



TO: All Clients
 FROM: Sirona Strategies
 DATE: March 13, 2023
 RE: Overview of Fiscal Year 2024 President’s Budget

On Thursday, March 9, President Biden released his [Fiscal Year 2024 \(FY24\) budget request](#). The budget proposes \$144.3 billion in discretionary and \$1.7 trillion in mandatory budget authority for the Department of Health and Human Services for FY 2024.

- [HHS Budget in Brief](#)
 - o [General Department Management Congressional Justification \(ONC, OCR, OIG, etc.\)](#)
 - o [CMS Congressional Justification](#)
 - o [CDC Congressional Justification](#)
 - o [SAMHSA Congressional Justification](#)
 - o [FDA Congressional Justification](#)
- [HHS Fact Sheet](#)

According to HHS, “This budget addresses urgent challenges our country is facing today—including a growing behavioral health crisis, need to prepare for future public health threats, and large arrival of unaccompanied children and refugees. The budget also works to secure a healthier, more vibrant future for all Americans by investing in expanded coverage and access to care; addressing the needs of those most at risk, including Indian country, children, families, and seniors; growing our health workforce; and advancing science to improve health. And to support HHS’s mission, the budget invests in cross-cutting needs for enhanced program operations and mission-critical infrastructure.”

Below, we summarize the Administration’s key health priorities, budget requests, and policy proposals made on topics such as health equity, behavioral health, health care coverage programs, value-based care, telehealth, health IT, public health, and others.

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HHS' Overall Priorities in Fiscal Year 2024

- Transforming behavioral health care
- Preparing for future public health threats/pandemics, strengthening the public health system, and investing in the treatment and prevention of infectious diseases
- Supporting unaccompanied children and refugees
- Protecting the health of all Americans
- Meeting the health needs of Indian Country, including through guaranteeing adequate and stable funding for the Indian Health Service
- Expanding and investing in the health care workforce
- Expanding coverage and access to quality, affordable health care
- Improving the well-being of children, families, and seniors
- Advancing science to improve health
- Promoting effective and efficient management and stewardship
- Advancing progress toward Cancer Moonshot goals
- Advancing maternal health and health equity
- Supporting rural health
- Reducing hunger and diet-related chronic diseases and improving food safety
- Reduce drug and other health care costs for all Americans
- Protect and strengthens Medicare

Health Equity (IHS, CDC, NIH, SAMHSA, CMS, ACF, ACL, OMH, OCR)

- **IHS** - HHS is committed to working with Indian Country to address the significant health disparities experienced by American Indians and Alaska Natives.
 - o **Direct Health Care Services** - In FY 2024, the budget builds on the 2024 advance appropriation and includes \$7 billion in the Services account, an increase of \$2.1 billion above FY 2023 enacted. This funding will expand access to programs that provide essential health services and community-based disease prevention and promotion in tribal communities.
 - o **Cancer Moonshot** - \$108 million in 2024 to provide culturally appropriate cancer screening, education, and treatment activities, in support of the Cancer Moonshot.
 - o **Supporting Tribal Self-Determination** - The budget continues this strong commitment to supporting tribes as they determine the best approach to providing health care services in their individual communities.
- **CDC** –
 - o **Ending the HIV Epidemic (EHE) in the U.S.** - \$310 million, an increase of \$90 million above FY 2023 enacted, to continue to advance HHS's efforts to end the HIV/AIDS epidemic. This work will reach disproportionately affected populations, including gay and bisexual men of color, transgender and cisgender Black/African American women, and people who inject drugs. In FY 2024, the CDC will expand innovations, implement approaches that integrate health equity into the entire HIV prevention portfolio, test innovative service delivery models designed to increase access to prevention services, and strengthen engagement of community-based organizations in implementing the Ending the HIV Epidemic in the U.S. initiative.
- **NIH** –
 - o **National Institute on Minority Health and Health Disparities (NIMHD)** - NIH will continue to support the UNITE initiative, an NIH-wide effort committed to ending racial inequities

across the biomedical research enterprise that was launched in early FY 2021. In FY 2023 Congress provided increased funding for health disparities research at NIMHD, the National Institute of Nursing Research, the National Institute of General Medical Sciences, and the Fogarty International Center. The FY 2024 budget will continue funding these efforts at \$95 million.

- **SAMHSA –**

- **Growing the Behavioral Health Workforce** – the budget requests \$37 million for the Minority Fellowship Programs, an increase of \$17 million over FY 2023 enacted. The proposed investment will almost double the number of fellows and increase the number of trained providers to 6,500. The budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the program.

- **CMS –**

- **Require Medicaid Adult and Home and Community-Based Services Quality Reporting** – the budget includes \$15 million annually for the Adult Quality Measurement and Improvement Program and requires annual reporting on the Adult Core Set four years after enactment. It also establishes and funds a Home and Community Based Services Measurement Program at \$10 million annually and requires reporting on a core set four years after enactment. This funding and authority align reporting requirements with those of the Child Health and Behavioral Health Core Sets, and provide the funding needed for CMS to continue supporting health equity and value-based care models through this work. [\$278 million in administrative costs over 10 years]
- **Advancing Health Equity** - The budget provides \$25 million to give grants to States and tribes aimed at addressing disparities, developing innovative approaches for integrating equity into CMS's programs and policies, building analytic systems to integrate data on underserved populations, and developing dashboards and other products to support interventions to address health disparities.

- **ACF –** The budget includes funding for the Administration for Native Americans, including -

- \$87 million, which is \$27 million above FY 2023 enacted, to promote social development, cultural preservation, and economic self-sufficiency in Native American communities.
- \$5 million for Native American Language Programs.
- \$7 million for the Tribal Integrated Early Education Services.
- \$15 million for Strengthening Trauma Resilience of Native Grant Demonstration project.

- **ACL –**

- **Native American Nutrition and Supportive Services** - The request includes \$70 million for Native American Nutrition and Supportive Services, an increase of \$32 million, to begin to address unmet needs for services in tribal communities. The request recognizes the need for specific investment in programs that advance health equity for underserved populations.

- **Office of the Secretary –**

- **Office of Minority Health** - The Budget includes \$86 million for OMH. In FY 2024, OMH will increase focus on areas with high rates of adverse maternal health outcomes or with significant racial or ethnic disparities in maternal health outcomes.
- **General Programs** – the budget request includes:
 - \$3 million to support the White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders.

- \$5 million in Public Health Service Evaluation funding for OASH’s Office of Climate Change and Health Equity, including the newly established Office of Environmental Justice.
- **Office for Civil Rights (OCR) –**
 - **Civil Rights Enforcement** - The FY 2024 budget provides the HHS Office for Civil Rights (OCR) \$78 million, an increase of \$38 million over last year’s budget. OCR’s budget includes a robust investment in enforcement staff to address and resolve major case receipt increases that have led to a significant complaint inventory backlog, and additional resources to bolster its policy, education, and outreach efforts in all nondiscrimination areas including race, color, national origin, disability, sex, age, and religion.

Maternal Health (HRSA, CDC, NIH, AHRQ, CMS, OWH)

- **HRSA** – The FY 2024 budget requests \$1.9 billion in HRSA’s Maternal and Child Health programs serving nearly 60 million people. This includes:
 - **Maternal Mortality:**
 - \$276 million within the Maternal Health total towards **reducing maternal mortality and morbidity** by improving access to maternal care services, implementing evidence-based interventions to address service gaps, expanding maternal care in rural areas, increasing access to treatment for mental health related issues and addressing maternity care health shortages.
 - \$25 million, which is \$15 million above FY 2023 enacted, to expand support for **HRSA’s Integrated Services for Pregnant and Postpartum Women program**, which includes comprehensive and integrated health care services to reduce negative maternal health outcomes and maternal health disparities.
 - \$5 million for the **Training for Healthcare Providers program** to reduce and prevent biases among health care providers in maternity care settings and to improve maternal health outcomes.
 - **Innovation in Maternal Health:**
 - \$185 million for the **Healthy Start program** to reduce disparities in infant mortality and improve health outcomes before and after the birth of a child. Within this total, \$15 million will allow Healthy Start sites to hire clinical service providers to provide direct access to well-woman care and maternity care services. This will reduce barriers to care and better address health disparities among high-risk and underserved women.
 - An additional \$40 million above FY 2023 enacted for a **Benefits Bundle demonstration project**, which will help low-income families thrive after the birth of a new child by increasing awareness of and access to support and benefits.
- **CDC** –
 - **Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET)** - \$40 million, an increase of \$17 million above FY 2023 enacted, to support additional jurisdictions to build state SET-NET programs and provide increased support to the 31 currently funded jurisdictions.
 - **Improving Maternal Health** - An additional \$56 million above FY 2023 enacted in CDC programs aimed at reducing maternal mortality. Specifically, additional funding for the Maternal Mortality Review Committees will promote representative community engagement to further expand support for all states and territories and increasing support for tribes. Additional funding will also be directed to expand Perinatal Quality

Collaboratives to every state, support community engagement in maternal mortality prevention and to increase support for the Pregnancy Risk Assessment Monitoring System. CDC will also support tools to help states develop coordinated regional systems to help those at high risk of complications receive care at a birth facility that is best prepared to meet their health needs.

- **NIH –**

- **Implementing a Maternal health and PRegnancy Outcomes Vision for Everyone (IMPROVE) Initiative** – IMPROVE is an evidence-based approach to reduce preventable maternal deaths and associated health disparities for women at all stages of pregnancy. The FY 2024 budget includes funding to continue IMPROVE.
 - In summer 2023, IMPROVE will implement a national network of Maternal Health Research Centers of Excellence to support research projects that build on previous research and take innovative, community-tailored approaches to address health disparities and National Institutes of Health risk factors for maternal morbidity and mortality. This research supports the development of earlier interventions to decrease or prevent negative maternal outcomes and promote maternal health equity.
- **Improving Maternal Health** - \$3 million to support the Eunice Kennedy Shriver National Institute of Child Health and Human Development’s (NICHD) continued research on mitigating the effects of COVID-19 on pregnant, lactating, and post-partum individuals, with a focus on individuals from racial and ethnic minority groups.

- **AHRQ –**

- **Improving Maternal Health** - \$7 million to fund AHRQ’s contribution to the HHS-wide Improving Maternal Health Initiative. Funding would support the first year of the effort. This initiative will focus on expanding state capacity to link local and federal health care, vital statistics, and social service data; using predictive analytics to improve maternal health and outcomes; expanding the Medical Expenditure Panel Survey to provide better data on maternity care; and expanding the capacity to measure pregnant individuals’ experience with care.

- **CMS –**

- **Require 12 Months of Postpartum Coverage** - Expanding access to postpartum Medicaid coverage can reduce maternal and infant morbidity and mortality. In order to improve maternal and infant health outcomes, and in alignment with Administration initiatives like the CMS Maternity Care Action Plan, the budget requires states to provide 12 months of postpartum coverage in Medicaid and CHIP. [\$2.4 billion in Medicaid costs over 10 years]

- **Office of the Secretary –**

- **Office on Women’s Health (OWH)** - Budget includes \$44 million for OWH, which leads prevention initiatives, such as maternal health initiatives to include addressing health disparities for women and health communication activities. In FY 2024, OWH will increase focus on prevention and treatment of eating disorders, violence, and substance use disorders.

SDOH (FDA, HRSA, CDC, NIH, SAMHSA, CMS, ACF, ACL)

- **FDA –**

- **Nutrition and Food Labeling** - \$12 million in new funding to support further nutrition and food labeling modernization efforts as set forth in the White House National Strategy on Hunger, Nutrition, and Health. These efforts build on the Nutrition Facts Label by

developing symbols, claims, and front-of-pack labeling. FDA will develop a standardized labeling system to help consumers easily identify foods that are part of a healthy eating pattern. These resources provide the tools, authorities, and staff for FDA to empower consumers with information and facilitate industry innovation toward healthier foods.

- **HRSA –**

- **Health Centers** – \$7.1 billion for Health Centers, which includes \$1.9 billion in discretionary funding and \$5.2 billion in proposed mandatory resources. The budget proposes a pathway to doubling the program’s funding with a critical three-year down payment on this goal. FY 2024 budget for the Health Center program will provide care for approximately 33 million patients across the United States in FY 2024.
- **Growing the Nation’s Health Workforce** - \$2.7 billion for HRSA workforce programs, which includes \$947 million in mandatory resources, to expand workforce capacity across the country. This includes:
 - **National Health Service Corps** - \$966 million, an increase of \$548 million above FY 2023 enacted, which also supports clinicians practicing in underserved and rural communities. The budget proposes to extend mandatory funding, which expires in FY 2023, through FY 2026 to support the health workforce in high need communities.
 - **Expanding and Modernizing the Nursing Workforce** - Increase of \$17 million for Advanced Nursing Education to grow and diversify the maternal and perinatal health nursing workforce by increasing the number of Certified Nurse Midwives, with a focus on practitioners working in rural and underserved communities.
 - **Health Care Workforce Innovation** - \$28 million for a new program to address growing concerns around health care workforce shortages— this initiative would stimulate and develop innovative approaches to recruiting, supporting, and training new providers, with an emphasis on meeting the needs of underserved communities.
- **Rural Health** - \$416 million for the Federal Office of Rural Health Policy, which is \$63 million above FY 2023 enacted, for grants to increase health care access, strengthen health networks, and focus on quality-of-care improvements for Critical Access Hospitals, small rural hospitals, and Rural Emergency Hospitals.

- **CDC –**

- **Nutrition and Physical Activity** - In support of the White House National Strategy on Hunger, Nutrition, and Health, the FY 2024 budget includes an additional \$72 million above FY 2023 enacted to expand the State Physical Activity and Nutrition (SPAN) program to all 50 states, District of Columbia, and 14 territories.
- **ACEs** - CDC will expand activities related to adverse childhood experiences (\$15 million).
- **Community and Youth Violence Prevention** - \$268 million, of which \$250 million is dedicated to the Community Violence Intervention Initiative. This program supports community-based organizations in cities demonstrating the greatest need as they implement proven public health strategies that reduce violence.
- **Environmental Health** - \$100 million above FY 2023 enacted to bolster CDC’s efforts in supporting state, tribal, local, and territorial public health agencies as they prepare for specific health impacts of a changing climate.

- **NIH –**

- **Transforming Nutrition Science** - The budget includes \$121 million to support nutrition research, including investments that will advance the goals of the White House National Strategy on Hunger, Nutrition, and Health. Resources will expand the efforts of the NIH

Common Fund Community Partnerships to Advance Science for Society, and help to ensure diversity and inclusion in nutrition, health, and food security research. Funding will also allow NIH to focus on expanding and diversifying the nutrition science workforce and investing in creative new approaches to advance research regarding the prevention and treatment of diet-related diseases, including the Food is Medicine initiative.

- **Impact of Climate Change on Human Health** - An increase of \$25 million for NIH to continue research and other activities related to climate change, in collaboration and coordination with other federal agencies.
- **SAMHSA –**
 - **Investing in Mental Health and Crisis Response** - The FY 2024 budget provides \$4.9 billion for SAMHSA’s mental health activities, an increase of \$2.2 billion over FY 2023 enacted. The proposed investments will address suicide prevention, increase crisis response, and provide direct services to people experiencing homelessness.
 - **Expand Access to Care for People Experiencing Homelessness** - \$110 million for the Projects for Assistance in Transition from Homelessness program, +\$43 million above FY 2023 enacted. The costs associated with this program have continued to increase and the number of providers has steadily decreased over the past 10 years. Increasing funding will substantially improve access to services by expanding the communities served and increasing the number of PATH providers, resulting in 212,000 individuals contacted and 119,000 individuals enrolled in FY 2024.
- **CMS** - The budget demonstrates the Administration’s commitment to addressing health-related social needs, including improving access to coverage for individuals dually eligible for Medicare and Medicaid. Proposals include:
 - **Standardize Data Collection to Improve Quality and Promote Equitable Care** - Current law requires post-acute providers to report standardized patient assessment data on five health assessment categories, as well as “other categories deemed necessary and appropriate by the Secretary.” However, there is no express statutory requirement for data reporting on social determinants of health. This proposal adds a new category of standardized patient assessment data, social “drivers of health”, for post-acute care providers. This data could include, for example, transportation, housing, social isolation, and food insecurity. New data would enable real-time information exchange between the health care system and those resources best equipped to address individual needs—activating government, community agencies, and health care providers to work together to support individuals of underserved populations and respond to public health needs. [Budget Neutral]
 - **Expand and Enhance Access to Medicare Coverage of Nutrition and Obesity Counseling** - This proposal expands access to additional beneficiaries with nutrition or obesity-related chronic diseases and makes additional providers eligible to furnish services. [\$1.7 billion in costs over 10 years]
 - **Conduct a Subnational Medicare Medically-Tailored Meal Demonstration** - Currently, Original Medicare does not cover home delivery of meals. Beginning in 2024, this proposal establishes a three-year demonstration to test Medicare coverage of medically-tailored meals. Eligibility for this demonstration includes Medicare fee-for-service beneficiaries with a diet-impacted disease (such as kidney disease, congestive heart failure, diabetes, chronic obstructive pulmonary disease) likely to trigger an inpatient hospital stay and who have at least one activity of daily living limitation. The demonstration will operate in at least 20 hospitals across ten different States. This demonstration design is similar to the introduced bill, the Medically Tailored Home-Delivered Meals Demonstration Pilot Act of

2021. The Secretary has the discretion to consider certain modifications as it relates to implementation and execution of this demonstration. [Not scorable]

- **Add Medicare Coverage of Services Furnished by Community Health Workers** - Under current law, services provided by community health workers are not paid under Medicare. Effective CY 2025, this proposal provides coverage of select, evidence-based support services delivered by a community health worker under the direction of a patient's primary care provider for prevention and care navigation for chronic or behavioral health conditions, in addition to screening for social determinants of health and linkage to social supports. Preventive services delivered by Community Health Workers would be exempt from Medicare cost-sharing. Services must be furnished under the general supervision of— and billed by—a Medicare-enrolled provider or a new category of Medicare-enrolled Community Health Worker supplier under a formal care arrangement with the provider, in accordance with a comprehensive community needs assessment and/or an individual patient engagement plan. In addition to existing Medicare providers, the Secretary may enroll community-based organizations (e.g., non-profits, public health departments, etc.) as community health worker suppliers to broaden access to services, subject to program integrity and patient safety guardrails. This proposal has positive equity implications because it increases access to the health care system for underserved Medicare beneficiaries and allows communities to better target resources to address local public health challenges. [Not Scorable].
- **Allow Collection of Demographic and Social Determinants of Health Data through CMS Quality Reporting and Payment Programs** - Current law does not allow some CMS quality reporting programs to collect patient demographic or social determinants of health data unless it is part of a quality measure finalized through program regulation. The current data on race and ethnicity obtained through Medicare fee-for-service claims is incomplete which limits CMS's ability to assess health disparities. This proposal allows CMS programs to collect patient demographic data, as well as social determinants of health data, for use in measure stratification. This helps CMS and providers identify and address health disparities and improve outcomes for individuals with social risk factors. [Budget Neutral]
- **Align Medicare Savings Programs and Part D Low-income Subsidy Eligibility Methodologies** - The budget simplifies the eligibility processes for the Medicare Savings Programs and Part D Low-Income Subsidy by removing elements of the income and asset determination process that apply to one program and not the other. Aligning the eligibility methodologies for these programs reduces administrative barriers to enrollment and eliminates the need for the federal government and states to perform nearly identical eligibility determinations for the same over-burdened individuals. [\$5.8 billion in Medicaid costs over 10 years]
- **Align Qualified Medicare Beneficiary Renewal Period with Other Medicaid Groups** - This proposal establishes a 12-month renewal period for Medicare Savings Programs in statute, which would allow CMS to establish a renewal period for Qualified Medicare Beneficiaries no more restrictive than the renewal period for people eligible for Medicaid based on Modified Adjusted Gross Income. By streamlining and simplifying the renewal process, this proposal reduces the risk of additional churn off Medicaid and improves maintenance of eligibility for these beneficiaries. [Budget Neutral]

- ACF -

- **Head Start** - \$13.1 billion, an increase of \$1.1 billion above FY 2023 enacted, to provide comprehensive early learning and development services to infants, toddlers, and preschool-aged children from economically disadvantaged families. This includes:
 - \$100 million in Early Head Start-Child Care Partnerships. The partnership's funding provides comprehensive and continuous Early Head Start and child care services to low-income families with infants and toddlers.
 - A legislative proposal to revise the eligibility requirements for American Indian and Alaska Native and Migrant and Seasonal Head Start to include more children. This legislative proposal supports the Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.
- **Child Care and Development Block Grant** - \$9 billion, an increase of nearly \$1 billion above FY 2023 enacted, in discretionary funds, which helps low-income working families pay for child care and improves the quality of child care for all children.
- **Runaway and Homeless Youth Programs** - \$159 million for Runaway and Homeless Youth programs, which is \$13 million above FY 2023 enacted. This includes:
 - A new demonstration project, Whole Family Community-Based Prevention, represents \$12 million of the increase. This human centric project will support up to 20 grants to support organizations working with minors experiencing homelessness or housing instability by implementing a whole-family, community-based prevention approach with the goal of supporting youth to maintain safe and stable housing.
 - The budget also supports reauthorization and amending the Runaway and Homeless Youth Act.
- **Family Violence Prevention Services** - \$27 million for a demonstration project to support families affected by domestic violence at the intersection of substance-use coercion, housing instability, and child welfare involvement.
- **LIHEAP** - \$4.1 billion, an increase of \$111 million over FY 2023 enacted, for Low Income Home Energy Assistance Program (LIHEAP). The budget increases LIHEAP funding and gives states the option to use a portion of their LIHEAP funds to provide water bill assistance to low-income households.
- **Community Services Block Grant** - \$770 million, which is flat with FY 2023 enacted, to provide services to address employment, education, housing assistance, nutrition, energy, emergency services, health, substance abuse, and poverty reduction
- **Office of Community Services** - \$36 million, which is \$2 million above FY 2023 enacted, which supports the Community Economic Development, the Rural Community Development, and the Neighborhood Innovation Program. The budget also supports the update of the Community Services Block Grant Act Discretionary Programs to focus on equity and access to economic opportunities.
- **Research and Demonstration** - \$15 million for state demonstration grants and technical assistance to test a whole-family approach to service delivery, with a focus on improving coordination across benefits programs. Of this, \$5 million is included in Federal Administration for staff to support states navigating multi-program benefits delivery models and help with new funding models and service delivery models requiring waivers.
- **Expand Access to Affordable, Quality Child Care for Low- and Middle-Income Families** [\$400 billion in costs over 10 years]
- **Social Services Block Grant** - The Social Services Block Grant is permanently authorized at \$1.7 billion per year.

- **Temporary Assistance for Needy Families (TANF)** - The budget funds TANF and the TANF Contingency Fund at its FY 2023 level of \$17.3 billion for FY 2024.
- **ACL** –
 - **Nutrition Services for Older Adults** - The Senior Nutrition Services programs provide healthy home-delivered meals and meals served in group settings, such as senior centers. The budget includes \$1.3 billion, an increase of \$218 million, to offset increased costs of service delivery and modestly expand services.
 - **Independent Living** - The budget requests \$161 million, which is \$33 million above FY 2023 enacted, to both increase capacity of current service programs and to develop new approaches to service delivery.

Behavioral Health (CMS, SAMHSA, HRSA, NIH, CDC, AHRQ, OCR)

- **General** –
 - **Suicide Prevention** - The FY 2024 budget requests \$80 million, an increase of \$50 million above FY 2023 enacted, for the Suicide Prevention Program to expand CDC’s work to all 50 states, D.C., and 18 tribal and territorial communities, as well as other nongovernmental organizations and university research programs to reduce suicide.
 - **Reducing Injury and Violence** - CDC is the nation’s leading authority on violence and injury prevention. CDC is focused on priorities including preventing injury and violence, protecting youth, and addressing urgent threats like suicide. The FY 2024 budget includes \$1.4 billion, an increase of \$590 million above FY 2023 enacted. Within this total, CDC will expand activities related to opioid overdose (\$713 million), rape prevention (\$102 million), firearm injury and mortality research (\$35 million), the National Violent Death Reporting System (\$35 million), and adverse childhood experiences (\$15 million). (CDC)
 - **Innovating Mental Health Research and Treatment** - The FY 2024 budget includes an increase of \$200 million for the National Institute of Mental Health to support better diagnostics, improved treatments, and enhanced precision of care for mental health. Funding will support a new precision psychiatric initiative that will address two parallel areas of need-biomarker development and precision diagnostics. (NIH)
 - **9-8-8 and Behavioral Health Crisis Services** - In FY 2024, SAMHSA will dedicate \$836 million to the 9-8-8 and Behavioral Health Services program, an increase of \$334 million over FY 2023 enacted. This investment will increase capacity for 988 to respond to 100 percent of the estimated 9 million contacts in 2024. This funding will also provide specialized services for LGBTQI+ youth, services for Spanish speakers, invest significantly in local crisis centers, and develop a national media campaign. (SAMHSA)
 - **Mobile Crisis Response** - The FY 2024 budget request provides \$100 million for mobile crisis response, \$80 million over FY 2023 enacted. This investment will expand partnerships with 9-8-8 local crisis centers, community providers, 9-1-1 centers, and first responders to promote health-first responses to mental health, suicidal, and substance use crisis events. (SAMHSA)
 - **Expand Access to Care for People Experiencing Homelessness** - The FY 2024 budget proposes to provide \$110 million for the Projects for Assistance in Transition from Homelessness program, +\$43 million above FY 2023 enacted. Increasing funding will substantially improve access to services by expanding the communities served and

increasing the number of PATH providers, resulting in 212,000 individuals contacted and 119,000 individuals enrolled in FY 2024. (SAMHSA)

- **Mental Health Infrastructure** - The budget continues to invest in the nation’s mental health infrastructure, beginning with \$1.7 billion for the Community Mental Health Block Grant, an increase of \$645 million above FY 2023 enacted. This block grant provides flexible funding and supports stable and effective services for our nation’s most vulnerable populations. Community-based behavioral health services meet people in need where they live or work. The budget includes \$553 million for the Certified Community Behavioral Health Clinics grant program, an increase of \$168 million above FY 2023 enacted. These clinics provide comprehensive, coordinated, high-quality state-certified behavioral health services at the local level and will serve approximately 350,000 individuals in FY 2024. In support of the President’s call for transforming how we deliver mental health care, the budget includes a \$2 billion mandatory Mental Health System Transformation Fund to expand access to mental health services through workforce development and service expansion, including the development of nontraditional health delivery sites, the integration of quality mental health and substance use care into primary care settings, and dissemination of evidence-based practices. This activity is funded in the Office of the Secretary and the Office of the Assistant Secretary for Health will coordinate this work. (SAMHSA)
- **Building Capacity to Improve Nation’s Behavioral Health** - The budget continues to support access to high-quality public health data regarding mental health and substance use. The Administration is committed to developing a diverse behavioral workforce and supporting individuals entering the workforce early in their education and career. (SAMHSA)
- **Behavioral Health** - The budget requests \$5 million in new funding, which would allow AHRQ to expand behavioral health activities. Specifically, AHRQ will conduct new research to better understand how to scale and spread existing Local Integrated Care Network models. Local Integrated Care Networks provide behavioral health support systems for primary care practices including those providing pediatric and maternity care, and other front-line providers in medically underserved localities. (AHRQ)
- **Behavioral Health Access –**
 - **OCR Supporting the Mental Health Strategy** - OCR’s FY 2024 request includes funding for a Behavioral Health Team to ensure that individuals and families do not face discriminatory barriers to behavioral health care access. The additional staff will allow OCR to provide technical assistance to program officers overseeing the development of Certified Community Behavioral Health Clinics, mobile crisis teams, screening, case management, and other new behavioral health programs. The teams will provide technical assistance, regulation reviews, training for grantees, and subject matter expertise to the Department in support of the Administration’s Mental Health Strategy, and to ensure:
 - Individuals and families receive equal access to behavioral health services and related health insurance coverage, including prescription drug benefits;
 - Federally assisted and conducted behavioral health services, including the National Suicide Prevention Lifeline “988” number linking individuals to the crisis

- care, are accessible to individuals with language barriers, disabilities, and LGBTQI+ individuals;
- Behavioral health services are located in areas that make them accessible to individuals and families from racial and ethnic minority populations;
 - Notice is given to individuals and families of their right to receive behavioral health services free from discrimination; and
 - Grievance procedures for individuals and families seeking or receiving behavioral health services are established and implemented.
- **Medicare and Medicaid –**
 - **2024 Medicare Legislative Proposals –**
 - **Mental Health - Apply the Mental Health Parity and Addiction Equity Act to Medicare** - Complemented by additional proposals to improve behavioral health benefits in Medicare, this proposal ensures that the parity requirements of the Act apply to the mental health and substance use disorder benefits offered by Medicare Advantage plans so that enrollees do not face greater limitations on reimbursement or access to care relative to medical and surgical benefits. Applying the Act to Medicare in this way builds on efforts to enhance behavioral health coverage and improves access to comprehensive care for Medicare beneficiaries. This proposal improves health equity and confirms the notion that Medicare beneficiaries suffering from mental health and substance use disorders are just as deserving of protection and care as those with medical, physical, or surgical needs. [Not Scoreable]
 - **Eliminate the 190-day Lifetime Limit on Psychiatric Hospital Services** - Eliminating the lifetime limit on psychiatric hospital services serves to improve parity between Medicare mental health and physical health coverage by removing a limitation on coverage of mental health services for which there is no comparable limit on physical health services. It also increases the overall availability of inpatient psychiatric hospital services. This proposal improves equity by removing a barrier to accessing mental health services, which affects thousands of Medicare beneficiaries with mental illness, many of whom are under age 65. HHS commits to protecting the safety of patients with serious mental illness by establishing regulations to ensure appropriate lengths of stay and maintaining access to community-based mental health care. [\$2.4 billion in Medicare costs over 10 years]
 - **Revise Criteria for Psychiatric Hospital Terminations from Medicare** - This proposal gives CMS flexibility to allow a psychiatric hospital to continue receiving Medicare payments when deficiencies are not considered to immediately jeopardize the health and safety of its patients and where the facility is actively working to correct the deficiencies identified in an approved Plan of Correction. Without the flexibility to offer options beyond termination from participation in Medicare, the communities using these psychiatric services may suffer reduced access to care, which would worsen health outcomes and increase health disparities. [Budget Neutral]

- **Modernize Medicare Mental Health Benefits** - This proposal allows Medicare to identify and designate additional professionals who could enroll in Medicare and be paid when furnishing behavioral health services within their applicable state licensure or scope of practice that would otherwise be covered when furnished by a physician. Additional providers would include clinical social workers, peer support workers, and certified addiction counselors. The proposal also establishes a Medicare benefit category for these professionals that authorizes direct billing and payment under Medicare for these practitioners; removes limits on the scope of services for which they can be paid by Medicare; allows these practitioners to bill Medicare directly for their mental health services for covered Part A qualifying Skilled Nursing Facility stays; establishes Medicare payment under Part B for services provided under an Assertive Community Treatment delivery system which provides treatment for the severe functional impairments associated with serious mental illness; allows payment to Rural Health Clinics and Federally Qualified Health Centers for these additional behavioral health professionals providing mental health services; and enables Medicare coverage of evidence-based digital applications and platforms that facilitate the delivery of mental health services. By adding professionals to the statute that are authorized to receive direct Medicare payment for their mental health services, this proposal expands access to mental health services in Medicare, especially in rural and underserved areas with fewer mental health professionals, or communities more likely to receive care from the referenced professionals. [Not Scorable]
- **Require Medicare to Cover Three Behavioral Health Visits without Cost-Sharing:** This proposal requires Medicare to cover up to three behavioral health visits per year without cost-sharing when furnished by participating providers, beginning in 2025. Eliminating cost-sharing for individuals removes potential financial barriers to treatment and gives more patients access to the care they need. This proposal has a positive impact on health equity by improving access and adherence to treatment, creating a pathway to better overall health outcomes. [\$1.5 billion in costs over 10 years]
- **2024 Medicaid Legislative Proposals –**
 - **Convert the Medicaid Certified Community Behavioral Health Clinics Demonstration into a Permanent Program** - The budget would convert the existing and any new demonstration programs to a permanent Medicaid state plan option. This proposal ensures more Medicaid beneficiaries have access to all the behavioral health services these clinics provide. [\$20 billion in costs over 10 years to Medicaid for matching funds to programs.]
- **2024 Private Insurance Legislative Proposals –**
 - **Improve Access to Behavioral Healthcare in the Private Insurance Market** - The budget strengthens and improves consumer protections by requiring all plans and issuers, including group health plans, to provide mental health and substance use disorder benefits. In addition, it seeks to improve compliance with behavioral health parity standards by requiring plans and issuers to use medical necessity criteria for behavioral health services that are consistent with the criteria

developed by nonprofit medical specialty associations, as well as putting medical necessity at the forefront of care decisions instead of profit. It also authorizes the Secretaries of HHS, Labor, and Treasury to regulate behavioral health network adequacy, and to issue regulations on a standard for parity in reimbursement rates based on the results of comparative analyses submitted by plans and issuers. [\$760 million in costs over 10 years]

- **Require Coverage of Three Behavioral Health Visits and Three Primary Care Visits without Cost-Sharing** - This proposal seeks to improve health outcomes by requiring all plans and issuers to cover three behavioral health visits and three primary care visits each year without charging a copayment, coinsurance, or deductible-related fee. [\$310 million in costs over 10 years]
 - **Provide Mandatory Funding for State Enforcement of Mental Health Parity Requirements** - Adequate enforcement is necessary to ensure that consumers actually benefit from the protections enshrined in law. This proposal provides \$125 million in mandatory funding over five years for grants to states to enforce mental health and substance use disorder parity requirements. Any funds not expended by states at the end of five fiscal years would remain available to the HHS Secretary to make additional mental health parity grants. [\$125 million in costs over 10 years]
- **Youth Behavioral Health –**
 - **What Works in Schools** - The budget request includes \$90 million, an increase of \$52 million above FY 2023 enacted, for CDC’s What Works in Schools program. CDC will scale up the program from 28 local education agencies up to 75 of the largest local education agencies nationwide. The program strengthens the integrated delivery of mental health promotion and treatment interventions to students and families across a range of care settings with a focus on Black and Hispanic youth, female students, and LGBTQI+ youth who experience disproportionately adverse mental health outcomes. (CDC)
 - **Behavioral Health Workforce –**
 - **Behavioral Health Workforce Development** - The FY 2024 budget includes \$387 million, which is \$190 million above FY 2023 enacted, to train about 18,000 behavioral health providers to help respond to the mental health and substance use crisis currently affecting our country. (HRSA)
 - **Supporting the Mental Health and Wellness of the Health Professions Workforce** - The FY 2024 budget invests \$25 million, in support of the Dr. Lorna Breen Act, for a new program to support the development of a culture of wellness in health care facilities including hospitals, rural health clinics, community health centers and medical professional associations. (HRSA)
 - **Expanding and Diversifying the Behavioral Health Workforce** - The budget includes \$37 million for SAMHSA’s Minority Fellowship Programs, an increase of \$17 million over FY 2023 enacted. Since the Fellowship began in 1973, the program has increased the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness or substance use disorder treatment services for underserved minority populations. The proposed investment in this program will almost double the number of fellows and increase the number of trained providers

to 6,500. The budget also proposes to add a service requirement to ensure participants are supporting communities in need, as well as to add addiction medicine, and sexual and gender minority populations as participants in the Minority Fellowship Program.

- **Substance Use –**

- **Address Overdose Epidemic and Support Recovery** - The budget provides \$5.7 billion for substance use prevention and treatment activities, an increase of \$1.3 billion over FY 2023 enacted, funding states and territories to increase access to treatment for substance use disorder, advance public-health interventions like naloxone, and expand recovery support services. (SAMHSA)
- **Recovery Support Services** - The budget provides \$158 million for the Targeted Capacity Expansion program, an increase of \$36 million over FY 2023 enacted. This proposed increase includes \$10 million for a new pilot initiative to combine services that incorporate harm reduction, treatment, and recovery supports with housing and intensive case management. These services will be delivered based on individual assessments at-home and in the community. Peer services also play a vital role in assisting individuals in achieving recovery from substance use disorders. The budget provides \$28 million for the Building Communities of Recovery program, an increase of \$12 million above FY 2023 enacted, to expand peer recovery services and foster a strong community of shared life experiences and a wealth of practical knowledge among program participants. This proposed investment will provide needed investments in this critical component of recovery support services. (SAMHSA)
- **Harm Reduction** - The budget proposes to provide \$50 million for a harm reduction program to continue the initiative first created in the American Rescue Plan. Reaching approximately 330,000 individuals, the program would support distribution of naloxone, prevent overdose deaths, increase testing for HIV and viral hepatitis, and provide peer support services. The budget also proposes to increase access to naloxone by providing \$78 million to the First Responder Training program, an increase of \$22 million over FY 2023 enacted, and providing \$28 million for grants to prevent overdose, an increase of \$12 million above FY 2023 enacted. (SAMHSA)
- **Substance Use Prevention and Treatment Infrastructure** - The budget includes \$2.7 billion for the Substance Use Prevention, Treatment, and Recovery Services Block Grant — an increase of \$700 million over FY 2023 enacted. This funding will ensure individuals, their families, and communities have access to the range of services needed—serving 1.5 million people in FY 2024. The budget also includes \$2 billion for the State Opioid Response grant program, a \$425 million increase above FY 2023 enacted, to provide direct services to prevent, treat, and promote recovery from issues related to opioid misuse and stimulant misuse. Within this program, the budget increases the set-aside for tribes to \$75 million, to ensure culturally competent prevention and intervention services are available to American Indians/Alaska Natives. (SAMHSA)

- **Rural Behavioral Health –**

- **Rural Opioids Response** - Within the total for Rural Health, the budget invests \$165 million for the Rural Communities Opioid Response Program, an increase of \$20 million above the FY 2023 enacted. This increase will support the development and continuation of community-based grant programs and technical assistance that provide needed

behavioral health, including Opioid Use Disorder and Substance Use Disorder services to rural residents. This investment will enable HHS to continue focusing on emergent behavioral health needs and reducing disparities in health outcomes and access among high-risk populations in rural communities. (HRSA)

- **Rural Behavioral Health Initiative** - The budget for rural health includes \$10 million for a new Rural Health Clinic Behavioral Health Initiative to expand access to mental health services in rural communities. (HRSA)

Federal Health Coverage Programs (CMS)

- **Overall** –

- The President’s Fiscal Year (FY) 2024 Budget estimates \$1.5 trillion in mandatory and discretionary outlays for CMS, a net decrease of \$38 billion below FY 2023 enacted.
- CMS is uniquely positioned to accelerate initiatives that advance the Secretary’s commitment to lower health care costs, expand behavioral services, enhance CMS program access and benefits, transform pandemic preparedness capabilities, advance health equity, end hunger and reduce diet-related diseases and disparities while enhancing food security, strengthen the quality of long-term services and supports including home care, and promote responsible stewardship of taxpayer dollars through good government.
- CMS highlighted three key initiatives for FY 2024:
 - **Opioid and Substance Use Disorders** - The opioid crisis continues to be a pressing public health challenge, impacting many Americans, and CMS is contributing to a significant, government-wide investment to end the opioid epidemic. As the largest healthcare payer in the United States, CMS uses coverage and payment levers to advance evidence-based responses to the epidemic. CMS continues to advance its strategy to promote safe and effective treatment options for pain that rely less on opioids, expand access to Substance Use Disorder (SUD) support and treatment, and better use data to inform CMS policy.
 - **Health Equity** - In FY 2024, CMS will continue to advance health equity by addressing the health disparities that underlie our health system. Working from our ‘Framework for Health Equity’ – a ten-year agency approach to promote health equity – CMS has five priority areas that we will use to develop and initiate policies to incorporate health equity into our programs. CMS is striving to fuse health equity into our very DNA, so that everything we do comes with health equity as a foundational piece. CMS will lead the way within the health care system to ensure health equity is engrained into the health care fabric that covers so many Americans.
 - **Nursing Homes** - Based on this Administration’s commitment to nursing home safety, quality, and transparency, CMS is requesting funding to take significant steps to address the backlog of survey complaints, increase the inspection of specific focus facilities, and expand the financial penalties for substandard facilities to adequately fund nursing home inspections. The CMS Nursing Home Cross-Cutting Initiative makes nursing homes safer for their residents.

- **Medicare** –

- **Overall** –

- In FY 2024, CMS estimates that gross current law spending on Medicare benefits will total \$1 trillion and the program will provide health benefits to 67 million beneficiaries.
- In CY 2023, MA enrollment is expected to total about 32 million beneficiaries, or 52.3 percent of all Medicare beneficiaries.
- The budget highlights that MedPAC reports payments to MA plans are 106 percent of what they would be to provide Part A and B benefits in fee-for-service and that it is “negatively affecting Part A solvency and increasing Part B premiums for beneficiaries.”
- The Budget would extend the solvency of the Medicare Hospital Insurance (HI) trust fund by at least 25 years, without cutting any benefits or raising costs for people with Medicare. The Budget includes key reforms to the tax code by modestly increasing the Medicare tax rate on income above \$400,000, closing loopholes in existing Medicare taxes and dedicating the Medicare net investment income tax to the HI Trust Fund, as originally intended. The Budget credits the savings from the Budget’s proposed drug reforms into the HI trust fund.
- **Legislative Proposals –**
 - **Prescription Drug Reforms**
 - Expand Medicare Prescription Drug Price Negotiation by increasing the number of drugs subject to negotiation and making drugs eligible for negotiation sooner after their launch (\$160.0 billion in savings over 10 years)
 - Limit Medicare Part D Cost-sharing on High Value Generic Drugs to \$2 (\$1.3 billion in costs over 10 years)
 - **Mental Health**
 - Apply the Mental Health Parity and Addiction Equity Act to Medicare (not scorable)
 - Eliminate the 190-day Lifetime Limit on Psychiatric Hospital Services (\$2.4 billion in Medicare costs over 10 years)
 - Revise Criteria for Psychiatric Hospital Terminations from Medicare (budget neutral)
 - Modernize Medicare Mental Health Benefits (not scorable)
 - Establish a Medicare benefit category for Licensed Professional Counselors and Marriage and Family Therapists that authorizes direct billing and payment under Medicare for these practitioners, remove limits on the scope of services for which Clinical Social Workers, Licensed Professional Counselors, and Marriage and Family Therapists can be paid by Medicare;
 - Allow these practitioners to bill Medicare directly for their mental health services for covered Part A qualifying Skilled Nursing Facility stays;
 - Establish Medicare payment under Part B for services provided under an Assertive Community Treatment delivery system;
 - Allow payment to Rural Health Clinics and Federally Qualified Health Centers for Licensed Professional Counselors and Marriage and Family Therapists providing mental health services; and

- Enable Medicare coverage of evidence-based digital applications and platforms that facilitate the delivery of mental health services.
 - Require Medicare to Cover Three Behavioral Health Visits without Cost-Sharing (\$1.5 billion in costs over 10 years)
- ***Pandemic Preparedness***
 - Authorize Coverage for Specific Products and Services, Including Drugs, Vaccines, and Devices Authorized for Emergency Use (not scorable)
 - Enable the Secretary to Temporarily Modify or Waive the Application of Specific Requirements of the Clinical Laboratory Improvement Amendments of 1988 Act (not scorable)
- ***Long-Term Care***
 - Hold Long-Term Care Facility Owners Accountable for Noncompliant Closures and Substandard Care (budget neutral)
 - Provide Authority for the Secretary to Collect and Expend Re-Survey Fees (budget neutral)
 - Increase Per Instance Civil Monetary Penalty Authority for Long-Term Care Facilities (budget neutral)
 - Improve the Accuracy and Reliability of Nursing Home Care Compare Data (budget neutral)
 - Adjust Survey Frequency for High-Performing and Low-Performing Facilities (budget neutral)
- ***Cancer Moonshot***
 - Expand Cancer Care Quality Measurement (not scorable)
- ***Nutrition***
 - Expand and Enhance Access to Medicare Coverage of Nutrition and Obesity Counseling (\$1.7 billion in costs over 10 years)
 - Conduct a Subnational Medicare Medically-Tailored Meal Demonstration (not scorable)
- ***Medicare Modernization and Benefit Enhancements***
 - Create a Permanent Medicare Diabetes Prevention Program Benefit (not scorable)
 - Implement Value-Based Purchasing Programs for Inpatient Psychiatric Facilities, Outpatient Hospitals, and Ambulatory Surgical Centers (budget neutral)
 - Create a Permanent Medicare Home Health Value-Based Purchasing Program (budget neutral)
 - Add Medicare Coverage of Services Furnished by Community Health Workers (Not Scorable)
- ***Good Governance and Quality Improvement***
 - Create a Consolidated Medicare Hospital Quality Payment Program (budget neutral)
 - Refine the Quality Payment Program: Measure Development Funding for the Quality Payment Program (budget neutral)
 - Establish Meaningful Measures for the End-Stage Renal Disease Quality Incentive Program (budget neutral)

- Strengthen Medicare Advantage by Establishing New Medical Loss Ratio Requirements for Supplemental Benefits (not scorable)
 - Require Average Sales Price Reporting for Oral Methadone (Not Scorable)
 - **Other Technical Proposals**
 - Standardize Data Collection to Improve Quality and Promote Equitable Care (budget neutral)
 - Allow Collection of Demographic and Social Determinants of Health Data through CMS Quality Reporting and Payment Programs (budget neutral)
 - Increase Transparency by Disclosing Accreditation Surveys (budget neutral)
 - Remove Restrictions on the Certification of New Entities as Organ Procurement Organizations and Increase Enforcement Flexibility (budget neutral)
 - Use Administrative Law Judge Written Decisions (budget neutral)
 - Change Medicare Appeal Council’s Standard of Review (budget neutral)
 - **Medicare Interactions**
 - National Hepatitis C Elimination Program in the United States (Medicare portion of score: \$1 billion in costs over 10 years)
- **Medicaid –**
 - **Legislative Proposals –**
 - **Address Current and Future Pandemic and Public Health Threats**
 - Eliminate Barriers to PrEP Under Medicaid (\$10.2 billion in savings over 10 years)
 - **Strengthen Long-Term Sustainability and Integrity of CMS Programs**
 - Modify the Medicaid Drug Rebate Program in Territories (Budget Neutral)
 - Authorize HHS to Negotiate Medicaid Supplemental Rebates on Behalf of States (Authorize HHS to Negotiate Medicaid Supplemental Rebates on Behalf of States)
 - Enhance Medicaid Managed Care Enforcement (\$1.5 billion in savings over 10 years)
 - Require Remittance of Medical Loss Ratios in Medicaid and CHIP Managed Care (\$20.0 billion in Medicaid savings and \$1.7 billion in CHIP savings over 10 years)
 - **Promote Equity and Address Social Determinants of Health**
 - Require Medicaid Adult and Home and Community-Based Services Quality Reporting (\$278 million in administrative costs over 10 years)
 - Align Medicare Savings Programs and Part D Low-income Subsidy Eligibility Methodologies (\$5.8 billion in Medicaid costs over 10 years)
 - Align Qualified Medicare Beneficiary Renewal Period with Other Medicaid Groups (Budget Neutral)
 - Require 12 Months of Postpartum Coverage (\$2.4 billion in Medicaid costs over 10 years)
 - **Modernize and Enhance Program Benefits**
 - Improve Medicaid Home and Community-Based Services (\$150 billion in costs over 10 years)
- **Children’s Health Insurance Program (CHIP) –**
 - **Legislative Proposals –**

- **Prescription Drug Savings**
 - Apply Medicaid Drug Rebates to Separate CHIP (\$2.9 billion in savings over 10 years)
- **Modernize and Enhance Program Benefits**
 - Modernize and Enhance Program Benefits (\$2.9 billion in savings over 10 years)
- **Affordable Care Act/Individual and Small Group Market –**
 - **Legislative Proposals –**
 - **Promote Equity and Address Social Determinants of Health**
 - Permanently Extend Enhanced Premium Tax Credits (\$18.4 billion in costs over 10 years)
 - Permanently Extend Coverage to Low-income Individuals in States that have not Expanded Medicaid (\$200 billion in Government-wide costs over 10 years)
 - **Transform Behavioral Health**
 - Improve Access to Behavioral Healthcare in the Private Insurance Market (\$760 million in costs over 10 years)
 - Require Coverage of Three Behavioral Health Visits and Three Primary Care Visits without Cost-Sharing (\$310 million in costs over 10 years)
 - Provide Mandatory Funding for State Enforcement of Mental Health Parity Requirements (\$125 million in costs over 10 years)
 - **Strengthen Long-Term Sustainability and Integrity of HHS Programs**
 - Replenish and Extend No Surprises Act Implementation Fund (\$500 million in costs over 10 years)
 - Extend Surprise Billing Protections to Ground Ambulance (\$948 million in Treasury savings over 10 years)
 - **Prescription Drug Reforms**
 - Expand Drug Inflation Rebates to Commercial Market
 - Limit Cost-sharing for Insulin at \$35 a Month (\$20 million in costs over 10 years)
- **State Grants and Demonstrations –**
 - **Legislative Proposals –**
 - Convert the Medicaid Certified Community Behavioral Health Clinics Demonstration into a Permanent Program (\$20 billion in costs over 10 years to Medicaid for matching funds to programs)
- **Value-Based Care/CMMI –**
 - CMMI's strategy for the future is organized around five objectives: drive accountable care, advance health equity, support innovation, address affordability, and partner to achieve system transformation.
 - In 2023-2024, CMMI is focused on advanced primary care model tests, state total cost of care model tests, population and condition-specific accountable care models, and prescription drug models.
 - From 2025-2029, CMMI will turn to ACO models that support primary care and accountability for total cost of care and outcomes, bundled payment models to support population health, population and condition-specific accountable care models, and specialty integration models.

- For 2023 and beyond, CMMI is looking at efforts to address cross-model issues, including health equity data collection, risk adjustment, technology adoption/interoperability, SDOH screening and referral, Medicaid alignment, and benchmarking.
- **Program Integrity –**
 - **Legislative Proposals –**
 - **Restructure Mandatory HCFAC**
 - Increase Investment in Mandatory Health Care Fraud and Abuse Control (HCFAC) and Other Mandatory HCFAC Modifications
 - This additional investment is projected to total \$3.8 billion over the 10-year budget window and yield \$5.4 billion in net savings over 10 years.
 - Makes modifications to HCFAC statutory purposes, definitions, and reporting requirements that have not been changed since 1996, including:
 - Expanding the HHS Office of Inspector General investigations of CMS programs to include Marketplaces and related activities, such as premium tax credits, as their current authority is limited to Medicare and Medicaid activities;
 - Clarifying that HCFAC allowable purposes apply to both public and private plans given there is some confusion among health care prosecutors that these authorities only apply to Medicare and Medicaid; and
 - Including the CHIP in the Medi-Medi data match program so that CMS can audit and investigate the \$20 billion that providers bill to this program.
 - **Long-Term Care**
 - Require Additional Disclosures from Private Equity or Real Estate Investment Trust Ownership to Improve Quality of Care in Skilled Nursing Facilities (budget neutral)
 - **Good Governance**
 - Implement Targeted Risk-Adjustment Pre-Payment Review in Medicare Advantage (Budget Neutral)
 - Beginning in CY 2024, this proposal confirms diagnoses submitted by Medicare Advantage Organizations for risk-adjustment with the medical record prior to CMS making risk adjusted payments.
 - The proposal focuses prepayment review on plans, diagnosis, or beneficiaries at elevated risk of improper payments and determines the threshold at which plans would be required to submit medical record documentation in support of the risk adjustment.
 - This proposal excludes certain types of plans, as determined by the Secretary. Confirming diagnoses before making risk-adjusted payments improves payment accuracy in Medicare Advantage.
 - Expand Tools to Identify and Investigate Fraud in the Medicare Advantage Program (Not Scorable)

- Ensure Providers that Violate Medicare Safety Requirements and Have Harmed Patients Cannot Quickly Reenter the Program (Budget Neutral)
- Prohibit Unsolicited Medicare Beneficiary Contacts (Not Scorable)
- **Program Management** –
 - **Marketplaces** - The budget requests \$2.3 billion to operate the Federally Facilitated Marketplace, of which \$2.1 billion is funded by Marketplace and Risk Adjustment user fees and \$247 million is funded by other sources in CMS Program Management.
 - **Provide CMS Mandatory Funding to Implement Legislative Proposals** - Request includes \$300 million in proposed mandatory funding to cover costs associated with implementing the Department’s proposed legislative changes to Medicare, Medicaid, and CHIP.

Telehealth (HRSA, AHRQ, CMS)

- **HRSA** –
 - **Telehealth** – \$45 million for Telehealth, an increase of \$7 million above FY 2023 enacted, to increase health care quality and access, expand provider trainings, and improve health outcomes in rural and underserved areas.
 - **Long-COVID** - \$130 million in new resources to fund Long COVID Integrated Diagnostics and Care Units (\$100 million), which will provide integrated multispecialty evaluation and care for uninsured patients with Long COVID, including through telemedicine.
- **AHRQ** – The budget request includes \$564 million for AHRQ which includes support for activities to evaluate the effects of telehealth on health care delivery and health outcomes, among others.
 - **Digital Health Care Research Program** – \$18 million for AHRQ digital health care research portfolio, which is an increase of \$2 million above FY 2023 enacted, to support the establishment of two Centers of Excellence in Telehealth Care Implementation. These centers will be charged with researching and evaluating the effects of telehealth on health care delivery and health outcomes to ensure the promise of telehealth is delivered through evidence-based practice and policy. This research would include both Medicare and Medicaid populations and focus attention on the impact of telehealth care on increasing access and equity for minority, aging, and rural people. This research would target also telehealth care use in mental health, substance abuse, and maternal health care.
- **CMS** – In addition to directing the HHS Secretary to provide technical assistance and guidance to states on improving access to telehealth for Medicaid and CHIP services, the Bipartisan Safer Communities Act invests \$110 million across three key provisions supporting Medicaid and CHIP beneficiaries.

Care in the Home (CMS, ACL)

- **CMS** – CMS is dedicated to moving toward a health care system that emphasizes equitable and high-quality health care access for all Americans, including strengthening the quality of long-term services and supports including home care, among others.
 - **Medicaid and CHIP** – \$150 billion over 10 years in improving and strengthening Medicaid home and community-based services to help more people who are aging and those with disabilities receive care in their home or community, as well as improve the quality of jobs for home care workers.
 - \$10 million annually and requires reporting on a core set four years after enactment for a Home and Community Based Services Measurement Program.

- **Medicare Home Health Value-Based Purchasing Program** – The Home Health Value-Based Purchasing Model, which the CMS Innovation Center launched in 2016 and expanded nationwide in 2022, successfully improved the quality of home health care at lower cost without evidence of adverse risks. This proposal converts the expanded model into a permanent Medicare program, similar to value-based purchasing programs already in place for other Medicare providers. [Budget Neutral]
- **Increase Transparency by Disclosing Accreditation Surveys** - Current law prohibits the Secretary from disclosing accreditation surveys conducted by Accrediting Organizations or any other national accreditation body, except surveys for home health agencies and hospice programs, and surveys related to enforcement action taken by CMS. This proposal removes this disclosure prohibition. Posting survey information about facilities currently out of compliance addresses an information gap for members of the public who would otherwise be unaware of an accredited provider’s performance based solely on their continued accreditation status. [Budget Neutral]
- **Administration for Community Living –**
 - **Nutrition Services** – \$1.3 billion, which is an increase of \$218 million, to offset increased costs of service delivery and modestly expand services, which can help older adults stay engaged and connect them to other supportive in-home and community-based supports.
 - **Home and Community-Based Supportive Service** – \$500 million for Home and Community-Based Supportive Services, an increase of \$90 million, which would fund information and referral, case management, adult day care, transportation services, personal care, home assistance and chore services that allow older adults to remain in their homes for as long as possible.

Health IT/Interoperability (ONC, OCR, OIG)

- **Office of the National Coordinator for Health IT (ONC) - \$104M**
 - Requests \$104M for FY24, an increase of \$37 million above the FY 2023 enacted level. HHS notes that these resources will be provided through the Public Health Service Act Evaluation set-aside. The funding supports ONC’s policy development and coordination efforts; updates to standards that increase interoperability and improve equity through health IT activities; and staff and operational activities needed to keep pace with the agency’s growing responsibilities. This includes:
 - **TEFCA** – \$39M to focus on efforts to accelerate the adoption and expansion of exchange through the Trusted Exchange Framework and Common Agreement (TEFCA) and advance interoperability policy work.
 - **21st Century Cures Act** – ONC will continue to carry out the 21st Century Cures Act Final Rule by addressing emerging challenges related to the private and secure exchange of health information and providing oversight and guidance on information blocking practices.
 - **Legislative Proposal:** To support this effort, the FY 2024 budget continues to include a legislative proposal to allow ONC to issue advisory opinions for information blocking, which would allow HHS to issue public, legally binding advisory opinions for the information blocking regulations.
 - **Health IT Stakeholder Coordination** – ONC will continue to lead and engage the Health IT Advisory Committee to inform the development of federal health IT

policies and the implementation of its programs impacted by the policies and HHS and administration priorities.

- **Standards, Interoperability, and Certification** – \$52 million for ONC’s Standards, Interoperability, and Certification work to enable ONC to broaden efforts to align federal agency standards adoption and use, coordinate complementary activities and investments with standards development organizations, and further administration priorities around equity and interoperability.
 - **Standards Development and Technology Coordination** – Embedded in ONC’s standards and coordination work is an innovative equity-by-design approach. This approach includes improving the use of social and behavioral health information to support better interoperability. The equity-by-design approach will also address gaps in health IT data related to social determinants of health, race/ethnicity, and sexual orientation/gender identity, creating more patient centered health care and opportunities for decreasing health disparities in health IT.
 - **Agency-Wide Support** – \$13 million for ONC to support overall leadership, operational, and administrative functions.
- **Office for Civil Rights (OCR) - \$78M**
- Requests \$78M; OCR plans to use \$5M in civil monetary settlement funds to support Health Insurance Portability and Accountability Act of 1996 (HIPAA) enforcement activities.
 - **Legislative Proposal: Enhancing HIPAA Protections by Increasing Civil Monetary Penalty Caps and Authorizing Injunctive Relief** – This would increase the amount of civil money penalties that can be imposed in a calendar year for HIPAA non-compliance and authorizes OCR to work with the U.S. Department of Justice to seek injunctive relief in federal court for HIPAA violations. OCR notes that authorizing higher annual caps will strengthen OCR’s enforcement of the HIPAA Rules. OCR also notes that authorizing OCR to seek injunctive relief will improve OCR’s ability to prevent additional or future harm to individuals resulting from entities’ non-compliance with the HIPAA Rules in the most egregious and urgent cases.
- **Office of the Inspector General (OIG) - \$515M**
- Requests \$515 million in Total Program Level for OIG, including \$236 million in discretionary funding which is \$37 million above FY 2023 Enacted. OIG notes that this funding enables OIG to target oversight efforts and ensure efficient and effective resource use within the Department’s programs through the development of new models and tools to support data-driven audits, evaluations, and inspections.
 - **Public Health and Human Services Oversight** – \$117M for an emergency preparedness, response, and recovery initiative, cybersecurity activities, and mandatory pay expenses.
 - **Cybersecurity and Digital Technology** – \$20M to hire specialized personnel from a competitive cybersecurity job market, increase OIG’s cybersecurity efforts, support needed expansions in digital technology, modernize OIG’s information technology infrastructure, and further promote an artificial intelligence-ready workforce.

- **Emergency Preparedness, Response, and Recovery** – \$5M for the development of rapid response approaches, data-driven intelligence, and technology supported field work.
- **Medicare and Medicaid Oversight** –
 - \$380M in mandatory and discretionary HCFAC funding for Medicare and Medicaid oversight.
 - \$43M for a Mandatory Rebasing proposal that would provide OIG with funds to begin addressing unmet demands for OIG investigative expertise to pursue fraud against HHS programs and the people they serve.
 - \$7M to address mandatory pay increases and continue support for data-driven audits, evaluations, and inspections to target illegal prescriptions and distribution of opioids to Medicare and Medicaid beneficiaries, and to enhance oversight of critical programs furnishing treatment for substance use disorders and serious mental illness.

Public Health (CDC, NIH, ASPR, ARPA-H, HRSA, Office of the Secretary)

- **Public Health IT** –

- **CDC Data Modernization Initiative** – The request includes \$340M, an increase of \$165M above FY 2023 enacted level, to address significant needs in public health data systems. This investment will continue bringing systems up to date with technological advancements, improve understanding of early warning signals through increased reporting of syndromic and disease surveillance data, decrease clinical and public health reporting lags, and improve the timeliness and accuracy of death reports.
- **Ready Response Enterprise Data Integration Platform** – The request includes \$60M to CDC to manage this platform to provide timely information to support evidence-based decision-making for current and emerging public health threats.
- **Center for Forecasting and Outbreak Analytics** – The request includes \$100M to CDC to maintain and grow the center’s functionality for COVID-19 and other emerging threats as they arise.
- **National Healthcare Safety Network** – The request includes \$50M to CDC, an increase of \$26M above the FY 2023 enacted level. CDC notes that this is to meet the increasing demand of the platform and to modernize and improve the timeliness of patient safety and health-related guidance. The budget also includes an additional \$2 million above FY 2023 enacted for the **National Center for Health Statistics**, the principal federal health statistics agency, to increase timeliness of data releases and number of analytic materials produced annually
- **Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET)** – The request includes \$40M to the CDC, an increase of \$17 million above the FY 2023 enacted level, to support additional jurisdictions to build state SET-NET programs and provide increased support to the 31 currently funded jurisdictions.
- **Indian Health Service (IHS) Health Information Technology Modernization** – The budget fully funds IHS’ EHR modernization effort from FY 2024 to FY 2029. In FY 2024, the budget includes \$913M in discretionary funding, an increase of \$696M above the FY 2023 enacted level, to support procurement of the new EHR and other key project activities.

From FY 2025 to FY 2029, the budget provides an additional \$1.1B each year to fully fund the transition to the new EHR.

- **Public Health Infrastructure –**
 - **Public Health Leadership and Support –** The request includes \$144M to CDC, \$15M above the FY 2023 enacted level, to expand CDC’s capacity for crosscutting functions including policy, science, and communications, and to support implementation of recommendations from CDC Moving Forward.
 - **Public Health Infrastructure and Capacity –** The request includes \$600M to CDC, \$250M above the FY 2023 enacted level, for flexible funding first enacted in FY 2022, which will continue to address gaps in core public health capacity and infrastructure at the national, state, territorial, and local levels.
 - **Buildings and Facilities –** The request includes \$55M to CDC, an increase of \$15M above the FY 2023 enacted level, to reduce a \$194M maintenance and repairs backlog. This investment is critical to keep CDC facilities fully functional and prepared.
 - **Advancing Laboratory Science –** The request includes \$28M to CDC, an increase of \$5M above FY 2023 enacted level, for CDC to continue to implement agency-wide solutions, which include shortening the development time for diagnostic tests, implementing a new Infectious Disease Test Review Board, and improving the speed and quality of CDC laboratory test results.
 - **Public Health Workforce –** The request includes \$106M in base funding for CDC’s Public Health Centers for Disease Control and Prevention Workforce training and fellowship programs to ensure there is a current workforce as well as a future pipeline that is ready and able to address public health threats.
- **Public Health Preparedness and Mitigation –**
 - **Pandemic Preparedness –** Requests \$20B in mandatory funding across HHS to support the President’s plan to transform U.S. capabilities to prepare for and respond rapidly and effectively to future pandemics and other high consequence biological threats.
 - Of this total, \$6.1 billion will be allocated to CDC to modernize and build laboratory capacity, strengthen public health data systems; enhance domestic and global disease surveillance, biosafety, and biosecurity efforts; and support capabilities for monitoring and evaluating vaccine and medical countermeasure safety and effectiveness.
 - Of this total, \$2.69B will be allocated for NIH research and development of vaccines, diagnostics, and therapeutics against high priority viral families, biosafety and biosecurity, and expanding laboratory capacity and clinical trial infrastructure.
 - **Office of the Surgeon General and the Commissioned Corps of the U.S. Public Health Service -** Budget includes \$20 million in the Public Health and Social Services Emergency Fund to maintain and continue to operationalize COVID-19-related investments in the Ready Reserve Corps, Public Health Emergency Response Strike Team, and Commissioned Corps readiness and training activities. Funding will ensure sufficient resources to maintain these programs, established and initialized with the CARES Act funding.
 - **Public Health and Social Services Emergency Fund -** The FY 2024 budget provides \$50 million for the Public Health Emergency Fund, authorized by section 319(b) of the Public

Health Service Act, to allow the HHS Secretary to immediately respond to a public health threat or declared emergency.

- **Immunization –**

- **Global Immunization Program** – The request includes \$240M to CDC, an increase of \$10M above the FY 2023 enacted level, to achieve priority goals including shifting children out of zero-dose status, increasing life-course vaccination, preventing and mitigating large outbreaks and exportations, and working toward essential service targets globally.
- **Domestic Immunization** – The FY 2024 budget includes significant investments in the Domestic Immunization infrastructure, including an additional \$317 million in funding above FY 2023 enacted for the existing discretionary immunization infrastructure. This includes modernizing immunization information systems, implementing new strategies for vaccine equity, building vaccine confidence, expanding the scientific evidence base, and enhancing support in the human papilloma virus (HPV) vaccination efforts in alignment with the Administration’s Cancer Moonshot initiative. As a complement to the successful Vaccines for Children program, the budget establishes the **Vaccines for Adults program**. This new program will provide uninsured adults with access to routine and outbreak vaccines recommended by the Advisory Committee on Immunization Practices at no cost.
- **Emerging Infectious Disease** – The request includes an additional \$40 million above the FY 2023 enacted level to expand CDC’s core emerging infectious disease work.
- **Antimicrobial Resistance** – The request includes \$212M to CDC, an additional \$15M above the FY 2023 enacted level, to increase investments in state, territorial, and local capacity to detect and prevent emerging and existing threats through strengthened infection prevention and control, antibiotic stewardship data collection, and health care quality improvement efforts.

- **Chronic Disease –**

- **Special Diabetes Program for Indians** – For CDC, the request includes \$250M in FY 2024, \$260M in FY 2025, and \$270M in FY 2026 in new mandatory funding and to reauthorize the Special Diabetes Program for Indians. CDC notes that this program has proven to be effective at reducing the prevalence of diabetes among AI/AN adults, and has also demonstrated an estimated net-savings to Medicare of up to \$520M over 10 years due to averted cases of end-stage renal disease.
- **Cancer Moonshot Initiative** – The budget includes \$1 billion for dedicated Cancer Moonshot activities across CDC, IHS, HRSA, and FDA, as well as a total investment at NCI of \$7.8 billion to drive progress on ways to prevent, detect, and treat cancer.
 - **CDC** - \$839M to support cancer prevention and control programs across CDC, including tobacco prevention, HPV prevention and analysis of cancer clusters, and laboratory and environmental health activities.
 - **HSRA** - The Health Center Program supports the Cancer Moonshot, dedicating \$20 million to increase equitable access to cancer screenings and treatment.
 - **NIH** – The budget includes \$716 million for this effort for the National Cancer Institute (NCI), an increase of \$500 million above FY 2023 enacted, and supports the President’s goal of reducing the cancer death rate by half within 25 years and improving the lives of people with cancer and cancer survivors.

- NCI funding will focus on substantially increasing the number and diversity of people who participate in NCI-sponsored clinical trials to develop new prevention, diagnosis, and treatment approaches at a speedier pace, and continue working towards increasing the pipeline of new cancer drugs. Additionally, the resources will continue to fund the major trial to evaluate multi-center detection tests, the Cancer Moonshot Scholars program, and the NCI Telehealth Research Centers of Excellence, allowing the agency to sustain and progress towards meeting the President’s goal to end cancer as we know it.
 - **NIH** - The budget also proposes to reauthorize the 21st Century Cures Act Cancer Moonshot through 2026 and provide \$2.9 billion in mandatory funding in 2025 and 2026, \$1.45 billion each year. In total, the Budget proposes \$3.6 billion in combined discretionary and mandatory funding through 2026.
 - **IHS** - The budget includes \$108 million in 2024 within IHS to address specialized cancer care needs in tribal communities, including culturally appropriate cancer screening, education, and treatment activities.
 - **CMS - Expand Cancer Care Quality Measurement** - This proposal creates a cancer care quality data reporting program for all Medicare providers. This program enables CMS to consolidate cancer care measures and data under one unified strategy, drive improvements in the quality of cancer care, and standardize data collection to identify and address potential inequities in care. [Not scorable]
- **Infectious Disease –**
- **Hepatitis C –** The budget includes a new HHS-wide proposal to eliminate hepatitis C infections in the United States, with a specific focus on high-risk populations. This five-year program will increase access to curative medications, and expand implementation of complementary efforts such as screening, testing, and provider capacity. Implementation of the program will increase the number of people treated for hepatitis C, preventing severe illnesses, avoiding serious complications, and saving lives.
 - **CMS - National Hepatitis C Elimination Program in the United States** - The national hepatitis C elimination program will have a significant impact on the Medicare population. Hepatitis C disproportionately affects baby boomers, many of whom are eligible for Medicare. Untreated, hepatitis C can cause advanced liver disease, liver cancer, and death. An 8 to 12-week course of oral direct-acting antiviral medication cures hepatitis C in more than 95 percent of people. Under this program, the federal government pays 100 percent of cost-sharing for Medicare Part D beneficiaries. [Medicare portion of score: \$1 billion in costs over 10 years]
 - **HIV/AIDS –**
 - **Ending the HIV Epidemic (EHE) in the U.S. –**
 - \$310M to CDC, an increase of \$90M above the FY 2023 enacted level, to continue to advance HHS’s efforts to end the HIV/AIDS epidemic. CDC notes they will expand innovations, implement approaches that integrate health equity into the entire HIV prevention portfolio, test innovative service delivery models designed to increase access to prevention

services, and strengthen engagement of community-based organizations in implementing the Ending the HIV Epidemic in the U.S. initiative. Also included is a new mandatory Pre-Exposure Prophylaxis (PrEP) Delivery Program to End the HIV Epidemic in the U.S (“PrEP Delivery Program”), which will provide PrEP and associated services at no cost to uninsured and underinsured individuals and expand the number of providers serving underserved communities.

- \$26 million to NIH, flat with FY 2023 enacted, for NIH-sponsored Centers for AIDS Research and HIV/AIDS Research Centers to continue efforts toward accomplishing HHS’s initiative to end the HIV epidemic in the United States by 2030. In FY 2024, NIH will build upon this work by addressing the gaps in the current HIV research infrastructure and workforce, as well as address the racial inequities in access to HIV health services. This includes supporting novel research and study designs that are responsive to the ongoing shifts in the HIV epidemic, incorporate innovative technology resources, include diverse study populations and investigators, and focus on dissemination and implementation science.
- Provides an additional \$125 million above FY 2023 enacted, for a total of \$290 million, to HRSA for this initiative. Funding will support HIV care and treatment for clients in the 50 geographic locations that currently have more than 50 percent of new HIV diagnoses nationally and the seven states with substantial rural HIV burden. This funding will also expand evidence-informed practices to link, engage, and retain people with HIV in care, and support capacity building, technical assistance, program implementation, and oversight – with a focus on reducing disparities in health outcomes and building the capacity of organizations that reflect the communities they serve.
- **CMS - Eliminate Barriers to PrEP Under Medicaid** - This proposal requires states to cover PrEP and associated laboratory services with no cost sharing for Medicaid and CHIP beneficiaries, and places guardrails on utilization management practices, like prior authorization and step therapy, that can pose barriers to access and utilization of PrEP. PrEP for HIV/AIDS can reduce the risk of getting HIV by at least 74 percent, and this proposal aligns with other HHS work being done in this area, such as the Ending the HIV Epidemic in the United States initiative. [\$10.2 billion in savings over 10 years]
- **Office of the Secretary** - The Budget includes \$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 by supporting innovation, collaboration, and integration of best practices, effective strategies, and promising emerging models.
- **HRSA** - The FY 2024 budget invests in direct health care services through Health Centers and Ryan White HIV/AIDS programs. These safety-net programs deliver critical health care services to low-income and vulnerable populations across the

United States. The Health Center Program also supports the Ending HIV Epidemic, dedicating \$172 million to expand PrEP and HIV/AIDS services.

- **Ryan White HIV/AIDS Program** - The budget provides \$2.7 billion, which is \$125 million above FY 2023 enacted.
- **NIH All of Us and Brain Research Through Advancing Innovative Neurotechnologies (BRAIN)** –
 - The FY 2024 budget includes an additional \$462 million in base funding to continue the important momentum of All of Us and BRAIN, two initiatives supported by the 21st Century Cures Act. The additional funding holds these initiatives at their FY 2023 level, for a total of \$1.2 billion that includes authorized and base funding.
- **Healthy Living** –
 - **Nutrition and Physical Activity** – The FY 2024 budget includes an additional \$72 million above FY 2023 enacted to expand the State Physical Activity and Nutrition (SPAN) program to all 50 states, District of Columbia, and 14 territories. The SPAN program works with states to implement evidence-based strategies to reduce chronic disease by improving physical activity and nutrition.
- **Advanced Research Projects Agency for Health (ARPA-H)** –
 - The President’s Budget provides \$2.5 billion for ARPA-H. ARPA-H investments will be distinguished by its tolerance for high risk, high impact projects and breadth of applicable platforms, capabilities, resources, and solutions that are likely to transcend disease state or condition-specific research. These investments will support key focus areas including health science futures, scalable solutions, proactive health, and resilient systems.
 - The continued investment in ARPA-H will speed the application and implementation of health solutions. Opportunities or obstacles related to the Cancer Moonshot Initiative goals will be candidates for the ARPA-H Mission Office’s new approach to transformational change. The agency has designated a Cancer Moonshot Champion, who will identify efforts across focus areas, engage stakeholders on behalf of the government, and collaborate with Cancer Moonshot leaders in the Office of Science and Technology Policy, the National Institutes of Health, and across government.
 - Programs will be developed and led by visionary, term-limited program managers, who can identify and fund traditional and non-traditional partners to take on critical challenges that are unlikely to move forward quickly without the agency’s catalytic assistance. Program managers will be able to use directive approaches to provide quick funding decisions to support projects that are results-driven and time limited.
- **Administration for Strategic Preparedness and Response (ASPR)** –
 - **Pandemic Preparedness and Biodefense** – The budget provides \$10.5 million in discretionary funding over five years for ASPR, in addition to \$400 million in discretionary funding for ASPR to continuously invest in long-term capabilities to enable a rapid response to emerging biological threats, including securing the domestic supply chain and manufacturing industrial base and developing countermeasures to counter high priority biological threats.
 - **Biomedical Advanced Research and Development Authority (BARDA)** – The budget provides over \$1 billion for BARDA, \$65 million above FY 2023 enacted.
 - **Strategic National Stockpile** – The budget funds the Stockpile at \$995 million, \$30 million above FY 2023 enacted.

- **Health Care Readiness and Recovery (HCRR)** – The budget provides \$312 million for HCRR in the FY 2024 budget which is an increase of \$7 million from FY 2023 enacted.
- **HHS Coordination Operations and Response Element (H-CORE)** – The budget provides \$83 million to H-CORE, an increase of \$8 million.

Food and Drug Administration (FDA)

- Overall –

- The budget requests \$7.2 billion for FDA, which is \$521.4 million above FY 2023 enacted. This total includes \$4 billion in discretionary budget authority, \$3.3 billion in user fees. In addition, the FY 2024 budget includes \$20 billion in mandatory funding across HHS for pandemic preparedness, which is reflected in the Public Health and Social Services Emergency Fund. Of this total, \$670 million is allocated to FDA.
- The President's Budget reflects the agency's commitment to securing the nation's food supply and fostering the development of medical products and devices to respond to emerging public health threats.

- Medical Devices –

- The FY 2024 Budget includes \$4.6 billion, \$200 million above the FY 2023 enacted, to support medical product safety activities across the agency. This total includes \$2.1 billion in budget authority and \$2.4 billion in user fees. Through these programs, FDA evaluates the safety of products before they are marketed to the public so that products are safe and appropriately marketed once available to the public.

- Opioid Epidemic –

- In 2023, FDA launched its Overdose Prevention Framework and the FY 2024 budget implements the Framework with an additional \$23 million above FY 2023 enacted, for a total of \$103 million.

- Medical Product Safety Data Modernization –

- \$47 million, \$3 million above FY 2023 enacted, to support ongoing technology and data modernization efforts within medical product safety.

- Cancer Moonshot –

- The budget provides \$50 million for FDA, \$48 million above FY 2023 enacted, to expand research efforts and develop diagnostic and therapeutic products to treat rare cancers.

- Enterprise Information Technology Infrastructure Modernization – The FY 2024 budget invests a total of \$28 million, an increase of \$10 million above FY 2023 enacted, to continue FDA's crosscutting technology and data modernization.

- **Pandemic Preparedness** – The budget proposes \$670 million over five years to expand and modernize regulatory capacity and infrastructure to respond rapidly and effectively to any future pandemic or high-consequence biological threat.
- **User Fees** – The FY 2024 proposes to reauthorize the Animal Drug User Fee Act and the Animal Generic Drug User Fee Act. These two user fee programs enhance the FDA's ability to maintain a predictable and timely animal drug review process, foster innovation in drug development, and expedite access to new therapies concerning animal drug reviews. FDA's Medical product user fee programs were reauthorized from FYs 2023 to 2027 by the FDA User Fee Reauthorization Act of 2022. The user fees reauthorized include: the Prescription Drug User Fee Act, the Generic Drug User Fee Act, the Biosimilars User Fee Act, and the Medical Device User Fee Act. User fees are critical to enabling FDA to fulfill its mission of protecting public health and enabling the agency to strengthen its efficiency and increase the speed at which products are available to the public. The FY 2024 budget

includes a total of \$3.3 billion from existing user fees and proposes an increase to the export certification fee program and the tobacco user fee program.

Misc.

- **AHRQ – All-Payer Claims Database** – \$7 million to advance HHS efforts to coordinate and align ongoing state-level efforts to develop the necessary infrastructure to create and regularly disseminate a national all-payer claims database (APCD). The APCD, a nationally representative sample of health insurance claims data, could be used to inform public and private policy issues at the state and national levels, address equity issues, and to improve health care quality. AHRQ will enrich the basic national APCD through data linkages, focusing on creating new supplemental databases on medical professionals, organizations delivering health care, other health care entities, or local community characteristics. These new supplemental databases linked to the national APCD will create a robust data resource to address emerging policy issues at the state and national levels.
- **AHRQ - Enhancing Patient Safety** - \$91 million, an increase of \$1 million above FY 2023 enacted, for patient safety research to reduce patient safety risks and harms, support patient safety organizations, and address health care-associated infections. The additional resources will support a contract to develop and implement an HHS-wide national patient safety strategy—the HHS Action Alliance.
- **AHRQ - Patient Experience Measurement Tools** - \$3 million to support one or two competitive grants to explore opportunities for low-burden, purpose-driven patient experience measurement tools that are designed to promote equity. AHRQ will rely on our experience with the Consumer Assessment of Healthcare Providers and Systems to guide this work above FY 2023 enacted.
- **AHRQ - Long Covid** – \$19 million, an increase of \$9 million, to continue Long COVID research activities started in FY 2023.
- **AHRQ Research** – \$297M to support research on health costs, quality, and outcomes. Also includes \$11M to AHRQ for primary care research.