPE houses the majority of OMHA's pending workload and new receipts, ECAPE's functionality and efficiency are critical to the OMHA mission.

Office of Medicare Hearings and Appeals (OMHA)

Budget Authority by Object Class-Direct

(Dollars in Thousands)

Object Class Code	Description	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
11.1	Full-time permanent	98,000	82,237	84,323	2,086
11.5	Other personnel compensation	1,000	1,596	1,757	161
Subtotal	***Personnel Compensation***	**99,000**	**83,833**	**86,080**	**2,247**
12.1	Civilian personnel benefits	36,000	30,187	32,077	1,890
13.0	Unemployment Comp & Voluntary Separation Incentive Payment	-	-	25	25
Total	***Pay Costs***	**135,000**	**114,020**	**118,182**	**4,162**
21.0	Travel and transportation of persons	-	385	50	(335)
22.0	Transportation of things	-	127	65	(62)
23.1	Rental payments to GSA	9,000	8,428	10,134	1,706
23.3	Communications, utilities, and misc. charges	7,000	13,878	10,299	(3,579)
24.0	Printing and reproduction	1,000	787	475	(312)
25.1	Advisory and assistance services	1,000	2,213	2,528	315
25.2	Other services from non-Federal sources	9,000	6,570	10,050	3,480
25.3	Other goods and services from Federal sources	9,000	13,315	9,944	(3,371)
25.4	Operation and maintenance of facilities	1,000	1,021	1,451	430
25.6	Medical care	1,000	22	45	23
25.7	Operation and maintenance of equipment	-	451	614	163
26.0	Supplies and materials	-	631	345	(286)
31.0	Equipment	-	119	26	(93)
32.0	Land and Structures	-	18	-	(18)
42.0	Insurance claims and indemnities	-	15	10	(5)
Total	***Non-Pay Costs***	**38,000**	**47,980**	**46,036**	**(1,944)**
Total	***Budget Authority by Object Class***	**173,000**	***162,000***	**164,218**	**2,218**

Office of Medicare Hearings and Appeals (OMHA)

Salaries and Expenses

(Dollars in Thousands)

Object Class Code	Description	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
11.1	Full-time permanent	98,000	82,237	84,323	2,086
11.5	Other personnel compensation	1,000	1,596	1,757	161
Subtotal	***Personnel Compensation***	**99,000**	**83,833**	**86,080**	**2,247**
12.1	Civilian personnel benefits	36,000	30,187	32,077	(3,608)
13.0	Unemployment Comp & Voluntary Separation Incentive Payment	-	-	25	25
Total	***Pay Costs***	**135,000**	**114,020**	**118,182**	**(1,336)**
21.0	Travel and transportation of persons	-	385	50	(335)
22.0	Transportation of things	-	127	65	(62)
23.3	Communications, utilities, and misc. charges	7,000	13,878	10,299	(3,579)
24.0	Printing and reproduction	1,000	787	475	(312)
25.1	Advisory and assistance services	1,000	2,213	2,528	315
25.2	Other services from non-Federal sources	9,000	6,570	10,050	3,480
25.3	Other goods and services from Federal sources	9,000	13,315	9,944	(3,371)
25.4	Operation and maintenance of facilities	1,000	1,021	1,451	430
25.6	Medical care	1,000	22	45	23
25.7	Operation and maintenance of equipment	-	451	614	163
Subtotal	***Other Contractual Services***	**29,000**	**38,769**	**35,521**	**(3,248)**
26.0	Supplies and materials	-	631	345	(286)
Subtotal	***Non-Pay Costs***	**29,000**	**39,400**	**35,866**	**(3,534)**
Total	**Salary and Expenses**	**164,000**	**153,420**	**154,048**	**(4,870)**
Total	**Direct FTE**	**987**	**832**	**731**	**(101)**

Office of Medicare Hearings and Appeals (OMHA)

Detail of Full-Time Equivalent (FTE) Employment

Detail	2022 Actual CIV	2022 Actual Total	2023 Est. CIV	2023 Est. Total	2024 Est. CIV	2024 Est. Total
Direct	*987*	*987*	*832*	*832*	*731*	*731*
Reimbursable	**-**	**-**	**-**	**-**	-	-
Total FTE	**987**	**987**	**832**	**832**	**731**	**731**
Average GS Grade						
FY 2020	**11/2**					
FY 2021	**11/4**					
FY 2022	**11/4**					
FY 2023	**11/4**					
FY 2024	**12/1**					

Medicare Hearings and Appeals (OMHA)

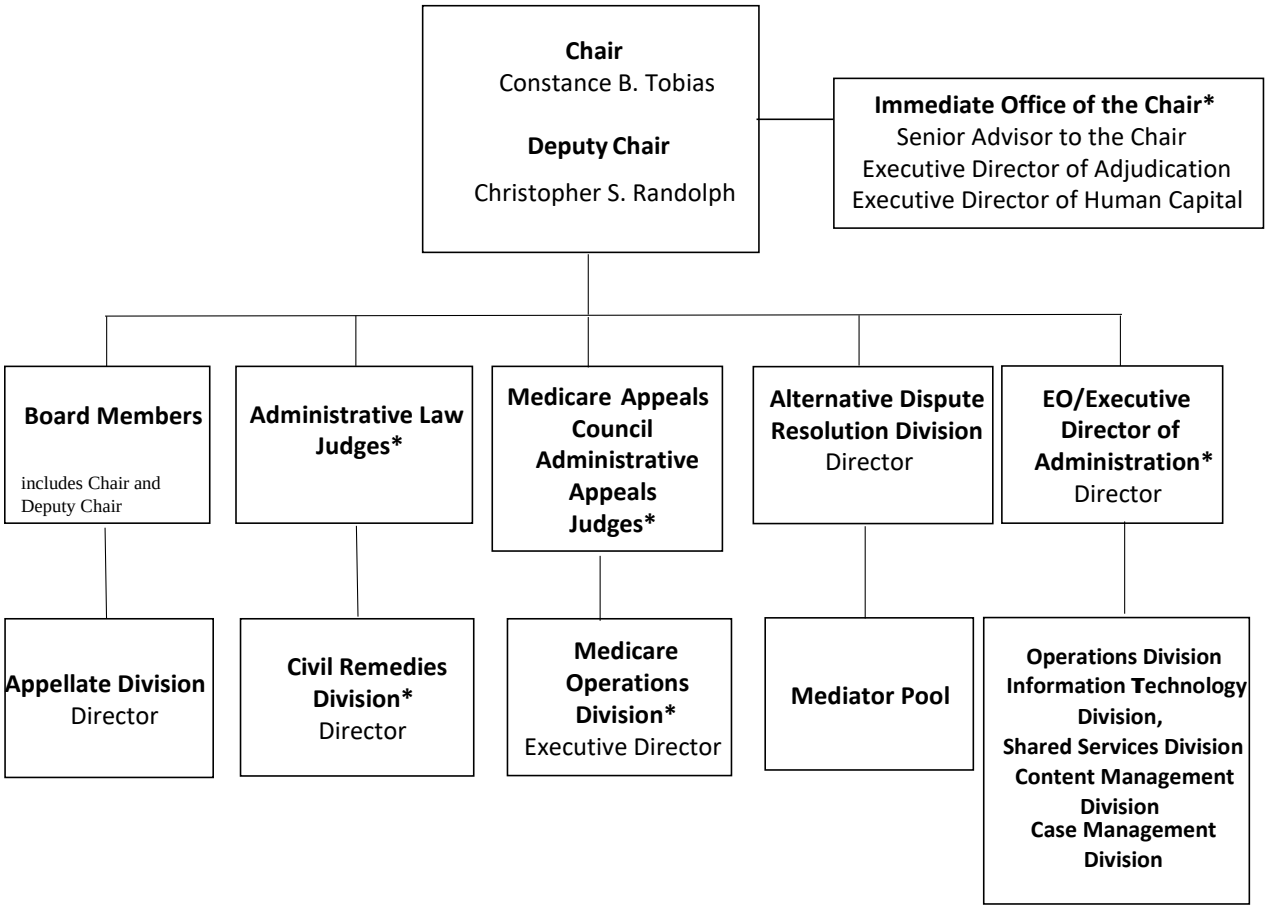
Detail of Positions

Direct Civilian Positions	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
ALJ I	1	1	1
ALJ II	10	10	10
ALJ III	125	107	92
Subtotal, Positions	**136**	**118**	**103**
Total, Salaries	24,986,475	22,077,662	20,563,664
ES Positions	2	2	2
Total-ES Salaries	406,654	424,000	440,744
GS-15	14	15	17
GS-14	47	42	42
GS-13	74	82	88
GS-12	317	267	244
GS-11	30	38	32
GS-10	-	-	-
GS-9	28	18	21
GS-8	231	171	135
GS-7	32	38	18
GS-6	20	24	14
GS-5	-	2	-
GS-4	1	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal, Positions	**794**	**697**	**611**
Total – GS Salary	67,499,121	60,341,952	57,766,784
Total Positions	932	817	716
Average ALJ salary	203,327	187,099	199,647
Average ES salary	183,724	212,000	220,372
Average GS grade	11/4	11/4	12/1
Average GS salary	85,011	86,574	94,545

Medicare Hearings and Appeals

Departmental Appeals Board (DAB)

DAB Organizational Chart



*Denotes Divisions and staff performing Medicare-related work

Medicare Hearings and Appeals (DAB)

Organizational Chart (Text Version)

Departmental Appeals Board

- Chair, Constance B. Tobias
- Deputy Chair, Christopher S. Randolph
- Immediate Office of the Chair

The following offices report directly to the Chair:

- Board Members (includes the Chair and Deputy Chair)
  - Appellate Division
- Administrative Law Judges
  - Civil Remedies Division Director
- Medicare Appeals Council Administrative Appeals Judges
  - Medicare Operations Division Executive Director
- Alternate Dispute Resolution Division Director
  - Mediator Pool
- Executive Officer/Executive Director of Administration
  - Operations Division
  - Information Technology Division,
  - Shared Services Division,
  - Content Management Division
  - Case Management Division

Medicare Hearings and Appeals (DAB)

Introduction and Mission

The Departmental Appeals Board (DAB), a staff division within the Office of the Secretary, provides impartial, independent hearings and appellate reviews, and issues final agency decisions pursuant to more than 60 statutory provisions governing HHS programs. The DAB provides high-quality adjudication and other conflict resolution services in administrative disputes involving HHS. Outside parties who disagree with a determination made by an HHS agency or its contractor initiate cases. Outside parties include States, universities, Head Start grantees, hospitals, nursing homes, clinical laboratories, doctors, health care providers/suppliers, and Medicare beneficiaries. Disputes heard by the DAB sometimes involve over $1 billion in federal funds in a single year. DAB decisions on certain cost allocation issues in grant programs have government-wide impact because HHS decisions in this area legally bind other Federal agencies. The Secretary appoints all of DAB's judges: Board Members, Administrative Law Judges (ALJs), and Administrative Appeals Judges (AAJs).

Mission

DAB's mission is to provide the best possible dispute resolution services for the people who file claims, those relying on appeal decisions, and the public.

The following principles guide us:

- We provide a great work environment for each other, we treat each other with respect, and we take pride in what each of us, and all of us, do.
- We are fair and impartial, and we always try to assure that our customers perceive us so.
- We do our job as promptly as possible.
- We deliver products which are thorough, well-reasoned, and written in concise, clear English.
- We align DAB decisions and communications with best practices of inclusive language and eliminate expressions and terminology that may imply bias or prejudice
- We value creativity and innovation, and we always seek better ways to do things in every part of our job.
- We each take personal responsibility for assuring that customers' needs are met.
- We help parties economize in case preparation.
- We empower parties to narrow and resolve issues on their own, or with the help of mediation or other alternative dispute resolution.

Medicare Hearing and Appeals (DAB)

Budget Summary

(Dollars in Thousands)

-	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority	29,619	34,000	34,782	+782
FTE	132	193	196	+3

Authorizing Legislation……Medicare Hearings and Appeals, Social Security Act, Titles XVIII and XI
FY 2024 Authorization……..……..……..……..Indefinite
Allocation Method..…….....……. Direct Federal

Medicare Hearings and Appeals (DAB)

Overview of Budget Request

The FY 2024 President's Budget requests $34,782,000 at the program level, which is an increase of +$782,000 above the FY 2023 enacted level. This request allows the DAB to devote maximum allowable funding towards temporary staff for term appointment judges and attorneys to work on the reduction of the Medicare Operations Department (MOD) case backlog, while maintaining the funding level required to support the on-going adjudication capacity of the permanent staff.

The DAB has a large backlog of pending appeals due to increased Department program enforcement and integrity efforts. As a result, MOD has a significant backlog of cases, even after prior year settlements between appellants and CMS, and other administrative initiatives intended to decrease the number of appeals moving upstream to the third and fourth levels of appeal. While additional resources received in FY 2021 and FY 2022 helped the DAB in its effort to manage the backlog, MOD is still unable to adjudicate incoming appeals within the 90-day statutory deadline. Additionally, an increase in appeals prioritized by the Council, such as agency referrals from CMS and beneficiary appeals, further delayed MOD's ability to reallocate staff resources to adjudicate backlog cases. As the final level of administrative review, MOD maintains a complex, appellate-level docket with a diverse pool of appellants. While settlements and administrative initiatives have helped reduce the number of appeals involving repeat filers and recurring issues at the lower levels of the appeals process, most of MOD's remaining appeals involve low-volume filers, unique issues, or large dollar amounts, which cannot be easily resolved through large-scale settlements or other initiatives. The estimated total amount of all cases pending in MOD's backlog at the end of FY 2022 was over $2.9 billion.

Based on available data, MOD's FY 2023 receipts are estimated to increase from a total of 5,920 appeals in FY 2022 to 6,314 appeals. In FY 2023, MOD expects its adjudication capacity to exceed receipts for the first time in a decade, while case complexity and controversy increases, which is expected to significantly slow adjudication rates and increase case processing times; thereby threatening prior progress made in backlog reduction. DAB's increased funding during FY 2023 and FY 2024 builds the adjudicatory capacity needed to outpace case receipts; however, adjudicating most appeals (except Part C, Medicare Advantage cases) within the statutory deadline will remain a challenge as the relatively new workforce gains the requisite training and experience to adjudicate the ever-evolving complex workload.

The DAB continues to prioritize beneficiary appeals, which typically account for approximately 15 percent of MOD's annual receipts and for approximately 9 percent of the existing backlog. Although the DAB continues to make progress on these appeals, the backlog has resulted in substantial delays for beneficiaries to receive decisions. The average adjudication time from the date of filing to the date of adjudication for beneficiary appeals over the last five years is 534 days. The average age of pending beneficiary appeals is 724 days. In FY 2022, the average age of pending beneficiary appeals decreased by two percent from FY 2021.

The slight decrease is the result of MOD prioritizing the adjudication of beneficiary appeals that were docketed in prior fiscal years. In addition to beneficiary appeals, MOD receives other types of appeals that it must prioritize, requiring MOD to reallocate its resources to address constantly changing adjudication priorities. For example, MOD must prioritize agency referrals filed by CMS, requiring MOD to redirect resources to these appeals, and away from beneficiary appeals, as soon as the referrals are received. Similarly, MOD must prioritize Part C and D pre-service and Part D expedited appeals, due to the medical urgency of these appeals, which delays the adjudication of other types of beneficiary appeals.

These circumstances have also presented other challenges for MOD. For instance, because of large-scale payment recovery efforts by CMS contractors, many cases in the backlog are voluminous and complex, including statistical sampling and multi-claim overpayment cases, which require significant staff time to review and adjudicate. While prior year administrative settlements removed a significant portion of cases from MOD's backlog, the process of identifying, collecting, closing, and shipping these settled cases continues to require a considerable amount of staff time. MOD must also prepare the administrative record for cases appealed to federal court, a process that further strains MOD's already limited staff resources.

Similarly, the DAB's Civil Remedies Division (CRD) continues to receive more skilled nursing facility appeals due to increased CMS program enforcement and integrity efforts. Moreover, CMS and other Department program enforcement and integrity efforts over the last several years have continued to expand CRD jurisdiction, with new types of appeals being directed to CRD's ALJs and the DAB's Board Members for review. This growing workload also contributed to substantial delays in adjudication in recent fiscal years.

CRD has been able to focus on adjudicating the particularly complex skilled nursing facility enforcement appeals that accumulated during prior fiscal years. With adjudication capacity improved because of additional staff, CRD expects that it will begin reducing time periods for case adjudication by the end of FY 2022. However, any reduction in adjudication time will depend on whether CRD continues to receive the complex skilled nursing facility appeals that take more time and resources than most other types.

Medicare Hearings and Appeals (DAB)

All Purpose Table

(Dollars in Thousands)

Activity	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Departmental Appeals Board	29,619[5]	34,000	34,782	+782

*2022, 2023, and 2024 funding levels for OMHA and DAB represent HHS allocations from the overall MHA appropriation, which are subject to change based on actual incoming appeal receipt levels and statuses of appeal backlogs at each organization.

[5] DAB's FY 2022 Final funding level includes carryover from the FY 2021/2022 MHA Appropriations.

Medicare Hearings and Appeals (MHA)

Authorizing Legislation

(Dollars in thousands)

Medicare Hearings and Appeals	FY 2023 Amount Authorized	FY 2023 Amount Appropriated	FY 2024 Amount Authorized	FY 2024 President's Budget
Medicare Hearings and Appeals, Social Security Act, Titles XVIII and XI	Indefinite	196,000	Indefinite	199,000
Total Appropriation	**-**	**196,000**	**-**	**199,000**

Medicare Hearings and Appeals (DAB)

Narrative by Activity

Program Description

Administrative Law Judges – Civil Remedies Division

DAB Administrative Law Judges, supported by CRD staff, conduct adversarial hearings and issue decisions on the record in a wide variety of proceedings, including proceedings that are critical to HHS healthcare program integrity efforts to combat fraud, as well as quality of care concerns. Hearings in these cases may last a week or more. Cases may raise complex medical or clinical issues. Some cases require presentation of evidence to prove allegations of complicated fraudulent schemes. Cases may also raise legal issues of first impression, such as appeals in enforcement cases. CRD ALJs hear appeals of CMS or OIG determinations to exclude providers, suppliers, or other healthcare practitioners from participating in Medicare, Medicaid, and other federal healthcare programs. The ALJs also hear cases appealing the imposition of civil monetary penalties (CMPs) for fraud and abuse in Medicare, Medicaid, and other federal healthcare programs, as well as various other types of CMPs. CRD jurisdiction also includes appeals from Medicare providers or suppliers of enrollment determinations, as well as appeals of sanctions under the Clinical Laboratory Improvement Amendments of 1988. ALJs provide expedited hearings when requested in certain types of proceedings, such as provider terminations and certain skilled nursing facility CMP cases. These cases typically involve important quality of care issues. ALJs also hear cases that require testimony from independent medical/scientific experts (e.g., in appeals of Medicare Local Coverage Determinations).

Medicare Appeals Council – Medicare Operations Division

MOD provides staff support to the Administrative Appeals Judges on the Medicare Appeals Council. The Council provides the final administrative review of claims for entitlement to Medicare and individual claims for Medicare coverage and payment filed by beneficiaries or health care providers and suppliers. Under current law, Council decisions are based on a *de novo* review of decisions issued by ALJs at OMHA. CMS (or one of its contractors) and SSA may also refer ALJ decisions to the Council for own-motion review. The majority of cases have a statutory 90-day deadline by which the Council must issue a final decision.

An appellant may also file a request with the Council to escalate an appeal from the OMHA ALJ level if the ALJ has not completed his or her action on the request for hearing within any adjudication deadline. In addition, the Council reviews cases remanded back to the Secretary from Federal court. MOD is responsible for preparing and certifying the administrative records of cases appealed to Federal court.

Cases may involve complex issues of law, such as appeals arising from overpayment determinations, non-sample audits, or statistical sampling extrapolations involving thousands of claims and high monetary amounts as well as emerging treatments and technologies for which policy guidance has not yet been developed or is unclear. Some cases, particularly those filed by enrollees in Medicare Advantage and prescription drug plans; require an expedited review (e.g., pre-service authorization for services or procedures or prior authorization for prescription drugs).

Since FY 2015, through a reimbursable agreement with CMS, MOD has adjudicated appeals filed under a CMS demonstration project with the State of New York. The demonstration project, called "Fully Integrated Duals Advantage" Plan (FIDA), offered an estimated 170,000 Medicare-Medicaid enrollees in New York an opportunity for more coordinated care. FIDA provided a streamlined appeals process which gave beneficiaries the opportunity to address denials of items and services through a unified system that included all Medicare and Medicaid protections. The FIDA project ended in

December 2019. However, it was replaced in FY 2020 by a similar dual-eligible beneficiary project, called the "New York Integrated Appeals and Grievances Demonstration," and MOD will continue adjudicating these types of appeals for each fiscal year that CMS renews its agreement with the DAB. The FIDA and new demonstration project cases are not included in the MOD workload chart below because of the low volume of these appeals at this time.

Medicare Hearings and Appeals (DAB)

Budget Request

DAB's FY 2024 President's Budget Request is $34,782,000, which is an increase of +$782,000 above the FY 2023 Enacted level. This request enables the DAB to devote maximum allowable funding towards a temporary staff of term appointment judges and attorneys specifically to work on the reduction of the Medicare Operations case backlog, while maintaining the funding level needed to support the long-term adjudication capacity of the permanent staff.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	$19,500,000
FY 2021	$19,500,000
FY 2022 Final	$29,619,000
FY 2023 Enacted	$34,000,000
FY 2024 President's Budget	$34,782,000

Program Accomplishments

Workload Statistics

Administrative Law Judges – Civil Remedies Division

In FY 2022, CRD received 846 new cases and closed 880, of which 222 were by decision. Approximately 90 percent of the CRD casework was Medicare related in FY 2022. In FY 2023, and FY 2024, the DAB will utilize GDM funding and IAAs as appropriate to hear appeals that are not related to Medicare matters, as those requests have been increasing across the Department.

Chart A shows caseload data for CRD. Approximately 90 percent of CRD casework is specific to Medicare related issues. All data are projected based on historical trends and certain assumptions, including:

- CMS' increased use of data analysis techniques to detect provider and supplier fraud and noncompliance, and continued implementation of new enforcement authorities;
- New types of hearing requests, such as appeals pursuant to agreements under the Medicare Part D Prescription Drug Coverage Gap Discount Program, CMPs imposed under the 340B drug pricing program, appeals from individuals and entities placed on the preclusion list for Medicare Advantage and Part D plans, and appeals of CMPs imposed based on Medicare market conduct examinations;
- An increase in the number of skilled nursing facility hearing requests;
- No major regulatory changes

CIVIL REMEDIES DIVISION CASES – Chart A

Cases	FY 2022	FY 2023	FY 2024
Open/start of FY	531	497	447
Received	846	750	1,000
Decisions	222	250	250
Total Closed	880	800	900
Open/end of FY	497	447	547

Medicare Appeals Council – Medicare Operations Division

In FY 2022, MOD received 5,920 appeals and adjudicated 7,268. At the end of FY 2022, MOD had 17,411 pending appeals.

Chart B shows total historical and projected caseload data for MOD.

Assumptions on which the data are based include:

- Increases in personnel in FY 2022 (+40 FTE) and FY 2023 (+59 FTE);
- An increase in case receipts in FY 2023 as a result of the appellant community's response to OMHA's adjudication of claims with the statutory deadline;
- FY 2024 projected receipts are based on 8% of estimated OMHA dispositions;
- Increased overpayment cases (including Recovery Audit (RA) and statistical sampling cases);
- Increased high value appeals related to emerging treatment and technologies;
- Participation in Department-wide administrative initiatives to improve efficiency within the Medicare appeals process and to adjudicate appeals as early as possible; and
- Increased requests for certified administrative records in cases appealed to Federal court.

MEDICARE OPERATIONS DIVISION CASES – Chart B

Cases	FY 2022	FY 2023	FY 2024
Open/start of FY	18,759	17,411	15,725
Received	5,920	6,314	6,656
Cases Closed	7,268	8,000	9,000
Administrative Settlements	-	-	-
Open/end of FY	17,411	15,725	13,381

Performance Analysis

DAB has made measurable progress in the strategic management of human capital by reengineering its operations and improving its case management techniques.

Civil Remedies Division

Measure 1.1.1 tracks the percentage of CRD decisions issued within all applicable statutory and regulatory deadlines. CRD exceeded Measure 1.1.1 in FY 2022. The target for this Measure will remain the same in FY 2023 and FY 2024.

Measure 1.1.2 tracks cases closed as a percentage of all cases open during the fiscal year. CRD

exceeded its FY 2022 target by closing 66 percent of cases open that year. The FY 2023 and FY 2024 targets remain unchanged because many cases are complex, including an increase in the nursing home cases received when program integrity efforts were focused on this subject area during the pandemic. CRD anticipates meeting Measure 1.2.1 in both years due to increased adjudication capacity resulting from additional resources received in FY 2021 and FY 2022.

Medicare Operations Division

Measure 1.2.1 tracks how long it takes to close a case after MOD receives the claim file. However, MOD does not request the claim file until staff is available to work on the case. Therefore, the measure only reflects how long it takes MOD to close a case after the claim file for the case is received, not how long it takes from the date MOD receives the request for review to the date the Council issues a final decision. The larger the backlog, the longer it takes for MOD staff to be available to work on a new case and the longer the overall time for HHS to resolve Medicare claims. MOD focuses on closing high priority cases, including Part C and D pre-service cases, Part D – Expedited cases and beneficiary appeals, which is designed to reduce the average time it takes to close a case. In FY 2022 average processing time for final action (e.g., receipt of claim file to decision) for all claim types rose to 821 days, meaning the target was not met, due to MOD's focus on adjudicating appeals filed prior to July 1, 2016. New staff in FY 2023 and FY 2024 will improve the DAB's ability to address that trend moving forward.

Measure 1.2.2 tracks case closures, which are directly proportional to staffing. MOD increased its target for FY 2024 and expects to meet or exceed it once the additional resources to increase adjudication capacity have been onboarded and fully trained.

Medicare Hearings and Appeals (DAB) – Key Outputs and Outcomes Table:

Measure	Year and Most Recent Result Target for Recent Result Summary of Result	FY 2023 Target	FY 2024 Target	FY 2024 +/- FY 2023
MHA 1.1.1 Percentage of CRD decisions issued within all applicable statutory and regulatory deadlines.	FY2022: 100% Target 90% (Target Exceeded)	90%	90%	Maintain
MHA 1.1.2 Cases closed in a fiscal year as a percentage of total cases open in the fiscal year.	FY 2022: 66% Target: 50% (Target Exceeded)	50%	50%	Maintain
MHA 1.2.1 Average time to complete action on Requests for Review measured from receipt of the claim file.	FY 2022: 821 Days Target: 727 Days (Target Not Met)	727 Days	727 Days	Maintain
MHA 1.2.2 Number of MOD dispositions.	FY 2022: 7,268 Target: 7,168 (Target Exceeded)	7,176	8,500	+1,324

MEDICARE HEARING AND APPEALS (DAB)

BUDGET AUTHORITY BY OBJECT CLASS – DIRECT

(Dollars in Thousands)

Object Class Code	Description	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
11.1	Full-time permanent	15,149	17,488	19,820	2,332
11.3	Other than full-time permanent	-	-	-	-
11.5	Other personnel compensation	-	-	-	-
11.7	Military personnel	-	-	-	-
Subtotal	***Personnel Compensation***	***15,149***	***17,488***	***19,820***	***2,332***
12.1	Civilian personnel benefits	5,077	6,597	6,691	94
12.2	Military benefits	-	-	-	-
13.0	Benefits for former personnel	-	-	-	-
Total	***Pay Costs***	***20,226***	***24,085***	***26,511***	***2,426***
21.0	Travel and transportation of persons	6	15	45	30
22.0	Transportation of things	-	10	5	(5)
23.1	Rental payments to GSA	3,439	3,027	1,550	(1,477)
23.3	Communications, utilities, and misc. charges	-	-	-	-
24.0	Printing and reproduction	-	-	5	5
25.1	Advisory and assistance services	-	-	-	-
25.2	Other services from non-Federal sources	2,228	3,375	3,206	(169)
25.3	Other goods and services from Federal sources	2,973	2,954	2,900	(54)
25.4	Operation and maintenance of facilities	547	480	480	-
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	-	-	-	-
25.8	Subsistence and support of persons	-	-	-	-
26.0	Supplies and materials	90	29	30	1
31.0	Equipment	110	25	50	25
32.0	Land and Structures	-	-	-	-
41.0	Grants, subsidies, and contributions	-	-	-	-
42.0	Insurance claims and indemnities	-	-	-	-
44.0	Refunds	-	-	-	-
Total	***Non-Pay Costs***	***9,393***	***9,915***	***8,271***	***(1,644)***
Total	**Budget Authority by Object Class**	**29,619[6]**	**34,000**	**34,782**	**782**

[6] DAB's FY 2022 Final funding level includes carryover from the FY 2021/2022 MHA Appropriations.

MEDICARE HEARINGS AND APPEALS (DAB)

SALARIES AND EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
11.1	Full-time permanent	15,149	17,488	19,820	2,332
11.3	Other than full-time permanent	-	-	-	-
11.5	Other personnel compensation	-	-	-	-
11.7	Commissioned Corps personnel	-	-	-	-
Subtotal	***Personnel Compensation***	***15,149***	***17,488***	***19,820***	***2,332***
12.1	Civilian personnel benefits	5,077	6,597	6,691	94
12.2	Commissioned Corps benefits	-	-	-	-
13.0	Benefits for former personnel	-	-	-	-
Total	***Pay Costs***	***20,226***	***24,085***	***26,511***	***2,426***
21.0	Travel and transportation of persons	6	15	45	30
22.0	Transportation of things	-	10	5	(5)
23.3	Communications, utilities, and misc. charges	-	-	-	-
24.0	Printing and reproduction	-	-	5	5
25.1	Advisory and assistance services	-	-	-	-
25.2	Other services from non-Federal sources	2,228	3,375	3,206	(169)
25.3	Other goods and services from Federal sources	2,972	2,954	2,900	(54)
25.4	Operation and maintenance of facilities	547	480	480	-
25.5	Research and development contracts	-	-	-	-
25.6	Medical care	-	-	-	-
25.7	Operation and maintenance of equipment	-	-	-	-
25.8	Subsistence and support of persons	-	-	-	-
Subtotal	***Other Contractual Services***	***5,748***	***6,809***	***6,586***	***(223)***
26.0	Supplies and materials	90	29	30	1
Subtotal	***Non-Pay Costs***	***5,844-***	***6,863***	***6,671***	***(192)***
Total	**Salary and Expenses**	**26,070**	**30,948**	**33,182**	**2,234**
Total	**Direct FTE**	**132**	**193**	**196**	**3**

DETAIL OF FULL-TIME EQUIVALENT (FTE) EMPLOYMENT

Detail[7]	2022 Actual CIV	2022 Actual CC	2022 Actual Total	2023 Est. CIV	2023 Est. CC	2023 Est. Total	2024 Est. CIV	2024 Est. CC	2024 Est. Total
Direct	*132*	-	132	193	-	193	196	-	196
Reimbursable	-	-	-	-	-	-	-	-	-
Total FTE	**132**	**-**	**132**	**193**	**-**	**193**	**196**	**-**	**196**
-	-	-	-	-	-	-	-	-	-
Average GS Grade	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
FY 2020	**12**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
FY 2021	**12**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
FY 2022	**13**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
FY 2023	**13**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
FY 2024	**13**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

[7] Abbreviation Key: CIV – Civilian, CC – Commissioned Corps

DETAIL OF POSITIONS[8]

Direct Civilian Positions	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Executive level I	0.50	1.15	1.15
Executive level II	1.50	1.50	1.50
Executive level III	-	-	-
Executive level IV	-	-	-
Executive level V	-	-	-
Subtotal, Positions	2.00	2.65	2.65
Total, Salaries	$368,853	$503,160	$528,318
-	-	-	-
Executive Service Positions	23	33	33
Total, Salaries	$4,148,078	$6,068,724	$6,372,160
	-	-	-
GS-15	13.30	12.65	8.65
GS-14	12.40	12.40	15.75
GS-13	31.25	65.00	73.90
GS-12	35.05	45.80	43.75
GS-11	9.50	17.0	13.05
GS-10	-	-	-
GS-9	3.50	2.50	3.25
GS-8	2.00	2.00	2.00
GS-7	-	-	-
GS-6	-	-	-
GS-5	-	-	-
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal, Positions	107.00	157.35	160.35
Total - GS Salary	$11,808,635	$17,423,702	$18,294,887
Total Positions	**132**	**193**	**196**
Average ES level	-	-	-
Average ES salary	$180,660	$184,772	$194,010
Average GS grade	13	13	13
Average GS salary	$107,109	$111,320	$110,583
Average Special Pay categories	-	-	-

[8] Table does not include Reimbursable of Commissioned Corps FTE.

Office for Civil Rights

DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year
2024

Office for Civil Rights

Justification of Estimates for
Appropriations Committees

DEPARTMENT OF HEALTH & HUMAN SERVICES **OFFICE OF THE SECRETARY**

I am pleased to present the Office for Civil Rights' (OCR) Fiscal Year 2024 Congressional Justification. The enclosed budget request supports our mission to ensure that individuals receiving services from programs conducted or funded by HHS can access health and human services free from discrimination, with protected privacy and security of their health information, and to advance the President's and Secretary's priorities.

OCR seeks additional funding for its enforcement and implementation of the law which require immediate action to meet its statutory requirements. The FY 2024 Budget requests resources for OCR at a level that will help restore its ability to meet these legal objectives and provides the opportunity to strengthen and advance mission areas.

These initiatives will greatly support the American People and allow for a national response to protect the privacy and security of health information, and to advance civil rights and conscience protections. Primary to this objective, it is essential that OCR address the existing backlog of complaints by investing new resources to resolve the issue by FY 2026. The budget authority request will allow OCR to address its current caseload and be responsive to the public's complaints. The request also funds two key Health Information Privacy Initiatives, the emerging civil enforcement of the confidentiality provisions of substance use disorder treatment records ("Part 2") as required by the Coronavirus Aid, Relief, and Economic Security (CARES) Act and a requirement from the Health Information Technology and Economic Clinical Health (HITECH) Act to develop a system for sharing HIPAA civil monetary settlements and penalties with the harmed individuals. Both of these bipartisan efforts require systematic changes and resources for implementation. Further, OCR seeks to establish a team focused on behavioral health work to allow for greater enforcement of civil rights laws, to ensure access to Medicated Assisted Treatment, and to ensure a comprehensive response to the opioid epidemic supporting the President's Unity Agenda. Further, the CARES Act also requires regulations on nondiscrimination for persons with substance use disorders, which would be led by OCR in coordination with SAMHSA.

It is my pleasure to submit this budget request which supports the President's and Secretary's priority initiatives and reflects the mission and goals of the Department.

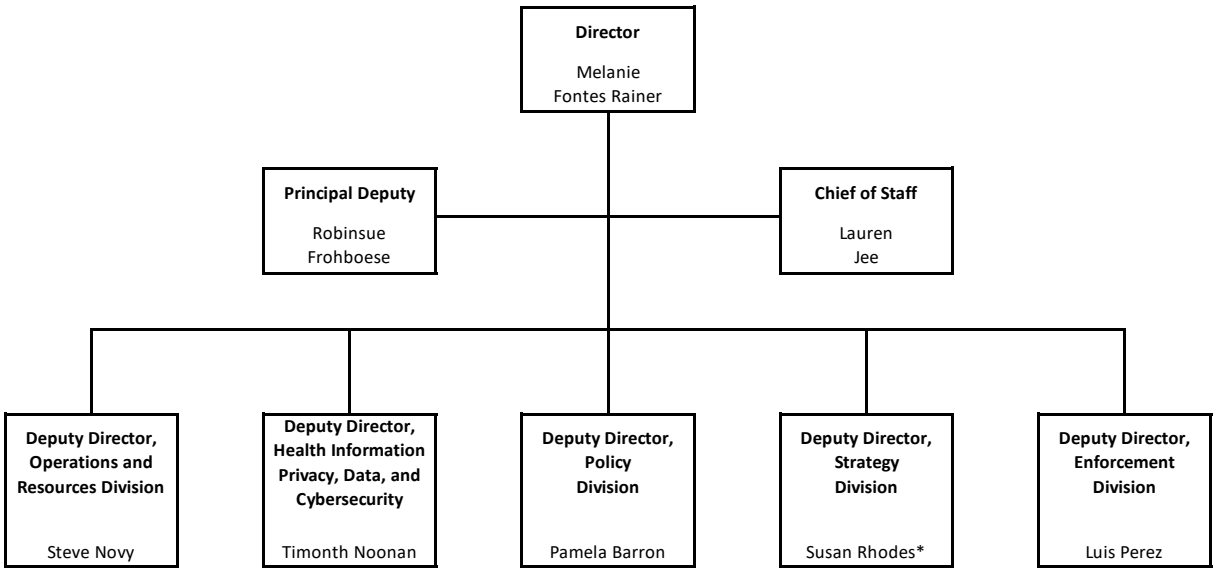
Melanie Fontes Rainer
Director, Office for Civil Rights

Table of Contents

Section 1: Introductory Items

Organization Chart

(March 2023)



* Acting

Organizational Chart: Text Version

Office for Civil Rights

- Director Melanie Fontes Rainer
- Principal Deputy Robinsue Frohboese
- Chief of Staff Lauren Jee

The following offices report directly to the Director:

1 Deputy Director, Operations and Resources Division
1.2 Steve Novy
2 Deputy Director, Health Information Privacy, Data, and Cybersecurity Division
2.2 Timothy Noonan
3 Deputy Director, Policy Division
3.2 Pamela Barron
4 Deputy Director, Strategy Division
4.2 Susan Rhodes *
5 Deputy Director, Enforcement Division
5.2 Luis Perez

* Acting

Section 2: Executive Summary

Introduction and Mission

The Office for Civil Rights (OCR), a staff division in the Office of the Secretary of the U.S. Department of Health and Human Services (HHS), administers and enforces federal laws that ensure that individuals receiving services from HHS-funded or conducted programs are not subject to discrimination and that the privacy and security of individuals' health information is protected. By working to root out discrimination in the provision of HHS-funded and conducted services and by protecting the privacy and security of, and access to health information, OCR empowers individuals and families, strengthens the integrity of the health care system, and advances the HHS mission of improving the health and well-being of all Americans.

Mission

As a law enforcement agency, OCR investigates complaints, conducts compliance reviews, develops policy, promulgates regulations, provides technical assistance, and educates the public about federal civil rights and conscience laws that prohibit recipients of HHS federal financial assistance from discriminating on the basis of race, color, national origin, disability, age, sex, and religion, and the HIPAA privacy, security, and breach notification laws that protect the privacy and security of health information. Through its work, OCR helps to ensure equal and non-discriminatory access, promotes positive change throughout our nation's social service and health care systems to advance equity and accountability, and provides tools for covered entities and individuals to understand their rights and obligations under the law.

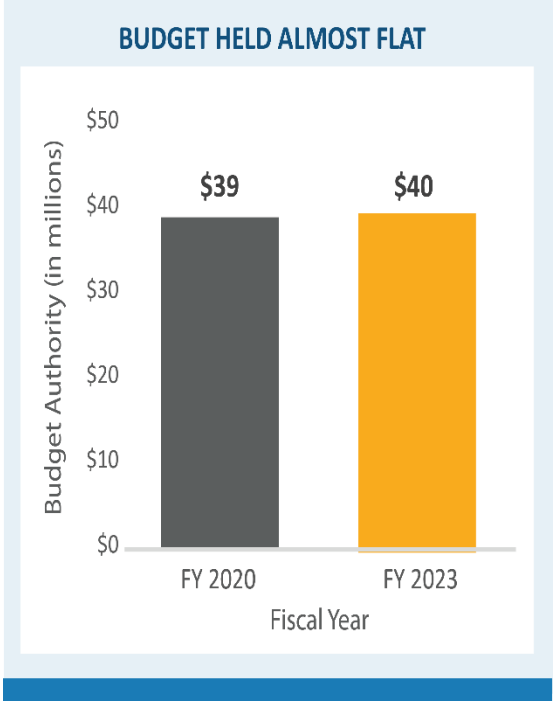
Vision and Values

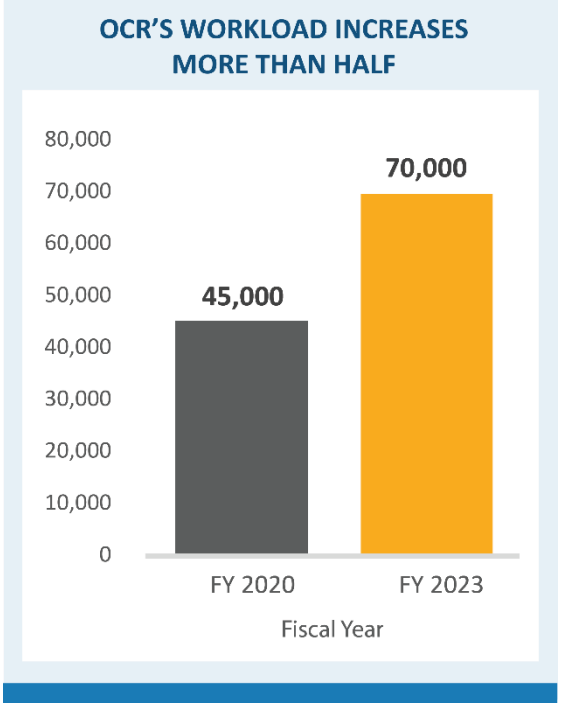
Through enforcement of laws prohibiting discrimination and protecting the rights of individuals to the privacy and security of, and access to their health information, OCR helps ensure that all persons have an equal right to access federal programs and services and works to address the histories of marginalization and structural discrimination that have had a disproportionately negative impact on underserved communities. OCR believes that achieving its goals requires active and strong collaboration with other federal partners, community leaders and community-based organizations, and the entities it regulates to drive compliance with the law.

Overview of Budget Request

The FY 2024 President's Budget (PB) requests $78,000,000 for the Office for Civil Rights, $38,202,000 above the FY 2023 enacted amount. At this level, OCR will continue defending the public's right to nondiscriminatory access to HHS-funded health and human services as well as access to and the privacy and security of individually identifiable health information. OCR will also implement additional civil rights and patient privacy enforcement activities to support the Administration's efforts to ensure all health care protections are vigorously enforced.

With a $38.202 million increase in FY 2024, OCR will invest significant new resources to augment policy as well as enforcement efforts related to dramatic case receipt increases.





Investments will be made in these key areas:

- Investigators and enforcement staff to address the case backlog (+$17,303,000)
  - OCR's case backlog remains a level that requires additional resources to remedy. The increase funds 96 FTEs to resolve cases, will lead to a return to a normal end of year inventory level by FY 2026; and will preempt any resurgence of rising case inventories for many years.

- Augmented civil rights compliance and policy development (+$7,287,000)
  - Increases in staffing to ensure Department-wide civil rights compliance and policy development by augmenting technical assistance to HHS components, review of HHS regulations, and training for HHS grantees. Adds 34 FTEs to provide sufficient staffing to accomplish these objectives.

- "Part 2" Civil Enforcement (+$5,822,000)

- The CARES Act requires HHS to implement enforcement of the confidentiality protections for substance use disorder patient records at 42 CFR part 2 (referred to as "Part 2"). The increase funds 37 new positions to create a full spectrum of civil enforcement to address public complaints and breaches of Part 2 records reported to HHS.

- Key Vacancies, Pay Adjustments, and Non-pay Inflationary Increases (+$3,298,000)
  - Increase to fill vacant positions that have existed for years due to insufficient funding to hire complete staffing; and to defray pay increases and other non-pay inflationary costs.

- Implementation of Health Information Technology and Economic Clinical Health (HITECH) Act statutory requirements (+$2,937,000)
  - The HITECH Act requires implementation of "a methodology under which an individual who is harmed may receive a percentage of any civil monetary penalty or monetary settlement collected with respect to such offense." The increase includes 3 FTEs and funds a program that, when implemented, may result in millions of individual claims for compensation annually to OCR.

- Behavioral Health Team (+$1,555,000)
  - Formation of a Behavioral Health Team to participate in the Department's diverse and integrated network of agencies that jointly support the Administration's Mental Health Strategy. The increase funds the creation of a team of 6 FTEs that brings OCR's subject matter expertise to bear.

Overview of Performance

OCR's overarching goals encompass multiple supporting objectives.

OCR Goal	OCR Supporting Objectives
1. Raise awareness, increase understanding of, and ensure compliance with, all federal laws requiring non-discriminatory access to HHS- funded or conducted programs, protect the privacy and security of personally identifiable health information	A. Increase access to, and receipt of, non-discriminatory quality health and human services, while protecting conscience and the integrity of HHS federal financial assistance B. Protect the privacy and security of personally identifiable health information for healthcare consumers (HIPAA rulemaking and guidance activities and civil enforcement) C. Provide information, public education activities, and training to representatives of health and human service providers, other interest groups, and consumers D. Increase the number of covered entities that take corrective action, including making substantive policy changes or developing new policies as a result of review and/or intervention
2. Enhance operational efficiency	A. Maximize efficiency of operations by streamlining processes and the optimal allocation of resources B. Improve financial management and the integration of budget and performance data (Increase resource management process oversight, strengthen internal controls, maintain viable performance objectives) C. Advance human capital management (Provide training, develop and mentor subordinates, promote effectiveness)

The following Outputs and Outcomes Table presents the current OCR performance measures and results:

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/- FY 2023 Target
#1 The number of covered entities taking corrective actions as a result of OCR intervention per year (Outcome)	FY 2022: 2,813 Target: 1,500 (Target Exceeded)	1,500	2,000	Increase
#2 The number of covered entities making substantive policy changes as a result of OCR intervention/year (Outcome)	FY 2022: 316 Target: 250 (Target Exceeded)	250	300	Increase
#3 Percent of closure for civil rights cases / cases received each year (Outcome)	FY 2022: 120% Target: 90% (Target Exceeded)	90%	90%	Maintain

Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 Target +/- FY 2023 Target
#4 Percent of closure for health information privacy cases / cases received each year (Outcome)	FY 2022: 91% Target: 90% (Target Exceeded)	90%	90%	Maintain
#5 Percent of civil rights complaints requiring formal investigation resolved within 365 days (Output)	FY 2022: 84% Target: 70% (Target Exceeded)	80%	85%	Increase
#6 Percentage of civil rights complaints not requiring formal investigation resolved within 180 days (Output)	FY 2022: 78% Target: 85% (Target Not Met)	85%	85%	Maintain
#7 Percentage of health information privacy complaints requiring formal investigation resolved within 365 days (Output)	FY 2022: 79% Target: 70% (Target Exceeded)	80%	85%	Increase
#8 Percentage of health information privacy complaints not requiring formal investigation resolved within 180 days (Output)	FY 2022: 97 % Target: 95% (Target Exceeded)	95%	95%	Maintain

OCR exceeded 7 of 8 performance measures during FY 2022. Six of OCR's performance measures (#3-#8) separately track OCR's outputs and outcomes in two primary subject areas of enforcement: health information privacy and civil rights, which includes the exercise of conscience or religious nondiscrimination. OCR's enforcement activities include reviewing, triaging, and investigating complaints, initiating compliance reviews, and resolving those matters through appropriate means under the law. Resolutions entail providing technical assistance, obtaining corrective action, entering into a voluntary resolution agreement with a regulated entity, and more.

Two performance measures (#1-#2) track the number of corrective actions or substantive policy changes reached through OCR's interventions. These are meaningful measures of the actions taken by OCR towards fulfilling its core mission of ensuring equal opportunity to access HHS-funded health care and social services and the privacy and security of protected health information. In FY 2022, OCR exceeded the number of covered entities taking corrective actions as a result of OCR intervention per year by 88% (measure #1). OCR also exceeded the number of covered entities making substantive policy changes as a result of OCR intervention by 26%.

One of OCR's significant quantitative achievements in FY 2022 is reflected in measure #3. In FY 2022, OCR numerically closed cases received from any fiscal year in its inventory that represent 120% of the total number of civil rights cases received in FY 2022, which is a result 25% above the target of 90% (measure #3). This result occurred because a dedicated team consistently prioritized addressing the current case inventory of complaints alleging violations of the exercise of conscience and religious nondiscrimination. This was due to abnormal occurrences and likely will not be repeated moving

forward. OCR closed 91% of cases in FY 2021, which is a more realistic expectation for the future given the outlook of increasing case receipts. OCR exceeded its target in measure #4 by closing 91% of its health information privacy complaints relative to those received.

OCR's performance on measure #6, which addresses the percentage of civil rights complaints not requiring formal investigation resolved in 180 days or less (78% result for an 85% target), must be viewed in the context of OCR's emphasis on reducing its inventory of cases received in FY 2021 or earlier. OCR's closure of more civil rights cases than received in FY 2022 meant that OCR was closing a disproportionate number of older cases received in FY 2021 and earlier, which were more than 180 days old. These cases include non-jurisdictional or non-meritorious complaints, as well as those for which OCR provided technical assistance to the named entity about the applicable requirements under the law and practices for meeting those obligations. Technical assistance is appropriate for complaints involving straight-forward issues that can easily and quickly be addressed by the entity and may yield timely relief for complainants. With respect to health information privacy complaints not requiring formal investigation, OCR exceeded its target for resolving those complaints within 180 days (measure #8, 97% result for a 95% target).

In FY 2022, OCR exceeded its targets for resolving civil rights and patient privacy complaints through the investigative process within 365 days (measure #5, an 84% result for a 70% target and measure #7, a 79% result for a 70% target). Complaint investigations and reviews may entail in-depth investigations which may conclude with a letter of findings, a voluntary resolution agreement, or a settlement agreement. Investigations may also be resolved through OCR's facilitated early complaint resolution process negotiated between the complainant and the named entity or with voluntary corrective action.

All Purpose Table

(Dollars in Thousands)

Office for Civil Rights	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Funding				
Discretionary Budget Authority	39,798	39,798	78,000	+38,202
Civil Monetary Settlement Funding	20,715	29,848	5,200	-24,648
Total, OCR Program Level	60,513	69,646	83,200	+13,554
FTEs				
Discretionary Budget Authority	129	129	317	+188
Civil Monetary Settlement Funding	49	49	29	-20
Total, OCR Program Level	178	178	346	+168

Section 3: Office for Civil Rights

Appropriations Language

For expenses necessary for the Office for Civil Rights, $78,000,000.

Amounts Available for Obligation

(Dollars in Thousands)

Detail	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Appropriation	39,798	39,798	78,000
Across-the-board reductions	-	-	-
Subtotal, Appropriation	39,798	39,798	78,000
Transfer of Funds	-	-	-
Subtotal, Adjusted General Fund Discretionary App	39,798	39,798	78,000
Total, Discretionary Appropriation	**39,798**	**39,798**	**78,000**

Summary of Changes

(Dollars in Thousands)

FY 2023 Enacted	
Total estimated budget authority	39,798
(Obligations)	39,634
	--
FY 2024 President's Budget	
Total estimated budget authority	78,000
	-
Net Change	**+38,202**

-	**FY 2023 Enacted**		**FY 2024 President's Budget**		**FY 2024 +/- FY 2023**	
Increases:	**FTE**	**BA**	**FTE**	**BA**	**FTE**	**BA**
A. Built-in:	--	--	--	--	--	--
1. Full-time permanent	128	16,618	316	41,390	+187	+24,772
2. Civilian personnel benefits	--	6,147	--	14,896	--	+8,749
3. Other personnel compensation	--	368	--	1,015	--	+647
4. Other than full-time permanent	--	385	--	868	--	+483
5. Benefits for former personnel	--	106	--	120	--	+14
6. Military personnel	1	136	1	147	1	+11
7. Military benefits	--	8	--	11	--	+3
Subtotal, Built-in Increases	***129***	***23,768***	***317***	***58,447***	***+188***	***+34,679***
-	--	--	--	--	--	--
A. Program:	--	--	--	--	--	--
1. Other services from non-federal sources	--	3,511	--	5,725	--	+2,214
2. Travel and transportation of persons	--	72	--	824	--	+752
3. Equipment	--	8	--	429	--	+421
4. Rental payments to GSA	--	3,580	--	3,996	--	+416
5. Operations and maintenance of equipment	--	78	--	283	--	+205
6. Supplies and materials	--	57	--	171	--	+114
7. Communications, utilities, and misc. charges	--	95	--	103	--	+8
8. Transportation of things	--	31	--	35	--	+4
Subtotal, Program Increases	**--**	***7,432***	**--**	***11,566***	**--**	***+4,134***
Total Increases	**--**	**--**	**--**	**--**	**--**	--
-	--	--	--	--	--	--
Decreases:	**--**	**--**	**--**	**--**	**--**	**--**
Subtotal, Built-in Decreases	**--**	**--**	**--**	**--**	**--**	**--**
-	--	--	--	--	--	--
A. Program:	--	--	--	--	--	--
1. Other goods and services from Federal sources	--	7,793	--	7,421	--	-372
2. Printing and reproduction	--	431	--	208	--	-223
3. Operation and maintenance of facilities	--	374	--	358	--	-16
Subtotal, Program Decreases	**--**	***8,598***	**--**	***7,987***	**--**	***-611***
Total Decreases	**--**	**8,598**	**--**	**7,987**	**--**	**-611**
-	-	--	--	--	--	--
Net Change	**--**	**39,798**	**--**	**78,000**	**--**	**+38,202**

Budget Authority by Activity

(Dollars in Thousands)

Activity	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Office for Civil Rights	39,798	39,798	78,000
Total, Budget Authority	**39,798**	**39,798**	**78,000**
FTE	**129**	**129**	**317**

Authorizing Legislation

(Dollars in Thousands)

Details	FY 2023 Amount Authorized	FY 2023 Amount Appropriated	FY 2024 Amount Authorized	FY 2024 President's Budget
Office for Civil Rights	Indefinite	39,798	Indefinite	78,000
Appropriation	-	39,798	-	78,000

Legal Authorities

- 21st Century Cures Act of 2016, Public Law 114-255, sections 2063 (42 U.S.C. § 1320d-2 note), 4005(c) (42 U.S.C. § 300jj-14 note), 4006(a) (42 U.S.C. § 300jj-19(c)(2)-(4)) and 11003-11004 (42 U.S.C. § 1320d-2 note).
- Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), section 264, Public Law 104-191, 42 U.S.C. § 1320d-2 note.
- Charitable Choice Provision of the Community Service Block Grants, 42 U.S.C. § 9920 and its implementing regulation at 45 C.F.R. part 1050.
- Charitable Choice Provision of the Temporary Aid for Needy Families, 42 U.S.C. § 604a and its implementing regulation at 45 C.F.R. § 260.34.
- Charitable Choice Provisions applicable to discretionary & formula grants of the Substance Abuse Mental Health Services Administration to prevent or treat substance abuse, 42 U.S.C. §§ 290kk-290kk-3, 300x-65 and implementing regulations at 42 C.F.R. parts 54 and 54a.
- Church Amendments, 42 U.S.C. § 300a-7.
- Coats-Snowe Amendment, 42 U.S.C. § 238n.
- Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, Pub.L. 91-616, Title VI, § 603, renumbered Pub.L. 94-371, § 7.
- Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974, Pub.L. 93-282.
- Comprehensive Health Manpower Training Act of 1971, Pub.L. 92-157, Title I, Subpart III, Part H §110.
- Confidentiality provisions of the Patient Safety and Quality Improvement Act of 2005 (PSQIA), Public Law 109-41, 42 U.S.C. §§ 299b-21 – 299b-26.
- Confidentiality of Substance Use Disorder Patient Records, 42 U.S.C. § 290dd-2, (Part 2).
- Conscience and nondiscrimination protections for organizations related to Global Health Programs, to the extent such funds are administered by the Secretary of HHS, 22 U.S.C. § 7631(d).
- Conscience protections attached to federal funding, to the extent such funding is administered by the Secretary, regarding abortion and involuntarily sterilization, *see e.g.*, 22 U.S.C. § 2151b(f).
- Provisions related to Medicare and Medicaid, including 42 U.S.C. §§ 14406(1)-(2), 1395w-22(j)(3)(B), 1396u-2(b)(3)(B); 1395cc(f), 1396a(w)(3), 1320a–1(h), 1320c–11, 1395i–5, 1395x(e), 1395x(y)(1), 1396a(a), & 1397j–1(b)).
- Conscience protections from compulsory health care or services, 42 U.S.C. §§ 1396f, 5106i(a), 280g–1(d), 1396s(c)(2)(B)(ii), 290bb–36(f); & 29 U.S.C. § 669(a)(5).
- Conscience Regulation, 45 C.F.R. pt. 88 (effective 2011).
- Coronavirus Aid, Relief, and Economic Security Act of 2020 (CARES), Public Law 116-136, sections 3221(i) (42 U.S.C. § 290dd–2) and 3224.
- Drug Abuse Prevention, Treatment and Rehabilitation Act of 1972, 21 U.S.C. § 1101.
- Equal Treatment of Faith-Based Organizations for Mentoring Children of Prisoners, 42 U.S.C. § 629i.

- Health Information Technology for Economic and Clinical Health Act (HITECH), American Recovery and Investment Act of 2009, Public Law 111-5, sections 13400- 13423, 42 USC §§ 17921-17953, as amended.
- HHS Equal Treatment Regulation, 45 C.F.R. pt. 87, including its application at 45 C.F.R. §§ 75.218, 96.18.
- Hill-Burton Community Service Assurance (creed) in Title VI, Sec. 603(e) of the Public Health Service Act (codified as amended at 42 U.S.C. § 291c(e)), and Title XVI, Secs. 1621(b)(1)(K) and 1627 of the Public Health Service Act (codified as amended at 42 U.S.C. §§ 300s-1(b)(1)(K)(i)), 300s-6).
- Improving America's Schools Act of 1994, Part E, Pub.L. 103-382.
- National Research Service Award Act of 1974, Pub.L. 93-348.
- Nondiscrimination for Traditional Indian Religious Use of Peyote, 42 U.S.C. § 1996a(b)(1).
- Nondiscrimination Provisions on the basis of creed in certain HHS-funded programs (*e.g.*, Head Start, 42 U.S.C. § 9849, Migrant Health Services, 42 C.F.R. § 56.110, and Community Health Services, 42 C.F.R. § 51c.109).
- Nurse Training Act of 1971, Pub.L. 92-158, renumbered Pub.L. 111-148, 42 U.S.C. § 296g
- Omnibus Budget Reconciliation Act of 1981, Pub.L. 97-35 [civil rights provisions pertaining to HHS Block Grants only].
- Public Health Service Act of 1944; 42 U.S.C. Chapter 6A; Title VI, 42 U.S.C. §291 (known, in combination with Title XVI, as the Hill-Burton Act); Title XVI, 42 U.S.C. § 300 (known, in combination with Title VI, as the Hill Burton Act); Section 533, 42 U.S.C. §290; Section 542, 42 U.S.C. § 290dd-1; Section 794, 42 U.S.C. § 295m; Section 855, 42 U.S.C. § 296g,. Section 1908, 42 U.S.C. §300w-7, Section 1947, 42 U.S.C. § 300x-57.
- Public Telecommunications Financing Act of 1978, Pub.L. 95-567.
- Religious Nondiscrimination and Equal Treatment Provisions of the Child Care and Development Block Grants, 42 U.S.C. §§ 9858l, 9858n(2), and certain implementing regulations at 45 C.F.R. pt. 98.
- Religious Nondiscrimination Component of the Equal Employment Opportunity Provision of the Public Telecommunications Financing Act of 1978, Section 309, as amended, 47 U.S.C. § 398(b).
- Religious Nondiscrimination Provision and Charitable Choice Provisions of the Projects in Assistance to Transition from Homelessness Program, 42 U.S.C. §§ 290c-33, 290kk-290kk-3, 300x-65 and implementing regulations at 42 C.F.R. pts. 54 and 54a.
- Religious Nondiscrimination Provision and Charitable Choice Provision of the Substance Abuse Prevention and Treatment Block Grant 42 U.S.C. §§ 300x-57, 300x-65 and implementing regulations at 42 C.F.R. pts. 54 and 54a.
- Religious Nondiscrimination Provision in Disaster Assistance, 42 U.S.C. § 5151 and its implementing regulation at 44 C.F.R. § 206.11, to the extent such programs are administered by HHS, and implementing regulations for crisis counseling assistance and training at 42 C.F.R. § 38.6.
- Religious Nondiscrimination Provision of Programs of All–Inclusive Care for the Elderly, 42 CFR § 460.112.
- Religious Nondiscrimination Provisions of Block Grant Programs for Maternal and Child Health Services, 42 U.S.C. § 708; Preventive Health and Health Services, 42 U.S.C. § 300w-7; and Community Mental Health Services, 42 U.S.C. § 300x-57.
- Religious Nondiscrimination Provisions of the Family Violence Prevention and Services Act Program, as amended, 42 U.S.C. § 10406; in Refugee Assistance and Resettlement Programs, 8 U.S.C. § 1522(a)(5); of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances, 42 U.S.C. § 290ff-1(e)(2)(C); and of the Community Schools Youth Services and Supervision Program, 34 U.S.C. § 12161(g)(3), (i).
- Religious Nondiscrimination Requirements for Patient Visitation in Certain Health Care Facilities, (*e.g.*, 42 C.F.R. §§ 482.13(h), 485.635(f)).

- Sections 1303, 1411, 1553, and 1557 of the Affordable Care Act of 2010, 42 U.S.C. §§ 18023(b)(1)(A) and (b)(4), 18081, 18113, 18116.
- Sections 504 and 508 of the Rehabilitation Act of 1973, 29 U.S.C. § 794; 29 U.S.C. § 794(d).
- Small Business Job Protection Act of 1996, 42 U.S.C. § 1996b (Interethnic adoption).
- Social Security Act of 1934, Section 508; 42 U.S.C. § 708 (known as Maternal and Child Health Services Block Grant).
- Social Security Act, section 1173(d), as added by HIPAA § 262(a), 42 U.S.C. § 1320d-2(d).
- Statutory and public policy requirements governing HHS awards, 45 C.F.R. 75.300.
- The Age Discrimination Act of 1975, 42 U.S.C. § 6101 et seq.
- The Communications Act of 1934; 47 U.S.C. § 151 et seq.
- The Community Services Block Grant Act of 1981, 42 U.S.C. § 9918(c)(1).
- The Family Violence Prevention and Services Act of 2010, formerly part of the Child Abuse Amendments of 1984; 42 U.S.C. §10406(c)(2)(B)(i).
- The Low-Income Home Energy Assistance Act of 1981, 42 U.S.C. § 8625(a).
- Title I of the Genetic Information Nondiscrimination Act of 2008 (GINA), Public Law 110-233, section 105, 42 U.S.C. § 1320d-9.
- Title II of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12131 et seq.
- Title IX of the Education Amendments of 1972, 20 U.S.C. § 1681 et seq.
- Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq.
- Weldon Amendment to the Annual Labor, HHS, & Education Appropriations Act

Appropriations History

Fiscal Year	Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2015	General Fund Appropriation	41,205,000	-	38,798,000	38,798,000
	Subtotal	**41,205,000**	**-**	**38,798,000**	**38,798,000**
2016	General Fund Appropriation	42,705,000	-	38,798,000	38,798,000
	Subtotal	**42,705,000**	**-**	**38,798,000**	**38,798,000**
2017	General Fund Appropriation	42,705,000	38,798,000	38,798,000	38,798,000
	Transfers	-	-	-	(90,000)
	Subtotal	**42,705,000**	**38,798,000**	**38,798,000**	**38,708,000**
2018	General Fund Appropriation	32,530,000	38,798,000	-	38,798,000
	Transfers	-	-	-	(97,000)
	Subtotal	**32,530,000**	**38,798,000**	**-**	***38,701,000***
2019	General Fund Appropriation	30,904,000	38,798,000	38,798,000	38,798,000
	Transfers	-	-	-	(131,000)
	Subtotal	**30,904,000**	**38,798,000**	**38,798,000**	***38,667,000***
2020	General Fund Appropriation	30,286,000	38,798,000	38,798,000	38,798,000
	Subtotal	**30,286,000**	**38,798,000**	**38,798,000**	**38,798,000**
2021	General Fund Appropriation	30,286,000	38,798,000	-	38,798,000
	Transfers	-	-	-	(116,000)
	Subtotal	**30,286,000**	**38,798,000**	**-**	**38,682,000**
2022	General Fund Appropriation	47,931,000	47,931,000	47,931,000	39,798,000
	Subtotal	**47,931,000**	**47,931,000**	**47,931,000**	**39,798,000**
2023	General Fund Appropriation	60,250,000	47,931,000	60,250,000	39,798,000
	Subtotal	**60,250,000**	**47,931,000**	**60,250,000**	**39,798,000**
2024	General Fund Appropriation	78,000,000			

Office for Civil Rights

(Dollars in Thousands)

Office for Civil Rights	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Budget Authority				
Discretionary Budget Authority	39,798	39,798	78,000	+38,202
Civil Monetary Settlement Funding	20,715	29,848	5,200	-24,648
Total, OCR Program Level	**60,513**	**69,646**	**83,200**	**+13,554**
FTEs				
Discretionary Budget Authority	129	129	317	+188
Civil Monetary Settlement Funding	49	49	29	-20
Total, OCR Program Level	**178**	**178**	**346**	**+168**

Program Description

The Office for Civil Rights (OCR) is uniquely charged with enforcing a range of federal civil rights, privacy, and conscience rules. OCR promotes and enforces laws that prohibit discrimination on the basis of race, color, national origin, sex, age, and disability in some of the most critical programs across the nation – those related to health and social services. OCR is also charged with enforcing the privacy and security of consumers' health information and promoting access to care. OCR administers and enforces laws that prohibit religious discrimination and protect the exercise of conscience with respect to certain procedures in HHS-funded or conducted programs and activities. The prevention and elimination of unlawful discrimination and the protection of the privacy of individually identifiable health information has never been more critical. Through the vigorous enforcement of its legal authorities, OCR contributes to HHS's overall mission of improving the health and well-being of all people who stand to benefit from the Department's many programs. OCR accomplishes its mission through enforcement, rulemaking and guidance, technical assistance and training, and education and outreach.

Major Programs and Activities Supporting the Administration's Priorities

OCR is a leader within the Department for promoting and supporting key programs and Executive Orders of the Biden-Harris Administration. OCR's work supports priorities of the Administration and is integral to ensuring access to health care and human services. Of particular importance is OCR's work in key priorities including reproductive health care, nondiscriminatory access to health care for transgender and gender nonconforming individuals, and telehealth.

Patient Privacy

Protecting patient privacy is critical to ensuring that individuals can seek health care services with confidence that the confidentiality, integrity, and availability of their health information will not be compromised. OCR administers and enforces the HIPAA Privacy, Security and Breach Notification Rules to support and promote health information privacy. Every year, OCR publishes timely guidance or new rulemaking, provides technical assistance, completes enforcement actions, staff speak at many conferences, symposiums, and other events to address challenges to patient privacy and greater HIPAA compliance within the health care industry. Many investigations are resolved with technical assistance provided to regulated entities, or by the voluntary actions taken by a regulated entity during an investigation. Other investigations are resolved with a voluntary settlement or the imposition of a civil

money penalty. OCR completed notable investigations with a successful resolution included multiple right of access cases where individuals were denied timely access to their health information, a cyberattack where a hacker had access to electronic health data for nearly two years, health information impermissibly disclosed on social media in response to negative patient reviews, and improper disposal of health information in an unsecured dumpster. OCR also issued timely guidance to address the privacy and security risks to patient health information by the use of online tracking technologies, such as Google Analytics and Meta Pixel, and collaborated with the FTC on an updated mobile health app interactive tool to help mobile app developers understand which federal laws apply to health-related mobile apps.

Telehealth

OCR has supported telehealth since the start of the COVID-19 public health emergency.[1] In In 2022, OCR published guidance on HIPAA and Audio-Only Telehealth, which addresses how audio telehealth can be used in compliance with the HIPAA Rules to benefit patients in rural communities, individuals with disabilities, and others seeking the convenience of remote options, and guidance on Nondiscrimination in Telehealth to ensure that all individuals, including individuals with disabilities or limited English proficiency (LEP), have access to telehealth.

Enforcement

As HHS's enforcement agency for civil rights, conscience, and health information privacy and security laws, OCR works nationwide to help regulated entities understand and comply with their obligations. This work importantly supports patients' access to nondiscriminatory health care, their medical information, confidence in the privacy and security of their health information, and better health care outcomes. OCR's enforcement originates in one of three ways: through a complaint received from the public through the online *complaint portal* or by mail, fax, or email, through a compliance review initiated, or through a review of a report to the HHS Secretary of a breach of unprotected health information received through the *breach portal*. Complaints, compliance reviews, and reviews of breach reports filed are reviewed and addressed by OCR staff across its eight regional offices and in Washington, D.C. OCR resolves each matter appropriately, which includes making a threshold determination of whether OCR has jurisdiction to handle the matter. OCR has a variety of tools available under the law to resolve complaints, compliance reviews, and reviews of breach reports, which vary based on authority. Matters may be resolved informally through technical assistance or formally through imposition of a civil monetary penalty.

OCR is experiencing an ever-increasing complaint docket, with a roughly 300% increase in complaints received between FY 2012 (12,705) and the end of FY 2022 (51,778). OCR's complaints handled per investigator increased by 28% from FY 2021 to FY 2022, from about 232 complaints per investigator in FY 2021 to approximately 298 complaints per investigator in FY 2022. However, during the same period, OCR investigators decreased by 10% from 71 investigators in FY 2021 to about 64 investigators in FY 2022. OCR projects case receipts will continue to rise moving forward. OCR has also experienced a surge

[1] OCR was again a leader in government with the March 2020 publication of a Notification of Enforcement Discretion for Telehealth Remote Communications, that announced that OCR would not impose penalties for violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) against healthcare providers in connection with their good faith provision of telehealth using communication technologies during the COVID-19 nationwide public health emergency. OCR also published in March 2020 FAQs on Telehealth and HIPAA, that addressed common questions on how health care providers could utilize telehealth during the public health emergency.

in reports to the HHS Secretary of large breaches of unprotected health information, which are HIPAA breaches affecting 500 or more individuals. There was a 100% increase in large breaches reported to OCR from FY 2017 (373) to FY 2021 (748).

In addition to complaints submitted by the public, OCR is authorized to initiate compliance reviews. OCR learns of potential violations from a variety of sources, including media reports and situations in which significant numbers of individual complaints have been filed against a single covered entity. OCR initiates investigations in all cases where a covered entity has reported a breach of unsecured protected health information affecting 500 or more individuals (599 in FY 2020; 748 in FY 2021; 734 in FY 2022). These compliance reviews and breach report investigations enable OCR to address systemic noncompliance and egregious violations of individuals' privacy rights.

Unfortunately, the severe staffing shortage faced by OCR's regional offices and OCR's headquarters makes it extremely challenging to meet its legally required complaint investigation responsibilities and initiate additional high impact civil rights, conscience and health information privacy and security compliance reviews.

Policy

OCR's policy work includes drafting regulations, guidance documents, and other supportive materials to assist regulated entities in meeting their regulatory requirements; and to inform the public of their rights. This policy work ensures the strength and clarity of the regulations implementing OCR's legal authorities and provides the regulated community with information about how to comply with federal law. For example, as discussed in more detail below, OCR has issued a notice of proposed rulemaking (NPRM) implementing Section 1557 of the Affordable Care Act (Section 1557).

OCR published Guidance on the HIPAA Privacy Rule and Disclosures of Information Relating to Reproductive Health Care to address how the HIPAA Privacy Rule protects individuals' private medical information relating to abortion and other sexual and reproductive health care, and Guidance on Protecting the Privacy and Security of Your Health Information When Using Your Personal Cell Phone or Tablet. The guidance explains that in most cases, the HIPAA Privacy, Security, and Breach Notification Rules do not protect the privacy or security of individuals' health information when they access or store the information on personal cell phones or tablets. This guidance also provides tips about steps an individual can take to limit how their cell phone or tablet collects and shares their health and other personal information without the individual's knowledge.

OCR also published a Request for Information on Considerations for Implementing the HITECH Act, seeking public comment on recognized security practices and the sharing of HIPAA enforcement monetary settlements and penalties with harmed individuals; and an NPRM on the Confidentiality of Substance Use Disorder Patient Records to bring greater alignment between privacy protections for health records under 42 C.F.R. Part 2 and HIPAA. OCR issued a request for information (RFI) seeking public comments on two requirements of the HITECH Act. The growing number of cybersecurity threats are a significant concern driving the need for enhanced safeguards of electronic protected health information. This RFI enabled OCR to consider ways to support the healthcare industry's implementation of recognized security practices. The RFI will also help OCR consider ways to share funds collected through enforcement with individuals who are harmed by violations of the HIPAA Rules. OCR also published a video on recognized security practices that addresses questions and comments received in response to the RFI and provides helpful information to improve HIPAA regulated entities' ability to protect health care data from cyberattacks.

OCR also issued guidance to help clarify how the HIPAA Privacy Rule permits covered health care providers to disclose protected health information to support applications for extreme risk protection orders that temporarily prevent a person in crisis, who poses a danger to themselves or others, from accessing firearms.

OCR is a federal leader in providing consumers information about their federal rights and how to exercise them and giving practical information to providers about how to comply with their federal obligations. In FY 2022, OCR issued guidance on:

- *Guidance on Nondiscrimination in Telehealth: Federal Protections to Ensure Accessibility to People with Disabilities and Limited English Proficient Persons* (HHS and DOJ);
- *Guidance to Nation's Retail Pharmacies: Obligations under Federal Civil Rights Laws to Ensure Access to Comprehensive Reproductive Health Care Services;*
- *HIPAA Privacy Rule and Disclosures of Information Relating to Reproductive Health Care*;
- *Protecting the Privacy and Security of Your Health Information When Using Your Personal Cell Phone or Tablet*;
- *Guidance on How the HIPAA Rules Permit Covered Health Care Providers and Health Plans to Use Remote Communication Technologies for Audio-Only Telehealth*;
- *HIPAA Privacy Rule and Disclosures of Protected Health Information for Extreme Risk Protection Orders*;
- *Special Report: Raising Awareness of Hate Crimes and Hate Incidents During the COVID-19 Pandemic* (HHS and DOJ);
- *FAQs for Healthcare Providers during the COVID-19 Public Health Emergency: Federal Civil Rights Protections for Individuals with Disabilities under Section 504 and Section 1557*; and
- *Guidance on Federal Legal Standards Prohibiting Race, Color and National Origin Discrimination in COVID-19 Vaccination Programs*.
- *Use of Online Tracking Technologies by HIPAA Covered Entities and Business Associates*
- *The HITECH Act's Recognized Security Practices (video)*
- *HIPAA Security Rule Security Incident Procedures (cybersecurity newsletter)*
- *Defending Against Common Cybersecurity Attacks (cybersecurity newsletter)*
- *Legacy System Security (cybersecurity newsletter)*

Training and Technical Assistance Within the Department

OCR provides training and technical assistance to HHS Operating Divisions (OpDivs) and Staff Divisions (StaffDivs) to ensure that the Department complies with federal civil rights and privacy laws and regulations. The OCR Director and the Assistant Secretary for Health serve as co-chairs of the HHS LGBTQI+ Coordinating Committee and OCR is HHS's lead agency implementing EO 13988: *Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation*, which provides that laws that prohibit sex discrimination, including Section 1557 and Title IX of the Education Amendments of 1972 (Title IX), prohibit discrimination on the basis of gender identity or sexual orientation.

OCR leads implementation of the first goal of the HHS Equity Action Plan – Nondiscrimination in HHS: Civil Rights Protections and Language Access. In this role, OCR provides overarching civil rights technical assistance to the Department to ensure that HHS programs and activities are accessible to individuals with LEP consistent with Executive Order 13166. With the OCR Director as its chairperson, the HHS Language Access Steering Committee (LASC) officially reconvened in October 2022. The LASC meets

quarterly, while its five subcommittees (i.e., written translation, oral interpretation, information technology, accountability, and resources for HHS recipients) meet every two months. Among other things, the report summarizes the Department's upcoming plans to hire a language access coordinator to supervise a new, centralized access unit for HHS. In addition, OCR has provided leadership and technical assistance Department-wide to focus on civil rights compliance, as well as on Notice of Funding Opportunity (NOFO) announcements which make available federal funds across HHS. Recent emphasis has included ensuring language access services which are legally required for individuals with LEP, and the prohibitions against discrimination on the basis of sex are included in NOFOs. In addition, OCR has provided civil rights and language access content to the Administration for Children and Families (ACF) and the Office of Human Services Emergency Preparedness and Response for the National Emergency Repatriation Framework.

Education and Outreach

Through its public outreach, OCR informs and educates consumers, advocacy groups, covered entities, and other stakeholders about the laws that OCR enforces, obtains input about potential impediments to accessing healthcare faced by the public and potential violations on which OCR should focus, and ensures that individuals are aware of their rights under the laws and regulations for which OCR is responsible. Greater investment in these activities would significantly increase OCR's ability to reach additional audiences and promote greater compliance with federal civil rights and privacy laws. As discussed previously, OCR has been explicitly charged under Executive Order 14079 with conducting nondiscrimination education and outreach with healthcare providers.

OCR also works with the Association of American Medical Colleges (AAMC) on the civil rights Medical School Curriculum Initiative. This program was designed to educate future health care practitioners on how OCR's work promotes equal access to health care and addresses health care disparities experienced by racial and ethnic minority communities. To date, OCR has presented the medical school curriculum to approximately 1,000 medical school, nursing, and allied health students, including undergraduate and professional school students. As part of this initiative, OCR takes part in AAMC's Summer Health Professions Education Program (SHPEP), which serves students underrepresented in the health professions. Through SHPEP, OCR provides training to premedical and predental college students at over a dozen universities each year.

In FY 2022, OCR's headquarters divisions and regional offices conducted 217 distinct outreach engagements. This outreach is critical to engaging with covered entities and helping to drive compliance with the law. OCR conducts nationwide outreach through participation in conferences and inter-agency briefings, as well as listening sessions and smaller meetings; hosting workshops and webinars; disseminating materials in a variety of forums; training providers about their obligations and consumers about their rights; and convening or participating in various working groups. The goals of this outreach are to educate consumers and covered entities, build relationships, create opportunities for dialogue, and provide opportunities for input on OCR's work.

1. Civil Rights and Nondiscrimination

Civil rights are a foundational pillar in the Biden-Harris Administration's blueprint to advance equity for all, including "people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality." *See* EO 13985: *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*. To advance equity in health care and human services, OCR:

- Investigates race, color, national origin, sex, age, religion, conscience, and disability discrimination complaints and conducts compliance reviews of covered entities – including doctors' offices, hospitals, nursing homes, human service providers, and state and local agencies – to secure high impact resolution agreements;
- Engages in rulemaking to update and modernize the regulations implementing Section 1557 of the Affordable Care Act and Section 504 of the Rehabilitation Act of 1973;
- Issues informative guidance documents, as set forth in the *Policy* section above; and
- Diligently works on the full implementation of EO 14079: *Securing Access to Reproductive and Other Healthcare Services*; and EO 14075: *Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals*.

Enforcing Prohibitions against Race, Color, and National Origin Discrimination

Title VI of the Civil Rights Act of 1964 prohibits race, color, and national origin discrimination in federally funded programs. Section 1557 prohibits race, color, and national origin discrimination in certain health programs and activities. OCR's activities under these and related authorities include:

- Leading the HHS nondiscrimination activities under EO 13995: *Ensuring an Equitable Pandemic Response and Recovery*; EO 13166: *Improving Access to Services for Persons With Limited English Proficiency*; and the first goal of the HHS Equity Action Plan – Nondiscrimination in HHS: Civil Rights Protections and Language Access.
- Actively supporting the HHS implementation activities under EO 13985: *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*; EO 14035: *Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce*; and EO 13990*: Protecting Public Health and the Environment and Restoring Science To Tackle the Climate Crisis*.
- Spearheading the full implementation of the HHS Language Access Plan and reinvigorating the HHS Language Access Steering Committee (LASC). In October 2022, the LASC officially reconvened, comprised of representatives from across HHS. Through the LASC, OCR has committed to track implementation methods for measuring improvements in language access in individual programs; identify best practices for continuous quality improvement regarding agency language access services that may be shared as guidance to HHS components, grantees, contractors, and recipients as appropriate; and identify and disseminate data to help other HHS components facilitate organization-wide learning and coordination, collaboration on high impact outreach, or developing cross-cutting audience appropriate messaging to mutual customer communities.
- Preventing and addressing discrimination and health care disparities related to COVID-19, which disproportionately affect communities and people of color. For example, OCR, in collaboration with the U.S. Department of Homeland Security (DHS), and the Federal Emergency Management Agency (FEMA), is conducting compliance reviews in 19 states regarding the steps that have been taken to ensure that limited English proficient (LEP) individuals have meaningful access to COVID-19 vaccines, testing, and treatment. Currently, OCR is collaborating with DHS and FEMA to provide technical assistance in the form of in-depth webinars about language access during emergency situations.
- On December 22, 2021, OCR issued: *Guidance on Federal Legal Standards Prohibiting Race, Color and National Origin Discrimination in COVID-19 Vaccination Programs*, to ensure that health care providers offer fair and equitable access to vaccines and boosters.
- Collaborating with the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders (WHIAANHPI) on the implementation of EO 14031: *Advancing Equity, Justice, and Opportunity for Asian Americans, Native Hawaiians, and Pacific Islanders.*

Enforcing the Prohibitions against Sex Discrimination

OCR enforces two federal statutes that contain sex discrimination prohibitions. Section 1557 prohibits sex discrimination in certain health programs and activities; and Title IX prohibits sex discrimination in federally funded education programs and activities.

- On August 4, 2022, OCR published the Notice of Proposed Rulemaking (NPRM) for Section 1557 in the Federal Register. The NPRM proposes to reinstate broad protections under Section 1557, including specific provisions related to nondiscrimination on the basis of sex (including pregnancy, gender identity, sexual orientation, and sex characteristics). OCR anticipates that this rulemaking will result in significant benefits by providing clear guidance to the covered entity community regarding nondiscrimination requirements.
- On July 13, 2022, OCR issued *Guidance to Nation's Retail Pharmacies: Obligations under Federal Civil Rights Laws to Ensure Access to Comprehensive Reproductive Health Care Services*. The Guidance clarifies that, pursuant to Section 1557, pharmacies are prohibited from discriminating on the basis sex and disability, among other bases, in their programs and activities. Pharmacies may not discriminate in supplying prescribed medications to patients; or in making determinations regarding the suitability of a prescribed medication for a particular patient.
- On March 2, 2022, the Department issued *HHS Notice and Guidance on Gender Affirming Care, Civil Rights, and Patient Privacy*. The Guidance clarifies that OCR continues to ensure that transgender and gender nonconforming youth are able to access health care, free from discrimination on the basis of sex or disability.
- During FY 2021 and FY 2022, OCR coordinated the Department's implementation of EO 13988: *Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation*, by conducting an inventory of HHS Agency actions to be revised, suspended, or rescinded. To fulfill the Department's responsibilities under the Executive Order, OCR has consulted with the Justice Department and the Equal Employment Opportunity Commission (EEOC); convened 18 HHS Agencies for coordination meetings; and is currently providing individual consultations to HHS Agencies on revisions to their EEO and Anti-Harassment Policy Statements, EEO Complaint Forms and Instructions, and Affirmative Employment policies.
- Pursuant, in part, to a memorandum of understanding with the National Institutes of Health (NIH), OCR fulfills its Title IX and Section 1557 responsibilities through a combination of technical assistance and training, as well as enforcement activities. As part of a national initiative to protect athletes, students, and patients from sexual harassment, OCR currently leads investigations at eight universities and university hospitals. As part of this initiative, in June 2022, OCR entered into a voluntary resolution agreement with the University of Southern California (USC), which established for USC's medical enterprise, a new sensitive health examination policy and a new chaperone policy requiring clinicians to have a medical chaperone present while performing a sensitive health examination.

Enforcing Prohibitions against Disability Discrimination

OCR is responsible for enforcement of Section 504, which prohibits disability discrimination in federally funded and conducted programs; Title II of the Americans with Disabilities Act, which requires state and local governments to give individuals with disabilities an equal opportunity to benefit from their programs, services, and activities; and Section 1557, which prohibits disability discrimination in certain health programs and activities.

- As reported in the Fall 2022 Unified Agenda, OCR will issue a notice of proposed rulemaking to revise the regulations implementing Section 504 to address unlawful disability discrimination in HHS funded and conducted programs and activities. OCR will revise 45 C.F.R. Part 84 (federally assisted programs).
- On July 26, 2022, the Acting OCR Director issued a statement, *Celebrating the 32nd Anniversary of the ADA*, which discusses OCR's enforcement work to achieve equity, opportunity, inclusion and independent living for individuals with disabilities.
- On February 4, 2022, OCR issued *FAQs for Healthcare Providers during the COVID-19 Public Health Emergency: Federal Civil Rights Protections for Individuals with Disabilities under Section 504 and Section 1557*. This guidance clarifies that during the national public health emergency, federal civil rights laws apply to health care providers, including those administering COVID-19 testing, vaccines, medication, and acute hospital care.
- To ensure that civil rights are protected during the COVID-19 national public health emergency, OCR has investigated complaints, initiated compliance reviews, and provided guidance to health care providers. In addition, OCR collaborated with the Justice Department to issue: *Guidance on 'Long COVID' as a Disability Under the ADA, Section 504, and Section 1557*, which was included in the July 26, 2021 *White House Fact Sheet: Biden-Harris Administration Marks Anniversary of Americans with Disabilities Act*. This guidance is highlighted in the long COVID report on *Services and Supports for Longer-Term Impacts of COVID-19* delivered to President Biden on August 3, 2022. In addition, OCR issued, on April 13, 2021, *Guidance on Federal Legal Standards Prohibiting Disability Discrimination in COVID-19 Vaccination Programs*.
- OCR collaborates with other HHS OpDivs and StaffDivs to maintain compliance with Section 508 of the Rehabilitation Act of 1973. Section 508 requires the Department to ensure that the information and communication technology (ICT) it develops, procures, maintains, or uses is accessible to individuals with disabilities. OCR is helping to develop training and guidance for the Department and recently presented its own internal training on accessible digital materials.

Promoting Equity in Child Welfare

OCR carries out a robust child welfare initiative, which includes Federal partnerships to enforce civil rights laws in the child welfare setting and to educate individuals and entities of their rights and responsibilities. OCR also maintains a longstanding memorandum of understanding (MOU) with the Federal Coordination and Compliance Section of DOJ's Civil Rights Division, which memorializes an ongoing partnership to safeguard the civil rights of parents, prospective parents, caretakers, and children in the child welfare system. In March 2022, OCR and the United States Attorney's Office for the District of Rhode Island entered into a voluntary resolution agreement with the Rhode Island Department of Children, Youth and Families (DCYF) in which DCYF agreed to: designate an Americans with Disabilities Act (ADA) coordinator; ensure that it maintains a sufficient number of contracts with qualified interpreters to meet client needs; provide training to all personnel on federal civil rights law and accommodations for individuals with disabilities; and report quarterly to OCR for the next three years for enforcement purposes as part of the voluntary settlement agreement.

OCR also presented seminars on federal disability rights protections that apply to some individuals in recovery from substance use disorders at national conferences sponsored by the American Bar Association, National Association of Counsel for Children, American Association of Health and Human Services Attorneys, and the American Association for the Treatment of Opioid Dependence.

Coordinating Government-wide Compliance with the Age Discrimination Act
The Age Discrimination Act of 1975 (Age Act) provides the Secretary with coordinating authority over federal departments' and agencies' implementation of the Age Act. Each year, OCR drafts a government-wide report on federal compliance with the Age Act, which HHS submits to Congress. OCR collects information from 28 federal departments and agencies; analyzes the data; and prepares the government-wide report. The report provides quantitative and qualitative analysis of new and ongoing activities that address age discrimination, including new complaints, carry-over complaints, mediation efforts, compliance reviews, training, technical assistance, outreach, and regulation development.

Protecting the Freedom of Religion and the Rights of Religious Minorities
OCR enforces the various statutes that protect the rights of individuals and entities to exercise conscience in the provision in health care services. OCR is working to finalize a conscience rule that will strengthen protections for health care providers and entities with religious or moral objections to performing certain services while also ensuring access to care for all in keeping with the law.

OCR also supports the Administration's "whole-of-government" approach to equity, inclusive of activities to protect the rights of individuals who experience discrimination because of their religious beliefs or membership in stigmatized religious groups. In FY 2024, OCR will continue its work to enforce the religious nondiscrimination statutes and regulations in its jurisdiction to protect religious minorities and other individuals from religious discrimination, and to promote a comprehensive equity agenda. Pursuant to EO 13985: *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*, OCR has investigated complaints from religious minorities facing barriers in health care, has explored ways that OCR's legal authorities can help alleviate these challenges, and has provided technical assistance on patient care and access policies to health care providers who serve religious minority communities. OCR plans to continue its work on behalf of marginalized or stigmatized religious individuals by consulting with stakeholders and experts on the causes of barriers religious minorities and other underserved groups face in healthcare settings and on its impact on patient access and outcomes.[2]

2. Health Information Privacy

Health information is critical to improving the quality and safety of health care and advancing medical discoveries that can improve the health and wellbeing of individuals and populations. However, the high value of health information also makes it an attractive target for cybersecurity threats directed towards the health care sector, and the COVID-19 public health emergency continues to raise new privacy issues that OCR has addressed through Notifications of Enforcement Discretion and guidance. OCR has tackled head on emerging issues and new threats to patient privacy stemming from concerns about access to health care and the use of protected health information to prosecute individuals under state laws where abortion care is illegal, the use of online tracking technologies by regulated entities and the disclosure of electronic protected health information with technology vendors, and supporting the implementation of recognized security practices to enhance regulated entities' cybersecurity and protection of electronic health information. OCR's role in administering and enforcing the HIPAA Privacy, Security and Breach

[2] *See* Attum B, Hafiz S, Malik A, Shamoon Z. Cultural Competence in the Care of Muslim Patients and Their Families. 2022 Mar 19. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan–. PMID: 29763108; and Padela AI, Gunter K, Killawi A, Heisler M. Religious values and healthcare accommodations: voices from the American Muslim community. J Gen Intern Med. 2012 Jun;27(6):708-15. doi: 10.1007/s11606-011-1965-5. Epub 2012 Jan 4. PMID: 22215274.

Notification Rules is more critical now than ever. OCR supports and regulates the privacy and security of health information through investigations and enforcement, rulemaking and guidance, and education and outreach.

Through its innovative efforts to promote and enforce HIPAA privacy and security protections, OCR has taken actions to protect patient privacy and access to sexual and reproductive health care, promote patient's rights to access their medical records, and support the use of audio-only telehealth in a private and secure manner. OCR has also engaged in vigorous enforcement of the HIPAA Rules through investigations and enforcement actions.

Protecting Patient Privacy and Access to Care

Following the *Dobbs v. Jackson Women's Health Organization* decision, OCR issued two guidance documents to address how the HIPAA Privacy Rule protects individuals' private medical information relating to abortion and other sexual and reproductive health care. The "Guidance on the HIPAA Privacy Rule and Disclosures of Information Relating to Reproductive Health Care," addresses the circumstances under which the Privacy Rule permits disclosure of protected health information without an individual's authorization and explains that disclosures for purposes not related to health care, such as disclosures to law enforcement officials, are permitted only in narrow circumstances tailored to protect the individual's privacy and support their access to health care, including abortion care. The second guidance, "Protecting the Privacy and Security of Your Health Information When Using Your Personal Cell Phone or Tablet," explains that generally, the HIPAA Rules do not apply to individuals' health information when it is stored or accessed using a personal mobile device. This guidance also explains how to turn off location services on Apple and Android devices and identifies best practices for selecting apps, browsers, and search engines that are recognized as supporting increased privacy and security.

Promoting Patients' Rights to Access their Medical Records

OCR announced in February 2019 the HIPAA Right of Access Enforcement Initiative to support individuals receiving timely access to their medical records for a reasonable, cost-based fee. Investigations were initiated across the country and to date, 43 enforcement actions have been completed with successful resolution agreements and corrective action plans or the imposition of a civil money penalty.

Supporting Audio-Only Telehealth Now and after the COVID-19 Public Health Emergency Ends

On June 13, 2022, OCR issued "Guidance on HIPAA and Audio-Only Telehealth" to ensure that individuals continue to benefit from audio-only telehealth by clarifying how covered entities can provide telehealth services and improve public confidence that covered entities are protecting the privacy and security of their health information. While telehealth can significantly expand access to health care, certain populations may have difficulty accessing or be unable to access technologies used for audio-video telehealth due to various factors including financial resources, LEP, disability, internet access, availability of sufficient broadband, and cell coverage in the geographic area. Audio-only telehealth, especially using technologies that do not require broadband availability, can help address the needs of some of these individuals.

Enforcing the HIPAA Rules to Remedy Potential Violations

In FY 2022, OCR completed 22 enforcement actions, including the successful settlement of 21 cases with a monetary settlement and corrective action plan, and the imposition of one civil money penalty for a total of $2.1 million in collections and imposed penalties. Highlights include cases involving individuals' right to receive access to their medical records as part of OCR's Right of Access Initiative; investigations

involving hacking and the installation of malware; disposing of protected health information in a dumpster in an unsecured manner; impermissible disclosures of patient protected health information to third parties; failures to implement basic HIPAA Security Rule requirements and risk management to reduce those potential risks and vulnerabilities to a reasonable level.

Budget Request

The FY 2024 President's Budget requests $78,000,000 for OCR, an increase of $38,202,000 above the FY 2023 Enacted level. The additional funding will permit OCR to address many of its current programmatic needs. OCR will increase activities in both the civil rights and health information privacy areas. Investment of the new resources will greatly enhance policy, enforcement, education, and outreach efforts across the board and in particular lead to a dramatic reduction in the current complaint backlog. In addition, five specific new initiatives will be implemented.

Program Increases (+$38,202,000)

Investigators and staff for enforcement to address the backlog (+$17,303,000; 96 FTEs)

- Backlog Reduction: Increases in investigators and staff for enforcement and to reduce the backlog of complaints to ensure robust enforcement and resolution of complaints under the law. Additional staff would increase OCR's enforcement capacity, greatly expand investigative capacity, and promote enforcement of the law. OCR has a large number of legal authorities, enforcing 55 statutes of federal law that cover health care privacy, security, civil rights, and conscience.
- OCR faces enduring challenges due to sizeable increases in civil rights and HIPAA caseloads every year. There have been significant increases in HIPAA complaints received (a 42% increase from 2017 to 2022). Civil Rights complaints also increased dramatically, by 18% in one year from FY 2021 to FY 2022 (15,440 and 18,163 respectively). HIPAA breach cases increased 259% from 2017 to 2021 and the rate of growth is expected to increase moving forward.
- OCR has many vacant investigator positions due to budget constraints, which impacts its ability to enforce the law. OCR had 111 investigators in 2010, as compared to 60 investigators today handling the ever-increasing number of complaints submitted to OCR.
- OCR currently has a complaint inventory of 12,531. With additional resources, the backlog can be reduced to a normal inventory operational amount (which is defined as two weeks of receipts, or 2,000 complaints, that are being processed).
- The increase funds 96 FTEs, including investigators and other program staff who will focus on examining and resolving cases. This would allow OCR to reduce the backlog to a normal current inventory level by FY 2026 and preempt any resurgence of rising case inventories for many years. Funding estimates contain overhead costs including rent, security, supplies, travel, and other shared costs.

Augmented civil rights compliance and policy development (+$7,287,000; 34 FTEs)

- Additional resources will ensure OCR's ability to: meet its existing oversight and enforcement obligations; advance the President's Executive Orders increasing equity in government programs and services; and implement recent Supreme Court decisions on federal civil rights. Compliance with these Executive Orders and Supreme Court decisions requires a significant expansion in OCR's case adjudication, compliance, policy, technical assistance, and outreach efforts.

- OCR will add staff with appropriate subject matter expertise to address broad requirements to provide technical assistance, review of regulations, and training for grantees in support of a whole-of-government approach to civil rights compliance. This funding will help ensure that the Department is meeting its obligations under existing federal civil rights laws.
- OCR plans to continue expanding its work on high-impact cases, which require significant time and resources, by initiating compliance reviews in priority areas that have a national impact. Resolutions in high-impact cases often bring about systemic change across states, health systems, and human service programs; and are used as models to inform and protect the public. The Administration has clearly laid out a set of priorities which encompass OCR's areas of expertise. Consistent with the Administration's vision, OCR can play a critical role by initiating compliance reviews to address inequities in vulnerable communities. Additional investments in OCR are necessary to advance the Administration's vision; strengthen civil rights enforcement; and combat harassment and discrimination against members of vulnerable communities.

Part 2 Civil Enforcement (+$5,822,000; 37 FTEs)

- Section 3221 of the CARES Act requires HHS to implement civil enforcement of the confidentiality protections for substance use disorder patient records at 42 CFR part 2 (referred to as "Part 2"). This will include setting up a process for receiving complaints from the public, and a process for Part 2 programs to report breaches of unsecured Part 2 records to HHS.
- Rulemaking is ongoing, and OCR expects to have this completed in 2023. OCR is currently drafting a Notice of Proposed Rulemaking to implement the CARES Act requirements. OCR, as the enforcement arm of HHS, will be identified as the HHS agency to conduct investigations and manage the civil enforcement of Part 2. Not only will this increase OCR's enforcement responsibilities, but vigorous enforcement of this provision will be an important component of ensuring that HHS accomplishes the goals of the Mental Health Strategy.
- The CARES Act does not provide funding for civil enforcement of Part 2, and the monies received by OCR through HIPAA settlements and civil money penalties are not permitted to be used to fund Part 2 enforcement.
- OCR will need funding for new staff to review complaints and breach reports containing potential violations of Part 2. The creation of a breach portal, similar to the HHS breach portal for HIPAA breach reporting, will also be required.
- The increase funds 37 FTEs including one Team Chief, 24 Investigators, and 12 other program staff to create a Part 2 enforcement structure within OCR. Enforcement will consist of a full spectrum enforcement program and related policy activities. It will also include the development of guidance and training materials for Part 2 programs as well as educational materials for the public. OCR expects the Part 2 complaint volume to increase annually in a manner consistent with HIPAA enforcement, so additional funding may be needed in future fiscal years to address increases in complaints and breach reporting.

Key Vacancies, Pay Adjustments, and Inflation (+$3,298,000; 12 FTEs)

- Increases will allow OCR to fill key positions that have remained vacant for years due to insufficient funding including a Contracting Specialist, a Deputy Human Resources Officer, a Deputy Budget Officer, various administrative positions, and other key roles.
- Additional funding will cover the projected pay raise to avoid unforeseen but necessary programmatic cuts in the year of execution.

- The increase will also provide funding for pay increases and other non-pay inflationary costs.

Implementation of HITECH statutory requirements (+$2,937,000; 3 FTEs)

- This initiative will support the ongoing requirement to implement HITECH in rules and regulations regarding the sharing of HIPAA settlements and civil monetary penalties (CPMs) with harmed individuals. Section 13410(c)(3) of the HITECH Act requires HHS to implement "a methodology under which an individual who is harmed may receive a percentage of any civil monetary penalty or monetary settlement collected with respect to such offense."
- In April of 2022, OCR issued a Request for Information (RFI) for public comment on the types of harm that should be considered in the distribution of a percentage of CMPs and monetary settlements to harmed individuals, and the potential methodologies for sharing and distributing monies to harmed individuals. After a 60-day comment period, OCR received 91 comments.
- OCR will implement policies and procedures for: the submission of claims for compensation by harmed individuals; review and determine of compensation for such claims (including appeals of determinations); and the distribution of compensation for such claims. A full claims adjudication process and many other requirements will be necessary to support the projected full tasks and responsibilities.
- The increase will also fund three FTEs as well as contractors to support various elements of the program. The federal staff, consisting of one Supervisor, one Senior Analyst, and one additional Analyst, will establish the program and provide government oversight. The remaining funds will be put towards contracts with industry partners to administer the details of ensuring that harmed individuals receive a portion of monies collected in the manner determined by the ongoing rulemaking process.

Behavioral Health Team (+$1,555,000; 6 FTEs)

- Funding will ensure OCR's ability to support the Administration's Mental Health Strategy—a critical component of the Administration's bipartisan Unity Agenda—by establishing a Behavioral Health Team. The Behavioral Health Team will support the initiative by working to ensure that individuals and families do not face barriers to behavioral health access due to their race, color, national origin (including primary language), sex (including sexual orientation or gender identity), or disability. OCR has been charged with enforcement of the federal law that governs the confidentiality of substance use disorder ("SUD") records at 42 U.S.C. §290dd-2, commonly referred to as "Part 2," which will be critical when considering the increased reliance on electronic and integrated health systems. With this additional staffing, OCR can provide technical assistance to program officers overseeing the development of Certified Community Behavioral Health Clinics, mobile crisis teams, screening, and case management, and other new behavioral health programs.
- The Behavioral Health Team's responsibilities will include ensuring:
    - Individuals and families receive equal access to behavioral health services and related health insurance coverage (including prescription drug benefits) free from discrimination on the basis of race, color, national origin, disability, age, religion, or sex (including pregnancy, gender identity, and sexual orientation);
    - Federally assisted and federally conducted, behavioral health services, including the recently launched National Suicide Prevention Lifeline "988" number linking individuals to the crisis care infrastructure, are accessible to individuals whose primary language is not English, individuals with disabilities, and LGBTQI+ individuals;

  - When site selection is determined by a recipient of HHS funds, behavioral health services are geographically located so that they are accessible by individuals and families from racial and ethnic minority populations;
  - Individuals and families receive notice of their right to receive behavioral health services free from discrimination;
  - Public education campaigns are designed to prevent and address stigma around receiving behavioral health services; and civil rights coordinators establish and implement grievance procedures for individuals and families seeking or receiving behavioral health services.
- The increase funds FTEs that will provide OCR with added capability and appropriate subject matter expertise to address these broader requirements. The Behavioral Health Team will consist of six FTEs (one Team Chief, two Senior Civil Rights Analysts, and three additional Analysts). The Team will provide technical assistance, review of regulations, training for grantees and subject matter expertise to Operating and Staff Divisions in support of the Administration's Mental Health Strategy. Establishment of a Behavioral Health Team will bring OCR into the Department's diverse and integrated network of agencies that jointly support the Administration's Mental Health Strategy.

Funding History

Fiscal Year	Amount
FY 2020	$38,798,000
FY 2021	$38,682,000
FY 2022 Final	$39,798,000
FY 2023 Enacted	$39,798,000
FY 2024 President's Budget	$78,000,000

Program Accomplishments

OCR produced record accomplishments in FY 2022. Through drafting regulations addressing two key civil rights statutes and key statutes providing privacy protection, OCR remained at the forefront of the Department's civil rights policy agenda. This fiscal year also OCR also published numerous guidance documents and conducted enforcement across its wide array of authorities. As an example, and as mentioned *supra*, OCR issued a notice of proposed rulemaking (NPRM) implementing Section 1557 of the Affordable Care Act (Section 1557). OCR also published a Request for Information on Considerations for Implementing the HITECH Act seeking public comment on recognized security practices and the sharing of HIPAA enforcement monetary settlements and penalties with harmed individuals; and an NPRM on the Confidentiality of Substance Use Disorder Patient Records to bring greater alignment between privacy protections for health records under 42 C.F.R. Part 2 and HIPAA.

In addition to its ambitious policy portfolio, in FY 2022 OCR also carried out a vigorous technical assistance and enforcement agenda, which included:

Providing meaningful access to individuals with limited English proficiency (LEP)

- After an OCR compliance review, Maricopa Superior Court (MSC) in Maricopa County, the largest county in Arizona, agreed on November 22, 2022, to take a number of action steps to ensure that individuals with LEP are provided meaningful access to justice in its court proceedings and operations, programs, and activities. During the review, OCR identified concerns regarding the availability of translated vital documents including court orders, pleadings, and minute entries for LEP individuals. When OCR notified MSC of its concerns, MSC agreed to work collaboratively with OCR to strengthen its language access program, and to

provide notice of the availability of free language access services in the top three primary non-English languages encountered by MSC.

Securing access for persons with disabilities to community services

- OCR's resolution of a complaint may achieve not only individual remedies for the complainant but also process-focused remedies that help change the compliance culture of a state agency receiving HHS funds. For instance, on March 14, 2022, OCR resolved a disability discrimination complaint against the Colorado Department of Health Care Policy and Financing (HCPF) and its contractor, IntelliRide. IntelliRide revised its nondiscrimination statement and grievance procedures; provided a revised communication plan for the complainant, including an online self-service account to request medical transportation; and developed an accessible website including closed-captioning and compliance with technical guidelines governing web content accessibility.

Behavioral health-assuring non-discrimination in admissions to skilled nursing facilities for those participating in medication assisted treatment recovery programs.

- OCR in partnership with the United States Attorney's Office for the District of Massachusetts entered into a December 22, 2021 agreement with The Oaks, a skilled nursing facility operated by Life Care Centers of America, Inc. The complainant alleged that he was denied admission to The Oaks because he was taking an FDA-approved medication to treat a substance use disorder for opioids under civil rights laws. Under the terms of the agreement, The Oaks is revising its admissions policy; and providing training to admissions personnel on Federal civil rights laws and opioid use disorder (OUD) to ensure that in the future, it will not deny admission to individuals with disabilities because they are taking an OUD medication. Under DOJ's Title III authority, The Oaks also will pay a civil penalty in the amount of $5,000.

Establishing effective communication for individuals with disabilities seeking medical services

- In April 2022, OCR resolved a disability discrimination complaint against Memorial Health University Medical Center ("Memorial Health"), pursuant to Section 504 and Section 1557. The Affected Party, who is an American Sign Language (ASL) user, alleged that Memorial Health failed to provide her with an ASL interpreter or effective video remote interpreting (VRI). To resolve the complaint, Memorial Health contracted with a new communication services provider, CulturaLink, to provide VRI and in-person ASL interpretation services; increased effective communication training for new and existing Memorial Health employees; upgraded its wireless infrastructure of approximately 1,200 access points to augment connectivity and transmission of VRI; upgraded its digital patient registration process such that a patient needing communication assistance can select their patient language preference, including ASL, during registration; and revised its "Patient Grievance and Complaint Management Policy."

- OCR in partnership with the United States Attorney's Office for the District of Massachusetts entered into a November 2021 voluntary resolution agreement with Baystate Medical Center (Baystate) to ensure effective communication with individuals who are deaf or hard of hearing. The Agreement resolves a complaint filed on behalf of a patient who is deaf and uses American Sign Language (ASL) interpreters. The complaint alleged that the patient requested use of an ASL interpreter prior to the patient's scheduled arrival to have labor induced, and that Baystate failed to take appropriate steps to ensure that the communications with the patient during labor and childbirth were effective. As a result of the OCR investigation, Baystate agreed to enter into the agreement; affirm its compliance with federal civil rights laws; take steps to ensure the

availability of auxiliary aids and services; consent to monitoring; and, under DOJ's ADA Title III authority, pay $135,000 in compensatory relief.

Enforcing compliance with the HIPAA Rules through investigations resolved with corrective action plans or civil money penalties

- In March 2022, OCR announced that Northcutt Dental – Fairhope, LLC paid $62,500 and agreed to implement a corrective action plant to settle an OCR investigation concerning a dental practice that impermissibly disclosed its patients' protected health information to a campaign manager and a third-party marketing company hired to help with a dentist's state senate election campaign. OCR's investigation found potential violations of the HIPAA Rules including impermissible uses and disclosures of PHI, and failures to designate a privacy official and implement Privacy Rule policies and procedures.

- In July 2022, OCR announced that Oklahoma State University – Center for Health Sciences paid $875,000 and agreed to implement a corrective action plan to settle an OCR investigation concerning a hacker who gained access to electronic protected health information through the installation of malware on the covered entity's electronic heath record system. The breach affected 297,865 individuals. OCR's investigation found potential violations of the HIPAA Rules including impermissible uses and disclosures of PHI; failure to conduct an accurate and thorough risk analysis; failure to perform an evaluation; failures to implement audit controls, security incident response and reporting; and failure to provide timely breach notification to affected individuals and HHS.

- In August 2022, OCR announced that New England Dermatology paid $300,640 and agreed to implement a corrective action plan to settle an OCR investigation concerning a dermatology practice's improper disposal of protected health information in a dumpster. OCR's investigation found potential violations of the HIPAA Privacy Rule including the impermissible use and disclosure of PHI and failure to maintain appropriate safeguards to protect the privacy of PHI.

Nonrecurring Expenses Fund

Budget Summary
(Dollars in Thousands)

	FY 2022[2]	FY 2023[3]	FY 2024[4]
Notification[1]	2,300	-	4,100

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

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

OCR is in the midst of a project called "PIMS NEXTGEN" to replace the Program Management Information System (PIMS), OCR's electronic document and case management system. There are currently over 450,000 cases in PIMS and millions of documents. The follow-on contract will encompass all of the phases necessary to replace a system the size of PIMS. The system will improve current workflows to allow more flexibility and ease of use, develop ad hoc reporting that will provide quicker results for the growing need for analytics, improve the public facing portals for complaints and breach reporting, and it will also ensure all the data and documentation currently in PIMS is useable. The estimated cost of the system is $6.4 million. OCR received $2.3 million in FY22. The additional amount of $4.1 million will fully fund the project.

Budget Allocation for FY 2024
The FY 2024 NEF funds will be used to build, test, and implement a completed system. The projection is that the system will be completed by the end of FY 2025.

Budget Allocation FY 2022
The "PIMS NEXTGEN" system was initiated through the award of an overarching contract to design, build, test, and implement the new system. This initial phase included the requirements and design of the new system.

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 October 22, 2021.

3 Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on June 17, 2022.

4 HHS has not yet notified for FY 2024.

Section 4: Supplementary Tables

Budget Authority by Object Class

(Dollars in Thousands)

Object Class Code	Description	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
11.1	Full-time permanent	15,895	16,618	41,390	+24,772
11.3	Other than full-time permanent	355	385	868	+483
11.5	Other personnel compensation	341	368	1,015	+647
11.7	Military personnel	133	136	147	+11
Subtotal	***Personnel Compensation***	***16,724***	***17,507***	***43,420***	***+25,913***
12.1	Civilian personnel benefits	5,876	6,147	14,896	+8,749
12.2	Military benefits	8	8	11	+3
13.0	Benefits for former personnel	106	106	120	+14
Total	***Pay Costs***	***22,714***	***23,768***	***58,447***	***+34,679***
21.0	Travel and transportation of persons	64	72	824	+752
22.0	Transportation of things	16	31	35	+4
23.1	Rental payments to GSA	3,605	3,580	3,996	+416
23.3	Communications, utilities, and misc. charges	92	95	103	+8
24.0	Printing and reproduction	404	431	208	-223
25.2	Other services from non-Federal sources	3,500	3,511	5,725	+2,214
25.3	Other goods and services from Federal sources	8,900	7,793	7,421	-372
25.4	Operation and maintenance of facilities	367	374	358	-16
25.7	Operation and maintenance of equipment	81	78	283	+205
Subtotal	***Other Contractual Services***	**12,848**	**11,756**	**13,787**	**+2,031**
26.0	Supplies and materials	50	57	171	+114
31.0	Equipment	5	8	429	+421
Total	***Non-Pay Costs***	***17,084***	***16,030***	***19,553***	***+3,523***
Total	**Budget Authority by Object Class**	**39,798**	**39,798**	**78,000**	**+38,202**

Salaries and Expenses Table

(Dollars in Thousands)

Object Class Code	Description	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
11.1	Full-time permanent	15,895	16,618	41,390	+24,772
11.3	Other than full-time permanent	355	385	868	+483
11.5	Other personnel compensation	341	368	1,015	+647
11.7	Military personnel	133	136	147	+11
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21.0	Travel and transportation of persons	64	72	824	+752
22.0	Transportation of things	16	31	35	+4
23.3	Communications, utilities, and misc. charges	92	95	103	+8
24.0	Printing and reproduction	404	431	208	-223
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25.3	Other goods and services from Federal sources	8,900	7,793	7,421	-372
25.4	Operation and maintenance of facilities	367	374	358	-16
25.7	Operation and maintenance of equipment	81	78	283	+205
Subtotal	***Other Contractual Services***	**12,848**	**11,756**	**13,787**	**+2,031**
26.0	Supplies and materials	50	57	171	+114
Total	***Non-Pay Costs***	***13,474***	***12,442***	***15,128***	***+2,686***
Total	***Salary and Expenses***	***36,188***	***36,210***	***73,575***	***+37,365***
23.1	Rental payments to GSA	3,605	3,580	3,996	+416
Total	***Salaries, Expenses, and Rent***	***39,793***	***39,790***	***77,571***	***+37781***
Total	**Direct FTE**	**129**	**129**	**317**	**+188**

Detail of Full-Time Equivalent (FTE)

Detail[3]	2022 Actual CIV	2022 Actual CC	2022 Actual Total	2023 Est. CIV	2023 Est. CC	2023 Est. Total	2024 Est. CIV	2024 Est. CC	2024 Est. Total
Direct	128	1	129	128	1	129	316	1	317
Reimbursable	49	-	49	49	-	49	29	-	29
Total FTE	**177**	**1**	**178**	**177**	**1**	**178**	**345**	**1**	**346**
Average GS Grade									
FY 2020	GS-13								
FY 2021	GS-13								
FY 2022	GS-13								
FY 2023	GS-13								
FY 2024	GS-13								

[3] Abbreviation Key: CIV – Civilian, CC – Commissioned Corps

Detail of Positions

Direct Civilian Positions	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Executive level I	-	-	-
Executive level II	4	4	4
Executive level III	-	1	1
Executive level IV	1	1	1
Executive level V	1	1	1
Subtotal, Positions	6	7	7
Total, Executive Level Salaries	$1,177,000	$1,389,000	$1,483,000
	-	-	-
GS-15	30	28	36
GS-14	20	21	49
GS-13	35	35	84
GS-12	26	26	126
GS-11	3	3	6
GS-10	5	5	5
GS-9	-	-	-
GS-8	3	3	3
GS-7	-	-	-
GS-6	-	-	-
GS-5	-	-	-
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal, Positions	122	121	309
Total - GS Salary	$15,073,000	$15,614,000	$40,775,000
Total Positions	128	128	316
Average ES level	III	III	III
Average ES salary	$196,000	$198,000	$212,000
Average GS grade	13.5	13.5	13.5
Average GS salary	$124,000	$129,000	$132,000

Section 6: Proposed Law

1. Enhancing HIPAA Protections by Increasing Civil Monetary Penalty Caps and Authorizing Injunctive Relief

The proposal is to increase the amount of civil money penalties that can be imposed in a calendar year for HIPAA noncompliance and authorize OCR to work with the U.S. Department of Justice to seek injunctive relief in federal court for HIPAA violations. The Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191) (HIPAA), as amended, protects the privacy and security of health information. OCR administers and enforces the regulations known as the HIPAA Privacy, Security, and Breach Notification Rules, in accordance with the requirements of the HIPAA Enforcement Rule (collectively known as the "HIPAA Rules"). Section 1176(a)(3) of the Social Security Act sets minimum and maximum potential civil money penalties for HIPAA violations across four different levels (or "tiers") of culpability, with a maximum annual penalty for the same violation that can be imposed in a calendar year for the highest tier. Section 13410(c)(1) of the HITECH Act requires that the civil money penalties collected be used by OCR to help fund the HIPAA enforcement program. Section 13410(c) of the HITECH Act also requires the Secretary to develop a methodology to distribute a percentage of monies collected to individuals harmed by an offense under the HIPAA Rules. Neither HIPAA nor its amendments authorize OCR to seek injunctive relief. OCR proposes that the annual caps for HIPAA violations in each HITECH penalty tier be increased to reflect the substantial growth in complexity and size of regulated entities within the health care industry, and to create meaningful deterrents to noncompliance with HIPAA. OCR proposes increasing all of the annual caps as set forth in the chart below, which shows OCR's current enforcement authority pursuant to the March 2019 Notification of Enforcement Discretion, and new, recommended annual caps. OCR maintains discretion to impose penalties below the annual cap, using the factors for determining a civil money penalty as set forth in the HIPAA Rules at 45 CFR 160.408.

Penalty Tier	Current Unadjusted Statutory Amount			Proposed		
	Min	Max	Annual	Min	Max	Annual
No Knowledge	$100	$50,000	$25,000	$200	$12,500	$375,000
Reasonable Cause	$1,000	$50,000	$100,000	$1,500	$50,000	$1,500,000
Willful Neglect, Corrected	$10,000	$50,000	$250,000	$11,500	$100,000	$3,000,000
Willful Neglect, Uncorrected	$50,000	$50,000	$1,500,000	$58,000	$125,000	$4,000,000

Authorizing OCR to seek injunctive relief would significantly improve OCR's ability to prevent additional or future harm to individuals resulting from entities' noncompliance with the HIPAA Rules in the most egregious and urgent cases. OCR's existing remedy of civil money penalties is only available at the conclusion of an investigation and, in some cases, takes place many months after the investigation concludes in a hearing before an administrative law judge who also lacks authority to impose an injunction. As a result, OCR cannot require entities that violate the HIPAA Rules to agree to a corrective action plan or undertake any action to address the violations found by OCR. The current process does not provide OCR with an ability to secure a remedy to prevent additional or future harm unless the regulated entity voluntarily agrees to make changes without a completed OCR investigation. With the authority to seek injunctive relief, OCR could work with the U.S. Department of Justice to pursue remedies in federal court to secure compliance with the HIPAA Rules before additional individuals are affected, allowing OCR to more effectively enforce compliance with Federal law. For example, OCR could seek injunctive relief to compel a covered entity to provide individuals with their urgently needed medical records immediately pursuant to the individual right of access or to compel an entity to immediately remove individuals' PHI posted publicly on the internet without authorization.

National Coordinator for Health Information Technology

DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2024

Office of the National Coordinator for Health Information Technology

Justification of Estimates
to the Appropriations Committee

FY 2024 President's Budget

Justification of Estimates to the Appropriations Committee
Office of the National Coordinator for Health Information Technology

Message from the National Coordinator for Health IT

FY 2024 President's Budget Request

Dear Reader,

The United States health system is in the midst of a digital transformation that affects the care every American receives. Thanks to significant advances this past year across ONC's programs, policies, and investments, we are moving from vision to reality when it comes to patients having the ability to find and consolidate information from past medical encounters in one place. Providers will be able to more easily retrieve their patients' past test results, medications, and other vital health information to provide better, more efficient care and to partner with patients to make the most informed diagnostic and treatment decisions. The aperture of electronic health information shared by health information networks will continue to expand beyond treatment to support critical use cases including public health, payment, operations, benefits determination, and clinical and biomedical research.

In 2022, ONC implemented several interoperability provisions from the 21st Century Cures Act (Cures Act) to allow for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law. As of October 2022, healthcare providers, certified health IT developers, and health information networks are required to share all electronic health information, which will lead to richer information to inform patient care. This landmark paradigm shift is augmented by another recent milestone on the path to improve health IT interoperability. More than 95 percent of certified health IT developers met the compliance deadline to update and provide their customers with new technology including requirements to enable access to information through application programming interfaces (APIs) "without special effort." The functionality enabled by these new criteria make it easier for providers, patients, and other parties involved in patient care to access relevant electronic health information from disparate electronic health records (EHRs), allow health information to flow more freely between health IT systems, and provide enhanced privacy and security for health IT. Electronic exchange of health information is the cornerstone of modern healthcare and APIs are a significant advance in health interoperability, bringing it more in-line with modern methods of exchange used by the broader internet economy.

The policy and technical infrastructure for network connectivity also took a big leap forward this past year. In January 2022, ONC announced the completion of a critical Cures Act requirement by publishing the Trusted Exchange Framework and Common Agreement (TEFCA). This milestone established a clear infrastructure model and governing approach for nationwide health information exchange and, for the first time, published timelines and milestones to inform the industry about the government's intentions and plans. In February 2023, the first set of applicant organizations were approved for onboarding as Qualified Health Information Networks (QHINs) under TEFCA. Collectively, the QHIN applicants have networks that cover most U.S. hospitals, tens of thousands of providers, and process billions of annual transactions across all fifty states for a variety of use cases. This is a significant step for the U.S. health system and one that will advance interoperability at scale for patients, healthcare providers, hospitals, public health agencies, health insurers, and other authorized healthcare stakeholders. Strong privacy and

security protections are required of QHINs, and their expanded connectivity will help improve the quality, safety, affordability, efficiency, and equitability of healthcare across the country.

As we look toward the future, we are focused on driving change that actively uses the digital foundation built over the past decade. ONC's FY 2024 Budget Request reflects the actions and investments necessary to take these earlier investments to the next level and drive transformation to a healthcare system optimized for a digital world. ONC will work with partners in the public and private sectors to advance a health IT ecosystem that benefits patients, providers, payers, public health, federal agencies, and developers. This approach will leverage open-industry, platform-based business and technical models that have delivered tremendous efficiency and quality in other parts of the economy and will enable a rich and thriving healthcare app ecosystem to complement the EHR systems in place today to benefit patients as well as providers. Health information networks should operate as secure information and transaction backbones with high reliability and efficiency to make basic clinical data available where and when it's needed across the continuum in a low-cost, consistent way. Most importantly, this system should be built to identify health inequities and facilitate interventions that prevent such inequities from further turning into healthcare disparities.

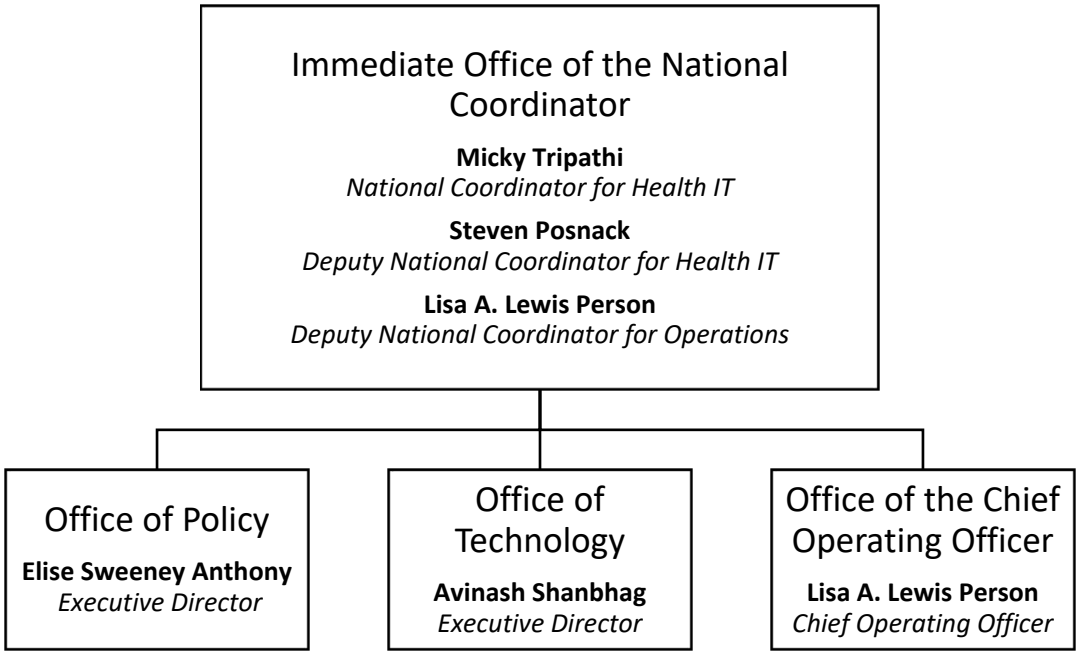
ONC's FY 2024 Budget Request continues our focus on advancing interoperability, strengthening the public health infrastructure, empowering patients and clinicians with the most advanced information technology, enabling federal agency partners to make the most cost-effective use of health IT, and accelerating the implementation of the Cures Act. Through continued investments in policy development and coordination, along with standards, certification, and interoperability, we will carry out HHS' commitment to ensuring every American can obtain their full health potential.

/Micky Tripathi/

Micky Tripathi, Ph.D. M.P.P

National Coordinator for Health IT

Organizational Chart



Organizational Chart – Text Version

- Immediate Office of the National Coordinator
  - Micky Tripathi, Ph.D. M.P.P. *National Coordinator for Health IT*
  - Steven Posnack, M.S., M.H.S. *Deputy National Coordinator for Health IT*
  - Lisa A. Lewis Person, *Deputy National Coordinator for Operations*
- Office of Policy
  - Elise Sweeney Anthony, J.D., *Executive Director*
- Office of Technology
  - Avinash Shanbhag, *Executive Director*
- Office of the Chief Operating Officer
  - Lisa Lewis Person, *Chief Operating Officer*

Executive Summary

Vision

Better health enabled by data.

Mission

To create systemic improvements in health and care through the access, exchange, and use of data.

Overview

The Office of the National Coordinator for Health Information Technology (ONC), a staff division of the U.S. Department of Health and Human Services (HHS) Office of the Secretary, is charged with formulating the Federal Government's health information technology (IT) strategy and leading the development of effective policies, programs, and administrative efforts to advance better, safer, and more equitable healthcare through a nationwide interoperable health IT infrastructure.

While ONC is a small part of Federal spending on healthcare, ONC's activities are central to creating a patient-centric, equitable health system that works to improve the overall quality, safety, efficiency, and affordability of healthcare.

Authorizing Legislation

Health IT for Economic and Clinical Health Act ("HITECH" Pub. L. No: 111-5), Medicare Access and CHIP Reauthorization Act ("MACRA" P.L. 114-10), 21st Century Cures Act ("Cures Act" P.L. 114-255)

Overview of Budget Request

The FY 2024 request is $103.6 million in Public Health Service Act Evaluation set-aside funding, which is $37.4 above the FY 2023 enacted level and flat with FY 2023 President's Budget request. ONC's budget supports an expert staff of 180 FTE who coordinate health IT programs and policies across 60+ federal agencies to deliver health IT impacts. ONC's budget also includes a strategic management framework that creates tangible impacts by giving focus to agency activities and advancing agency objectives and promoting improvement in patient empowerment, healthcare delivery, public health, and research.

Overview of Performance

ONC's activities play an instrumental role in enabling government programs and private industry to develop and leverage health IT to accomplish the nation's health and human services objectives. The breadth of ONC's stakeholder relationships demonstrates how integral its work is to national progress. ONC stakeholder relationships include active engagements with 12 HHS Operating Divisions (+38 subcomponents), 10 HHS Staff Division (+9 subcomponents), and 25 non-HHS federal agencies (+16 subcomponents). ONC coordinates through numerous official mechanisms—such as the Federal Health IT Strategic Plan, Federal Health IT Coordinating Council, the Health IT Federal Advisory Council, and the Health IT Certification Program—and informal mechanisms such as ongoing support to *other* federal agencies' health IT related efforts[1] to help align discrete health IT programs and activities in a common direction. In so doing, ONC plays a critical role in the healthcare system at large, providing direction and focus on health IT technologies, standards, and interoperability that would be otherwise difficult to accomplish in our highly fragmented healthcare system.

In comparison to the estimated $4 trillion in overall Federal healthcare spending, ONC's annual budget of roughly $60 million has had transformative impacts on HHS programs, the health system, private sector investments in health technology, and patient access to their electronic health record information. These impacts are mainly driven by the ONC's annual discretionary funding—which has remained nearly flat since 2009—as well as HHS and ONC leadership's strategic direction of resources using ONC's specialist staff.

Continuing into FY 2024, ONC's annual budget request reflects plans to advance the President's and Secretary's priorities for the following objectives outlined in the HHS Strategic Plan:

- Goal 1, Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs.
- Goal 2, Objective 2.1: Improve capabilities to predict, prevent, prepare for, respond to, and recover from disasters, public health and medical emergencies, and threats across the nation and globe.
- Goal 4, Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience.

[1] While ONC is routinely referenced as a valued partner "working in consultation with" federal partners at CMS, FDA, NIH etc., the authorizing/appropriation legislation motivating other agencies work and funding, is seldom, if ever provided for ONC.

- Goal 5, Objective 5.2: Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust.

ONC is also integral in advancing progress to Secretarial and Administration priorities including the Executive Order on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats.[2]

ONC's Performance Management Process

ONC's performance management process prioritizes a continuous focus on improving program results, finding more cost-effective ways to deliver value to health IT stakeholders nationwide, and increasing the efficiency and effectiveness of Agency operations.

ONC's performance management strategy consists of four phases: (1) Priority Setting, (2) Strategic Planning, (3) Financial and Performance Management, and (4) Evaluation, Review, and Reporting. Activities aligned to these four phases are coordinated by a workgroup of ONC's leaders who represent the agency in strategy, planning, performance, financial and human capital resources, operations, risk management, data analysis, and program/policy evaluation.

ONC's performance and management processes incorporate requirements from law, procedures from Office of Management and Budget (OMB) circulars, and a range of best practices endorsed by Congress, oversight, and advisory groups. Example resources that provide a foundation for ONC's management process include:

- Foundations for Evidence-Based Policymaking Act (Public Law 115-435)
- Program Management Improvement Accountability Act (Public Law No: 114-328)
- Government Performance and Results Act of 1993 and the GPRA Modernization Act of 2010 (Public Law 111-352)
- Federal Mangers' Financial Integrity Act (FMFIA) of 1982 (Public Law 97-255),
- OMB Circular A-11: Preparation, Submission, and Execution of the Budget ("A-11")
- OMB Circular A-123: Management's Responsibility for Enterprise Risk Management and Internal Control ("A-123")
- Government Accountability Office (GAO) Standards for Internal Control in the Federal Government ("The Green Book")
- Performance Improvement Council's Performance Principles and Practices Guide ("P3 Playbook")

[2] https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-ensuring-a-data-driven-response-to-covid-19-and-future-high-consequence-public-health-threats/

Summary of Performance Information in the Budget Request

This budget includes performance reporting for the current fiscal year and budget planning information for the budget request. The performance information in this request includes a combination of contextual measures that describe the extent of nationwide interoperable health information exchange; and milestones and accomplishments that highlight key information about ONC activities that were or need to be taken to implement statutory requirements.

The contextual measures in the budget reflect the research that ONC conducts with other partners in government to better understand the Nation's health IT landscape. These projects seek to understand the types of health IT capabilities that exist and how those capabilities are being used. The measures included in the budget were selected to provide context for ONC's request *and* demonstrate the long-term impact of ONC's past work. This year's budget request maintains support for several necessary survey and data analysis projects that enable ONC to collaborate with public and private sector partners and meet congressional requirements to evaluate progress toward national goals for interoperable health information exchange.

Impact of Budget Request on Performance

ONC's FY 2024 request is for $103.6 million, a $37.4 million increase from the enacted FY 2023 Budget level and flat with the FY 2023 President's Budget request. The budget increase compared to the FY 2023 enacted level would substantially increase funds available for ONC mission activities including grants, cooperative agreements, and contracts. Consistent with ONC's authorizing legislation, the agency's investments prioritize activities with health IT impacts in the following areas:

- Improve Patient Customer Experience through Better Access to their Health Information
- Improve the Delivery, Experience, and Affordability of Healthcare
- Promote Competition and Choice in Healthcare
- Address Health Equity
- Improve Public Health
- Facilitate Health Research
- Facilitate Coordination across Government and Industry

All-Purpose Table

(Dollars in Millions)

	FY 2022 Final		FY 2023 Enacted		FY 2024 President's Budget		FY 2024 +/- FY 2023	
Activity	$	FTE	$	FTE	$	FTE	$	FTE
Total, ONC Program Level	$64.238	179	$66.238	180	$103.614	180	$37.376	0
Total, ONC Budget Authority	-	-	-	-	-	-	-	-
FY 2023 NEF			6.8000	-				
Certified Health IT Product List			2.000	-				
Health IT.gov			1.800	-				
Inferno Framework Sandbox			3.00	-				

Budget Exhibits

Appropriations Language

For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, **[**$66,238,000**]***$103,614,000* shall be from amounts made available under section 241 of the PHS Act.

Language Analysis

Language Provision	**Explanation**
For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, **[**$66,238,000**]***$103,614,000* shall be from amounts made available under section 241 of the PHS Act.	Provides ONC's budget from PHS Evaluation funding.

Amounts Available for Obligation

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
General Fund Discretionary Appropriation:			
Appropriation (L/HHS)	$64,238,000	$66,238,000	$103,614,000
Subtotal, Appropriation (L/HHS, Ag, or Interior)	$64,238,000	$66,238,000	$103,614,000
Subtotal, Adjusted appropriation	$64,238,000	$66,238,000	$103,614,000
Total, Discretionary Appropriation	$64,238,000	$66,238,000	$103,614,000
Total Obligations	$64,238,000	$66,238,000	$103,614,000

Summary of Changes

FY 2023 Enacted

Total estimated program level $66,238,000

FY 2024 President's Budget

Total estimated program level $103,614,000

Net Change in program level ..... +$37,376,000

	FY 2023 Enacted		FY 2024 President's Budget		FY 2024 +/- FY 2023	
	PL	FTE	PL	FTE	PL	FTE
Increases:						
A. Built-in:						
Annualization of 2023 civilian pay increase	-	-	$1,739,000	-	+$1,739,000	-
Subtotal, Built-in Increases	**-**	**-**	**$1,739,000**	**-**	**+$1,739,000**	**-**
B. Program:						
1. Health IT, PHS Eval	-	-	$35,637,000	-	+$35,637,000	-
Subtotal, Program Increases	**-**	**-**	**$35,637,000**	**-**	**+$35,637,000**	**-**
Total Increases	**-**	**-**	**$37,376,000**	**-**	**+$37,376,000**	**-**
Decreases:						
A. Built-in:						
1. Pay Costs	-	-	-	-	-	-
Subtotal, Built-in Decreases	**-**	**-**	**-**	**-**	**-**	**-**
B. Program						
1. Health IT, PHS Eval	-	-	-	-	-	-
Subtotal, Program Decreases	**-**	**-**	**-**	**-**	**-**	**-**
Total decreases	**-**	**-**	**-**	**-**	**-**	**-**
Net Change	**-**	**-**	**-**	**-**	**+$37,376,000**	**-**

Budget Authority by Activity

(Dollars in Thousands)

Activity	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
1. Health IT			
Annual Budget Authority	$0	$0	$0
Annual Program Level	$64,238	$66,238	$103,614
Subtotal, Health IT	$64,238	$66,238	$103,614
Total, Budget Authority	$0	$0	$0
Total, Program Level	$64,238	$66,238	$103,614
FTE	179	180	180

Authorizing Legislation

Activity	FY 2023 Amount Authorized	FY 2023 Amount Appropriated	FY 2024 Amount Authorized	FY 2024 President's Budget
Health IT				
1. Title XXX of PHS Act as added by the HITECH Act (PL 111-5) and the Cures Act (PL 114-255)	Indefinite	$ -	Indefinite	$ -
Budget Authority	Indefinite	$66,238,000	Indefinite	$ -
Program Level.....		$ -		$103,614,000
Total Request Level		$66,238,000		$103,614,000

Appropriations History

Each Year is General Fund Appropriation	Request to Congress	House Allowance	Senate Allowance	Appropriation
FY 2015				
Annual		$61,474,000	$61,474,000	$60,367,000
PHS Evaluation Funds	$74,688,000			
Subtotal	$74,688,000	$61,474,000	$61,474,000	$60,367,000
FY 2016				
Annual		$60,367,000	$60,367,000	$60,367,000
PHS Evaluation Funds	$91,800,000			
Subtotal	$91,800,000	$60,367,000	$60,367,000	$60,367,000
FY 2017				
Annual		$65,367,000	$60,367,000	$60,367,000
PHS Evaluation Funds	$82,000,000			
Transfers (Secretary's)				$(140,000)
Subtotal	$82,000,000	$65,367,000	$60,367,000	$60,227,000
FY 2018				
Annual	$38,381,000	$38,381,000	$60,367,000	$60,367,000
PHS Evaluation Funds				
Transfers (Secretary's)				($150,000)
Subtotal	$38,381,000	$38,381,000	$60,367,000	$60,217,000
FY 2019				
Annual	$38,381,000	$42,705,000	$60,367,000	$60,367,000
Transfers (Secretary's)				($204,397)
Subtotal	$38,381,000	$42,705,000	$60,367,000	$60,162,603
FY 2020				
Annual	$43,000,000		$60,367,000	$60,367,000
PHS Evaluation Funds		$60,367,000		
Transfers (Secretary's)				($114,000)
Subtotal	$43,000,000	$60,367,000	$60,367,000	$60,253,000
FY 2021				
Annual	$50,717,000	$60,367,000	$60,367,000	$62,367,000
Transfers (Secretary's)				($187,241)
Subtotal	$50,717,000	$60,367,000	$60,367,000	$62,179,759
FY 2022				
PHS Evaluation Funds	$86,614,000	$86,614,000	$86,614,000	$64,238,000
Subtotal	$86,614,000	$86,614,000	$86,614,000	$64,238,000
FY 2023				
PHS Evaluation Funds	$103,614,000	$86,614,000	$66,238,000	$66,238,000
Subtotal	$103,614,000	$86,614,000	$66,238,000	$66,238,000
FY 2024				
PHS Evaluation Funds	$103,614,000			
Subtotal	$103,614,000			

Narrative by Activity

Health IT

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
PHS Eval Funds	$64,238,000	$66,238,000	$103,614,000	+$37,376,000
PL	$64,238,000	$66,238,000	$103,614,000	+$37,376,000
FTE	179	180	180	0

Authorizing Legislation

Legislation…...Title XXX of PHS Act as added by the HITECH Act (PL 111-5) and amended by the Cures Act (PL 114-255)

Enabling Legislation Status ..... Permanent

Authorization of Appropriations Citation ..... No Separate Authorization of Appropriations

Allocation Method ..... Direct Federal, Contract, Cooperative Agreement, Grant

Program Description

ONC was established in 2004 through Executive Order 13335 and statutorily authorized in 2009 by the HITECH Act. ONC's responsibilities for leading national health IT efforts were increased by MACRA in 2015 and again by the Cures Act in 2016. The range of authorities and requirements assigned to ONC through its authorizing and enabling legislation to establish a framework of actions for the agency related to (1) Policy Development and Coordination and (2) Technology Standards, Certification, and Interoperability, and (3) Agency-Wide Support.

In FY 2024, ONC will implement its authorities and requirements to accelerate progress to an interoperable nationwide health IT infrastructure by:

1. Promoting *seamless, secure information-sharing* among providers, patients, and other healthcare stakeholders using modern, open-industry, internet-based technologies that can accommodate patient choices and privacy preferences
2. Building on federal investments in electronic health records *to improve the access, exchange, and use of electronic health information* in ways that support patient's privacy preferences and advance quality, equitability, safety, efficiency, accessibility, and affordability of US healthcare
3. Enabling an *open health IT ecosystem* to ensure a level playing field for innovation and competition to support health IT users, including patients
4. Furthering *universal access to secure, usable information exchange technologies* through nationwide networks and application programming interfaces (APIs)
5. Fostering the use of health IT and health information to identify and address *health equity* issues in healthcare delivery, public health, and population health
6. Facilitating the *success of federal programs* through the effective use of health IT and health information

Sub Activities at ONC [3]

ONC's authorities and requirements are implemented through a budget and organizational structure emphasizing the following key components:

Policy: Development and Coordination

Within the Office of Policy, ONC undertakes a range of policy development and coordination activities under relevant statutes and executive orders, including: (1) policy and rulemaking activities, such as writing the rule text to implement the Cures Act; (2) supporting ONC's domestic policy initiatives; (3) coordinating with executive branch agencies, Federal commissions, advisory committees, and external partners; (4) conducting analysis and evaluation of health IT policies for ONC and HHS, including in the areas of interoperability, information blocking, care transformation, privacy and security, and quality improvement; and (5) operating the Health IT Advisory Committee (HITAC), established in the Cures Act.

Technology: Standards, Interoperability, and Certification

Within the Office of Technology, ONC undertakes a range of coordination, technical, and program activities including: (1) executing provisions of law including those in the HITECH Act, MACRA, and the Cures Act; (2) providing technical leadership and coordination within the health IT community to identify, evaluate, and influence the development of standards, implementation guidance, and best practices for standardizing and exchanging electronic health information; (3) coordinating with Federal agencies and other public and private partners to implement and advance interoperability nationwide; (4) leading the development of electronic testing tools, resources, and data to achieve interoperability, enhanced usability, and aid in the optimization of health IT; (5) administering the ONC Health IT Certification Program, including the Certified Health IT Product List; and (6) leveraging a team of medical professionals and information scientists that provide leadership to ONC's technical interoperability interests and investments.

Agency-Wide Support

Led by the Immediate Office of the National Coordinator and the Office of the Chief Operating Officer, ONC undertakes a range of agency-wide support activities, including providing overall leadership, executive, strategic, and day-to-day management direction for the ONC organization. Agency-wide support also includes a team of expert clinician advisors who support the National Coordinator and ONC policy and technology leadership; scientific advisors who support leveraging standardized clinical data to advance discovery and innovation; a stakeholder outreach and media relations function, including management of HealthIT.gov; and the agency's operations and administration functions.

[3] For a more complete explanation of the alignment of ONC's organizational chart to its responsibilities, see the May 2018 Statement of Organization, Functions, and Delegations of Authority; Office of the National Coordinator for Health Information Technology: https://www.federalregister.gov/documents/2018/05/02/2018-09361/statement-of-organization-functions-and-delegations-of-authority-office-of-the-national-coordinator.

Agency Background

Since its establishment by Executive Order 13335 in **2004**, ONC has been tasked with providing leadership to stakeholders across the Federal Government and the healthcare and health IT industries in the shared effort to advance nationwide implementation of an interoperable health IT infrastructure.[4] At its inception, ONC's primary efforts focused on strategic planning, building a Nationwide Health Information Network, supporting health IT certification, and stimulating collaboration on health IT standards among a growing network of federal agencies interested in health IT.

After 5 years of progress implementing its founding mission, Congress statutorily authorized ONC when it enacted the HITECH Act of **2009**. The Act codified the responsibilities outlined in the Executive Order and provided ONC and Centers for Medicare & Medicaid Services (CMS) with financial resources to incent and guide the development and adoption of a more comprehensive nationwide health IT infrastructure via the Medicare and Medicaid EHR Incentive Program, commonly referred to as "meaningful use." During the time that CMS and ONC implemented HITECH programs, the availability and use of certified EHR technology significantly increased, and EHR adoption among hospitals and office-based professionals increased to more than three quarters.[5]

Throughout **2014-15**, ONC built upon the Nation's momentum toward widespread health information interoperability and its position of leadership by working closely with stakeholders to develop and publish a *Shared Nationwide Interoperability Roadmap*. The *Roadmap* was developed through extensive coordination across the government and industry. It was supported widely for its more than 150 detailed commitments and calls to action.[6]

While nationwide stakeholders worked to implement commitments in the *Roadmap,*[7] in **2015** Congress placed further emphasis on achieving widespread interoperability in MACRA. With MACRA introduced, the Medicare EHR Incentive Program for eligible professionals was transitioned to become one of the four components of the new Merit-Based Incentive Payment System (MIPS), which itself is part of MACRA. CMS's implementation of MACRA, and ONC's continued progress to fulfill requirements outlined in HITECH and MACRA, contributed substantially to the progress of nearly all hospitals and three quarters of physicians using certified EHRs.[8]

In **2016**, the Nation's health IT agenda received continued congressional direction through the landmark 21st Century Cures Act, which addressed key barriers to interoperability. Among the Cures Act requirements, Congress charged ONC with enhancing its Health IT Certification Program to require modern standards-based APIs and in parallel prevent anti-competitive business practices related to the access, exchange, and use of electronic health information, which are now referred to as "information blocking." The bipartisan goal was to promote friction-free information-sharing among providers and other healthcare delivery actors, and with patients. We expect increased information-sharing will benefit

4 Executive Order 13335: https://www.gpo.gov/fdsys/pkg/WCPD-2004-05-03/pdf/WCPD-2004-05-03-Pg702.pdf.
5 Hospitals: https://dashboard.healthit.gov/evaluations/data-briefs/non-federal-acute-care-hospital-ehr-adoption-2008-2015.php. Physicians: https://dashboard.healthit.gov/quickstats/pages/physician-ehr-adoption-trends.php.
6 https://www.healthit.gov/topic/interoperability/interoperability-road-map-statements-support.
7 https://www.healthit.gov/sites/default/files/12-19-YearInReviewPrezi-508-LowRes.pdf.
8 https://www.healthit.gov/buzz-blog/health-data/numbers-progress-digitizing-health-care/

the entire healthcare system by opening new technology approaches and business models that also directly engage patients themselves.

In **March 2020,** ONC released the Cures Act Final Rule which seeks to improve the healthcare delivery system by addressing the technical barriers and business practices that impede the secure and appropriate sharing of data. A central underpinning of the Rule is to facilitate providers' and patients' access to their electronic health information and empower their healthcare decisions.

In 2021, ONC's critical role and leadership in modernizing the Nation's public health infrastructure and pandemic response was recognized and leveraged when Administration leadership prioritized limited resources from the American Rescue Plan (Public Law No: 117-2)[9] and CARES Act (P.L. 116–136) to fund ONC-led programs to spur innovation and equity in health IT professions, to advance health information interoperability through public health standards development and information exchange pilots.

In January 2022, ONC launched the **Trusted Exchange Framework and Common Agreement (TEFCA)** program, a public-private nationwide network for secure exchange of electronic health information[10]. TEFCA establishes a common legal agreement and technical standards for health information networks to connect with each other more easily, similar to the way the cell phone networks connect. In February 2023, a first set of health information networks were approved to implement TEFCA as prospective Qualified Health Information Networks (QHINs). Collectively, the QHIN applicants have networks that cover most U.S. hospitals, tens of thousands of providers, and process billions of annual transactions across all fifty states. This is a significant step for the U.S. health system and one that will advance interoperability at scale for patients, health care providers, hospitals, public health agencies, health insurers, and other authorized health care stakeholders.

[9] HHS Announces $80 million in American Rescue Plan Funding to Strengthen U.S. Public Health IT, Improve COVID-19 Data Collection, and Bolster Representation of Underrepresented Communities in Public Health IT Workforce | HHS.gov

[10] ONC Completes Critical 21st Century Cures Act Requirement, Publishes the Trusted Exchange Framework and the Common Agreement for Health Information Networks | HHS.gov

Budget Request

ONC's FY 2024 request is $103.6 million. This request is flat with the FY 2023 President's Budget request and a +$37.4 million (56.4 percent) increase above the FY 2023 Enacted Level. Of the +$37.4 million increase above the Enacted level, $18.0 million will be allocated to Policy Development and Coordination efforts for interoperability policy work that will accelerate the exchange of information between health information networks by establishing common principles, terms, and conditions through TEFCA; and $18.1 million will be allocated to Standards Coordination and Collaboration efforts to target Federal coordination activities to further an equity-by-design approach to increase interoperability and improve health equity. The request also includes an additional $1.2 million to allow ONC to support their staff and operational activities needed to keep pace with the agency's growing responsibilities.

The FY 2024 budget request outlines activities required by the Cures Act, MACRA, and HITECH Act, and advances ONC's longstanding commitment to engage and respond to the needs of patients, providers, federal agencies, state/territorial/local/tribal public health agencies, and researchers who rely on health IT. ONC's FY 2024 request supports continuously expanding work to advance the technical infrastructure necessary to support safe, equitable, and affordable healthcare; implement Cures Act requirements; and improve the interoperability of electronic health information.

Policy Development and Coordination

ONC's FY 2024 Budget Request reflects ONC's continued commitment to achieving the Nation's goals by effectively implementing available policy and coordination levers mandated by and necessary to fulfill requirements outlined in the Cures Act, MACRA, and HITECH Act; and work to promote health equity and reduce health disparities. This budget includes an increase of $18.0 million above the Enacted Level to fund interoperability policy work which will accelerate the exchange of information between health information networks by establishing common principles, terms, and conditions through TEFCA, and build the future healthcare data infrastructure needed to better respond to and prepare for public health emergencies.

ONC's progress in promoting and advancing nationwide interoperability depends on the coordinated action of its stakeholders, and the Budget request conveys how ONC will work closely with partners to advance toward these goals through health IT policy development and coordination.

Planned activities within ONC's FY 2024 policy development and coordination portfolio include:

Policy Development and Support

- **Interoperability Policy –** ONC will continue to lead implementation of TEFCA within the constraints of our existing budget. No additional funding was provided as part of the Cures Act nor subsequent appropriations to address the necessary scale and annual stewardship costs necessary to administer this nationwide initiative. ONC's work on TEFCA seeks to create baseline legal and technical requirements to enable secure information sharing across different healthcare networks nationwide.

  In FY 2024, following the publication of the Common Agreement version 1 in January 2022, ONC will promote and accelerate the adoption of TEFCA by a wide range of healthcare entities, including major delivery networks and health information exchanges.

Increased funding will position ONC to make TEFCA-related investments to build the future healthcare data infrastructure needed to better respond to and prepare for public health emergencies, including the COVID-19 pandemic.

The effort will accelerate adoption of and wider-scale participation in TEFCA, meaning that patients and providers will have access to more data within electronic health records, resulting in better care and broad reaching impacts to public health. It will also mean that data service companies will be able to offer more accurate and more useful data analytics for providers and payers, resulting in better quality and reduced healthcare costs.

ONC will dedicate funding for the TEFCA Recognized Coordinating Entity (RCE)—ONC's non-profit partner that leverages its extensive private sector experience to develop, implement, update, and maintain the Common Agreement component of TEFCA—to accelerate work expanding network privacy and security enforcement and oversight. This is especially critical because healthcare networks, similar to other parts of the nation's critical infrastructure (e.g., transportation and energy sectors), are under increasing cyber threat. This funding will also help support and advance technical implementations of more advanced features and interoperability standards like HL7 ® FHIR ®.

ONC will seek to provide targeted resources for TEFCA to support state, territorial, local, and tribal public health agencies that are seeking improved public health outcomes to leverage the entirety of the TEFCA network.

- **Rulemaking –** A central underpinning of all ONC rulemakings is to facilitate providers' and patients' access to electronic health information and empower them to make better healthcare decisions. ONC will continue to administer rules that advance interoperability and support the access, exchange, and use of electronic health information.
- **Usability and Burden Reduction –** ONC will seek to advance implementation of recommendations included in the Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs.
- **Privacy and Security –** ONC will continue to work closely with the HHS Office for Civil Rights (OCR) in response to Cures Act requirements and to address emerging challenges related to the intersection of HIPAA Privacy and Security Rules with health IT. ONC remains unwavering in its long-standing goal to promote and ensure secure patient access to, and exchange of, electronic health information. A fundamental part of ONC's interoperability efforts is ensuring the privacy and security of patient data. ONC also continues to partner with industry stakeholders to advance privacy and security education.
- **EHR Reporting Program –** ONC intends to implement the EHR Reporting Program's condition of certification for certified health IT developers via notice and comment rulemaking. ONC will establish the necessary program infrastructure to support data collection and reporting of the EHR Reporting Program measures by certified health IT developers. Data collected and reported under the program will address information gaps in the health IT marketplace and provide insights on how certified health IT is being used. ONC anticipates the initial set of EHR Reporting Program measures will be interoperability focused.

Stakeholder Coordination

- **Federal Coordination –** ONC will continue leading and engaging agencies which contribute to the Federal Health IT Strategic Plan[11] and participate in the Federal Health IT Coordinating Council. Within these collaborative forums, ONC will prioritize projects required by the Cures Act, MACRA, and HITECH Act, including work with CMS to reform payment policy and programs, and to engage stakeholders to support provider participation; with HHS OCR to ensure and promote secure patient access to electronic health information and the privacy and security of health IT; and with the HHS Office of the Inspector General, Federal Trade Commission, and Department of Justice to define and enforce standards for data sharing and prohibiting information blocking.

  Federal coordination efforts will also focus on expanding the USCDI standard and the new ONC initiative called USCDI+ to support the identification and establishment of domain or program-specific datasets that will operate as extensions to the existing USCDI. The USCDI+ initiative includes USCDI+ Public Health which standardizes public health datasets to improve the U.S. public health data infrastructure; and USCDI+ Quality which improves quality data sets to enhance the consistency and applicability of measures for providers.

  ONC is currently coordinating with 16 federal entities on USCDI and USCDI+. USCDI+ is a service that ONC will provide to federal partners who have a need to establish, harmonize, and advance the use of interoperable datasets that extend beyond the core data in the USCDI in order to meet agency-specific programmatic requirements. This approach will allow ONC to better serve its federal partners, assure that extensions build from the same core USCDI foundation, and create the opportunity to align similar data needs across agency programs. USCDI+ efforts for quality measurement and public health are starting with the Centers for Medicare & Medicaid Services and Centers for Disease Control and Prevention, and more may be added. In addition to USCDI-specific coordination, ONC will continue to coordinate with over 20 federal entities to accelerate the development and use of the FHIR® standard to address electronic health information exchange needs of federal agencies. Other time limited and topic focused workgroups administered under the Federal Health IT Coordinating Council include TEFCA, digital health innovations, and federal health IT systems.

- **Federal Advisory Committee –** ONC will continue to lead and engage the HITAC to inform the development of Federal health IT policies and the implementation of its programs impacted by the policies and HHS and Administration priorities. HITAC consists of over 25 members and six federal representatives. In FY 2022, ONC convened the HITAC 10 times and held 60 subcommittee meetings. HITAC provided over 130 recommendations.[12] In addition to requirements that the HITAC annually addresses updates to the USCDI standard and priority ONC Interoperability Standards Advisory (ISA) interoperability needs, the HITAC workgroups and recommendations also addressed a range of priority issues, including public health data systems, health equity by design, information blocking, TEFCA, EHR Reporting Program.

[11] https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan
[12] https://www.healthit.gov/topic/federal-advisory-committees/recommendations-national-coordinator-health-it

- **Health IT Safety –** ONC will continue to help address emerging health IT safety challenges and foster the development of tools — such as standards, and evidence-based practice guidance — to help healthcare providers more effectively use health IT to deliver safe care to all their patients.

Strategic Planning and Reporting

- **Federal Health IT Strategic Planning –** In FY 2024, ONC will continue work on the next update of the Federal Health IT Strategic Plan in consultation with the Federal Health IT Coordinating Council. ONC will continue to implement the 2020 – 2025 Federal Health IT Strategic Plan during FY 2024, regularly collaborating with key stakeholder groups (including Congress and the public) to monitor and report progress of priority activities. Key activities include, but are not limited to:
    - Convening federal and industry stakeholders to understand health IT and interoperability needs.
    - Monitoring and reporting progress on the Plan.
    - Coordinating with federal and industry stakeholders on critical health IT infrastructure efforts related to APIs, USCDI, FHIR, information blocking, and electronic health information exchange.
- **Congressional Reports –** ONC will continue to meet requirements for preparing and submitting annual reports to Congress, including the HITECH Annual Report describing actions taken to address barriers to accomplishing national health IT goals, and to support the HITAC in producing its Annual Report describing progress toward priority target areas identified in the Cures Act related to interoperability, privacy and security, and patient access. The HITECH Annual Report provides an update on progress against the Federal Health IT Strategic Plan.

Standards, Interoperability, and Certification

In FY 2024, ONC will continue to meet statutory requirements and advance progress toward national goals for equitable, widespread interoperability, which includes implementing the Cures Act related activities and impacts of ONC's rulemaking. The request includes an additional $18.1 million in funding above the FY 2023 Enacted level for standards coordination and adoption activities, such as enhancements to ONC's Health IT Certification Program, which will implement changes enacted by the Cures Act and ONC's subsequent rulemaking activities. It also includes an increase in funding for improving interoperability among health information networks to enable them to participate more comprehensively in TEFCA and adapt to the new standards and implementation guides developed to support FHIR-based exchange. The standards advancement work led by ONC will enhance the technical infrastructure necessary to support the Administration's goals related to an equitable and data-driven response to the pandemic.

The request also supports the Conditions of Certification program requirements contained in section 4002 of the Cures Act; standards development and coordination work that promotes equity by design; development, promotion, and adoption of common standards, with a focus on next generation privacy, security, and interoperability standards; integration of social and behavioral data into electronic health records; improving patient matching; and promoting interoperability of data for nationally relevant issues

included opioid use. These efforts help to respond to the COVID-19 pandemic and are integral to responding to future public health emergencies.

Health IT Certification, Testing, and Reporting

- **ONC Health IT Certification Program –** ONC will continue to operate the Certification Program according to statutory requirements. The Certification Program implements the Cures Act Final Rule requirements and exists to ensure the technical specifications identified in the Rule are met by health IT developers. ONC will make updates to the Certified Health IT product list and testing tools and continue to implement the Conditions of Certification program requirements from section 4002 of the Cures Act, which necessitates substantial program oversight change.

  In FY 2024, ONC will continue to oversee the ONC-Authorized Testing Labs and ONC-Authorized Certification Bodies, and maintain a library of required certification companion guides, test procedures, and electronic test tools to support developers with creating certified health IT.

  Increased funding will go towards certification work to implement the Cures Act Final Rule which supports the right of the patient to access their own health information electronically. The funds will be used to expand ONC's investment in a robust testing infrastructure that is used by the ONC-Authorized Testing Labs to ensure health IT industry meets the requirements of the Cures Act. Several new capabilities have been identified in the Cures Act Final Rule, including expanding availability of equity enhancing health information for patients and providers, which will require continued advancement of the API by the health IT industry. ONC's investment in robust testing infrastructure enables the health IT industry to focus their investments on improving health IT rather than duplicating testing infrastructure across all of the industry. ONC testing is also now a critical part of the feedback standards developers receive to improve standards. Testing generates direct, hands-on implementation experiences and ONC uses those insights to work with stakeholders to enhance future standards versions. Funding at these request levels enables ONC to develop new testing tools for future certification program requirements including but not limited to prior authorization, real time prescription drug benefits, and public health certification.

- **Performance Measurement –** ONC will conduct research and analyses to assess the degree to which ONC is advancing an interoperable nationwide health IT infrastructure by meeting its objectives. This includes continuing support for evidence-building activities such as national surveys related to the development, adoption, and use of health IT to advance the implementation of ONC authorities and responsibilities for strategic planning and evidence-based policy making.

Standards Development and Technology Coordination

- **Standards Development Coordination –** ONC will continue to play a key role as a leader and convener of the health IT community to identify and curate the standards, implementation specifications, and common approaches to enable secure, equitable, and interoperable health IT systems. The standards and interoperability work led by ONC advances the technical infrastructure necessary to support the Administration's goals to move healthcare to a more equitable future. To do this, ONC will continue to coordinate with industry led standards

development organizations and promote innovative industry-led equity by design, projects that improve adoption of mature standards, implement secure APIs, and promote standardized approaches for population level access to health data. Specific projects in the FY 2024 budget include:

- Promoting the use of health IT and health information to address health equity, healthcare delivery, and public health issues by accelerating the readiness of interoperability standards for adoption, and enhancing the USCDI by adding data elements to support those efforts.
- Coordinating standards awareness and use through the publication and maintenance of the Interoperability Standards Advisory (ISA), a resource in its 10th edition that organizes health information standards, models, and profiles into more than 60 sub-sections divided by topic/use (e.g., public health, patient information, coordination, clinical care, administration).
- Ensuring that the next generation of privacy and security standards are primed for widespread adoption by coordinating the development, testing, piloting, and refining of them as the nation progresses to widespread adoption of secure APIs in healthcare, which is a key component of making healthcare more equitable.
- Addressing health IT interoperability challenges related to social and behavioral health information to support healthcare.

With the increased funding requested in the FY 2024 Budget, ONC will further invest in identifying additional equity focused data elements and engaging with and investing in the appropriate standards development organizations to create, refine, and release updated standards. In parallel, ONC will work with appropriate stakeholders to rapidly pilot such standards and evaluate their potential for broader adoption. This includes:

- Addressing gaps and challenges related to social determinants of health (SDOH) standards – including social service data among managed by stakeholders and across federal programs. ONC will take an equity-by-design approach to advance the use of interoperable, standardized data to represent social needs and the conditions in which people live, learn, work, and play. Health data, including data on race/ethnicity and SDOH, can help to identify health disparities and to inform efforts to improve health outcomes at an individual and population level.
- Continuing work on integrating SDOH and human and social services data to help improve the health outcomes and the patient experience.

- **Demonstrations and Pilots –** ONC will expand and continue to sponsor demonstration projects and pilots that address fast emerging and future challenges to advance the development and use of interoperable health IT. It is critical that the field of healthcare innovate and leverage the latest technological advancements and breakthroughs far quicker than it currently does to optimize real-time solutions. This includes expanding and advancing demonstration sites and pilots under the Leading Edge Acceleration Projects (LEAP) program. The goal of the LEAP program is to advance health IT development as well as to inform the innovative implementation and

refinement of standards, methods, and techniques for overcoming major barriers and challenges. LEAP in Health IT projects tackle the creation of new standards, methods, and tools to improve care delivery and advance research capabilities. Through this work, ONC will support real world demonstrations and pilots around health equity, public health, APIs, research, and social determinants of health data exchange through this work.

Science and Innovation

- **Scientific Initiatives –** ONC will continue to foster advancement of health IT by identifying and participating in using innovative technologies such as artificial intelligence (AI) and machine learning. ONC will work closely with stakeholders in the scientific research community to connect their goals and interests to the advancement that ONC has fostered, including standards work in precision medicine. More specifically, ONC will continue to lead and drive the efforts around standardizing and broad adoption of genomic information among laboratories, providers, patients, and researchers.
- **Innovation –** The HITECH Act and reinforced by the Cures Act identifies ONC as a leading agency for advancing interoperability, competition, and innovation in the health IT ecosystem. In FY 2024, ONC will continue to coordinate with stakeholders to develop health IT standards that advance interoperability in less mature areas. This includes leading and working with industry and partners around patient generated health data used by clinicians and researchers and innovative approaches/tools to capturing and integrating data from remote monitoring devices and wearables in EHR systems. It also includes, where applicable, the administration of prize competitions and other industry spotlight engagements to advance novel approaches, standards, and technologies.

Agency-Wide Support

The FY 2024 budget request reflects ONC's commitment to advancing progress toward national goals for widespread interoperability. The budget request includes an increase of $1.3 million to support HHS's shared costs for shared services, physical and IT security, and legal support. The request also includes communications and engagement, and ONC management activities.

- **Communications and Engagement** – In FY 2024, ONC will continue to maintain its statutorily required website https://HealthIT.gov/ as a key method of coordinating and disseminating best practices to common challenges facing health IT policymakers, providers, and consumers. ONC will also continue to maintain a required repository of Federal Advisory Committee meeting documents at https://HealthIT.gov/HITAC.
- **Management and Governance –** In FY 2024, ONC will continue to implement and improve its existing strategic and operational management processes. ONC's FY 2024 budget request includes funding for the HHS's shared costs, including fees for financial and grants management systems, contract management, and ONC's office space located in HHS's Southwest Complex. ONC will continue to identify opportunities for savings and efficiencies by improving the management of central costs through negotiations with service providers.

Five Year Funding History

Fiscal Year	Amount
FY 2020 Enacted	60,367,000
FY 2021 Enacted	62,367,000
FY 2022 Enacted	64,238,000
FY 2023 Enacted	66,238,000
FY 2024 President's Budget	103,614,000

Major Accomplishments

ONC's longstanding policy and technology work to enable and advance interoperability, standardization, health information exchange, and the use of ONC-certified health IT has created a digital health foundation now used by the entire health system.

In the context of ONC's short but storied 20-year history, recent activities that culminated during FY 2022 and have substantially advanced industry progress include:

- TEFCA was launched and made fully operational with respect to version 1 of the Common Agreement.
- The full scope of the information blocking regulations compliance requirements became applicable.
- ONC was formally charged to implement processes to coordinate HHS agency investments and policies that intersect with standards and interoperability.
- ONC helped coordinate health equity related initiatives within HHS and across industry.

The following impact featurettes demonstrate the effects of continued support for ONC activities in standards, certification, health information exchange, and coordination, and demonstrate the imperative to increase funding to ONC to carry out its statutory responsibilities that have grown as the budget remained flat.

IMPACT Improving Healthcare Delivery, Experience, and Affordability

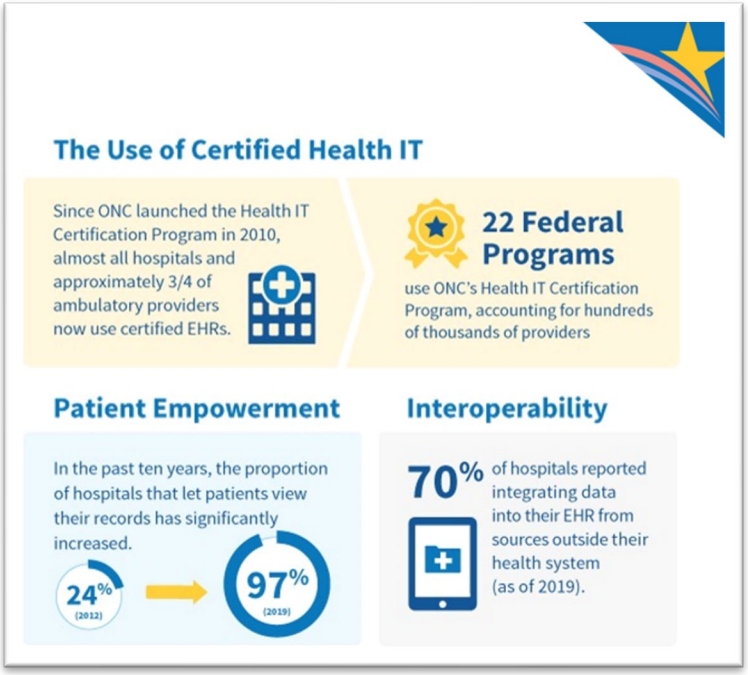
ONC and the industry have worked for more than a decade to create the foundational policy and technical infrastructure needed for a 21st century health system where electronic health information can securely, appropriately, and easily flow wherever and whenever needed to improve healthcare quality, safety, efficiency, affordability, and equity. The passage of the HITECH Act and the 2011 launch of the Medicare and Medicaid EHR Incentive Programs were pivotal events in health IT. Then began the historic, nationwide effort to rapidly convert our healthcare delivery system from paper to electronic health records (EHRs). Through large public and private financial investments, as well as enormous effort from healthcare provider organizations and technology developers, most hospitals and physician practices now use EHR systems.

EHR adoption was just a first step toward delivering on the promise of a modern, digital healthcare system. The passage of the Cures Act allows us to now build on that foundation to establish a "digitally native" healthcare system of the future. In April 2021, the information blocking provisions of ONC's Cures Act Final Rule went into effect requiring that all "covered actors"[13] engage in information sharing or be subject to applicable consequences.[14] Effective October 2022, covered actors are expected to share electronic health information (as defined under the Cures Act Final Rule), which will provide richer insight to inform patient care and open new horizons for modernization across the entire healthcare continuum. The rule also requires API standardization, which will make information sharing easier among clinicians with certified EHR systems and open new opportunities for innovation through technology-enabled products and services. The business and technical advancement that the Cures Act Final Rule brings to reality firmly establishes APIs and apps as core drivers of enhanced access, functionality, and user experience in healthcare interoperability.

On January 18, 2022, ONC launched the TEFCA program, a public-private nationwide network for secure exchange of electronic health information[15]. TEFCA establishes a common legal agreement and technical standards for health information networks to connect with each other more easily, like the way the cell phone networks connect with each other. By establishing foundational policies and invoking non-proprietary technical standards for interoperability of a common minimum dataset of information, TEFCA established a universal floor of interoperability across the country, ensuring that patients and healthcare stakeholders have baseline health information exchange capabilities regardless of where they are, and access to innovative value-added services that may be built on top of the TEFCA platform. TEFCA also offers the opportunity to bring together under a single umbrella interoperability for patients, providers, payers, and public health, all of which are siloed today. The initial permitted purposes for TEFCA exchange include treatment, payment, healthcare operations, individual access services, public health, and government benefits determination.

[13] Cures Act Final Rule: Information Blocking Actors Fact Sheet
[14] Pub. L. No. 114-255, Sect. 4004, 130 Stat. 1176 (2016)
[15] ONC Completes Critical 21st Century Cures Act Requirement, Publishes the Trusted Exchange Framework and the Common Agreement for Health Information Networks | HHS.gov

IMPACT | Promote Competition and Choice in Healthcare



Information sharing is fuel for innovation. As necessary, ONC continues to develop and implement new and updated regulations to guide industry practices to promote information sharing and address anti-competitive actions that undermine public and private sector investments in the nation's health IT infrastructure. ONC's programs and health information exchange policies, including those incorporated into the ONC Health IT Certification Program, encourage the access, exchange, and use of electronic health information by patients and providers for care delivery. ONC's work to implement the Cures Act has further cemented this progress and established the expectation that standards-based API functionalities are built into health IT to support patient access, innovative healthcare provider uses, and analyses by authorized third party business partners. The Certification Program's regulatory framework also supports healthcare providers' ability to integrate apps of their choosing into their EHR systems, much in the same way that one downloads apps onto a smartphone, which will be important to improving the usability of EHR systems and reducing provider burden. Opening more doors to EHR data via modern APIs will lead the U.S. healthcare system on the same path as other modern data-centric industries (e.g., banking, e-commerce, travel).

A critical counterpart to the API-enabled foundation enabled by ONC's Certification Program is the establishment of policies that promote nationwide health information exchange (e.g., information blocking regulations and TEFCA) and establish clear expectations for data exchange.

Underlying TEFCA and information blocking regulations is the US Core Data for Interoperability (USCDI) standard, a "minimum dataset" of standardized health data elements for nationwide, interoperable health information exchange. Over 90 percent of ambulatory physicians and hospitals in the U.S. use health IT products certified by ONC's Health IT Certification Program, which are required to support capture, export, and import of the USCDI data elements according to non-proprietary, ONC-identified standards.

Rollout and support for the maturation of TEFCA and USDCI activities, and continued support for the Health IT Certification Program have made significant positive impacts on competition in healthcare by establishing common technology, principles, terms, and conditions to facilitate trust and exchange between health information networks. This trust will drive down the cost of exchange partnerships, and if properly resourced over time to support adoption, will enable near universal connectivity among providers, payers, public health entities, individuals, and researchers to share data across health information networks.

IMPACT | Improve Patient Access to their Health Information

ONC's patient empowerment policies and administration of the ONC Health IT Certification Program over the years has helped lead HHS and the nation's healthcare providers and health systems through rapid and widespread electronic health record (EHR) adoption.[16] In so doing, this work has also opened the door to EHRs so patients can access their information electronically through computers and mobile devices, and created a modern, platform-based foundation in healthcare that enables patients, providers, payers, and public health agencies to use modern internet apps to securely use health information in actionable ways.[17] In the last few years, major technology companies, including Amazon, Apple, Google, Microsoft, and many start-ups have rolled out products that built upon ONC standards and certification requirements, including the Health Level Seven (HL7®) FHIR® standard,[18] ushering in unprecedented patient access to health records leveraging modern computing technology.

Alongside this progress, ONC's work with HHS partners at CMS and OCR continues to guide the development of responsive patient access policies and educational materials, including the Patient Engagement Playbook. As the health IT marketplace continues to evolve to be more app-centric, ONC's programs, policy development, and technology coordination activities have worked to keep market forces focused on serving the patient-first. Guided by implementation of the Cures Act, ONC's work has led to the establishment of the U.S. Core Data for Interoperability (USDCI) standard that includes standardized data elements for information relevant to patients (e.g., medication lists, test results, immunizations) as well as a regulatory and oversight framework to identify and adjudicate anti-competitive "Information Blocking" practices among healthcare providers, developers of certified health IT, and health information networks/health information exchanges. Continued implementation and enforcement of the information blocking regulations will make information sharing practices (that is, practices that do not interfere with access, exchange, and use of electronic health information) a priority across the industry and enable patients to obtain their electronic health information without special effort.

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16 Virtually all non-federal acute care hospitals and over 75 percent of healthcare providers have ONC certified health IT in their care setting.

17 The ONC Health IT Certification Program requires patient access via API to key health information (e.g., allergies, test results, notes)

18 Over the years, ONC has invested about $15 million in budget authority in collaborations with and connected to HL7 to develop, demonstrate, and expand FHIR.

IMPACT Facilitate Coordination across Government and Industry

ONC has a long history of collaboration with a vast network of health IT stakeholders. As the *National Coordinator* for health IT, ONC policies and programs are intentionally designed to incorporate feedback from public and private stakeholders while looking for ways to achieve a maximum benefit for all. The value that partners place on ONC's role is demonstrated by the broad involvement of stakeholders in ONC's collaborative mechanisms, including ONC's leadership of 40+ federal agencies that committed to implementing the Federal Health IT Strategic Plan, 35+ agencies that actively participate in ONC's Federal Health IT Coordinating Council, as well as 21 programs and multiple agencies that depend on the ONC Health IT Certification Program and USCDI standard for their program work.

In October 2021, ONC launched a new initiative for federal partners, the USCDI+ to support the identification and establishment of domain or program-specific datasets that will operate as extensions to the existing USCDI. USCDI+ is a service that ONC provides to federal partners who have a need to establish, harmonize, and advance the use of interoperable datasets that extend beyond the core data in the USCDI to meet agency-specific programmatic requirements. This approach allows ONC to better serve its federal partners, assure that extensions build from the same core USCDI foundation that the healthcare delivery system already supports, and create the opportunity for aligning similar data needs across agency programs. USCDI+ efforts for quality measurement and public health have started with Centers for Medicare & Medicaid Services, Centers for Disease Control and Prevention, and Health Resources and Services Administration with more to be added once the program is more firmly established.[19]

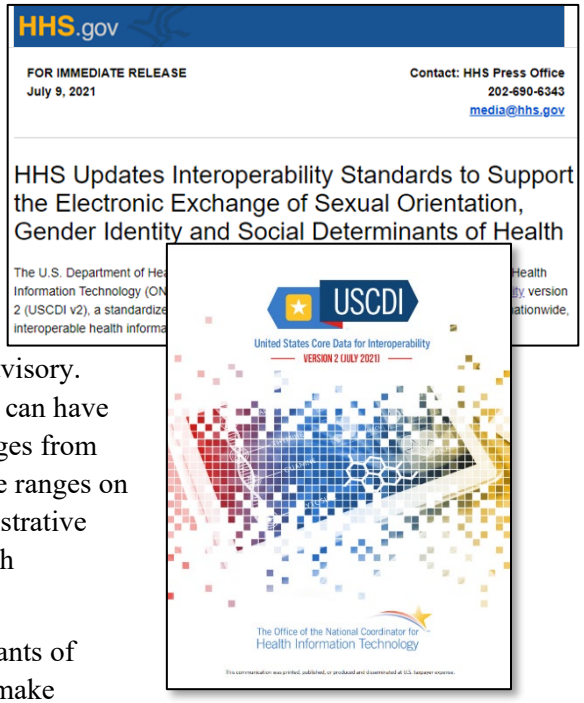
ONC's collaborative leadership is driven by partners' active engagement and the trusted feedback given by a Federal Advisory Committee – the Health IT Advisory Committee (HITAC) – that continued coordinating routine input on health IT policies and programs in 2022. The HITAC brings the talents of a group of 27 health IT experts and 6 federal representatives, reflecting a broad and balanced spectrum of the healthcare system to ONC policies and programs.[20] Since inception, the HITAC has made over 150 insightful recommendations influencing ONC's actions. The HITAC's expert recommendations were the product the diverse HITAC membership, and an efficient FACA administration infrastructure maintained by ONC, convening more than 375 public meetings, 45 full Committee meetings, and 324 Subcommittee meetings spanning 18 critical Congressional and ONC health IT priority activities.[21]

ONC's leadership and influence in health IT continued to expand globally in 2022 as the agency took a new leadership role as Executive Secretariat and Chair of the Global Digital Health Partnership (GDHP) for a 2-year term. As part of the GDHP, ONC helps lead member nations to advance the International Patient Summary standard, an EHR minimum dataset containing essential healthcare information intended for use in unscheduled, cross-border care scenarios.

[19] USCDI+
[20] HITAC Membership
[21] HITAC Highlights Infographic 2023 (healthit.gov)

IMPACT | Addressing Health Equity by Design

ONC efforts to standardize interoperable health data is central to the Administration's and HHS's plans to promote health equity and prioritize "equity by design" as part of public health and healthcare programs administration. In particular, the Secretary has charged ONC with evaluating algorithmic bias and its implications for health equity when it comes to the implementation and use of health IT.[22] ONC's future impact and leadership in the areas of artificial intelligence, machine learning, and algorithmic bias is poised to be substantial because EHR data is now a common source feeding this innovative work.


HHS.gov

FOR IMMEDIATE RELEASE
July 9, 2021

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Updates Interoperability Standards to Support the Electronic Exchange of Sexual Orientation, Gender Identity and Social Determinants of Health

The U.S. Department of He... Health Information Technology (ON... version 2 (USCDI v2), a standardize... nationwide, interoperable health informa...

HHS's work in health equity is substantially advanced by ONC's continued data standardization efforts, including a recent work to incorporate sexual orientation and gender identity (SOGI) data into the USCDI and the Interoperability Standards Advisory. The meaning, context, and expected use of sex and gender identity can have substantive quality and safety impacts on a person's care. This ranges from missing preventative screening notifications to inaccurate reference ranges on lab tests all the way to denied claims because the patient's "administrative sex" on the clinical side does not match their "gender" on the health insurance side.

ONC also incorporated data elements representing social determinants of health (SDOH) into the USCDI and has explored opportunities to make tangible improvements to the U.S.'s vast healthcare delivery network through public-private partnership. ONC's recent cooperative agreements in standards development, demonstration and piloting have continued to lead to substantial impacts on the healthcare delivery experience. As one example of recent impacts with potential to scale, an ONC "Leading Edge Acceleration Projects" (LEAP) cooperative agreement program awardee addressed specific challenges limiting the delivery, experience, and affordability of healthcare affecting coordination among healthcare and home and community-based services (HCBS). The LEAP team demonstrated new exchange capabilities by implementing the FHIR standard to exchange electronic long-term services and support (eLTSS) data from the state's case management system to a health information network, a supported employment provider IT system, and a primary care provider electronic health record. This pilot illustrates that a high degree of interoperability among health and human service providers is possible and can support a vision for whole person and whole community care. This work is integral to making system-wide improvements, will inform expanded work in this area, and is of growing importance as the U.S. population ages and the demand for eLTSS grows.[23]

[22] HHS IT coordinator researching algorithmic bias and implications for health equity (fedscoop.com)
[23] Improving Person-Centered Care in Home and Community-Based Services with FHIR - Health IT Buzz

IMPACT | Improving Public Health

Standardizing health record data and improving electronic exchange among patients, clinical, and public health stakeholders is critical to ensuring the U.S. is prepared to respond to public health scenarios of all types. ONC has historically partnered closely with the CDC on public health data standardization, measurement, and reporting.[24] This work has taken on a new level of urgency and importance with the demands of the pandemic and ONC is tightly partnered with the CDC on several joint priorities to further public health's ability to utilize modern health IT technologies as much as possible. ONC has launched work with CDC to establish a cloud-oriented environment (currently called the North Star Architecture) to support efficient integration of public health data systems using modern technologies, data governance, and infrastructure management approaches. The architecture project is part of the CDC's Public Health Data Modernization Initiative and includes a collaborative governance model co-chaired by ONC and CDC and including state, local, tribal, and territorial public health agencies. Other key facets of our work with the CDC include ONC-CDC joint launch of the Helios FHIR Accelerator, a public-private initiative to streamline data sharing using modern API technologies, the USCDI+ for Public Health initiative, to establish a nationwide public health data model based on USCDI, and TEFCA exchange for public health, to enable public health agencies to exchange information with healthcare provider organizations on-demand.

Another innovative example of ONC-led work is the Patient Unified Lookup System for Emergencies (PULSE) project. PULSE provides a tool for states and localities to grant response personnel secure access to vital health information during disasters, ensuring patients can continue to receive care when and where they need it.

Virtually all of ONC's work has implications for improving public health, and the nation's response to the COVID-19 pandemic has demonstrated that past investments in ONC will continue to pay valued dividends long into the future. For example, ONC work previously funded in 2010 under the SMART Program[25] was pivotal to enabling the nation's huge leaps in vaccine tracking through immunization registries, provider organizations, and retail pharmacies as the COVID-19 pandemic scaled and the public health and vaccination responses mobilized.

[24] Social Determinants of Health | HealthIT.gov
[25] SMART Health IT – Connecting health system data to innovators' apps

Output and Outcomes Table

ONC Budget Section / Measure Text	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 +/- FY2023 Target
Policy Development and Coordination				
Number of federal agencies actively participating in ONC-led health IT coordination efforts	FY 2022: 22 Target: Maintain Prior Year (Baseline)	Maintain	Maintain	--
Standards, Interoperability, and Certification				
Number of interoperable data elements included in certification criteria adopted into the ONC Health IT Certification Program to meet congressional requirements	FY 2022: 64 criterion in 2015 Edition Cures Update[26] Target: Maintain (Target Met)	Maintain	Maintain	--
Number of interoperability needs areas supported by standards and implementation specifications included in the annual Interoperability Standards Advisory (ISA) Reference Edition	FY 2022: 2022 reference edition ISA published in January 2022 includes 194 standards and implementation specifications[27] [28] (Target Met)	Maintain ISA with necessary updates & publish annual update by March 2023	Maintain ISA with necessary updates & publish annual update by March 2024	--
Agency Wide Support				
Number of users to ONC's https://healthIT.gov websites to use health IT policy and technology assistance material	FY 2022: 5 million Target: Maintain prior year baseline (Target Exceeded)	Maintain	Maintain	--

26 2015 Edition Cures Update Test Method | HealthIT.gov
27 Includes 6 implementation specifications which are considered "profiles and models" and not traditional standards.
28 2022 ISA Reference Edition Now Available - Health IT Buzz

Contextual Measures

Measure Area: Provider capability in key domains of interoperable health information exchange.

These measures were selected to meet MACRA § 106(b) requirements to evaluate progress to widespread interoperability.

	Office- based physicians	Non-federal acute care hospitals
• are electronically sending or receiving patient information with any providers outside their organization	42%	93%
• can electronically find patient health information from sources outside their health system	49%	75%
• can easily integrate (e.g., without manual entry) health information received electronically into their EHR	29%	71%
• had necessary patient information electronically available from providers or sources outside their systems at the point of care	47%	53%

Measure Area: Citizens' perspective on consumer access to their electronic health information

- 59 percent of Americans have been given electronic access to any part of their healthcare record by their healthcare provider or insurer.[29]

[29] ONC Objectives, Benchmarks, and Measurements Update Presentation Health Information Technology Advisory Committee November 10, 2021 Meeting (healthit.gov)

Nonrecurring Expenses Fund

Budget Summary

(Dollars in Millions)

	FY 2022[2]	FY 2023[3]	FY 2024[4]
Notification[1]	2.750	6.800	6.300

Authorizing Legislation:

Authorization ..... Section 223 of Division G of the Consolidated Appropriations Act, 2008

Allocation Method ..... Direct Federal, Competitive Contract

Program Description and Accomplishments

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

Budget Allocation FY 2024

In FY 2024, ONC is planning to utilize $6.3 million in NEF funding for the following projects:

a. Support the development of a Real-Time Benefits Tools (RTBT) Conformance Testing Tool in support of the ONC Health IT Certification Program. RTBT can help significantly lower patients' out-of-pocket expenses by allowing patient-specific, real-time formulary and benefit information. RTBT functionality would support over 90 percent of all US hospitals and over 80 percent of all U.S. physicians. Therefore, a conformance testing tool would have critical impact for ONC's Health IT Certification Program to ensure that the RTBT solutions developed by industry perform according to adopted specifications.

b. Support a significant IT infrastructure capacity enhancement effort to the Certified Health IT Product List (CHPL). The CHPL database and corresponding public website is intended to provide a streamlined user interface (UI) experience and provide structured data in an open format for the reporting of granular data requirements. This would enable an overall one-time public UI redesign, including the development of a completely new CHPL reporting functionality to accomplish this work.

[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 October 22, 2021.
[3] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on June 17, 2022.
[4] HHS has not yet notified for FY 2024.

c. Support enhancements to the Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface Monitoring Service Project that directly ties to implementing the Cures Act. The enhancements would focus on developing new functionality that would allow the Lantern tool to use a standardized approach to discover and access electronic endpoints (e.g., digital or web address) that provide patients access to their electronic health information.

d. Reengineer and modernize the Standards Implementation and Testing Environment (SITE) and Edge Testing Tool (ETT) to support the ONC's Health IT Certification Program. The ONC Health IT Certification Program's SITE portal is a centralized collection of testing tools and resources designed to help health IT developers and health IT users evaluate technical standards and maximize the potential of their health IT implementations. The SITE portal also includes the ETT that validates the conformance requirements for multiple certification criteria in ONC's Health IT Certification Program and is used extensively by health IT developers.

Budget Allocation FY 2023

ONC planned for a total of $6.8 million in NEF funding for the following projects:

e. $2.0 million for CHPL enhancements. This project includes the specific development, testing, and implementation of a CHPL reporting module for collecting, verifying, and reporting required information to establish the EHR Reporting Program. This project also focuses on upgrading the overall CHPL public UI based on previous recommendations as well as a planned public usage and usability analysis. Completing this project will help ONC successfully implement the Cures Act and will maintain public confidence in ONC programs by producing comprehensive reporting information for public consumption.

f. $3.0 million for HealthIT.gov. NEF funds are being used to conduct a complete overhaul and redesign of the website infrastructure and design for HealthIT.gov and its complementary blog, *Health IT Buzz.* Both web properties are mission essential for ONC to communicate our work and value to the American public and Congress. HealthIT.gov is the premier source of Health IT information and is the top educational resource for ONC stakeholders.

g. $1.8 million for the Inferno Framework Sandbox. NEF resources support the development of the Inferno Framework Sandbox to support the adoption of FHIR in the health IT ecosystem.

Budget Allocation FY 2022

h. ONC received $2.75 million in NEF funding to build the Health IT Data Dashboard and the Tool for ISA Comment Transparency and Improved Workflow.

Budget Allocation FY 2021 and prior

i. In FY 2019, ONC received $7.0 million in NEF resources to support the development of electronic (software-based) testing tools for the Health IT Certification Program and software development associated to build a data-reporting platform. These two interdependent IT infrastructure capacity-building activities directly tie to implementing Section 4002 of the Cures Act.

Supplementary Tables

Budget Authority by Object Class

(Dollars in Thousands)

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	23,182	24,248	25,509	1,261
Other than full-time permanent (11.3)	253	265	278	14
Other personnel compensation (11.5)	1,198	1,253	1,311	58
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**24,633**	**25,766**	**27,098**	**1,332**
Civilian benefits (12.1)	8,451	8,840	9,246	407
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)	-	-	-	-
Total Pay Costs	**33,084**	**34,606**	**36,345**	**1,739**
Travel and transportation of persons (21.0)	140	140	140	-
Transportation of things (22.0)	42	42	42	-
Rental payments to GSA (23.1)	850	850	850	-
Rental payments to Others (23.2)	-	-		-
Communication, utilities, and misc. charges (23.3)	9	9	9	-
Printing and reproduction (24.0)	2	2	2	-
Other Contractual Services:				
Advisory and assistance services (25.1)	-			-
Other services (25.2)	9,016	9,016	9,016	-
Purchase of goods and services from government accounts (25.3)	14,330	14,330	14,330	-
Operation and maintenance of facilities (25.4)	133	133	133	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	-	-		-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**24,522**	**24,522**	**24,522**	**-**
Supplies and materials (26.0)	189	189	189	-
Equipment (31.0)	-	-	-	-
Land and Structures (32.0)	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)	6,443	6,921	42,558	35,637
Interest and dividends (43.0)	-	-	-	-
Refunds (44.0)	-	-	-	-
Total Non-Pay Costs	**6,381**	**7,110**	**42,747**	**35,637**
Total Budget Authority by Object Class	**64,238**	**66,238**	**103,614**	**37,376**

Salaries and Expenses

(Dollars in Thousands)

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)	23,182	24,248	25,509	1,2611
Other than full-time permanent (11.3)	253	265	278	14
Other personnel compensation (11.5)	1,198	1,253	1,311	58
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**24,633**	**25,766**	**27,098**	**1,332**
Civilian benefits (12.1)	8,451	8,840	9,246	407
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)	-	-	-	-
Total Pay Costs	**33,084**	**34,606**	**36,345**	**1,739**
Travel and transportation of persons (21.0)	140	140	140	-
Transportation of things (22.0)	42	42	42	-
Rental payments to GSA (23.1)	850	850	850	-
Rental payments to Others (23.2)	-	-		-
Communication, utilities, and misc. charges (23.3)	9	9	9	-
Printing and reproduction (24.0)	2	2	2	-
Other Contractual Services:				
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	9,016	9,016	9,016	-
Purchase of goods and services from government accounts (25.3)	14,330	14,330	14,330	-
Operation and maintenance of facilities (25.4)	133	133	133	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	-	-	-	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**24,522**	**24,522**	**24,522**	**-**
Supplies and materials (26.0)	189	189	189	-
Total Non-Pay Costs	**189**	**189**	**189**	**-**
Total Salary and Expense	**57,795**	**59,317**	**61,057**	**1,739**
Direct FTE	**179**	**180**	**180**	**-**

Detail of Full-Time Equivalent Employment (FTE)

	2022 Actual Civilian	2022 Actual Military	2022 Actual Total	2023 Est. Civilian	2023 Est. Military	2023 Est. Total	2024 Est. Civilian	2024 Est. Military	2024 Est. Total
Direct:	179	-	179	180	-	180	180	-	180
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	179	-	179	180	-	180	180	-	180
ONC FTE Total	**179**	**-**	**179**	**180**	**-**	**180**	**180**	**-**	**180**

Average GS Grade

	Grade:	Step:
FY 2019.....	13	7
FY 2020.....	13	9
FY 2021.....	13	9
FY 2022.....	13	9
FY 2023.....	13	9

Detail of Positions

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Executive level	-	-	-
Total - Exec. Level Salaries	-	-	-
ES	7	6	6
Total - ES Salary	1,299,169	1,358,931	1,429,596
GS-15	46	48	48
GS-14	50	57	57
GS-13	49	53	53
GS-12	8	16	16
GS-11	12	9	9
GS-10	-	-	-
GS-9	2	11	11
GS-8	-	-	-
GS-7	2	1	1
GS-6	-	-	-
GS-5	-	2	2
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal	169	197	197
Total - GS Salary	22,118,271	24,181,711	25,439,160
Average ES salary	185,596	226,489	238,266
Average GS grade	13-9	12-10	12-10
Average GS salary	136,795	122,720	129,133

Programs Proposed for Elimination

No programs are proposed for elimination.

Physicians' Comparability Allowance Worksheet

	PY 2022 (Actual)	CY 2023[30] (Estimate)	BY 2024 (Estimate)
Number of Physicians Receiving PCAs	0	1	3
Number of Physicians with One-Year PCA Agreements	0	0	0
Number of Physicians with Multi-Year PCA Agreements	0	0	3
Average Annual PCA Physician Pay (without PCA payment).	$0	$159,028	$159,028
Average Annual PCA Payment	$0	$16,000	$16,000

Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

ONC needs physicians with a strong medical background to engage clinical stakeholders and to provide an in-depth clinically based perspective on ONC policies and activities such as EHR safety, usability, clinical decision support, and quality measures.

Without the PCA, it is unlikely that ONC could have recruited and maintained its current physicians, nor is it likely that ONC would be able to recruit and maintain physicians without PCAs in future years.

Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

ONC was able to retain physicians with strong medical background, so the agency was better able to engage clinical stakeholders and provide a clinically based perspective on ONC policies and activities such as EHR safety, reducing administrative burden on providers, usability, clinical decision support, and quality measures.

[30] FY 2023 data will be approved during the FY 2024 Budget cycle

Modernization of the Public-Facing Digital Services - 21st Century Integrated Digital Experience Act

The 21st Century Integrated Digital Experience Act (IDEA) was signed into law on Dec. 20, 2018. It requires data-driven, user-centric website and digital services modernization, website consolidation, and website design consistency in all Executive Agencies. Departments across the federal landscape are working to implement innovative digital communications approaches to increase efficiency and create more effective relationships with their intended audiences. The American public expects instant and impactful communications – desired, trusted content available when they want it, where they want it, and in the format they want it. If the consumer is not satisfied they move on and our opportunity for impact is lost.

Modernization Efforts

In FY 2019 HHS engaged Department leadership and developed a Digital Communications Strategy that aligns with the requirements of IDEA. In FY 2020, HHS Digital Communications Leaders began implementation of the Strategy in alignment with IDEA, beginning to align budgets to modernization requirements.

As the result of a comprehensive review of costs associated with website development, maintenance, and their measures of effectiveness, HHS will prioritize:

- modernization needs of websites, including providing unique digital communications services, and
- continue developing estimated costs and impact measures for achieving IDEA.

Over the next four years HHS will continue to implement IDEA by focusing extensively on a user-centric, Digital First approach to both external and internal communications and developing performance standards. HHS will focus on training, hiring, and tools that drive the communication culture change necessary to successfully implement IDEA.

Over the next year, HHS Agencies and Offices will work together to continue to implement IDEA and the HHS Digital Communications Strategy across all communications products and platforms.

Proposed Law

1. Advisory Opinions for Information Blocking

   Provide HHS the authority to create an advisory opinion process and issue advisory opinions for information blocking practices governed by section 3022 of the Public Health Service Act (PHSA), 42 USC 300jj-52. The opinion would advise the requester whether, in the Department's view, a specific practice would violate the information blocking statutory and regulatory provisions; it would be binding on the Department, such that the Department would be barred from taking enforcement action against the practice. In addition, provide ONC with the authority to collect and retain fees charged for issuance of such opinions, and to use such fees to offset the costs of the opinion process.

Health Insurance and Implementation Fund

HEALTH INSURANCE REFORM IMPLEMENTATION FUND

Budget Summary

(Dollars in Millions)

	FY 2022	FY 2023	FY 2024
Obligations*	--	-$2	-$2

* $1,000,000,000 was appropriated in the Health Care and Education Reconciliation Act of 2010

Authorizing Legislation……Health Care and Education Reconciliation Act, Section 1005, FY 2010

FY 2024 Authorization……Indefinite

Allocation Method……Direct Federal, Competitive Contract

Program Description and Accomplishments

Section 1005 of the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) appropriated $1,000,000,000 to the Health Insurance Implementation Fund within the Department of Health and Human Services (HHS). The Fund was used for Federal administrative expenses necessary to carry out the mandates of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010.

HHS used implementation funds to primarily support salaries, benefits, contracts, and infrastructure for various provisions, including rate review and medical loss ratio. A portion of these funds also supported the establishment of the Exchanges, including the building of IT systems.

The Department of the Treasury required funding to implement multiple tax changes, including the Small Business Tax Credit, expanded adoption credit, W-2 changes for loan forgiveness, charitable hospital requirements, and planning for Marketplaces. The Department of Labor required funds to conduct compliance assistance; modify or develop IT systems that support data collection, reporting, policy and research; and develop infrastructure for the newly required Multiple Entity Welfare Arrangements reporting and registration within the Affordable Care Act.

The Office of Personnel Management (OPM) required funding to plan for implementing and overseeing Multi-State Plan Options for the Marketplaces and allowing Tribes and tribal organizations to purchase Federal health and life insurance for their employees. OPM also assisted HHS by implementing an interim Federal external appeals process prior to the establishment of a permanent Federal appeals process.

Budget Request

In FY 2022, a net total of $438,575 was deobligated by agencies within HHS. An additional $717,985 has been deobligated in FY 2023 as of January 2023. It is the Department's current projection that approximately $6 million will be available for obligation in FY 2024 although, given recoveries in this account, this amount may be higher. In prior years, the HHS Office of the Chief Technology Officer (CTO), in partnership with the Indian Health Service (IHS) and the Office of the National Coordinator for Health IT (ONC), used available funds to lead a project to conduct a baseline assessment of IHS and tribal health IT needs and recommend a detailed approach to modernizing the IHS's health IT.

No Surprises Act Implementation Fund

NO SURPRISES IMPLEMENTATION FUND

Budget Summary

(Dollars in Millions)

	FY 2022	FY 2023	FY 2024
Budget Authority	**-**	**-**	**$500**
Obligations	**$117**	**$157**	**$159**

Authorizing Legislation……Consolidated Appropriations Act, 2021 (Public Law 116-26), or the No Surprises Act.

Program Description and Accomplishments

Section 118 of the No Surprises Act, enacted in the Consolidated Appropriations Act, 2021 (P.L. 116-260), appropriated $500,000,000 in implementation funding to the Department of Health and Human Services (HHS), Department of Labor (DOL), and Department of the Treasury (the Departments). The implementation fund is available until expended through 2024. The purpose of the implementation fund is to carry out the provisions of, and the amendments made by, Title I (No Surprises Act) and Title II (Transparency), Division BB, of the Consolidated Appropriations Act, 2021 (CAA). At the start of FY 2023, the No Surprises Act implementation fund had an unobligated balance, including recoveries, of $321 million.

Department of Health and Human Services (HHS)

In FY 2022, HHS obligated $87.7 million, with the Centers for Medicare & Medicaid Services (CMS) obligating $86 million and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) obligating $1.7 million.

CMS is responsible for leading the implementation, operations, and system solutions for most of the provisions of Title I (No Surprises Act) and Title II (Transparency) of Division BB of the CAA. CMS engaged in a multitude of concurrent and integrated activities in FY 2022 to ensure implementation of critical legislative provisions and consumer-facing priorities that started in January 2022. CMS also collaborated with the other Departments and the Office of Personnel Management (OPM) to issue multiple regulations and sub-regulatory guidance and technical assistance materials.

In FY 2022, ASPE funded an ongoing contract for analytic support of work on drug price reporting and health industry concentration, FTEs, data sources on health industry concentration, and data sources on drug price reporting.

Department of Labor (DOL)

In FY 2022, DOL obligated $29.3 million, with the Employee Benefits Security Administration (EBSA) obligating $23.7 million and the Office of the Solicitor (SOL) obligating $5.5 million. DOL obligations supported the implementation, enforcement, and administration of applicable CAA provisions in FY 2022.

DOL carried out regulatory and enforcement efforts related to Title I (No Surprises Act) and Title II (Transparency) of Division BB of the CAA. Enforcement efforts were primarily focused on MHPAEA's

NQTL requirements, particularly the requirement for comparative analyses, which became effective in February 2021. DOL also worked with the other Departments and OPM to issue the multiple regulations and sub-regulatory guidance materials to implement the No Surprises Act and Title II transparency provisions.

Department of the Treasury (Treasury)

In FY 2022, Treasury obligated $300 thousand, with the Internal Revenue Service (IRS) obligating the entire amount. IRS Chief Counsel's Office supported implementation of Title I (No Surprises Act) and Title II (Transparency) provisions in FY 2022 by participating in the development of regulations and sub-regulatory guidance, including participating in working group discussions to clarify policy decisions, participating in meetings with stakeholders and preparing IRS/Treasury regulatory text, as well as review and clearance of policy materials.

Tri-Department Rulemaking Activities

During FY 2022, the Departments, along with OPM, drafted and published the following rules and guidance to support implementation of the No Surprises Act and the Transparency title of Division BB of the CAA:

- October 7, 2021: "Requirements Related to Surprise Billing; Part II" (IFR 2)[1] provides additional protections against surprise medical bills, including the establishment of an Independent Dispute Resolution (IDR) process to determine out-of-network payment amounts between providers or facilities and health plans.
- October 7, 2021: The Departments issued several pieces of sub-regulatory guidance, including guidance on fees for use of the federal IDR process and multiple notices associated with negotiation and initiation of the federal IDR process.
- November 23, 2021: "Prescription Drug and Health Care Spending" (IFR 3)[2] requires plans and issuers to submit certain information about prescription drugs and health care spending to the Departments. The related "Request for Information Regarding Reporting on Pharmacy Benefits and Prescription Drug Costs" (RFI)[3] published on June 23, 2021, solicited comments regarding implementation of the data collection, the data elements to be collected, and the associated impact on plans and issuers.
- December 16, 2021: Pharmacy Benefits and Prescription Drug Cost Reporting Instructions for the 2020 Reference Year.
- December 29, 2021: The Departments issued Federal Independent Dispute Resolution Process Guidance for Certified IDR entities.
- January 26, 2022: The Departments issued Federal Independent Dispute Resolution Process Guidance for Disputing Parties.
- February 28, 2022: "Memorandum Regarding Continuing Surprise Billing Protections for Consumers", which provides guidance after court ruling invalidating parts of the Federal IDR

[1] 86 FR 55980, https://www.federalregister.gov/documents/2021/10/07/2021-21441/requirements-related-to-surprise-billing-part-ii.
[2] 86 FR 66662, https://www.federalregister.gov/documents/2021/11/23/2021-25183/prescription-drug-and-health- care-spending.
[3] 86 FR 32813, https://www.federalregister.gov/documents/2021/06/23/2021-13138/request-for-information-regarding-reporting-on-pharmacy-benefits-and-prescription-drug-costs.

process regulation.

- April 11, 2022: Paperwork Reduction Act supporting statement and amended notices and disclosures under the Federal IDR process.
- April 13, 2022: The Departments issued Federal Independent Dispute Resolution Process Guidance for Disputing Parties and Certified IDR entities.
- June 29, 2022: Pharmacy Benefits and Prescription Drug Cost Reporting Instructions for the 2020 and 2021 Reference Year.
- August 19, 2022: "FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 55" providing guidance on various provisions on implementation of surprise billing protections.
- August 22, 2022: "Technical Assistance Guidance for Certified IDR Entities", which provides process and technical guidance to IDR entities assigned to review disputes in the Federal IDR process.
- August 26, 2022: "Requirements Related to Surprise Billing" (FR)[4] finalizes certain disclosure requirements relating to information that group health plans, and health insurance issuers offering group or individual health insurance coverage, must share about the qualifying payment amount (QPA) under the interim final rules issued in July 2021, titled *Requirements Related to Surprise Billing; Part I* (July 2021 interim final rules). Additionally, this document finalizes select provisions under the October 2021 interim final rules, titled *Requirements Related to Surprise Billing; Part II* (October 2021 interim final rules), to address certain requirements related to consideration of information when a certified independent dispute resolution (IDR) entity makes a payment determination under the Federal IDR process.
- August 26, 2022: Paperwork Reduction Act supporting statement and amended notices and disclosures under the Federal IDR process.
- September 16, 2022: "Request for Information regarding Advanced Explanation of Benefits and Good Faith Estimate for Covered Individuals" asking for stakeholder input on the form and substance that would be required in an advanced EOB.
- September 23, 2022: Pharmacy Benefits and Prescription Drug Cost Reporting Frequently Asked Questions.[5]

Budget Request

The FY 2024 President's Budget requests $500,000,000 in additional mandatory funding for continued implementation of the No Surprises Act and Title II Transparency provisions, ensuring the Departments have sufficient funding to enforce this law in the future. This funding will be available to HHS, Labor, and the Treasury from fiscal year 2024 until expended. The No Surprises Act and Title II Transparency provisions created new consumer protections from surprise medical bills and entrusted the Departments of HHS, Labor, and the Treasury with many new or enhanced enforcement, oversight, data collection and program operation requirements. To implement the law, the Departments scaled up expertise and resources for rulemaking, technical builds, enforcement, and staffing. A one-time lump-sum appropriation of $500 million was provided to the Departments for implementation of the No Surprises Act and Title II Transparency provisions. While the appropriation expires at the end of 2024, most of the statutory requirements added by the No Surprises Act and Title II Transparency provisions

[4] 87 FR 52618, https://www.federalregister.gov/documents/2022/08/26/2022-18202/requirements-related-to-surprise-billing

[5] FAQs on Prescription Drug Data Collection published to RegTap on August 25, 2022, September 1, 2022, and September 23, 2022, https://regtap.cms.gov/documents/rxdcfaq.pdf

are permanent and the Departments will have ongoing responsibilities, including enforcement of plan, issuer, and provider compliance; complaints collection and investigation; and auditing comparative analyses of non-quantitative treatment limits for mental health and substance-use disorder plan benefits.

Customer Experience Pilot Projects

CUSTOMER EXPERIENCE PILOT PROJECTS

Budget Summary

(Dollars in Millions)

	FY 2024
Customer Experience Pilot Projects	**$20**

Allocation Method ……Direct federal

Program Description

The FY 2024 President's budget includes two cross-agency Life Experience pilot projects that aim to improve the experience of Americans applying for and enrolling in benefit programs, including Medicare, through improving underlying data services and systems.

Applying for and enrolling in multiple public benefit programs can be confusing and time-consuming for many Americans. For example, enrolling in Medicare can require interacting with multiple government websites between Medicare and SSA. For Medicaid and other means-tested programs, enrollment and periodic eligibility checks require income verification, frequently performed numerous times on the same individuals seeking to enroll across programs. In cases where income data cannot be verified, applicants must manually verify their income, a burdensome and time-consuming process. There are existing interventions, such as ex parte (automated) verification for renewals or direct certification, that can ease the application process and speed the delivery of benefits to the people who qualify, but many states have struggled to adopt them.

To enhance the customer experience of applying for and enrolling in multiple Federal benefit programs, the Federal government can both improve enrollment processes and income verification through sharing data and digital services between benefit programs, as well as the quality of verification data.

Project Descriptions

The two pilot projects will:

1) **Improve the Medicare Enrollment Experience:**
   This project will strengthen collaboration between the Centers for Medicare & Medicaid Services (CMS) and SSA to jointly pilot efforts to improve the Medicare enrollment experience for people applying for Medicare benefits, including those enrolling in Medicare before enrolling in Social Security, and for exploring options to eliminate the need to have to wait for a Medicare card in the mail to connect to coverage.

2) **Improve Federal Data Services for Benefits Delivery**:
   In this project, CMS and the Administration for Children and Families (ACF) will test ways to improve access to benefits for people facing financial shock by improving underlying eligibility data services and systems. Applicants and state staff often manually verify income to gain access to these programs, which can be a burdensome and time-consuming process. By improving eligibility verification services and the quality of data coverage, the Government can better leverage existing systems to streamline the customer experience of accessing available services while maintaining complete verification requirements.

Budget Request

The FY 2024 President's budget request for these new customer experience pilot projects is $20,000,000 in discretionary budget authority: $9 million for the pilot to modernize Medicare enrollment, and $11 million for the pilot to improve federal data services. For the federal data services project, this funding will support pilot efforts to improve eligibility data sources and verification services infrastructure, and evaluating sustainable financial models for shared service operations.

For the Medicare enrollment project, FY 2024 scoping is underway with the goal of strengthening connections between CMS and SSA to streamline the application process for Medicare enrollment, providing seniors with a better user experience.

This budget requests this funding to be appropriated to a new account in the Office of the Secretary where resources can be allocated to CMS, ACF, and other agencies as needed to collaboratively carry out the information technology development work and system changes necessary to put in place these groundbreaking projects that may improve Americans' experience with eligibility verification and enrollment in multiple Federal programs.

Five Year Funding Table

Fiscal Year	Amount
FY 2020	-
FY 2021	-
FY 2022 Final	-
FY 2023 Enacted	-
FY 2024 President's Budget	$20,000,000

Nonrecurring Expenses Fund

Nonrecurring Expenses Fund

Budget Summary
(Dollars in Thousands)

	FY 2022[2]	FY 2023[3]	FY 2024[4]
Notification[1]	$390,000	$525,000	$650,000
Rescission[5]	$650,000	$650,000	$350,000

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

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

HHS was first able to collect expired funds in FY 2013. Since then, HHS has allocated approximately $6.4 billion for capital projects, including approximately $3.1 billion for physical infrastructure projects and approximately $3.3 billion for IT infrastructure projects. HHS has a wide range of aging IT systems and facilities; the NEF is an asset to help address these needs across the landholding agencies and to develop, enhance, and maintain IT systems across the Department.

The FY 2024 Budget proposes to cancel $350 million from the NEF. In addition, the Budget proposes to use $650 million of remaining NEF balances, to fund multiple high-priority projects that address critical facility and technology needs across the Department. Below is an overview of the planned uses in FY 2024, based on approximate funding levels and using current estimates. The investments are subject to final approval; HHS will provide Congressional notification of specific projects and amounts closer to the beginning of FY 2024.

1. **Budget Allocation FY 2024**

   Agency for Healthcare Research and Quality (AHRQ) - $18.5 million - The NEF will fund four IT projects, including one-time IT development, modernization, and enhancement funding to create the Evidence Digital Knowledge Platform. This platform will allow federal, state, and local government and non-government stakeholders to easily find, access, and use AHRQ's evidence, resources, guidance, and tools to improve health care delivery and health outcomes in the digital age.

   Assistant Secretary for Administration (ASA) - $4.5 million - The NEF will provide a one-time investment to transition and replace the current, out-of-date learning management system, to a cloud-based platform that can support security upgrades.

Assistant Secretary for Program Evaluation (ASPE) - $3.0 million - The NEF will invest in multiple systems and IT infrastructure projects that align internal systems, build capacity for the public facing website, and advance solutions for scientific and analytical data, processing, data visualization, storage and file management that are in compliance with HHS cybersecurity policy.

Centers for Disease Control and Prevention (CDC) - $74.5 million - The NEF will invest in three facilities projects to replace deteriorating building automation systems, including aging chillers and the associated pumps, cooling towers, piping and controls. The NEF will also renovate laboratory, insectary, and vivarium space to meet research objectives of the public health mission. In addition to these funds, the NEF will also be used to build a mine research building in Mace, West Virginia, as directed by Congress in the 2023 Omnibus Joint Explanatory Statement.

Office of the Chief Information Officer (OCIO) - $154.6 million - The NEF will support Cybersecurity requirements, as outlined in OMB memorandum M-22-09 "Moving the U.S. Government Toward Zero Trust Cybersecurity Principles." This is the second of two years of NEF investments to support this initiative.

Food and Drug Administration (FDA) - $62.6 million - The NEF will invest in nine facilities and IT projects across the FDA to improve cybersecurity infrastructure, address aged building infrastructure systems at the Pacific Southwest Laboratory in California, and renovate existing buildings and replace aged building infrastructure systems at the Jefferson Laboratory Complex in Arkansas.

Health Resources and Services Administration (HRSA) - $49.5 million - The NEF will invest in a range of projects, including additional funding needs for the build-out of new space for the National Hansen's Disease Program Lab Research Branch, which was previously NEF-funded. Additionally, NEF funds will support IT modernization and upgrades to improve program efficiency and ensure system functionality.

Indian Health Service (IHS) - $112.4 million - The NEF will invest in a range of IT and critical facilities projects and to remediate a priority backlog across Indian country. Proposed projects include hospital renovations, medical staff housing, implementation of zero trust and cybersecurity capabilities, and modernizing enterprise IT and cloud services.

National Institutes of Health (NIH) - $120.1 million - The NEF will replace and upgrade the aging utility systems and electrical power reliability in the Clinical Center Complex with safe, state-of-of the art, cost effective, contiguous, and secure electrical systems. Additionally, NEF will further safety upgrades, such as sprinkler system protections, parking garage repairs, and replacement of aged building infrastructure systems.

Office of the Assistant Secretary for Health (OASH) - $7.7 million - The NEF will support multiple IT projects, create a single cloud-based platform for 30 websites and all OASH offices, integrate a data platform to function as a hybrid cloud data lake and cloud data warehouse, and invest in cybersecurity to support government IT compliance.

Office for Civil Rights (OCR) - $4.1 million - The NEF will be used to create and transition work to the next generation (NEXTGEN) management information system, which will replace the outdated Program Information Management System. This new system will improve current case process workflows, allow for additional flexibility and ease of use, develop ad hoc reporting, and provide faster analytical results.

Office of Inspector General (OIG) - $14.5 million - The NEF will be used to invest in the implementation of new software capabilities on secure cloud platforms and implement a Zero Trust Architecture.

Office of Medicare Hearing and Appeals (OMHA) - $10.6 million - The NEF will be used to fund the creation and implementation of the Electronic Case Processing Environment to improve customer experience, provide important efficiencies to meet the statutory timing requirements, and prevent another backlog from occurring.

Office of the National Coordinator for Health Information Technology (ONC) - $6.3 million - The NEF will be used to invest in enhancements to the Certified Health IT Product list user interface and a reporting module for the EHR Reporting Program, enhancements to IT capacity to address gaps and accelerate momentum towards increased health IT interoperability, and creation of a Real-Time Benefits Tool that will help lower patient out of pocket expenses as well as the development of a centralized collection of testing tools and resources designed to help health IT developers and users.

Office of National Security (ONS) - $7.2 million - The NEF will be used to invest in the development of a database system and technology refresh that coincides with the expansion of secured space. The space expansion and IT upgrades will support HHS's preparedness to address future emergency health incidents and potential national security incidents that effect health.

2. Budget Allocation FY 2023

For FY 2023 HHS notified for a total of $525 million in new NEF investments to support critical IT and facility infrastructure project across the Department to modernize HHS operations and provide a safe, secure, and productive work environments for our OpDivs and StaffDivs as they carry out the HHS mission. HHS will fund $195 million in IT infrastructure and $330 million in facility infrastructure. This total includes $35 million for CDC to replace the Essential National Health and Nutrition Mobile Examination Centers to support health needs across the nation. Additionally, HHS will invest $109 million for seven facilities upgrades to FDA's Jefferson Laboratory Complex, including the construction of a Disaster Recovery Center and Building 5D's Pathology Laboratory Fit-out to renovate existing space into cutting-edge labs and storage space for the Pathology department so that they may continue their work during extensive roof repairs. Lastly, the NEF will fund $50 million to support ACF's capability to care for and shelter unaccompanied children (UC) referred by the Department of Homeland Security and support the UC program.

3. Budget Allocation FY 2022

In FY 2022 HHS notified for a total of $390 million in new NEF investments to support critical IT and facility infrastructure projects across the Department to modernize HHS operations and provide a safe, secure, and productive work environments for OpDivs and StaffDivs as they carry out the HHS mission. This included $64 million in IT infrastructure and $326 million in facility projects. The facilities total included $65 million for CDC to complete construction of the CDC/NIOSH Cincinnati Campus. Additionally, HHS notified for the use of $15 million to support the implementation of Treasury's G-Invoicing solution and $100 million for capital acquisition costs to expand and support ACF's capability to care for and shelter Unaccompanied Children.

NEF Notifications and Reductions from 2013-2023
(dollars in millions)

Fiscal Year	Notifications	Rescissions and Cancellations[5]
2013	$600	-
2014	$600	-
2015	$650	-
2016	$800	-
2017 /6	$430	($400)
2018 /6	-	($240)
2019	$600	($400)
2020 /7	$743	($350)
2021 /7	$525	($375)
2022	$390	($650)
2023	$525	($650)
2024 /4	$650	($350)
TOTAL	**$6,513**	**($3,415)**

[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 June 17, 2021.
[3] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[4] The NEF CJ indicates the amounts HHS intends to notify for in 2024; these amounts are planned estimates and subject to final approval.
[5] The rescission amounts for FY 2022 and FY 2023 are enacted rescissions. The FY 2024 amount is a proposed cancellation.
[6] The rescission total includes Congressionally directed transfer amounts of $300 million in FY 2017 and $240 million in FY 2018.
[7] This Notification amount includes both the notification as well as Congressionally directed spending.

Service and Supply Fund

Service and Supply Fund – Table of Contents

SERVICE AND SUPPLY FUND

(Dollars in Thousands)

SSF	FY 2022 Actual	FY 2023 Board Approved	FY 2024 Board Approved	FY 2024 +/- FY 2023
BA	1,074,381	$1,390,116	$1,404,382	$14,266
FTE	1105	1486	1565	80

Authorizing Legislation: 42 USC §231
2024 Authorization……Indefinite
Allocation Method ……Contract, Other

Statement of the Budget

The overall FY 2024 current request for the Service and Supply Fund (SSF) is $1,404,382,000 which is $14,266,000 above the FY 2023 approved budget. Details can be found in the narratives below.

Service and Supply Fund Overview and Activity Narratives

This section describes the activities funded through the HHS' Service and Supply Fund (SSF), which is a revolving fund authorized under 42 USC §231. The SSF provides consolidated financing and accounting for business-type operations which involve the provision of common services to customers. The SSF is governed by a Board of Directors, consisting of representatives from each of the Department's Operating Divisions (OPDIV) and the Office of the Secretary. A representative from the Office of Inspector General (OIG) serves as a non-voting member of the SSF Board.

The SSF does not have its own annual appropriation but is funded entirely through charges to its customers (OPDIVs and Staff Divisions (STAFFDIV) in addition to other federal departments and agencies) for their usage of goods and services. The SSF is comprised of two categories of activities: the Program Support Center and those activities which are performed by other OS components (Non-PSC). Each activity financed through the SSF is billed to the Fund's customers by either fee-for-service billing, which is based upon actual service usage, or by an allocated methodology. Details of the FY 2024 SSF activities are described below.

Program Support Center

The Program Support Center (PSC) organizationally resides under the Assistant Secretary for Administration, Office of the Secretary and operates under authorizing legislation 42 USC §231 as amended. The PSC is committed to providing the best value in terms of cost and service quality to its customers.

PSC tracks performance in terms of its strategic goals. These goals focus primarily on delivering products and services that are recognized both as high quality, and as providing value. The organization strives to achieve three primary outcomes: higher service quality, lower operating costs and reduced rates for customers. By working to reach these outcomes, PSC supports the Department's efforts for

responsible stewardship and effective management. Details are outlined in the performance review section.

The Program Support Center (PSC), FY 2024 Budget Request of $489.0 million is an increase of $10.6 million above the FY 2023 Approved Budget of $478.3 million.

Financial Management Portfolio

The PSC Financial Management Portfolio (FMP) serves as a major foundation of the Department's finance and accounting through: 1) the administration of grant payment management services, including rate review/negotiation/approval services; and 2) accounting and fiscal services. FMP provides these services on behalf of the Department and other Federal agencies. Fiscal and technical guidance is offered to assist in implementing new initiatives across HHS and other agencies and to ensure compliance with regulatory requirements. FMP also provides guidance and oversight for HHS Financial Policy and ensures compliance where appropriate.

FMP continues to be a leader in supporting the Department's clean audit opinions from independent audit firms. FMP services are organized into two service areas:

- **Grants Finance and Administration** Services provides federal grant funding support, negotiating indirect costs for grant providers, and issuing grant payments to grantees.
- **Accounting Services** covers a range of financial support services associated with Unified Financial Management System (UFMS) and includes accounting and financial reporting.

Federal Occupational Health

The Federal Occupational Health (FOH) provides comprehensive, high-quality, customer-focused occupational health services in strategic partnership with Federal agencies nation-wide to improve the health, safety, and productivity of the Federal workforce. Approximately 93 percent of FOH's services are provided to Federal agencies outside of HHS. FOH is organized in four service areas:

- **Clinical Health Services (CHS)** consists of seven cost centers: Exams and Clinical Outreach, FedStrive Advantage, Onsite Occupational Health Centers, Medical Surveillance/Clearance Reviews, Medical Employability and Workers Compensation Management and Psychological Testing which has been moved from Behavioral Health to better align with the Medical Review oversight required. CHS provides services which includes exams and related procedures, health screenings to prevent illness, immunizations for illness prevention and work-related activities, reasonable accommodation requests, workers compensation management reviews, medical surveillance and clearance required based upon an employee's job duties and other medical services.
- **Wellness and Health Promotion Services (WHP)** is a single cost center which provides fitness center oversight and health promotion activities, such as health coaching, health education, and promotion of programs to support healthy behaviors which contributes to increased employee productivity through better health behaviors.
- **Behavioral Health Services (BHS)** consists of Employee Assistance Program and Work/Life Services (EAP). EAP provides professional services for assessment, short-term counseling,

referral, and critical incident response. Work/Life focuses on improving employee productivity by assisting employees to better manage their personal and professional responsibilities.

- **Environmental Health and Safety Services (EHSS)** consists of Environmental Health and Safety Services (EHSS), and the HHS Policy Compliance team. EHSS offers a wide variety of services including environmental and occupational safety compliance, industrial hygiene assessments, laboratory analysis of environmental samples, urgent response management, and other environmental consulting services.

Office of the Director

- **Other Administrative Support** - Board for Corrections of the USPHS Commissioned Corps and PSC Budget Office.

Real Estate, Logistics, and Operations Portfolio

Real Estate, Logistics and Operations Portfolio (RLO) provides real estate, logistics and a wide range of administrative and technical support services to customers within HHS and other federal agencies.

RLO is organized in the following Service Areas:

- **Real Property Management Services** provides space design planning, utilization and compliance, management for transfer of surplus real property to non-profit entities (McKinney-Vento Homeless Assistance Act), and real property oversight.
- **Supply Chain Management Services** provides personal property management, warehousing, distribution, medical supply fulfillment, publication fulfillment, personal property disposal and labor services.
- **Building Operations Services** provides facilities operations, maintenance, shredding, parking services, regional support services and conference room services.
- **Intake, Suitability and Badging Services** fulfills the Homeland Security Presidential Directive 12 (HSPD-12) for the HHS, developing and issuing guidelines in conjunction with federal laws and regulations prescriptive to identity, credential, and access management.
- **Physical Security and Emergency Management Services** provides Department-wide leadership, coordination and oversight for the Physical Security and Emergency Management programs throughout the Department to ensure the safety and security of HHS employees and assets.
- **Mail and Publishing Services** provides digital conversion services, printing procurement, Departmental forms management, HHS printing guidance, mail screening, mail operations, and HHS mail services.
- **FedResponse Services** consists of the Contact Center and HHS Toll Free Hotline.
- **Transportation Services** provides transit subsidy program management, executive drivers, coordination of travel policy, travel program management, travel charge card management, fleet card management, fleet guidance, vehicle leasing services.

PSC Cybersecurity Spending

The following table is included per BDR 22-39, Addendum 1.

Resources for Cyber Activities

(Dollars in Thousands)

Cyber Category		FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
PSC					
Detect	Intrusion Prevention	7.937	13.549	13.549	--
Identify	Authorization and Policy	2.792	3.870	3.870	--
Identify	Non-CDM Information Security Continuous Monitoring	0.558	0.774	0.774	--
Protect	System Security Testing and Analysis	1.675	2.322	2.322	--
Protect	Trusted Internet Connection	7.937	13.549	13.549	--
Recover	Incident Notification	5.957	8.351	8.351	
Recover	Incident Recovery	1.191	1.670	1.670	
Respond	Incident Management and Response	5.324	7.455	7.455	
Total Cyber Request		**33.371**	**51.540**	**51.540**	**--**

Non-PSC Activities

Non-PSC activities differ from those provided by the PSC in their predominate focus, which is helping HHS components comply with law, regulations, or other federal management guidelines, as well as targeted workforce management. The non-PSC activities support all components of HHS, providing support in areas such as acquisitions management, audit resolution, responding to and processing Federal tort claims, collecting and managing grants data to ensure HHS' ability to respond to regulatory requirements, providing human resources and equal employment opportunity services, and providing IT support and devices.

Assistant Secretary for Administration

The Office of the Assistant Secretary for Administration (ASA) provides a diverse shared service infrastructure to support and enable HHS Operating Divisions (OpDivs) and Staff Divisions (StaffDivs) to perform the Department's mission critical activities. The Immediate Office of the Assistant Secretary (ASAIO) administers the internal budget and finance, human resources, procurement, facilities, information technology, security, emergency management, reasonable accommodations, and many other administrative functions. The ASAIO also provides critical direction and governance to the following functionally organized SSF-funded ASA components: Office of Equal Employment Opportunity, Diversity, and Inclusion (EEODI), Office of Human Resources (OHR), Office of Organizational Management (OOM, formerly Office of Business Management and Transformation (OBMT)), Office of the Chief Information Officer (OCIO), National Labor and Employee Relations Office (NLERO), Program Support Center (PSC) and the Office of Acquisitions (formally a subcomponent of PSC).

Office of Equal Employment Opportunity, Diversity, and Inclusion (EEODI)

EEODI works to promote a discrimination–free work environment focused on serving DHHS by preventing, resolving, and processing EEO discrimination complaints in a timely and high-quality manner. In compliance with the Civil Rights Act of 1964 as amended, and other federal laws, regulations, directives, and policies prohibiting discrimination and harassment of protected individuals, EEODI

processes EEO complaints for DHHS employees, applicants for employment, and former employees. Complaint processing services include counseling, Alternative Dispute Resolution (ADR), procedural determinations, and investigations. EEODI also administers the ADR program to manage conflict and prevent and resolve disputes through mediation, conflict coaching, group facilitation, and assessments. Additionally, EEODI manages the Reasonable Accommodation program for DHHS.

EEODI consists of three operational components:

- **The Office of the Director** is responsible for the overall direction of the office and EEO policy for the Department; responding to the Equal Employment Opportunity Commission on behalf of the Department, including the eight (8) EEO offices within the Operating Divisions (ACF, CDC, CMS, FDA, HRSA, IHS, NIH and OS); and to Congress. This office also has the responsibility to prepare the Annual Federal EEO Statistical Report on Discrimination Complaints (Form 462 Report) and Management Directive Report (MD-715) on behalf of OS, PSC and SAMHSA and the Department as a whole.
- **The Compliance Branch** serves as the Departmental level EEO office and is responsible for providing consultative guidance, leadership, oversight, technical assistance and enabling tools to Operating Division EEO Offices in matters related to EEO discrimination complaints management and prevention. This Branch keeps top HHS officials apprised of complaints activity and serves as the Department's focal point for liaison with the Equal Employment Opportunity Commission (EEOC), Office of Personnel Management, Merit Systems Protection Board, Office of General Accountability, and other entities on issues pertaining to discrimination complaints. This Branch also issues final Departmental decisions on the merits for complaints of discrimination filed by employees and applicants and prepares merit decisions on complaints of discrimination filed by members of the Commissioned Corps for issuance by the Surgeon General. Compliance also processes conflict of interest complaints, appeals and remands from the EEOC. The Compliance Branch reviews the Final Agency Decisions, and manages the Hearings, Remands and Appeals program.
- **The Operations Branch** manages the Department's EEO complaint investigations program, prepares, issues, and provides EEO services to the Office of the Secretary (OS), including the Program Support Center (PSC), as well as the Administration for Community Living (ACL) and the Substance Abuse and Mental Health Services Administration (SAMHSA). In its role as the servicing EEO office, this unit: provides consultative guidance to Managers and Employees on EEO matters; assigns EEO Counselors, facilitates Alternative Dispute Resolution (ADR) sessions, handles phases of EEO complaint processing at the OPDIV level, processes requests for reasonable accommodation and monitors and tracks efforts to improve representation of women and minorities. The Operations Branch provides EEO case management assistance for investigators, counselors/ADR; perform in take services, conduct EEO/Reasonable Accommodation (RA) trainings also responsible for providing EEO training, and manage the Reasonable Accommodation program. While EEODI continues to experience increases in EEO complaints activity and rise in numbers of complaints filed, conflict of interest case filings, amendments and supplemental investigations, complex cases, and court reporting services, EEODI utilizes efficient and effective processes and procedures in an attempt to reduce contract costs.

Office of Human Resources

OHR provides Department-wide strategic leadership, policy implementation and governance and operational services for a variety of Human Capital Management functions across the Department including the planning and development of personnel policies and human resource programs supporting the Department's mission. To assist the HHS OpDivs and StaffDivs with effectively and efficiently accomplishing their missions, OHR provides technical assistance through improved planning and recruitment of human resources and serves as the Departmental liaison to central management agencies on related matters.

OHR provides leadership in creating and sustaining a diverse workforce and an environment free of discrimination. OHR works proactively to enhance the employment of women, minorities, veterans, and people with disabilities through efforts that include policy development, program oversight, complaint resolution, diversity outreach, commemorative events, and standardized education and training programs.

Office of Organizational Management

Office of Organizational Management (OOM) is responsible for supporting the achievement of the HHS mission by identifying, developing, implementing, and evaluating efficient and effective business practices within ASA and across the Department. In addition, OOM acts as an internal consulting group, maximizing return on taxpayer dollars by undertaking initiatives to improve services, reduce costs, and streamline activities across the Department. Additionally, OOM offers organizational redesign services to the Department to promote mission effectiveness, cost-savings, and increase efficiencies.

Office of the Chief Information Officer

The Office of the Chief Information Officer (OCIO) advises the Secretary and the Assistant Secretary for Administration (ASA) on matters pertaining to the use of information and related technologies to accomplish Departmental goals and program objectives. The mission of the OCIO is to establish and provide assistance and guidance on the use of technology-supported business process reengineering; investment analysis; performance measurement; strategic development and application of information systems and infrastructure; policies to improve management of information resources and technology; and better, more efficiently service HHS customers and employees.

OCIO supports the HHS mission by leading the development and implementation of an enterprise information technology (IT) infrastructure across HHS. The OCIO is headed by the Deputy Assistant Secretary for Information Technology (DASIT)/HHS Chief Information Officer (CIO), who executes the statutory requirements of the Federal Information Technology Acquisition Reform Act (FITARA) of 2014, to ensure appropriate oversight, monitoring, compliance, and management activities across HHS' $7B IT portfolio. The HHS CIO is accountable for other fundamental IT legislation, including the Federal Information Security Modernization Act of 2014 (FISMA), the Making Electronic Government Accountable by Yielding Tangible Efficiencies (MEGABYTE) Act of 2016, and the Modernizing Government Technology (MGT) Act of 2017. Many of these principles are rooted in the Information Technology Management Reform Act (i.e. ITMRA, or Clinger-Cohen) of 1996 to improve federal IT management.

OCIO is also responsible for the development and implementation of an enterprise-wide secure and trusted environment in support of HHS' commitment to better health and well-being of the American people. The cybersecurity program supports the Department's HHS-wide security incident response

coordination functions, enabling enterprise threat analysis and information sharing efforts. OCIO-governed security tools and technologies provide enterprise-wide solutions to monitor HHS' computers, endpoints, and networks for security incidents and attacks; provide for comprehensive intrusion detection and prevention systems; implement network security forensics and analysis capabilities; and assess and leverage other security technologies to best protect HHS.

Currently, the organizational structure consists of five offices:

- Office of Application and Platform Solutions (OAPS)
- Office of Enterprise Services (OES)
- Office of Information Security (OIS)
- Office of Operations (Ops)
- Office of the Chief Data Officer (OCDO)

Office of Application and Platform Solutions
Office of Application and Platform Solutions (OAPS) is responsible for modern applications and platforms to support today's digital business challenges through agile development and cloud platforms. The services include hosting, design, development, configuration, integration, implementation, and enterprise support that enables delivery of scalable, reliable, and sustainable applications that will fuel digital transformation.

OAPS provides information technology services for the development, configuration, and integration of enterprise services and systems for HHS and the Office of the Secretary. In addition, OAPS provides production reporting and business intelligence query dashboard capabilities for its customers.

The development capabilities provided by OAPS include collaboration and workflow automation technologies that promote the deployment of repeatable business processes in order to achieve customer efficiencies and effectiveness. OAPS' integration division collects and renders data for systems and end user consumption and reporting that help to improve decision making across the Department. Its support functions provide OAPS customers with cost effective operations and maintenance, systems administration, and database support services that ensure applications and platform availability for secure and continuous business operations.

Office of Enterprise Services
The Office of Enterprise Services (OES) is the Executive Office responsible for ensuring HHS IT investments are smart, customer-centric, and compliant with federal laws and regulations such as FITARA, e-Gov and MGT Act, thereby spending according to mission capability, managed risk, and delivered value.

Office of Information Security
HHS is the repository for information on biodefense, development of pharmaceuticals, and medical information for one hundred million Americans, among a great deal of other sensitive information. As a result, HHS information is a target for cyber criminals seeking economic gain, as well as nation states who might seek to compromise the security of government information and gain economic, military, or political advantage.

Office of Information Security (OIS) assures that all automated information systems throughout HHS are designed, operated, and maintained with the appropriate information technology security and privacy data protections.

Office of Operation

The mission of the Office of Operations (Ops) is to provide efficient and effective delivery of IT services to its customers by providing customer-driven, business-enabling technologies.

Ops is responsible for providing a reliable, cost effective, scalable and flexible enterprise computing platform that supports and enhances customer IT needs and capabilities from requirements gathering through design, development, testing, implementation, and ongoing lifecycle asset refreshment for end user computers and printers. Ops supports over 22 customer organizations comprised of over 13,000 users, including all HHS Staff Divisions (StaffDivs) and participating Operating Divisions (OpDivs).

Office of the Chief Data Officer

The HHS Office of the Chief Data Officer (OCDO) provides leadership for advancing HHS's data and analytics strategy across the totality of the Department's programs. The HHS OCDO uses the regulatory and statutory framework to drive implementation of the HHS data strategy vision and support plans, strategies, and considerations for leadership in the domains of.

National Labor and Employee Relations Office

National Labor and Employee Relations Office (NLERO) is responsible for promoting the efficiency of the service, advance the mission of the Department of Health and Human Services (HHS), and protect and advocate for the Department's rights and interests.

Historically, the Labor and Employee relations functions were highly federated with limited consistency or oversight that caused substantial specialization and hindered the common requirements for the Department and were performed individually by organizations within the Human Resources function.

In support of One HHS, the Department is committed to a cohesive approach to managing our labor and employee relations functions through the coordination of uniform operational practices. This policy is issued to ensure consistent communication and oversight in the execution of these functions and will be communicated in the activities offices under the ASA.

The National Labor and Employee Relations Office (NLERO), FY 2024 Budget Request of $2.7 million is an increase of $857,000 from the FY 2023 Approved Budget of $1.8 million.

Office of Acquisitions Management Services

Office of Acquisitions Management Services (OAMS) has formally realigned from the Program Support Center (PSC) and established as a component directly under the Assistant Secretary for Administration. The newly established role of Deputy Assistant Secretary for Acquisitions (DAS-A) reports directly to the Assistant Secretary for Administration on all acquisition related matters across the shared-service environment.

OAMS advises on matters pertaining to procurement and acquisitions across the shared-service landscape to accomplish Departmental goals and program objectives. The mission of OAMS is to provide the highest quality of acquisition support and solutions to the customers at the best value possible.

Office of the Assistant Secretary for Financial Resources

The Office of the Assistant Secretary for Financial Resources (ASFR) provides advice and guidance to the Secretary on all aspects of budget, financial management, grants and acquisition management, and provides for the direction and implementation of these activities across the Department.

Office of the Deputy Assistant Secretary of Acquisitions

The mission of the Office of Acquisitions is to provide leadership, guidance and oversight to constituent organizations, and coordinates long and short-range planning for HHS' acquisition practices, systems and workforce.

Acquisition Reform Program

In March 2009, the President mandated that all federal agencies improve acquisition practices and performance by maximizing competition and value, minimizing risk, and review of the acquisition workforce to develop, manage, and oversee acquisitions appropriately.

The HHS Acquisition Reform Workforce program which is located in the Office of the Acquisitions is responsible for every aspect of the HHS Acquisition Workforce Program – Federal Certification Management.

Acquisition Integration and Modernization

The AIM Program was created to capture knowledge, create standardization, and provide one source for the HHS Acquisition Workforce (HHSAW) to access policies, guidance, and other acquisition tools. The program supports the acquisition related mission needs of the Department, providing tools to ensure that the acquisition lifecycle processes are efficiently executed and comply with statutory requirements. The AIM program is managed by the Office of Acquisition Policy within the Office of Acquisitions (OA).

According to a survey of all HHS acquisition offices from January 2022, HHS has 1,155 contracting officers and contract specialists onboard (with approximately 200 vacancies across all offices), 9027 contracting officer representatives (CORs) and approximately 820 program/project managers (P/PMs) across the HHS enterprise. AIM conducts one-to-one engagements with OpDiv/StaffDivs and regular engagements with contracting and program officials to align acquisition strategies, plans and other procurement/contract documentation with prevailing federal regulations and statues. AIM also conducts working groups and informational sessions with contracting personnel to improve contracting compliance and ensure contracting leaderships remains abreast of changes in the federal acquisition framework. Finally, the AIM staff serve on two intergovernmental acquisition working groups to ensure HHS representation is present to contribute strategic insight for HHS needs to be considered in new federal acquisition policies and regulations.

Category Management

Category Management (CM) is a strategic business practice aligned to the requirements of OMB Memorandum 19-13 and in furtherance of Executive Order 13985, Advancing Racial Equity and Support for Underserved Communities through the Federal Government, leveraging economies of scale, advancing equity in procurement and efficiencies. The BUYSMARTER Full Contract Scan AI Tool, domestic sourcing, combatting climate change and the SmartPay®3 Purchase Card Program aligns to CM principles by aggregating volumes of commonly purchased goods and services ensuring that use of best-in-class (BIC) solutions are balanced with decentralized contracts and other strategies that are

necessary to increase diversity within the agency's small business supplier base to advance equity in procurement, maximize awards to socioeconomic small businesses and leveraging shared solutions.

Departmental Contracts Information System

The Departmental Contracts Information System (DCIS) program provides procurement data analysis and reporting capabilities to enable the HHS Operating Divisions (OPDIVs) to comply with requirements under Public Law 93-400 and FAR Subpart 4.6 regarding the reporting of contract actions to the Federal Procurement Data System (FPDS) and DATA Act. The DCIS program oversees the HHS FedDataCheck program. The FedDataCheck service is offered to all OPDIV/STAFFDIV Head of Contracting Activities (HCA) to monitor and improve the accuracy of FPDS data. Since implementing FedDataCheck, there has been continued improvement in HHS FPDS and USAspending data quality. Data accuracy has improved since the implementation from 87% in 2018 to 95% in 2020. In addition, it allows for a time savings in the collection of the data by the OpDIVs. The program also supports hosting and data services that provide for a central repository of accessible HHS acquisition.

HHS Consolidated Acquisition Solution

The HHS Consolidated Acquisition Solution (HCAS) was launched in 2009 and provides consolidated acquisition functionality and capabilities that are critical to the contract execution operations for eight of the Department's eleven Contracting Activities. This accomplished using a Commercial-Off-The-Shelf software application called "PRISM" which allows end-users to formulate, administer and distribute contractual documents that comply with the Federal Acquisition Regulation. In addition, HCAS supports the Department's efforts to standardize acquisition end-to-end business processes.

The HCAS Program is managed by the Office of Acquisition Business Systems.

The HHS Consolidated Acquisition Solution FY 2024 request of $11.1 million represents increase of $849,000 from the FY 2023 approved budget amount of $10.2 million.

Office of Small and Disadvantaged Business Utilization

The Department of Health and Human Services' (HHS) Office of Small and Disadvantaged Business Utilization (OSDBU) was established in October 1979 pursuant to Public Law 95-507. OSDBU is the focal point for the Department's policy formulation, implementation, coordination, and management of small business programs. Organizationally, OSDBU is administratively supported by the ASFR Office of Acquisition, but reports directly to the Deputy Secretary of HHS. The office ensures that small businesses are given a fair and transparent opportunity to compete for contracts that provide goods and services to HHS; establishes, manages and tracks small business goal achievements; provides technical assistance and small business program training to OPDIV contracting and program officials; and conducts outreach and provides marketing and technical guidance to small businesses on contracting opportunities with HHS.

Office of the Deputy Assistant Secretary of Finance

The mission of the Office of Finance is to provide financial accountability and enhance program integrity through leadership, oversight, collaboration, and innovation.

Consolidated Financial Reporting System

The Consolidated Financial Reporting System (CFRS) collects and consolidates automated data extracts from HHS' core accounting systems to generate accurate Department-wide quarterly and annual financial statements on a consistent and timely basis.

The ASFR Office of Finance (OF) is the business and system owner of CFRS and provides operations and maintenance (O&M) services for this system, including core infrastructure support and hosting, as well as application support.

Financial Business Intelligence System

The Financial Business Intelligence System (FBIS) serves as a powerful business intelligence and data analytics platform for integrated, timely, and accurate reporting to support decision making at all levels throughout the Department. The ASFR Office of Finance (OF) is the business and system owner of FBIS and provides operations and maintenance (O&M) services for this system, including core infrastructure support and hosting, as well as application support.

Financial Systems Control and Program Management

The Office of Finance (OF), through Financial Systems Control and Program Management, is leading a Department-wide strategy to mature the financial management systems environment, improving governance, program management, security, effectiveness, and efficiency. Areas addressed include:

1. Providing Oversight and Governance for HHS' key financial accounting and reporting systems:
    a. Unified Financial Management System (UFMS)
    b. Healthcare Integrated General Ledger Accounting System (HIGLAS)
    c. National Institutes of Health Business System (NBS)
    d. Consolidated Financial Reporting System (CFRS)
    e. Financial Business Intelligence System (FBIS)
2. Strengthening Financial System Controls by spearheading HHS' efforts to strengthen system controls and resolve audit weaknesses. This includes developing and implementing a risk-based approach to identify, prioritize, and oversee the resolution of the vulnerabilities, while monitoring the Department's compliance with financial system policies.
3. Promoting Best-in-Class Program and Project Management by offering enterprise-wide program management support to mature the financial systems environment, improve operational processes to sustain improvement, share best practices and solutions across Department project teams, and conduct comprehensive risk management.

Office of Program Audit Coordination

The Office of Program Audit Coordination (OPAC) serves as the central point of contact for coordinating program audit support and payment accuracy activities across the Department. OPAC is organized into three Divisions: (1) Audit Resolution Division (ARD), (2) Audit Tracking and Analysis Division (ATAD), and (3) Division of Payment Integrity Improvement (DPII).

OPAC's ARD and ATAD ensure HHS compliance with the Office of Management and Budget (OMB)'s Uniform Guidance (2 CFR Part 200) and implement the Department's Shared Single Audit (SA) Resolution Vision (Shared Vision), as approved by the Financial Governance Board in August 2014. ARD leads the effort to develop standard HHS Single Audit resolution policies and operations and performs resolution of cross-cutting Single Audit findings [findings that affect the programs of more than one Operating Division (OpDiv)/Staff Division (StaffDiv)]. ATAD manages the automation initiatives in

support of the Shared Vision and analyzes data to inform the Single Audit and grant management decision-making processes. Both ARD and ATAD are engaged in efforts to (a) use digital tools to modernize antiquated compliance processes; and (b) leverage available data of recipients to produce a risk-based framework for performance management that drives results. OPAC's DPII coordinates HHS' implementation of the Payment Integrity Information Act of 2019 (PIIA), and related OMB implementing guidance contained in Appendix C of OMB Circular A-123, Management's Responsibility for Enterprise Risk Management and Internal Control. Specifically, the DPII team works with OpDivs/StaffDivs to complete risk assessments of programs and activities to determine susceptibility to significant improper payments, and to assist OpDivs/StaffDivs in complying with the PIIA and OMB implementing guidance. Other DPII coordinating activities include: (a) HHS' improper payment reporting in the statutorily required annual Agency Financial Report and OMB data call; (b) the statutorily required Do Not Pay initiative; (c) application of PIIA requirements – including fraud risk management approaches - to new laws and programs; and (d) HHS' Office of Inspector General (OIG) engagements, including supporting OpDiv/StaffDiv liaisons and program staff in participating in and responding to OIG requests across all OpDivs/StaffDivs, monitoring open recommendations, and sharing leading practices among audit liaisons. DPII also supports the Office of Finance's lead role in government-wide efforts to improve payment accuracy and reduce monetary loss.

Unified Financial Management Systems

The Unified Financial Management Systems (UFMS) portfolio provides the Department a secure, stable platform for effectively processing and tracking its financial and accounting transactions. The Unified Financial Management System (UFMS) is the core accounting system for the Operating Divisions (OpDivs) and Staff Divisions (StaffDivs). UFMS integrates with over 50 program, business, and administrative systems (i.e., mixed systems) to create a secure, reliable, and highly available financial management environment.

The Office of Finance (OF) is the business and system owner of UFMS and provides operations and maintenance (O&M) services for this system, including core infrastructure support and hosting, application support, audit management, security support, and internal controls support.

Office of the Deputy Assistant Secretary for Grants

The mission of the Office of Grants is to provide Department-wide leadership, guidance, and oversight to constituent organizations, and coordinate long and short-range planning for HHS' grants management policies, practices and systems and workforce.

Data and Systems Project Management Office

The Office of Grants, Division of Information and Solutions, Data and Systems Project Management Office (PMO), formerly the Tracking Accountability in Government Grants System (TAGGS), provides technical system support and data services across the HHS financial assistance enterprise.

The PMO manages the TAGGS System. Since its 1995 inception, TAGGS has been the consolidated repository of financial assistance award data for the Department. TAGGS is the only HHS, non-financial system approved for submitting financial assistance data to Treasury for publication to USASpending.gov. Currently, TAGGS houses HHS's award data for over 1.7 million distinct grant and cooperative agreement awards totaling over $7 trillion. Beginning in 2012, TAGGS collects additional types of financial assistance data including Medicare payments, loans, and loan repayments totaling an additional $4.2 trillion.

Division of Workforce Development

The focus of the Division of Workforce Development (DWD) is to lead the HHS financial assistance workforce in developing and tailoring training, providing certification, resources, and tools, to empower employees for success on their learning journey. The HHS Office of Grant's Grant Management Training Academy (GMTA) provides inclusiveness learning, innovation, promoting common core competencies, transferable skills, accountability, and stewardship of taxpayer dollars. Providing the financial assistance workforce with highest quality of education contributes to enhancing health and well-being of all Americans throughout communities around the country.

Grants.gov

Grants.gov (www.grants.gov) is the federal government's single site for the public to LEARN, FIND, and APPLY for over $220 billion in federal discretionary grants and cooperative agreements each year. In 2002, pursuant to the President's Management Agenda, the federal government established Grants.gov (www.grants.gov) as the federal government's single site for the public to FIND and APPLY for federal discretionary grants and cooperative agreements. The federal government created Grants.gov in large part to simplify the federal financial assistance process, improve the delivery of services to the public, and reduce the burden of agencies providing and applicants seeking financial assistance.

GrantSolutions

GrantSolutions is a partnership of HHS and other Federal awarding agencies. GrantSolutions delivers end-to-end grants management services for more than 1700 national programs that award, monitor, and financially report on grants and cooperative agreements to states, tribes, territories, and other institutions and organizations. During FY 2021, GrantSolutions processed 117,000 award actions totaling over $204B. Additionally, in FY 2021, GrantSolutions transferred from HHS/ACF to join the Office of Grants under the Assistant Secretary for Financial Resources (ASFR).

Office of the Assistant Secretary for Public Affairs

ASPA serves as the Secretary's principal counsel on public affairs. The Office of the Assistant Secretary for Public Affairs conducts national public affairs programs, provides centralized leadership and guidance for public affairs activities within HHS' Staff and Operating Divisions and regional offices, manages the Department's digital communications, and administers the Freedom of Information and Privacy Acts. The Division leads the planning, development, and implementation of emergency incident communications strategies and activities for the Department. The ASPA reports directly to the HHS Secretary.

Digital Communications Division

The Digital Communications Division's (ASPA Digital) mission is to deliver instant and impactful communications through ASPA managed digital communications channels. In addition, ASPA Digital is leading a department-wide process to create and implement a digital communications strategy that supports the Department's vision of a future where HHS programs and America's healthcare, human services, and public health systems work better for the people we serve.

Changes in public consumption of information and advancements in technology make necessary the continuous advancement and improvement of digital communications approaches. More than ever,

Americans can consume and interact with online media anywhere, anytime from any device. Consumers have come to expect instant and impactful communications – desired, accurate and relevant content is available when they want it, where they want it and, in the format, they want it. Consumers have come to expect information and resources that are both situationally and geographically relevant to them. If the consumer is not satisfied, they move on and the opportunity to deliver a satisfactory experience is lost. The COVID-19 pandemic has rendered HHS's mission more challenging and more important than perhaps ever before. These changes have grown the expectations of ASPA's role in terms of alignment, coordination, and stakeholder engagement across Agencies and Offices.

Freedom of Information Act Division
ASPA provides Freedom of Information Act (FOIA) requests and appeals services to multiple HHS Operating Divisions (OPDIVs) and one Staff Division. Services include providing FOIA guidance, and processing requests, appeals and litigations.

Media Monitoring
The Media Monitoring activity provides the Secretary, department, agency leadership and staff with the latest analysis of what the media is reporting about Department-wide and Agency-specific priorities, initiatives and programs. This Department-wide tool has been effective since 2009. Any OPDIV-specific requirements and additional levels of effort are provided through a contract vehicle.

HHS Broadcast Studio
The HHS Broadcast Studio (the Studio) provides video and audiovisual services to the entire Department, which range from multi-camera studio productions; virtual meeting support; video streaming via HHS.gov/live and social media platforms; satellite media tours; motion graphics and video editing, and delivery to multiple social media channels.

The Studio supports communications to national, regional and local TV and radio stations; created new regularly recurring video series for social media platforms; purchased new equipment and developed new workflows to support virtual advisory meetings and other virtual communication efforts; arrived early and stayed late for network news interviews with the Secretary, and senior leaders supporting COVID-19 responses.

Office of the Assistant Secretary for Planning and Evaluation

ASPE advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science; and provides advice and analysis on economic policy.

Strategic Planning System
The Strategic Planning System, also known as the ASPE Strategic Planning Resource Center and Tracking Tool, is an internal web-based and PIV-card protected application that builds the strategic planning capacity of HHS leaders and staff and supports the development and implementation of strategic plans led by HHS operating and staff divisions. It was developed in close collaboration with strategic planners, performance officers, program and policy staff, research and evaluation staff, and others with roles in strategic planning from across the Department and is enhanced based on feedback from accountholders.

Office of the Assistant Secretary for Health

OASH oversees the Department's key public health offices and programs, a number of Presidential and Secretarial advisory committees, 10 regional health offices across the nation, and the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps.

Commissioned Corp Headquarters

The U.S. Public Health Service Commissioned Corps (CC) is a mobile, duty bound, all-officer group of health professionals willing to serve anywhere, anytime to meet the nation's most urgent public health needs including public health emergencies, natural disasters, and national security risks. The Commissioned Corps Headquarters (CCHQ) is responsible for all functions management of the CC, to include recruitment, commissioning, transfers, re-assignment, deployment support, medical fitness, credentialing, promotion, policy, career management, adverse actions, separations and retirements. CCHQ is within the Office of the Surgeon General (OSG), and OSG is one of the offices within the Office of Assistant Secretary for Health (OASH). CCHQ analyzes and reports CC personnel strength and readiness status, supports CC (active duty and retiree) payroll, and develops policy to support all CC officers serving throughout Department of Health and Human Services (HHS) and numerous non-HHS agencies. CCHQ manages and maintains CC personnel programs, policies, and procedures that impact CC personnel.

CCHQ executes CC-wide policies for budget and financial practices for its 6,000 active duty and 7,000 retiree officers. Specifically, CCHQ executes payroll and personnel services which include the calculation and delivery of monthly pay and allotments, the processing of special pays (e.g., health professions special pays), maintenance of personnel and medical records, the management of the CC uniformed service awards program, the management of officer performance evaluations, the processing of official personnel orders and the management of officer boards, accessioning all new calls to active duty, and deployment of officers. Payroll services also includes the delivery of payroll and maintenance of payroll records to over 7,000 retired officers and annuitants.

Office of the General Counsel

The Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing quality representation and legal advice on a wide range of highly visible national issues. OGC supports the development and implementation of the Department's programs by providing the highest quality legal services to the Secretary of HHS and the organization's various agencies and divisions.

Departmental Ethics

The HHS Office of the General Counsel Ethics (Departmental Ethics Division) administers the HHS ethics program. Federal ethics laws and regulations seek to ensure that the public can have confidence that the decisions of the federal government are made in the best interests of the public, and not based on the private gain of individual employees. The HHS ethics program is, primarily, a proactive risk management program. Departmental Ethics provides ethics education, training, advice and counseling to employees concerning how their official duties could interact with their personal interests and outside activities. Departmental Ethics Division administers the Department's financial disclosure program, to ensure leadership and employees to prevent conflicts of interest between official duties and reported assets, liabilities, outside activities, and reportable gifts.

Office of the General Counsel Claims

The Office of the General Counsel (OGC) receives all tort claims filed against the Department pursuant to the Federal Tort Claims Act (FTCA). These torts can range from "slips" and "falls" in Departmental facilities, to motor vehicle accidents involving Departmental vehicles, or medical malpractice in health clinics. OGC reviews and processes all these claims. Two clients typically account for approximately ninety-six percent of the Claims Activity workload: Health Resources and Services Administration (HRSA) (83%) and Indian Health Service (IHS) (13%). The remainder of claims are for other agencies within HHS (4%).

Office of National Security

ONS manages and operates the Department's National Security Classification Program, as well as provides policy and procedural guidance to HHS employees and contractors who have access to classified national security information.

National Security Adjudications (NSA)

The Office of National Security (ONS) was established in 2007, and in 2012 was designated by the Secretary of Health and Human Services (HHS) and the Director of National Intelligence (DNI) as the Department's Federal Intelligence Coordinating Office (FICO). In this capacity, ONS is the HHS point of contact for the Intelligence Community (IC) and is responsible for coordination with the IC and for intelligence support to HHS senior policy makers and consumers of intelligence across the Department. Additionally, ONS is responsible for safeguarding classified national security information across the Department and for the appropriate sharing of intelligence, homeland security and law enforcement information externally and, internally within HHS, among the Operating and Staff Divisions.

All Purpose Table

(Dollars in Thousands)

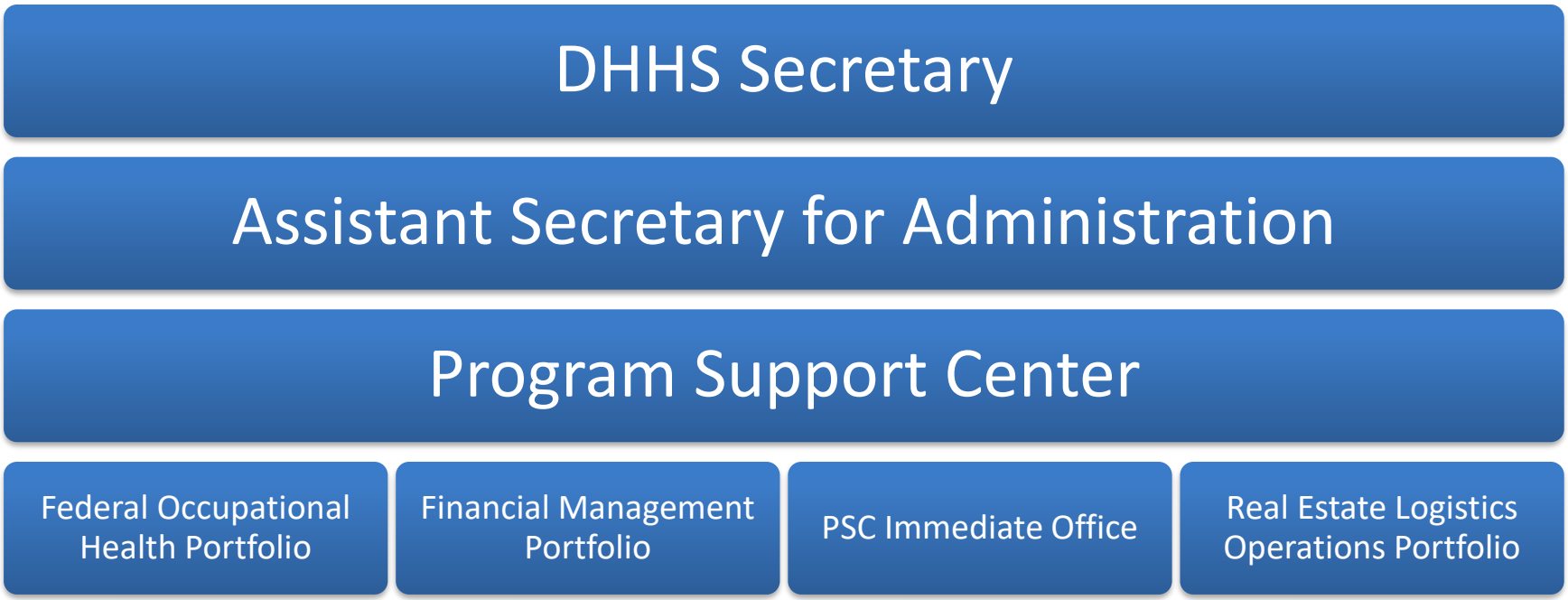
Service and Supply Fund Activities	FY 2022 Actuals	FY 2023 Approved	FY 2024 Approved
PSC			
Federal Occupational Health Portfolio (FOH)	125,813	137,784	137,774
Financial Management Portfolio (FMP)	41,670	50,263	54,646
PSC Immediate Office (IO) [1]	1,510	2,180	2,337
Real Estate, Logistics & Operations Portfolio (RLO)	280,619	288,110	294,206
PSC Subtotal	**449,612**	**478,338**	**488,963**
Non-PSC			
Acquisition Integration and Modernization Program	1,915	3,035	5,834
Acquisition Reform	2,106	3,582	4,113
Category Management	3,066	3,896	3,761
Commissioned Corps Headquarters	29,464	32,045	32,045
Data PMO - *Formerly TAGGS*	7,316	8,704	8,813
Departmental Contract Information System	844	1,767	1,910
Departmental Ethics Program	4,264	4,602	4,602
Digital Communications	32,222	43,629	42,649
Division of Workforce Development	3,276	3,514	3,655
Freedom of Information Act	1,899	1,991	2,315
Grants.gov	6,974	18,192	18,432
GrantSolutions	116,556	122,244	124,373
HHS Broadcast Studio	2,520	3,739	3,897
HHS Consolidated Acquisition Solution Operations & Maintenance	9,864	10,227	11,076
Media Monitoring and Analysis	1,116	1,190	1,249
National Labor Relations	1,599	1,798	2,655
National Security Case Management	3,129	2,895	3,883
Office of Acquisition Management Services - *Formerly in the PSC*	44,538	27,273	44,701
Office of Chief Information Office Portfolio	203,501	412,898	382,591
Office of Equal Employment Opportunity, Diversity & Inclusion	7,898	13,526	13,574
Office of General Counsel Claims	1,930	2,064	2,089
Office of Human Resources	70,588	102,476	107,195
Office of Operations and Management - *Formerly OBMT*	546	256	935
Office of Program Audit Coordination	3,369	4,016	4,172
Small Business Center	3,726	4,550	5,985
Strategic Planning System	557	602	602
Unified Financial Management System Portfolio (UFMS)	59,989	77,066	78,314
Non-PSC Subtotal	**624,769**	**911,778**	**915,419**
Total SSF Revenue	**1,074,381**	**1,390,116**	**1,404,382**

Object Classification Table – Reimbursable Obligations

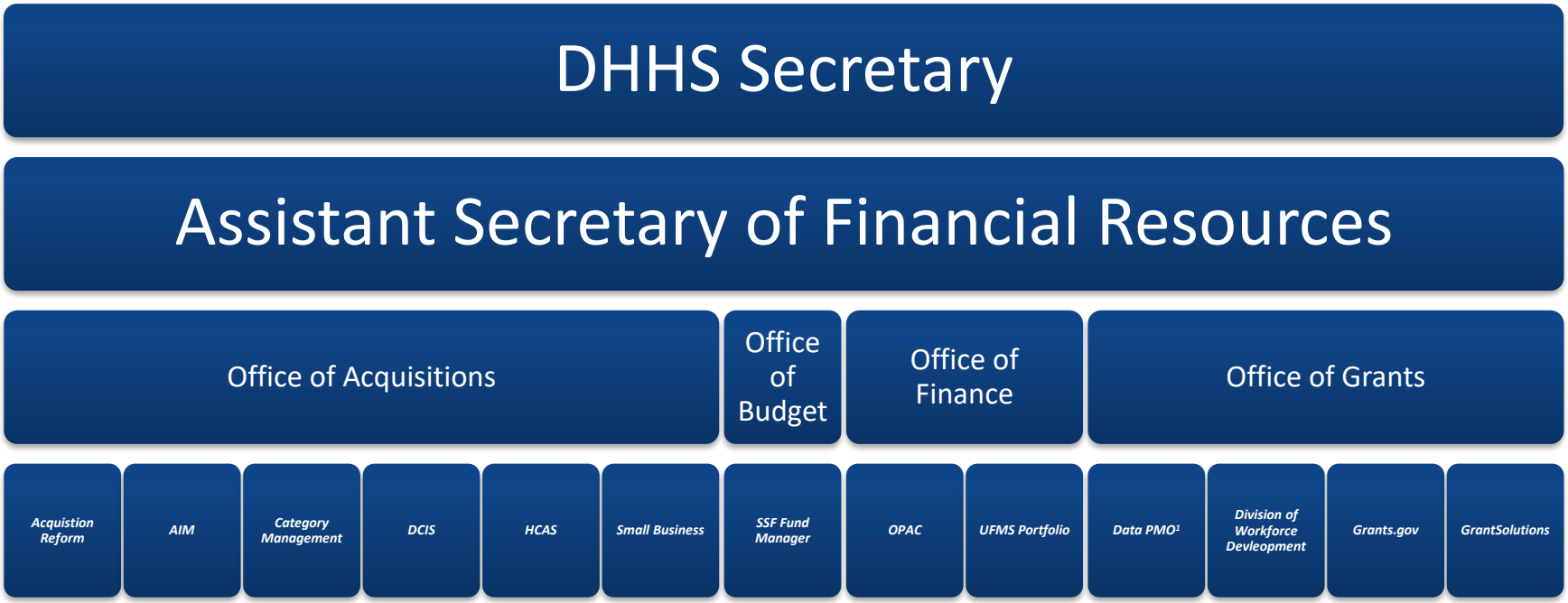
(Dollars in Thousands)

Object Class	FY 2022 Actuals	FY 2023 SSF Current Request	FY 2024 SSF Current Request
Reimbursable Obligations			
Personnel Compensation:			
Full – Time Permanent (11.1)	122,770	171,292	172,718
Other Than Full – Time Permanent (11.3)	2,355	6,333	6,391
Other Personnel Compensation (11.5)	5,390	5,877	5,934
Military Personnel (11.7)	8,178	10,767	10,833
Special Personnel Services Payments (11.8)	13,564	24,404	24,588
Subtotal, Personnel Compensation	**152,257**	**218,673**	**220,464**
Civilian Personnel Benefits (12.1)	44,431	61,012	61,518
Military Personnel Benefits (12.2)	1,062	1,436	1,444
Benefits to Former Personnel (13.0)	240	233	238
Subtotal, Pay Costs	**197,990**	**281,354**	**283,664**
Travel (21.0)	527	4,564	4,600
Transportation of Things (22.0)	1,310	1,520	1,551
Rental Payments to GSA (23.1)	21,179	19,073	19,325
Rental Payments to Others (23.2)	0	0	0
Communications, Utilities and Miscellaneous Charge (23.3)	16,766	39,494	39,756
Printing and Reproduction (24.0)	1,526	2,594	2,145
Other Contractual Services:			
Advisory and Assistance Services (25.1)	18,755	32,767	32,977
Other Services (25.2)	340,820	482,388	489,442
Purchases from Govt. Accounts (25.3)	162,840	326,967	328,266
Operation & Maintenance of Facilities (25.4)	17,205	21,547	21,986
Research & Development Contracts (25.5)	0	0	0
Medical Services (25.6)	11,081	14,996	15,329
Operation & Maintenance of Equipment (25.7)	227,005	68,861	69,768
Subsistence& Support of Persons (25.8)	0	0	0
Subtotal, Other Contractual Services	**819,014**	**1,014,771**	**1,025,105**
Supplies and Materials (26.0)	16,345	33,256	36,560
Equipment (31.0)	40,698	59,296	57,585
Grants (41.0)	0	0	0
Other (32), (42), (61)	46	1,438	1,469
Subtotal, Non – Pay Costs	**876,388**	**1,108,761**	**1,120,719**
Total, Reimbursable Obligations	**$1,074,381**	**$1,390,116**	**$1,404,382**

Program Support Center (PSC) Organizational Chart



Non- PSC Organizational Chart (1 of 3)



Acronym Key:

AIM – Acquisition Integration and Modernization

DCIS – Departmental Contracts Information System

HCAS – HHS Consolidated Acquisition Solution

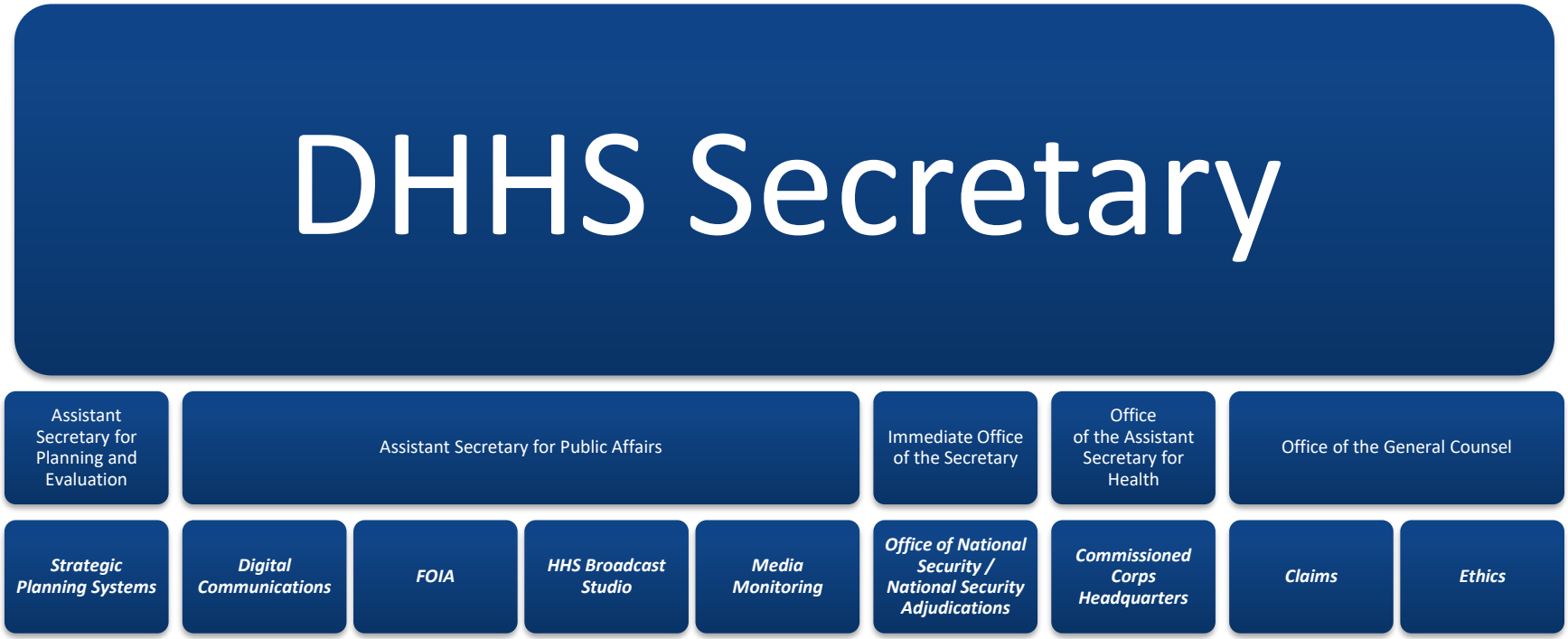
OPAC – Office of Program Audit Coordination

UFMS – Unified Financial Management System

SSF Activities are italicized

1/ Formerly Tracking Accountability in Government Grants System (TAGGS)

Non- PSC Organizational Chart (2 of 3)

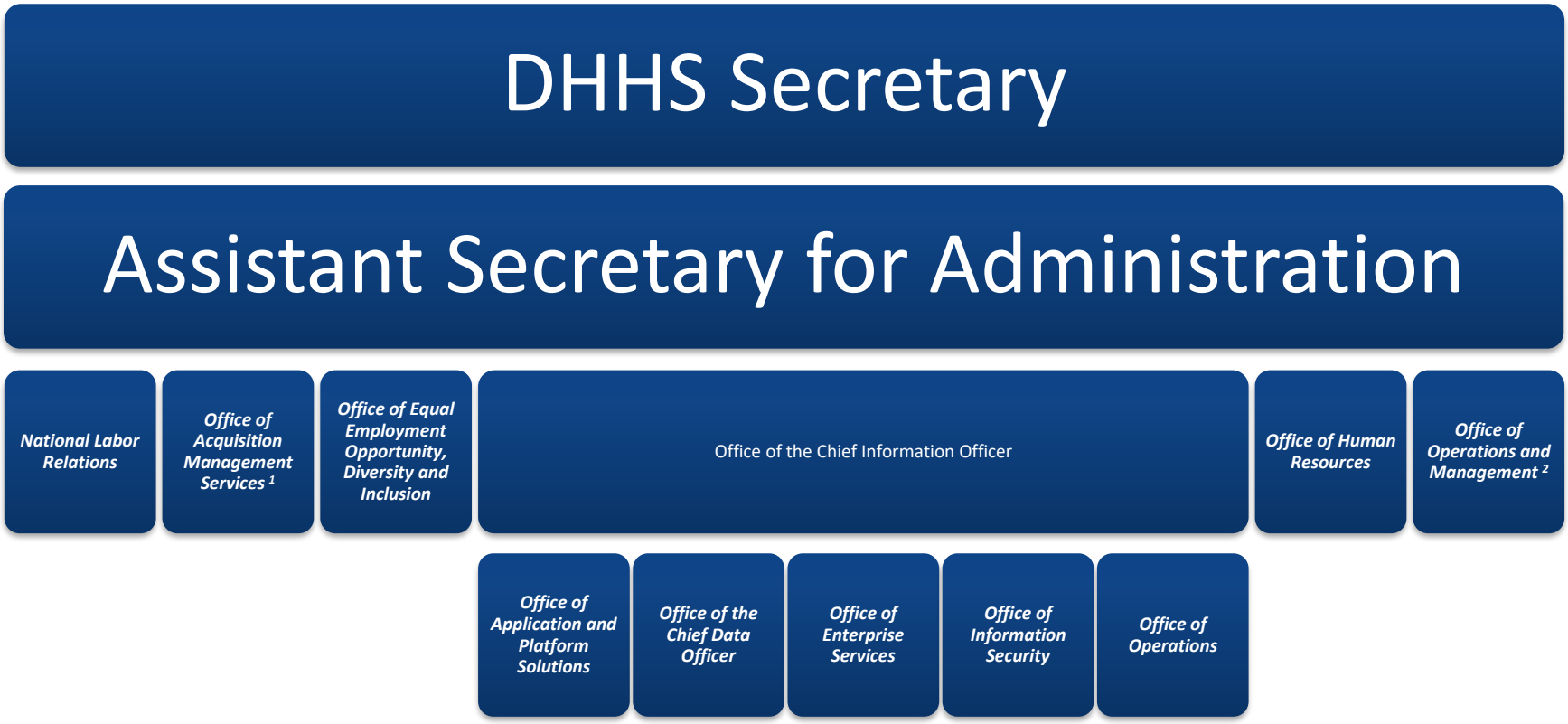


Acronym Key:

FOIA – Freedom of Information Act

SSF Activities are italicized

Non- PSC Organizational Chart (3 of 3)



SSF Activities are italicized

1/ Realigned from PSC

2/ Formerly Office of Business Transformation (OBMT)

Debt Collection Fund

ASSISTANT SECRETARY FOR ADMINISTRATION
DEBT COLLECTION FUND

(Dollars in Thousands)

	FY 2022 Actuals	FY 2023 President's Budget	FY 2024 Request	FY 2023 +/- FY 2024
BA	$8,898	$10,034	$11,926	$1,892
FTE	16	25	25	0

Authorizing Legislation……31 U.S.C. §3711(g)(7)
2024 Authorization……Indefinite
Allocation Method ……Contract, Other

STATEMENT OF THE BUDGET

The Assistant Secretary for Administration (ASA) Program Support Center (PSC) Debt Collection FY 2024 Request of $11,296,000 is an increase of $1,892,000 from the FY 2023 Budget of $10,034,000.

PROGRAM SUPPORT CENTER DEBT COLLECTION

Debt Collection is a cost center within the Assistant Secretary for Administration (ASA), Program Support Center (PSC), Financial Management Portfolio and operates under authorizing legislation 31 U.S.C. §3711(g)(7). Debt Collection is a U.S. Department of Treasury designated debt collection center providing a full range of debt management and collection services. Agencies refer debts to the Debt Collection team for tracking and management utilizing the Debt Management and Collection System, payment processing, demand letters, billing statements, debtor wage garnishment, credit bureau reporting. Referrals are made to Department of Justice and Office of Inspector General, the Treasury Offset Program and Treasury Cross-Servicing. Support also includes regulatory and ad hoc reporting, IRS 1099C & 1098E reporting, pre-claim assistance, disability requests, medical license suspension/revocation, processing of waiver/discharge requests, bankruptcy tracking, and financial reviews for waiver/discharge decisions.

The FY 2024 increased budget reflects the need to ensure sufficient support to address work related to the partial pause of debt collection during the COVID-19 pandemic as well as new programs related to COVID supplemental funding.

Object Classification – Reimbursable Obligations

(Dollars in Thousands)

Object Class	FY 2022 Debt Collection Actual	FY 2023 Debt Collection Request	FY 2024 Debt Collection Request
Reimbursable Obligations			
Personnel Compensation:			
Full – Time Permanent (11.1)	2,000	2,691	3,198
Other Than Full – Time Permanent (11.3)		4	4
Other Personnel Compensation (11.5)		67	80
Military Personnel (11.7)			
Special Personnel Services Payments (11.8)			
Subtotal, Personnel Compensation	**2,000**	**2,762**	**3,283**
Civilian Personnel Benefits (12.1)	903	934	1,110
Military Personnel Benefits (12.2)			
Benefits to Former Personnel (13.0)			
Subtotal, Pay Costs	**2,903**	**3,696**	**4,392**
Travel (21.0)			
Transportation of Things (22.0)			
Rental Payments to GSA (23.1)		218	259
Rental Payments to Others (23.2)			
Communications, Utilities and Miscellaneous Charge (23.3)		11	13
Printing and Reproduction (24.0)		2	2
Other Contractual Services:			
Advisory and Assistance Services (25.1)		611	726
Other Services (25.2)	2,226	1,824	2,167
Purchases from Govt. Accounts (25.3)	766	1,373	1,631
Operation & Maintenance of Facilities (25.4)			
Research & Development Contracts (25.5)			
Medical Services (25.6)			
Operation & Maintenance of Equipment (25.7)	3,003	2,299	2,732
Subsistence& Support of Persons (25.8)			
Subtotal, Other Contractual Services	**5,995**	**6,106**	**7,256**
Supplies and Materials (26.0)		2	2
Equipment (31.0)			
Grants (41.0)			
Other (32), (42), (61)			
Subtotal, Non – Pay Costs	**5,995**	**6,339**	**7,533**
Total, Reimbursable Obligations	**$8,898**	**$10,034**	**$11,926**

Note: Estimates on this account fluctuate based on actual collections. As a result, totals reflected on this submission may not match data entered into MAX.

Statement of Personnel Resources

	FY 2022 Actuals			FY 2023 Estimate			FY 2024 Estimate		
	Civilian	**Military**	**Total**	**Civilian**	**Military**	**Total**	Civilian	Military	Total
ASA DCF Reimbursable:									
Program Support Center									
FMP Debt Collection	16		16	25		25	25		25
Total Reimbursable PSC FTEs	**16**		**16**	**25**		**25**	**25**		**25**

Retirement Pay & Medical Benefits for Commissioned Officers

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

(Dollars in Thousands)

	FY 2022 Actuals	FY 2023 (revised)	FY 2024	FY 2024 +/-FY 2023
Retirement Payments	573,942	622,241	657,648	35,407
Survivor's Benefits	33,669	36,249	37,681	1,432
Medical Care Benefits	138,691	99,982	97,363	-2,619
Subtotal	746,302	758,473	792,691	34,208
Accrued Health Care Benefits*	32,996	33,658	41,924	8,266
Total	**779,298**	**788,538**	**834,616**	**46,078**

*The funding levels for the accrued health care benefits are estimates and subject to change.

Authorizing Legislation 42 U.S.C., Chapter 6A; 10 U.S.C., Chapter 73; 10 U.S.C., Chapters 55; and Section 229(b) of the Social Security Act.

FY 2024 Authorization……..……Indefinite.

Rationale for Budget

This appropriation provides for retirement payments to Public Health Service (PHS) Commissioned Corps officers to include active duty regular officers and Ready Reserves who are retired for age, disability, or a specific length of service as well as payments to survivors of deceased retired officers who had elected to receive reduced retirement payments.

This appropriation also funds the provision of medical care to PHS officers and retired members of the Corps under the age of 65, dependents of active duty and retired members, and dependents of deceased members. This account includes payments to the DoD Medicare-Eligible Retiree Healthcare Fund for the accrued costs of health care for beneficiaries over the age of 65.

The Accrued Health Care Benefits amount is an estimate provided by DoD Office of the Actuary. The PHS FY2023 per capita is $5,795 (full-time members) and $2,279 (part-time members). The PHS FY2024 per capita is $6,405 (full-time members) and $2,553 (part-time members). The total budget is estimated by multiplying the per capita amount with the average number of active-duty positions and part-time (Ready Reserve officers). The FY 2023 estimated number of active-duty regular positions of 55,789 and 49 Ready Reserve officers yields a total estimated budget of $33.7 million. The FY 2024 estimated number of active positions of 6,426 and 300 Ready Reserve officers yield a total estimated budget of $41.9 million.

The FY 2024 estimate is a net increase of $46M over the FY 2023 level. This request reflects increased costs in medical benefits, an annualization of amounts paid to retirees and survivors in FY 2023 and a net increase in the number of retirees and survivors.

(Dollars in thousands)	FY 2025	FY 2026	FY 2027	FY 2028	FY 2029
Retirement Payments	695,068	734,618	776,419	820,598	867,291
Survivor's Benefits	39,168	40,714	42,321	43,992	45,729
Medical Care Benefits	99,310	101,296	103,322	105,389	107,497
Subtotal	**833,547**	**876,629**	**922,063**	**969,979**	**1,020,517**
Accrued Health Care Benefits	43,353	45,043	46,800	48,625	50,522
Total	**876,900**	**921,673**	**968,864**	**1,018,605**	**1,071,039**

HHS General Provisions

GENERAL PROVISIONS

Title II General Provisions

SEC. 201. Funds appropriated in this title shall be available for not to exceed $50,000 for official reception and representation expenses when specifically approved by the Secretary.

SEC. 202. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II: *Provided*, That **[**none of the funds appropriated in this title shall be used to prevent the NIH from paying up to 100 percent of the salary of an individual at this rate**]** *this section shall not apply to the Head Start program*.

[SEC. 203. None of the funds appropriated in this Act may be expended pursuant to section 241 of the PHS Act, except for funds specifically provided for in this Act, or for other taps and assessments made by any office located in HHS, prior to the preparation and submission of a report by the Secretary to the Committees on Appropriations of the House of Representatives and the Senate detailing the planned uses of such funds.**]**

SEC. **[**204**]***203*. Notwithstanding section 241(a) of the PHS Act, such portion as the Secretary shall determine, but not more than 2.5 percent, of any amounts appropriated for programs authorized under such Act shall be made available for the evaluation (directly, or by grants or contracts) and the implementation and effectiveness of programs funded in this title.

SEC. **[**205**]***204*. Not to exceed 1 percent of any discretionary funds (pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985) which are appropriated for the current fiscal year for HHS in this Act may be transferred between appropriations, but no such appropriation shall be increased by more than 3 percent by any such transfer: *Provided*, That the transfer authority granted by this section shall not be used to create any new program or to fund any project or activity for which no funds are provided in this Act: *Provided further*, That the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of any transfer.

SEC. **[**206**]***205*. In lieu of the timeframe specified in section 338E(c)(2) of the PHS Act, terminations described in such section may occur up to 60 days after the effective date of a contract awarded in fiscal year **[**2023**]** *2024* under section 338B of such Act, or at any time if the individual who has been awarded such contract has not received funds due under the contract.

SEC. **[**207**]***206*. None of the funds appropriated in this Act may be made available to any entity under title X of the PHS Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

SEC. **[**208**]***207*. Notwithstanding any other provision of law, no provider of services under title X of the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

SEC. **[**209**]***208*. None of the funds appropriated by this Act (including funds appropriated to any trust fund) may be used to carry out the Medicare Advantage program if the Secretary denies participation in such program to an otherwise eligible entity (including a Provider Sponsored Organization) because the entity informs the Secretary that it will not provide, pay for, provide coverage of, or provide referrals for abortions: *Provided,* That the Secretary shall make appropriate prospective adjustments to the capitation payment to such an entity (based on an actuarially sound estimate of the expected costs of providing the service to such entity's enrollees): *Provided further,* That nothing in this section shall be construed to change the Medicare program's coverage for such services and a Medicare Advantage organization described in this section shall be responsible for informing enrollees where to obtain information about all Medicare covered services.

SEC. **[**210**]***209*. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

[SEC. 211. The Secretary shall make available through assignment not more than 60 employees of the Public Health Service to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund or the World Health Organization.**]**

SEC. **[**212**]***210*. In order for HHS to carry out international health activities, including HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad during fiscal year **[**2023**]** *2024*:

(1) The Secretary may exercise authority equivalent to that available to the Secretary of State in section 2(c) of the State Department Basic Authorities Act of 1956. The Secretary shall consult with the Secretary of State and relevant Chief of Mission to ensure that the authority provided in this section is exercised in a manner consistent with section 207 of the Foreign Service Act of 1980 and other applicable statutes administered by the Department of State.

(2) The Secretary is authorized to provide such funds by advance or reimbursement to the Secretary of State as may be necessary to pay the costs of acquisition, lease, alteration, renovation, and management of facilities outside of the United States for the use of HHS. The Department of State shall cooperate fully with the Secretary to ensure that HHS has secure, safe, functional facilities that comply with applicable regulation governing location, setback, and other facilities requirements and serve the purposes established by this Act. The Secretary is authorized, in consultation with the Secretary of State, through grant or cooperative agreement, to make available to public or nonprofit private institutions or agencies in participating foreign countries, funds to acquire, lease, alter, or renovate facilities in those countries as necessary to conduct programs of assistance for international health activities, including activities relating to HIV/AIDS and other infectious diseases, chronic and environmental diseases, and other health activities abroad.

(3) The Secretary is authorized to provide to personnel appointed or assigned by the Secretary to serve abroad, allowances and benefits similar to those provided under chapter 9 of title I of the

Foreign Service Act of 1980, and 22 U.S.C. 4081 through 4086 and subject to such regulations prescribed by the Secretary. The Secretary is further authorized to provide locality-based comparability payments (stated as a percentage) up to the amount of the locality-based comparability payment (stated as a percentage) that would be payable to such personnel under section 5304 of title 5, United States Code if such personnel's official duty station were in the District of Columbia. Leaves of absence for personnel under this subsection shall be on the same basis as that provided under subchapter I of chapter 63 of title 5, United States Code, or section 903 of the Foreign Service Act of 1980, to individuals serving in the Foreign Service.

(4) The Secretary may acquire, lease, construct, alter, renovate, equip, furnish, or manage facilities outside of the United States, as necessary to conduct such programs, in consultation with the Secretary of State, either directly for the use of the United States Government or for the use, pursuant to grants, direct assistance, or cooperative agreements, of public or nonprofit private institutions or agencies in participating foreign countries.

SEC. **[**213**]***211*. The Director of the NIH, jointly with the Director of the Office of AIDS Research, may transfer up to 3 percent among institutes and centers from the total amounts identified by these two Directors as funding for research pertaining to the human immunodeficiency virus: *Provided*, That the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of any transfer.

SEC. **[**214**]***212*. Of the amounts made available in this Act for NIH, the amount for research related to the human immunodeficiency virus, as jointly determined by the Director of NIH and the Director of the Office of AIDS Research, shall be made available to the "Office of AIDS Research" account. The Director of the Office of AIDS Research shall transfer from such account amounts necessary to carry out section 2353(d)(3) of the PHS Act.

SEC. **[**215**]***213*. (a) AUTHORITY.—Notwithstanding any other provision of law, the Director of NIH ("Director") may use funds authorized under section 402(b)(12) of the PHS Act to enter into transactions (other than contracts, cooperative agreements, or grants) to carry out research identified pursuant to or research and activities described in such section 402(b)(12).
(b) PEER REVIEW.—In entering into transactions under subsection (a), the Director may utilize such peer review procedures (including consultation with appropriate scientific experts) as the Director determines to be appropriate to obtain assessments of scientific and technical merit. Such procedures shall apply to such transactions in lieu of the peer review and advisory council review procedures that would otherwise be required under sections 301(a)(3), 405(b)(1)(B), 405(b)(2), 406(a)(3)(A), 492, and 494 of the PHS Act.

SEC. **[**216**]***214*. Not to exceed **[**$100,000,000**]** *1 percent* of funds appropriated by this Act to the *offices,* institutes, and centers of the National Institutes of Health may be **[**used for alteration, repair, or improvement of facilities, as necessary for the proper and efficient conduct of the activities authorized herein, at not to exceed $5,000,000 per project**]** *transferred to and merged with funds appropriated under the heading "National Institutes of Health-Buildings and Facilities": Provided, That the use of such transferred funds shall be subject to a centralized prioritization and governance process: Provided further, That the Director of the National Institutes of Health shall notify the Committees on Appropriations of the House of*

Representatives and the Senate at least 15 days in advance of any such transfer: Provided further, That this transfer authority is in addition to any other transfer authority provided by law.

SEC. **[**217**]***215*. Of the amounts made available for NIH, 1 percent of the amount made available for National Research Service Awards ("NRSA") shall be made available to the Administrator of the Health Resources and Services Administration to make NRSA awards for research in primary medical care to individuals affiliated with entities who have received grants or contracts under sections 736, 739, or 747 of the PHS Act, and 1 percent of the amount made available for NRSA shall be made available to the Director of the Agency for Healthcare Research and Quality to make NRSA awards for health service research.

SEC. **[**218**]***216*. (a) The Biomedical Advanced Research and Development Authority ("BARDA") may enter into a contract, for more than one but no more than 10 program years, for purchase of research services or of security countermeasures, as that term is defined in section 319F-2(c)(1)(B) of the PHS Act (42 U.S.C. 247d–6b(c)(1)(B)), if—

(1) funds are available and obligated—
(A) for the full period of the contract or for the first fiscal year in which the contract is in effect; and
(B) for the estimated costs associated with a necessary termination of the contract; and
(2) the Secretary determines that a multi-year contract will serve the best interests of the Federal Government by encouraging full and open competition or promoting economy in administration, performance, and operation of BARDA's programs.
(b) A contract entered into under this section—
(1) shall include a termination clause as described by subsection (c) of section 3903 of title 41, United States Code; and
(2) shall be subject to the congressional notice requirement stated in subsection (d) of such section.

[SEC. 219. (a) The Secretary shall publish in the fiscal year 2024 budget justification and on Departmental Web sites information concerning the employment of full-time equivalent Federal employees or contractors for the purposes of implementing, administering, enforcing, or otherwise carrying out the provisions of the ACA, and the amendments made by that Act, in the proposed fiscal year and each fiscal year since the enactment of the ACA.

(b) With respect to employees or contractors supported by all funds appropriated for purposes of carrying out the ACA (and the amendments made by that Act), the Secretary shall include, at a minimum, the following information:
(1) For each such fiscal year, the section of such Act under which such funds were appropriated, a statement indicating the program, project, or activity receiving such funds, the Federal operating division or office that administers such program, and the amount of funding received in discretionary or mandatory appropriations.
(2) For each such fiscal year, the number of full-time equivalent employees or contracted employees assigned to each authorized and funded provision detailed in accordance with paragraph (1).

(c) In carrying out this section, the Secretary may exclude from the report employees or contractors who—
(1) are supported through appropriations enacted in laws other than the ACA and work on programs that existed prior to the passage of the ACA;
(2) spend less than 50 percent of their time on activities funded by or newly authorized in the ACA; or (3) work on contracts for which FTE reporting is not a requirement of their contract, such as fixed-price contracts.**]**

[SEC. 220. The Secretary shall publish, as part of the fiscal year 2024 budget of the President submitted under section 1105(a) of title 31, United States Code, information that details the uses of all funds used by the Centers for Medicare & Medicaid Services specifically for Health Insurance Exchanges for each fiscal year since the enactment of the ACA and the proposed uses for such funds for fiscal year 2022. Such information shall include, for each such fiscal year, the amount of funds used for each activity specified under the heading "Health Insurance Exchange Transparency" in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act).**]**

SEC. **[**221**]***217*. None of the funds made available by this Act from the Federal Hospital Insurance Trust Fund or the Federal Supplemental Medical Insurance Trust Fund, or transferred from other accounts funded by this Act to the "Centers for Medicare & Medicaid Services—Program Management" account, may be used for payments under section 1342(b)(1) of Public Law 111–148 (relating to risk corridors).

[SEC. 222. (a) Within 45 days of enactment of this Act, the Secretary shall transfer funds appropriated under section 4002 of the ACA to the accounts specified, in the amounts specified, and for the activities specified under the heading "Prevention and Public Health Fund" in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act).
(b) Notwithstanding section 4002(c) of the ACA, the Secretary may not further transfer these amounts.
(c) Funds transferred for activities authorized under section 2821 of the PHS Act shall be made available without reference to section 2821(b) of such Act.**]**

SEC. **[**223**]***218*. Effective during the period beginning on November 1, 2015 and ending January 1, 2025, any provision of law that refers (including through cross-reference to another provision of law) to the current recommendations of the United States Preventive Services Task Force with respect to breast cancer screening, mammography, and prevention shall be administered by the Secretary involved as if—

(1) such reference to such current recommendations were a reference to the recommendations of such Task Force with respect to breast cancer screening, mammography, and prevention last issued before 2009; and
(2) such recommendations last issued before 2009 applied to any screening mammography modality under section 1861(jj) of the Social Security Act (42 U.S.C. 1395x(jj)).

[SEC. 224. In making Federal financial assistance, the provisions relating to indirect costs in part 75 of title 45, Code of Federal Regulations, including with respect to the approval of deviations from negotiated rates, shall continue to apply to the National Institutes of Health to the same extent and in the same manner as such provisions were applied in the third quarter of fiscal year 2017. None of the funds appropriated in this or prior Acts or otherwise made available to the Department of Health and Human Services or to any department or agency may be used to develop or implement a modified approach to such provisions, or to intentionally or substantially expand the fiscal effect of the approval of such deviations from negotiated rates beyond the proportional effect of such approvals in such quarter.**]**

SEC. **[**225**]***219*. The NIH Director may transfer funds for opioid addiction, opioid alternatives, stimulant misuse and addiction, pain management, and addiction treatment to other Institutes and Centers of the NIH to be used for the same purpose 15 days after notifying the Committees on Appropriations of the House of Representatives and the Senate: *Provided*, That the transfer authority provided in the previous proviso is in addition to any other transfer authority provided by law.

[SEC. 226. (a) The Secretary shall provide to the Committees on Appropriations of the House of Representatives and the Senate:

(1) Detailed monthly enrollment figures from the Exchanges established under the Patient Protection and Affordable Care Act of 2010 pertaining to enrollments during the open enrollment period; and
(2) Notification of any new or competitive grant awards, including supplements, authorized under section 330 of the Public Health Service Act.

(b) The Committees on Appropriations of the House and Senate must be notified at least 2 business days in advance of any public release of enrollment information or the award of such grants.**]**

[SEC. 227. In addition to the amounts otherwise available for "Centers for Medicare & Medicaid Services, Program Management", the Secretary of Health and Human Services may transfer up to $455,000,000 to such account from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to support program management activity related to the Medicare Program: *Provided*, That except for the foregoing purpose, such funds may not be used to support any provision of Public Law 111–148 or Public Law 111–152 (or any amendment made by either such Public Law) or to supplant any other amounts within such account.**]**

[SEC. 228. The Department of Health and Human Services shall provide the Committees on Appropriations of the House of Representatives and Senate a biannual report 30 days after enactment of this Act on staffing described in the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act).**]**

SEC. **[**229**]***220*. Funds appropriated in this Act that are available for salaries and expenses of employees of the Department of Health and Human Services shall also be available to pay travel

and related expenses of such an employee or of a member of his or her family, when such employee is assigned to duty, in the United States or in a U.S. territory, during a period and in a location that are the subject of a determination of a public health emergency under section 319 of the Public Health Service Act and such travel is necessary to obtain medical care for an illness, injury, or medical condition that cannot be adequately addressed in that location at that time. For purposes of this section, the term "U.S. territory" means Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, or the Trust Territory of the Pacific Islands.

SEC. **[**230**]***221*. The Department of Health and Human Services may accept donations from the private sector, nongovernmental organizations, and other groups independent of the Federal Government for the care of unaccompanied alien children (as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))) in the care of the Office of Refugee Resettlement of the Administration for Children and Families, including *monetary donations,* medical goods, and services, which may include early childhood developmental screenings, school supplies, toys, clothing, and any other items *and services* intended to promote the wellbeing of such children.

SEC. **[**231**]***222*. None of the funds made available in this Act under the heading "Department of Health and Human Services—Administration for Children and Families—Refugee and Entrant Assistance" may be obligated to a grantee or contractor to house unaccompanied alien children (as such term is defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))) in any facility that is not State-licensed for the care of unaccompanied alien children, except in the case that the Secretary determines that housing unaccompanied alien children in such a facility is necessary on a temporary basis due to an influx of such children or an emergency, provided that—

(1) the terms of the grant or contract for the operations of any such facility that remains in operation for more than six consecutive months shall require compliance with—

(A) the same requirements as licensed placements, as listed in Exhibit 1 of the Flores Settlement Agreement that the Secretary determines are applicable to non-State licensed facilities; and

(B) staffing ratios of one (1) on-duty Youth Care Worker for every eight (8) children or youth during waking hours, one (1) on-duty Youth Care Worker for every sixteen (16) children or youth during sleeping hours, and clinician ratios to children (including mental health providers) as required in grantee cooperative agreements;

(2) the Secretary may grant a 60-day waiver for a contractor's or grantee's non-compliance with paragraph (1) if the Secretary certifies and provides a report to Congress on the contractor's or grantee's good-faith efforts and progress towards compliance;

(3) not more than four consecutive waivers under paragraph (2) may be granted to a contractor or grantee with respect to a specific facility;

(4) ORR shall ensure full adherence to the monitoring requirements set forth in section 5.5 of its Policies and Procedures Guide as of May 15, 2019;

(5) for any such unlicensed facility in operation for more than three consecutive months, ORR shall conduct a minimum of one comprehensive monitoring visit during the first three months of operation, with quarterly monitoring visits thereafter; and

(6) not later than 60 days after the date of enactment of this Act, ORR shall brief the Committees on Appropriations of the House of Representatives and the Senate outlining the requirements of ORR for influx facilities including any requirement listed in paragraph (1)(A) that the Secretary has determined are not applicable to non-State licensed facilities.

SEC. **[**232**]***223*. In addition to the existing Congressional notification for formal site assessments of potential influx facilities, the Secretary shall notify the Committees on Appropriations of the House of Representatives and the Senate at least 15 days before operationalizing an unlicensed facility, and shall (1) specify whether the facility is hard-sided or soft-sided, and (2) provide analysis that indicates that, in the absence of the influx facility, the likely outcome is that unaccompanied alien children will remain in the custody of the Department of Homeland Security for longer than 72 hours or that unaccompanied alien children will be otherwise placed in danger. Within 60 days of bringing such a facility online, and monthly thereafter, the Secretary shall provide to the Committees on Appropriations of the House of Representatives and the Senate a report detailing the total number of children in care at the facility, the average length of stay and average length of care of children at the facility, and, for any child that has been at the facility for more than 60 days, their length of stay and reason for delay in release.

SEC. **[**233**]***224*. None of the funds made available in this Act may be used to prevent a United States Senator or Member of the House of Representatives from entering, for the purpose of conducting oversight, any facility in the United States used for the purpose of maintaining custody of, or otherwise housing, unaccompanied alien children (as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))), provided that such Senator or Member has coordinated the oversight visit with the Office of Refugee Resettlement not less than two business days in advance to ensure that such visit would not interfere with the operations (including child welfare and child safety operations) of such facility.

[SEC. 234. Not later than 14 days after the date of enactment of this Act, and monthly thereafter, the Secretary shall submit to the Committees on Appropriations of the House of Representatives and the Senate, and make publicly available online, a report with respect to children who were separated from their parents or legal guardians by the Department of Homeland Security (DHS) (regardless of whether or not such separation was pursuant to an option selected by the children, parents, or guardians), subsequently classified as unaccompanied alien children, and transferred to the care and custody of ORR during the previous month. Each report shall contain the following information:

(1) the number and ages of children so separated subsequent to apprehension at or between ports of entry, to be reported by sector where separation occurred; and

(2) the documented cause of separation, as reported by DHS when each child was referred.**]**

SEC. **[**235**]***225*. Funds appropriated in this Act that are available for salaries and expenses of employees of the Centers for Disease Control and Prevention shall also be available for the primary and secondary schooling of eligible dependents of personnel stationed in a U.S. territory as defined in section 229 of this Act at costs not in excess of those paid for or reimbursed by the Department of Defense.

SEC. **[**236**]***226*. Of the unobligated balances in the "Nonrecurring Expenses Fund" established in section 223 of division G of Public Law 110–161, **[**$650,000,000**]** *$350,000,000* are hereby **[**rescinded**]** *permanently cancelled* not later than September 30, **[**2023**]***2024*.

SEC. **[**237**]***227*. The Secretary of Health and Human Services may waive penalties and administrative requirements in title XXVI of the Public Health Service Act for awards under such title from amounts provided under the heading "Department of Health and Human Services--Health Resources and Services Administration" in this or any other appropriations Act for this fiscal year, including amounts made available to such heading by transfer.

SEC. 228. Funds made available to the Centers for Disease Control and Prevention in this or any other Act, or any prior Act, that are available for construction or renovation of facilities for the Centers for Disease Control and Prevention shall be available for such purposes on property leased by the United States Government in Fort Collins, Colorado.

SEC. 229. An Operating or Staff Division in HHS may enter into a reimbursable agreement with another major organizational unit within HHS or of another agency under which the ordering agency or unit delegates to the servicing agency or unit the authority and funding to issue a grant or cooperative agreement on its behalf: Provided, That the head of the ordering agency or unit must certify that amounts are available and that the order is in the best interests of the United States Government: Provided further, That funding may be provided by way of advance or reimbursement, as deemed appropriate by the ordering agency or unit, with proper adjustments of estimated amounts provided in advance to be made based on actual costs: Provided further, That an agreement made under this section obligates an appropriation of the ordering agency or unit, including for costs to administer such grant or cooperative agreement, and such obligation shall be deemed to be an obligation for any purpose of law: Provided further, That an agreement made under this section may be performed for a period that extends beyond the current fiscal year.

SEC. 230. (a) The Secretary may reserve not more than 0.25 percent from each appropriation made available in this Act to the accounts of the Administration of Children and Families identified in subsection (b) in order to carry out evaluations of any of the programs or activities that are funded under such accounts: Provided, That funds reserved under this subsection may be transferred to the "Children and Families Services Programs" account for use by the Assistant Secretary for the Administration for Children and Families and shall remain available until expended: Provided further, That such transferred funds shall only be available if the Assistant Secretary submits a plan to the Committees on Appropriations of the House of

Representatives and the Senate describing the evaluations to be carried out 15 days in advance of any such transfer.

(b) The accounts referred to in subsection (a) are: "Low Income Home Energy Assistance, Refugee and Entrant Assistance", "Payments to States for the Child Care and Development Block Grant", and "Children and Families Services Programs".

SEC. 231. Amounts made available to the Department of Health and Human Services in this or any other Act under the heading "Administration for Children and Families--Refugee and Entrant Assistance" may in this fiscal year and hereafter be used to provide, including through grants, contracts, or cooperative agreements, mental health and other supportive services, including access to legal services, to children, parents, and legal guardians who were separated at the United States-Mexico border between January 20, 2017 and January 20, 2021: Provided, That such services shall also be available to immediate family members of such individuals if such family members are in the United States and in the same household: Provided further, That amounts made available to the Department of Health and Human Services for refugee and entrant assistance activities in any other provision of law may be used to carry out the purposes of this section: Provided further, That the Secretary of Health and Human Services may identify the children, parents, and legal guardians eligible to receive mental health and other supportive services described under this section through reference to the identified members of the classes, and their minor children, in the class-action lawsuits Ms. J.P. v. Barr and Ms. L. v. ICE: Provided further, That the Secretary has sole discretion to identify the individuals who will receive services under this section due to their status as immediate family members residing in the same household of class members or class members' minor children, and such identification shall not be subject to judicial review.

SEC. 232. (a) PREMIUM PAY AUTHORITY. If services performed by a Department employee during a public health emergency declared under section 319 of the Public Health Service Act are determined by the Secretary of Health and Human Services to be primarily related to preparation for, prevention of, or response to such public health emergency, any premium pay that is provided for such services shall be exempted from the aggregate of basic pay and premium pay calculated under section 5547(a) of title 5, United States Code, and any other provision of law limiting the aggregate amount of premium pay payable on a biweekly or calendar year basis.

(b) OVERTIME AUTHORITY. Any overtime that is provided for such services described in subsection (a) shall be exempted from any annual limit on the amount of overtime payable in a calendar or fiscal year.

(c) APPLICABILITY OF AGGREGATE LIMITATION ON PAY. In determining, for purposes of section 5307 of title 5, United States Code, whether an employees total pay exceeds the annual rate payable under such section, the Secretary of Health and Human Services shall not include pay exempted under this section.

(d) LIMITATION OF PAY AUTHORITY. Pay exempted from otherwise applicable limits under subsection (a) shall not cause the aggregate pay earned for the calendar year in which the

exempted pay is earned to exceed the rate of basic pay payable for a position at level II of the Executive Schedule under section 5313 of title 5, United States Code.

(e) DANGER PAY FOR SERVICE IN PUBLIC HEALTH EMERGENCIES The Secretary of Health and Human Services may grant a danger pay allowance under section 5928 of title 5, United States Code, without regard to the limitations in the first sentence of such section, for work that is performed by a Department employee during a public health emergency declared under section 319 of the Public Health Service Act that the Secretary determines is primarily related to preparation for, prevention of, or response to such public health emergency and is performed under conditions that threaten physical harm or imminent danger to the health or well-being of the employee.

(f) EFFECTIVE DATE. Subsections (a), (b), (c), and (d) of this section shall take effect as if enacted on September 30, 2021, and subsection (e) of this section shall take effect as if enacted on September 30, 2022.

SEC. 233. Section 317G of the Public Health Service Act (42 U.S.C. 247b-8) is amended by adding at the end the following: "The Secretary may, no later than 120 days after the end of an individual's participation in such a fellowship or training program, and without regard to those provisions of title 5 of the United States Code governing appointments in the competitive service, appoint a participant in such a fellowship or training program to a term or permanent position in the Centers for Disease Control and Prevention.".

SEC. 234. For purposes of any transfer to appropriations under the heading "Department of Health and Human Services--Office of the Secretary--Public Health and Social Services Emergency Fund", section 204 of this Act shall be applied by substituting "10 percent" for "3 percent".

SEC. 235. Section 402A(d) of the Public Health Service Act (42 U.S.C. 282a(d)) is amended—

(1) in the first sentence by striking "under subsection (a)" and inserting "to carry out this title"; and
(2) in the second sentence by striking "account under subsection (a)(1)".

SEC. 236. Section 2813 of the Public Health Service Act (42 U.S.C. 300hh-15) is amended—

(1) by redesignating subsection (i) as subsection (j); and

(2) by inserting after subsection (h) the following new subsection:

"(i) TORT CLAIMS AND WORK INJURY COMPENSATION COVERAGE FOR CORPS VOLUNTEERS.—

"(1) IN GENERAL. If under section 223 and regulations pursuant to such section, and through an agreement entered into in accordance with such regulations, the Secretary accepts, from an individual in the Corps, services for a specified period that are volunteer and without compensation other than reasonable reimbursement or allowance for expenses actually

incurred, such individual shall, during such period, have the coverages described in paragraphs (2) and (3).

"(2) FEDERAL TORT CLAIMS ACT COVERAGE. Such individual shall, while performing such services during such period—

"(A) be deemed to be an employee of the Department of Health and Human Services, for purposes of claims under sections 1346(b) and 2672 of title 28, United States Code, for money damages for personal injury, including death, resulting from performance of functions under such agreement; and

"(B) be deemed to be an employee of the Public Health Service performing medical, surgical, dental, or related functions, for purposes of having the remedy provided by such sections of title 28 be exclusive of any other civil action or proceeding by reason of the same subject matter against such individual or against the estate of such individual.

"(3) COMPENSATION FOR WORK INJURIES. Such individual shall, while performing such services during such period, be deemed to be an employee of the Department of Health and Human Services, and an injury sustained by such an individual shall be deemed 'in the performance of duty', for purposes of chapter 81 of title 5, United States Code, pertaining to compensation for work injuries.".

SEC. 237. (a) The Public Health Service Act (42 U.S.C. 201 et seq.), the Controlled Substances Act (21 U.S.C. 801 et seq.), the Comprehensive Smoking Education Act (15 U.S.C. 1331 et seq.), the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114-198), the Drug Abuse Prevention, Treatment, and Rehabilitation Act (21 U.S.C. 1101 et seq.), the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10101 et seq.), and title 5 of the United States Code are each amended—

(1) by striking "National Institute on Drug Abuse" each place it appears and inserting "National Institute on Drugs and Addiction"; and

(2) by striking "National Advisory Council on Drug Abuse" each place it appears and inserting "National Advisory Council on Drugs and Addiction".

(b) Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended

(1) in section 464H(b)(5), by striking "National Institute of Drug Abuse" and inserting "National Institute on Drugs and Addiction";

(2) in sections 464L, 464M(a), 464O, and 494A, by striking "drug abuse" each place it appears and inserting "drug use";

(3) in section 464L(a), by striking "treatment of drug abusers" and inserting "treatment of drug addiction";

(4) in section 464M(a), by striking "prevention of such abuse" and inserting "prevention of such use";

(5) in section 464N—

(A) in the section heading, by striking "DRUG ABUSE RESEARCH CENTERS" and inserting "DRUGS AND ADDICTION RESEARCH CENTERS";

(B) in subsection (a)—

(i) in the matter preceding paragraph (1), by striking "National Drug Abuse Research Centers" and inserting "National Drugs and Addiction Research Centers"; and

(ii) in paragraph (1)(C), by striking "treatment of drug abuse" and inserting "treatment of drug addiction"; and

(C) in subsection (c)

(i) by striking "DRUG ABUSE AND ADDICTION RESEARCH" and inserting "DRUGS AND ADDICTION RESEARCH CENTERS";

(ii) in paragraph (1), by striking "National Drug Abuse Treatment Clinical Trials Network" and inserting "National Drug Addiction Treatment Clinical Trials Network"; and

(iii) in paragraph (2)(H), by striking "reasons that individuals abuse drugs, or refrain from abusing drugs" and inserting "reasons that individuals use drugs or refrain from using drugs"; and

(6) in section 464P

(A) in subsection (a)

(i) in paragraph (1), by striking "drug abuse treatments" and inserting "drug addiction treatments"; and

(ii) in paragraph (6), by striking "treatment of drug abuse" and inserting "treatment of drug addiction"; and

(B) in subsection (d)

(i) by striking "disease of drug abuse" and inserting "disease of drug addiction";

(ii) by striking "abused drugs" each place it appears and inserting "addictive drugs"; and

(iii) by striking "drugs of abuse" and inserting "drugs of addiction".

(c) Section 464N of the Public Health Service Act (42 U.S.C. 285o-2), as amended by subsection (b)(5), is further amended by striking "drug abuse" each place it appears and inserting "drug use".

(d) Any reference in any law, regulation, map, document, paper, or other record of the United States to the National Institute on Drug Abuse shall be considered to be a reference to the National Institute on Drugs and Addiction.

SEC. 238. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) and the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (42 U.S.C. 4541 et seq.) are each amended—

(1) by striking "National Institute on Alcohol Abuse and Alcoholism" each place it appears and inserting "National Institute on Alcohol Effects and Alcohol-Associated Disorders"; and

(2) by striking "National Advisory Council on Alcohol Abuse and Alcoholism" each place it appears and inserting "National Advisory Council on Alcohol Effects and Alcohol-Associated Disorders".

(b) Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(1) in section 464H—

(A) in subsection (a)—

(i) by striking "prevention of alcohol abuse" and inserting "prevention of alcohol misuse"; and

(ii) by striking "treatment of alcoholism" and inserting "treatment of alcohol- associated disorders"; and

(B) in subsection (b)—

(i) in paragraph (3)—

(I) in subparagraph (A), by striking "alcohol abuse and domestic violence" and inserting "alcohol misuse and domestic violence";

(II) in subparagraph (D), by striking "abuse of alcohol" and inserting "misuse of alcohol";

(III) by striking subparagraph (E) and inserting the following:

"(E) the effect of social pressures, legal requirements regarding the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages on the incidence of alcohol misuse, alcohol use disorder, and other alcohol-associated disorders,"; and

(ii) in paragraph (5), by striking "impact of alcohol abuse" and inserting "impact of alcohol misuse";

(2) in sections 464H(b), 464I, and 494A, by striking "alcohol abuse and alcoholism" each place it appears and inserting "alcohol misuse, alcohol use disorder, and other alcohol-associated disorders";

(3) in sections 464H(b) and 464J(a), by striking "alcoholism and alcohol abuse" each place it appears and inserting "alcohol misuse, alcohol use disorder, and other alcohol-associated disorders"; and

(4) in section 464J(a)—

(A) by striking "alcoholism and other alcohol problems" each place it appears and inserting "alcohol misuse, alcohol use disorder, and other alcohol-associated disorders";

(B) in the matter preceding paragraph (1), by striking "interdisciplinary research related to alcoholism" and inserting "interdisciplinary research related to alcohol-associated disorders"; and

(C) in paragraph (1)(E), by striking "alcohol problems" each place it appears and inserting "alcohol misuse, alcohol use disorder, and other alcohol-associated disorders".

(c) Any reference in any law, regulation, map, document, paper, or other record of the United States to the National Institute on Alcohol Abuse and Alcoholism shall be considered to be a reference to the National Institute on Alcohol Effects and Alcohol-Associated Disorders.

SEC. 239. (a) The Public Health Service Act (42 U.S.C. 201 et seq.) is amended—

(1) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration";

(2) by striking "Center for Substance Abuse Treatment" each place it appears and inserting "Center for Substance Use Services"; and

(3) by striking "Center for Substance Abuse Prevention" each place it appears and inserting "Center for Substance Use Prevention Services".

(b) Title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended—

(1) in the title heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION";

(2) in section 501—

(A) in the section heading, by striking "SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION" and inserting "SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION"; and

(B) in subsection (a), by striking "(hereafter referred to in this title as the Administration)" and inserting "(hereafter referred to in this title as SAMHSA or the Administration)";

(3) in section 507, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES";

(4) in section 513(a), in the subsection heading, by striking "CENTER FOR SUBSTANCE ABUSE TREATMENT" and inserting "CENTER FOR SUBSTANCE USE SERVICES"; and

(5) in section 515, in the section heading, by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(c) Section 1932(b)(3) of the Public Health Service Act (42 U.S.C. 300x-32(b)(3)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(d) Section 1935(b)(2) of the Public Health Service Act (42 U.S.C. 300x-35(b)(2)) is amended in the paragraph heading by striking "CENTER FOR SUBSTANCE ABUSE PREVENTION" and inserting "CENTER FOR SUBSTANCE USE PREVENTION SERVICES".

(e) The Indian Alcohol and Substance Abuse Prevention and Treatment Act of 1986 (25 U.S.C. 2401 et seq.) is amended by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(f) The Social Security Act is amended in sections 1861, 1866F, and 1945 (42 U.S.C. 1395x, 1395cc-6, 1396w-4) by striking "Substance Abuse and Mental Health Services Administration" each place it appears and inserting "Substance use And Mental Health Services Administration".

(g) Section 105(a)(7)(C)(i)(III) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106(a)(7)(C)(i)(III)) is amended by striking "Substance Abuse and Mental Health Services Administration" and inserting "Substance use And Mental Health Services Administration".

(h) (1) Except as provided in paragraph (2), any reference in any law, regulation, map, document, paper, or other record of the United States to the Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Treatment of such Administration, or the Center for Substance Abuse Prevention of such Administration shall be considered to be a reference to the Substance use And Mental Health Services Administration, the Center for Substance Use Services of such Administration, or the Center for Substance Use Prevention Services of such Administration, respectively.

(2) Paragraph (1) shall not be construed to alter or affect section 6001(d) of the 21st Century Cures Act (42 U.S.C. 290aa note), providing that a reference to the Administrator of the Substance Abuse and Mental Health Services Administration shall be construed to be a reference to the Assistant Secretary for Mental Health and Substance Use.

Title V General Provisions

SEC. 501. The Secretaries of Labor, Health and Human Services, and Education are authorized to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations provided in this Act. Such transferred balances shall be used for the same purpose, and for the same periods of time, for which they were originally appropriated.

SEC. 502. No part of any appropriation contained in this Act shall remain available for obligation beyond the current fiscal year unless expressly so provided herein.

SEC. 503. (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships *and State-local relationships for presentation to any State or local legislature or legislative body itself,* or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

SEC. 504. The Secretaries of Labor and Education are authorized to make available not to exceed **[**$28,000**]** *$33,000* and $20,000, respectively, from funds available for salaries and expenses under titles I and III, respectively, for official reception and representation expenses; the Director of the Federal Mediation and Conciliation Service is authorized to make available for official reception and representation expenses not to exceed $5,000 from the funds available for "Federal Mediation and Conciliation Service, Salaries and Expenses"; and the Chairman of the National Mediation Board is authorized to make available for official reception and representation expenses not to exceed $5,000 from funds available for "National Mediation Board, Salaries and Expenses".

SEC. 505. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state—

(1) the percentage of the total costs of the program or project which will be financed with Federal money;

(2) the dollar amount of Federal funds for the project or program; and

(3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

[SEC. 506. (a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.**]**

SEC. **[**507**]***506*. **[**(a) The limitations established in the preceding section shall not apply to an abortion—
(1) if the pregnancy is the result of an act of rape or incest; or
(2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.**]**

[(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).**]**

[(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).**]**

[(d)**]([**1**]***a*) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

(**[**2**]***b*) In this **[**subsection**]** *section*, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

SEC. **[**508**]***507*. (a) None of the funds made available in this Act may be used for—

(1) the creation of a human embryo or embryos for research purposes; or
(2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(b) For purposes of this section, the term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

SEC. **[**509**]***508*. (a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

(b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

SEC. **[**510**]***509*. None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual's capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard.

SEC. **[**511**]***510*. None of the funds made available in this Act may be obligated or expended to enter into or renew a contract with an entity if—
(1) such entity is otherwise a contractor with the United States and is subject to the requirement in 38 U.S.C. 4212(d) regarding submission of an annual report to the Secretary of Labor concerning employment of certain veterans; and
(2) such entity has not submitted a report as required by that section for the most recent year for which such requirement was applicable to such entity.

[SEC. 512. None of the funds made available in this Act may be transferred to any department, agency, or instrumentality of the United States Government, except pursuant to a transfer made by, or transfer authority provided in, this Act or any other appropriation Act.**]**

SEC. **[**513**]***511*. None of the funds made available by this Act to carry out the Library Services and Technology Act may be made available to any library covered by paragraph (1) of section 224(f) of such Act, as amended by the Children's Internet Protection Act, unless such library has made the certifications required by paragraph (4) of such section.

[SEC. 514. (a) None of the funds provided under this Act, or provided under previous appropriations Acts to the agencies funded by this Act that remain available for obligation or expenditure in fiscal year 2023, or provided from any accounts in the Treasury of the United States derived by the collection of fees available to the agencies funded by this Act, shall be available for obligation or expenditure through a reprogramming of funds that—

(1) creates new programs;
(2) eliminates a program, project, or activity;
(3) increases funds or personnel by any means for any project or activity for which funds have been denied or restricted;
(4) relocates an office or employees;
(5) reorganizes or renames offices;
(6) reorganizes programs or activities; or
(7) contracts out or privatizes any functions or activities presently performed by Federal employees;

unless the Committees on Appropriations of the House of Representatives and the Senate are consulted 15 days in advance of such reprogramming or of an announcement of intent relating to such reprogramming, whichever occurs earlier, and are notified in writing 10 days in advance of such reprogramming.

(b) None of the funds provided under this Act, or provided under previous appropriations Acts to the agencies funded by this Act that remain available for obligation or expenditure in fiscal year 2023, or provided from any accounts in the Treasury of the United States derived by the collection of fees available to the agencies funded by this Act, shall be available for obligation or expenditure through a reprogramming of funds in excess of $500,000 or 10 percent, whichever is less, that—

(1) augments existing programs, projects (including construction projects), or activities;
(2) reduces by 10 percent funding for any existing program, project, or activity, or numbers of personnel by 10 percent as approved by Congress; or
(3) results from any general savings from a reduction in personnel which would result in a change in existing programs, activities, or projects as approved by Congress;

unless the Committees on Appropriations of the House of Representatives and the Senate are consulted 15 days in advance of such reprogramming or of an announcement of intent relating to such reprogramming, whichever occurs earlier, and are notified in writing 10 days in advance of such reprogramming.**]**

SEC. **[**515**]***512*. (a) None of the funds made available in this Act may be used to request that a candidate for appointment to a Federal scientific advisory committee disclose the political

affiliation or voting history of the candidate or the position that the candidate holds with respect to political issues not directly related to and necessary for the work of the committee involved.

(b) None of the funds made available in this Act may be used to disseminate information that is deliberately false or misleading.

[SEC. 516. Within 45 days of enactment of this Act, each department and related agency funded through this Act shall submit an operating plan that details at the program, project, and activity level any funding allocations for fiscal year 2023 that are different than those specified in this Act, the explanatory statement described in section 4 (in the matter preceding division A of this consolidated Act), or the fiscal year 2023 budget request.**]**

[SEC. 517. The Secretaries of Labor, Health and Human Services, and Education shall each prepare and submit to the Committees on Appropriations of the House of Representatives and the Senate a report on the number and amount of contracts, grants, and cooperative agreements exceeding $500,000, individually or in total for a particular project, activity, or programmatic initiative, in value and awarded by the Department on a non-competitive basis during each quarter of fiscal year 2023, but not to include grants awarded on a formula basis or directed by law. Such report shall include the name of the contractor or grantee, the amount of funding, the governmental purpose, including a justification for issuing the award on a non-competitive basis. Such report shall be transmitted to the Committees within 30 days after the end of the quarter for which the report is submitted.**]**

SEC. **[**518**]***513*. None of the funds appropriated in this Act shall be expended or obligated by the Commissioner of Social Security, for purposes of administering Social Security benefit payments under title II of the Social Security Act, to process any claim for credit for a quarter of coverage based on work performed under a social security account number that is not the claimant's number and the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

SEC. **[**519**]***514*. None of the funds appropriated by this Act may be used by the Commissioner of Social Security or the Social Security Administration to pay the compensation of employees of the Social Security Administration to administer Social Security benefit payments, under any agreement between the United States and Mexico establishing totalization arrangements between the social security system established by title II of the Social Security Act and the social security system of Mexico, which would not otherwise be payable but for such agreement.

SEC. **[**520**]***515*. (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

[SEC. 521. For purposes of carrying out Executive Order 13589, Office of Management and Budget Memorandum M-12–12 dated May 11, 2012, and requirements contained in the annual appropriations bills relating to conference attendance and expenditures:
(1) the operating divisions of HHS shall be considered independent agencies; and
(2) attendance at and support for scientific conferences shall be tabulated separately from and not included in agency totals.**]**

[SEC. 522. Federal agencies funded under this Act shall clearly state within the text, audio, or video used for advertising or educational purposes, including emails or Internet postings, that the communication is printed, published, or produced and disseminated at United States taxpayer expense. The funds used by a Federal agency to carry out this requirement shall be derived from amounts made available to the agency for advertising or other communications regarding the programs and activities of the agency.**]**

SEC. **[**523**]***516*. (a) Federal agencies may use Federal discretionary funds that are made available in this Act to carry out up to 10 Performance Partnership Pilots. Such Pilots shall be governed by the provisions of section 526 of division H of Public Law 113–76, except that in carrying out such Pilots section 526 shall be applied by substituting "Fiscal Year **[**2023**]** *2024*" for "Fiscal Year 2014" in the title of subsection (b) and by substituting "September 30, **[**2027**]** *2028*" for "September 30, 2018" each place it appears: *Provided*, That such pilots shall include communities that have experienced civil unrest.

(b) In addition, Federal agencies may use Federal discretionary funds that are made available in this Act to participate in Performance Partnership Pilots that are being carried out pursuant to the authority provided by section 526 of division H of Public Law 113–76, section 524 of division G of Public Law 113–235, section 525 of division H of Public Law 114–113, section 525 of division H of Public Law 115–31, section 525 of division H of Public Law 115–141, section 524 of division A of Public Law 116–94, section 524 of division H of Public Law 116–260, and section 523 of division H of Public Law 117–103.

(c) Pilot sites selected under authorities in this Act and prior appropriations Acts may be granted by relevant agencies up to an additional 5 years to operate under such authorities.

[SEC. 524. Not later than 30 days after the end of each calendar quarter, beginning with the first month of fiscal year 2023 the Departments of Labor, Health and Human Services and Education and the Social Security Administration shall provide the Committees on Appropriations of the House of Representatives and Senate a report on the status of balances of appropriations: *Provided*, That for balances that are unobligated and uncommitted, committed, and obligated but unexpended, the monthly reports shall separately identify the amounts attributable to each source year of appropriation (beginning with fiscal year 2012, or, to the extent feasible, earlier fiscal years) from which balances were derived.**]**

[SEC. 525. The Departments of Labor, Health and Human Services, and Education shall provide to the Committees on Appropriations of the House of Representatives and the Senate a comprehensive list of any new or competitive grant award notifications, including supplements, issued at the discretion of such Departments not less than 3 full business days before any entity

selected to receive a grant award is announced by the Department or its offices (other than emergency response grants at any time of the year or for grant awards made during the last 10 business days of the fiscal year, or if applicable, of the program year).**]**

[SEC. 526. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: *Provided,* That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.**]**

[SEC. 527. Each department and related agency funded through this Act shall provide answers to questions submitted for the record by members of the Committee within 45 business days after receipt.**]**

SEC. **[**528**]***517*. Of amounts deposited in the Child Enrollment Contingency Fund under section 2104(n)(2) of the Social Security Act and the income derived from investment of those funds pursuant to section 2104(n)(2)(C) of that Act, **[**$14,628,000,000**]** *$19,193,497,577* shall not be available for obligation in this fiscal year.

SEC. **[**529**]** *518*. (a) This section applies to: (1) *the Office of the Assistant Secretary for Planning and Evaluation within the Office of the Secretary and* the Administration for Children and Families in the Department of Health and Human Services; and (2) the Chief Evaluation Office and the statistical-related cooperative and interagency agreements and contracting activities of the Bureau of Labor Statistics in the Department of Labor.
(b) Amounts made available under this *or any other* Act which are either appropriated, allocated, advanced on a reimbursable basis, or transferred to the functions and organizations identified in subsection (a) for research, evaluation, or statistical purposes shall be available for obligation through September 30, **[**2027**]** *2028*: *Provided*, That when an office referenced in subsection (a) receives research and evaluation funding from multiple appropriations, such offices may use a single Treasury account for such activities, with funding advanced on a reimbursable basis.
(c) Amounts referenced in subsection (b) that are unexpended at the time of completion of a contract, grant, or cooperative agreement may be deobligated and shall immediately become available and may be reobligated in that fiscal year or the subsequent fiscal year for the research, evaluation, or statistical purposes for which such amounts are available.

SEC. 519. Of the unobligated balances made available for purposes of carrying out section 2105(a)(3) of the Social Security Act, $10,731,502,423 shall not be available for obligation in this fiscal year.