# DEPARTMENT of HEALTH and HUMAN SERVICES

## Fiscal Year 2013

Health Resources and Services Administration

***Justification of Estimates for Appropriations Committees Executive Summary***

## MESSAGE FROM THE ADMINISTRATOR

I am pleased to present the FY 2013 Congressional Justification for the Health Resources and Services Administration (HRSA). This budget targets critical healthcare needs in underserved areas.

Millions of our fellow American neighbors will receive access to high quality, comprehensive and cost-effective primary health care through the HRSA funded Community Health Center program and the numbers continue to grow. Additional resources are also being provided for the Ryan White HIV/AIDS program to enhance prevention and treatment of people living with HIV/AIDS. Through the AIDS Drug Assistance Program, life-saving medications will reach approximately 236,000 needy Americans.

The FY 2013 budget invests resources to increase the number of doctors, nurses and dentists in areas of the country experiencing shortages of health professionals. This will ensure that qualified clinicians will be available to serve underserved populations in the future. The budget also includes $122 million to improve both access to and the quality of health care in rural areas. This will strengthen regional and local partnerships among rural health care providers, expand community-based programs and promote the modernization of the health care infrastructure in rural areas.

Under provisions of the Affordable Care Act, HRSA now has an even broader role, and an even bigger mandate. So our work is strengthened, by the historic Affordable Care Act and first of its kind initiatives like the National HIV/AIDS Strategy. HRSA is responsible for 50 individual provisions in the law that generally fall into three major categories:

- Expanding the primary care safety net for all Americans – especially those who are geographically isolated, economically disadvantaged or medically vulnerable – for example, through expansion of the Community Health Center program;

- Also, HRSA is responsible for helping to train the next generation of primary care professionals, while improving the diversity of the workforce and re-orienting it toward interdisciplinary, patient-centered care. We do this through targeted support to students and clinicians and grants to colleges, universities and other training institutions;

- Finally, HRSA, working with its partner agencies, is expected to greatly expand prevention and public health efforts to catch patients' health issues early – before they require major intervention; to improve health outcomes and quality of life; and to help contain health care costs in the years ahead.

Our FY 2013 budget request places a strong emphasis on investing in programs that improve access to health care in underserved areas and allows the Health Resources and Services Administration to take important steps toward implementing health care reform and improving healthcare access for underserved populations.

Mary K. Wakefield, Ph.D., R.N.
Administrator

# Executive Summary

## Introduction and Mission

The Health Resources and Services Administration (HRSA), an Agency of the U.S. Department of Health and Human Services (DHHS), is the principal Federal Agency charged with increasing access to basic health care for those who are medically underserved. Health care in the United States is among the finest in the world but it is not accessible to everyone. Millions of families still face barriers to quality health care because of their income, lack of insurance, geographic isolation, or language and cultural barriers. The Affordable Care Act provides for a substantial investments in components of the HRSA-supported safety net, including the Health Centers program, the National Health Service Corps, and a variety of health workforce development programs, to address these and other access problems.

Assuring a safety net for individuals and families who live outside the economic and medical mainstream remains a key HRSA role. A 2009 *New England Journal of Medicine* article[1] concluded that the existing safety net is simply inadequate and is continuing to deteriorate. It further noted that, while implementation of health reforms and other factors will affect the structure, function, and mission of the safety net, the underlying problems that created the need for a safety net in the first place will not be solved in the near future.

HRSA's mission as articulated in its Strategic Plan for 2010-2015 is: To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. HRSA supports programs and services that target, for example:

- The nearly 50 million Americans who lack health insurance--many of whom are racial and ethnic minorities,
- Over 50 million underserved Americans who live in rural and poor urban neighborhoods where health care providers and services are scarce,
- African American infants who still are 2.4 times as likely as white infants to die before their first birthday,
- The more than 1 million people living with HIV/AIDS,
- The more than 100,000 Americans who are waiting for an organ transplant.

Focusing on these and other vulnerable, underserved groups, HRSA's leadership and programs promote the improvements in access, quality and equity that are essential for a healthy nation.

[1] America's Safety Net and Health Care Reform – What Lies Ahead**?** Irwin Redlener, M.D., and Roy Grant, M.A., Posted by New England Journal of Medicine, December 2, 2009.

## Overview of Budget Request

The FY 2013 Budget includes $8.4 billion for the Health Resources and Services Administration, net increase of $228 million above the FY 2012 enacted level. HRSA is the principal Federal agency charged with improving access to health care to those in medically underserved areas and enhancing the capacity of the health care workforce. The FY 2013 Budget prioritizes programs that will:

- Reduce barriers to care that contribute to disparities in health care utilization and health status;
- Provide healthcare to uninsured people by linking people to services and supports from other sectors that contribute to good health and wellbeing;
- Provide financial, professional and educational resources to medical, dental, and mental and behavioral health care providers who bring their skills to areas with limited access to health care; and
- Assist States and communities to identify and address unmet service needs and workforce gaps in the health care system.

*Discretionary Program Increases:*

AIDS Drug Assistance Program (+$66.701 million)
The FY 2013 President's Budget will support the provision life-saving medications and health care services to persons living with HIV in all 50 States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam and five Pacific jurisdictions. As of January 20, 2012, AIDS Drug Assistance Program (ADAP) waiting lists have increased to 4,664 people in 11 states, with many other states curtailing their programs to avoid waiting lists. The budget maintains and bolsters the Federal commitment to supporting States and their ADAP programs. This Budget includes $1,000,000,000 for AIDS drug assistance programs to provide access to life saving HIV related medications for approximately 236,230 patients.

Ryan White Early Intervention – Part C (+$20,478 million)
The FY 2013 President's Budget for the Ryan White HIV/AIDS Part C Program will continue to support persons receiving primary care services under the Early Intervention Services programs for 251,390 persons living with HIV/AIDS at the 344 currently funded Part C programs. The FY 2013 President's Budget target for the number of people receiving primary care services under Early Intervention Services programs is 265,325.

Health Care Workforce Assessment (+$7.218 million)
The increase will support development of the National Center for Health Workforce Analysis

Pediatric Loan Repayment (+$5 million)
A new program initiated by the Affordable Care Act will provide loan repayment to individuals in return for delivering pediatric services in areas requiring such services. An

estimated 64 2-year awards will be made across the eligible specialties in the first year of implementation.

Primary Care Training and Enhancement (+$12 million)
The increase will sustain investments that will train 1,400 additional physician assistants over a five year period. Grants will develop the infrastructure necessary to expand and improve teaching quality at clinical sites for Physician Assistant students.

Public Health/Preventive Medicine (+$1.498 million)
The total request will continue the support for the 37 current PHTC grants, 30 PHT grantees and nine PMR training grants.

Maternal and Child Health Block Grant (+$1.452 million)
The FY 2013 target for the number of children served by the Title V Block Grant is 30 million.

340b Drug Pricing Program/Office of Pharmacy Affairs User Fees (+$6 million)
This reflects the estimate amount of user fees.

Program Management (+$2.623 million)
This increase supports increased funding for salaries, benefits and Parklawn expenses in FY 2013.

Family Planning (+$2.968 million)
This request includes $296 million to expand family planning services to low-income individuals by improving access to family planning centers and preventative services. This funding will provide services to nearly 5 million low-income women and men at more than 4,500 clinics each year.

*Mandatory Program Increases:*

Health Centers (ACA) (+300 million)
This increase will promote steady and sustainable Health Center growth. The ACA funds complement funds the program receives annually in the discretionary budget process. The Budget will enable health centers to continue to provide critical access and services to millions of Americans in FY 2013 and for many years to come.

Advanced Education Nursing (+$20 million)
The increase will provide funding for 29 grants for ANE Expansion II programs planned to begin in FY 2013 and contribute to the overall production goal of an additional 1,400 primary care APRNs.

Maternal, Infant and Early Childhood Visiting Program (ACA) (+$50 million)
This level of funding will provide: for awards to 56 State grantees and associated program technical assistance;

National Health Service Corps (ACA) (+$5 million)
Funds are projected to be used for over 1,100 new Loan Repayment awards and 3,400 Loan Repayment Continuation awards; an estimated 180 new Scholarship awards and 15 Continuations will also be made.

*Discretionary Program Decreases:*

Health Centers (-$5.089 million)
The request reflects a decrease due to the Secretarial transfer of funding to support enhanced care and treatment for individuals living with HIV and AIDS at health centers in FY 2012.

Children's Hospitals Graduate Medical Education Program (-$177.171 million)
The FY 2013 President's Budget Request of $88,000,000 is about one-third of the FY 2012 Enacted Level, which will allow for support of the direct medical expenses for graduate medical education. These include direct payment support expenditures related to stipends and fringe benefits for residents; salaries and fringe benefits of supervising faculty; costs associated with providing the GME training program; and allocated institutional overhead costs.

Area Health Education Centers (-$27.220 million)
No funds are requested for this program in FY 2013. While the AHEC Program continues to focus on exposing medical students and health professions students to primary care and practice in rural and underserved communities, there is a higher priority to allocate Federal resources to training programs that directly increase the number of primary care providers. It is anticipated that the AHEC Program grantees will continue their efforts to provide interprofessional/interdisciplinary training to health professions students with an emphasis on primary care; these activities may be supported through other funding sources.

Health Careers Opportunity Program (-$14.822 million)
No funds are requested for this program in FY 2013. The President's Budget is prioritizing investing in programs that have a more direct and immediate impact on the production of health professionals.

Mental & Behavioral Health (-$5.000 million)
The Budget will support 16 grants for the Mental and Behavioral Health Education and Training Program which will support the education and training of approximately 278 graduate students and health professionals in social work or graduate psychology, and professionals and paraprofessionals in child and adolescent mental health education.

Ryan White Children, Youth Women and Families – Part D (-$7.585 million)
This Budget will support primary health care and social support services available to 90,000 women, men, transgendered persons, infants, children, youth and adults living with HIV and AIDS and their affected families.

Rural Hospital Flexibility Grants (-$14.840 million)

The reduction would result in discontinuation of new grants in FY 2013 for the Small Hospital Improvement Program (SHIP). The budget request focuses on supporting CAHs by maintaining essential support for the Flex program and its focus on working with CAHs to improve quality. The program will award 45 grants in FY 2013.

Rural & Community Access to Emergency Devices (-$1.1 million)
There is no FY 2013 request for this program.

*Mandatory Program Decreases:*

Public Health/Preventive Medicine Prevention Fund (-$15 million)
The total request will continue the support for the 37 current Public Health Training Center Grants, 30 Public Health Traineeship grantees and nine PMR training grants at reduced levels than their FY 2012 awards. There is no request for the Integrative Medicine Program in the President's Budget Request for FY 2013.

Family to Family (-$5 million)
No funds are being requested for this program in FY 2013

*Investments in Information Technology (IT)*:

Funding for many of the HRSA Programs includes IT funding for the continued development, operations and maintenance of the HRSA Electronic Handbooks (EHBs). The EHBs is an IT Investment that supports the strategic and performance outcomes of the HRSA Programs and contributes to their success by providing a mechanism for sharing data and conducting business in a more efficient manner. The EHBs supports HRSA with program administration, grants administration and monitoring, management reporting, and performance measurement and analysis.

## Overview of Performance

This Performance Budget documents the progress HRSA has made and expects to make in meeting the needs of uninsured and medically underserved individuals, special needs populations, and many other Americans. HRSA and its partners work to achieve the vision of "Healthy Communities, Healthy People." In pursuing that vision, HRSA's strategic goals are to: improve access to quality health care and services, strengthen the health workforce, build healthy communities, and improve health equity. The performance and expectations for HRSA programs are highlighted below as these relate to HRSA goals and HHS strategic objectives, indicating the close alignment of specific programmatic activities and objectives with broader HRSA and Departmental priorities. Many of the highlighted activities also relate to the Secretary's Initiative on Transforming Health Care to help all Americans live healthier, more prosperous, and more productive lives. The examples illustrate ways HRSA helps states, communities and organizations provide essential health care and related services to meet critical needs.

### Highlights of Performance Results and Targets (Planning Level)

HRSA Goals: Improve access to quality health care and services; Improve health equity
HHS Objectives: Ensure access to quality, culturally competent care for vulnerable populations; Emphasize primary and preventive care linked with community prevention services.

HRSA programs support the direct delivery of health services and health system improvements that increase access to health care and help reduce health disparities.

- In FY 2013, the Health Center program projects that it will serve 20.9 million patients. This is an increase of 1.4 million over the 19.5 million persons served in FY 2010.

- Through the Health Center program, HRSA expects to provide access to care to 7.9 million uninsured individuals in FY 2013. In 2010, 7.4 million uninsured individuals (38% of total patients) were served by Health Centers.

- HRSA expects to serve 30 million children through the Maternal and Child Health Block Grant (Title V) in FY 2013, 4.5 million below the number served in FY 2010.

- By reaching out to low-income parents to enroll their children in the Children's Health Insurance Program (CHIP) and Medicaid, HRSA improves access to critically important health care. In FY 2013, the number of children receiving Title V services that are enrolled in and have Medicaid and CHIP coverage is expected to be 15 million. In FY 2010, the number was 14.3 million.

- In FY 2013, HRSA's Ryan White HIV Emergency Relief Grants (Part A) and HIV Care Grants to States (Part B) are projected to support, respectively, 2.63 million visits and 2.27 million visits for health-related care (primary medical, dental, mental health, substance abuse, rehabilitative, and home health). Approximately 2.63 million visits and 2.20 million visits, respectively, were supported in FY 2010.

- By supporting AIDS Drug Assistance Program (ADAP) services to an anticipated 236,230 persons in FY 2013, HRSA expects to continue its contribution to reducing AIDS-related mortality through providing drug treatment regimens for low-income, underinsured and uninsured people living with HIV/AIDS. An estimated 208,809 persons were served through ADAP in FY 2010.

- The number of organ donors and the number of organs transplanted have increased substantially in recent years. In FY 2013, HRSA's Organ Transplantation program projects that 33,473 deceased donor organs will be transplanted, up from 24,598 in FY 2010.

- To increase the number of patients from racially and ethnically diverse backgrounds able to find a suitably matched unrelated adult donor for their blood stem cell transplants, HRSA's C.W. Bill Young Cell Transplantation program projects that it will have 2.85 million adult volunteer potential donors of minority race and ethnicity listed on the donor registry in FY 2013. Nearly 2.7 million were listed on the registry in FY 2011.

- In FY 2010, 383,776 persons received direct services through Rural Health Care Services Outreach, Network, and Quality Improvement Grants. The projection for FY 2013 is 395,000.

- In FY 2010, the Black Lung program supported services to more than 10,500 active and retired coal miners and others with occupation-related respiratory and pulmonary impairments. In FY 2013, an estimated 12,688 miners will be served.

HRSA Goal: Strengthen the health workforce.
HHS Objective: Ensure that the Nation's health care workforce meets increased demands.

HRSA works to improve health care systems by assuring access to a quality health care workforce in all geographic areas and to all segments of the population through the support of training, recruitment, placement, and retention activities.

- In FY 2011, the National Health Service Corps (NHSC) had a field strength of 10,279 primary care clinicians. The NHSC projects that a field strength of 7,128 primary care clinicians will be in health professional shortage areas in FY 2013.

- In FY 2011, 46% of Nursing Education Loan Repayment and Scholarship Program participants extended their service contracts and committed to work at a critical shortage facility for an additional year. The FY 2013 target is 52%.

- In FY 2010, 4,800 health care providers were deemed eligible for FTCA malpractice coverage through the Free Clinics Medical Malpractice program, which encourages providers to volunteer their time at sponsoring free clinics. The projection for this number is 5,100 in FY 2013.

HRSA Goal: Improve access to quality health care and services.
HHS Objective: Improve health care quality and patient safety.

Virtually all HRSA programs help improve health care quality, including those programs or program components that focus on improving the infrastructure of the health care system.

- In FY 2013, 95.7% of Ryan White program-funded primary care providers will have implemented a quality management program, up from 95.2 % in FY 2010.
- In FY 2011, 57,227 licensing and credentialing decisions that limit practitioners' ability to practice were impacted by information contained in the National Practitioner Data Bank. The FY2013 target is 54,500.
- In FY 2013, 78% of Critical Access Hospitals (supported by the Rural Hospital Flexibility Grants program) will report at least one quality-related measure to Hospital Compare. This will be an increase from 72.6% in FY 2010.

HRSA Goal: Improve health equity.
HHS Objective: Accelerate the process of scientific discovery to improve patient care.

- The National Hansen's Disease Program seeks to prevent and manage Hansen's disease (leprosy) though both clinical care and scientific research. The Program is conducting research that will ultimately permit development of the full animal model (armadillo) that will advance understanding of the disease in humans. In FY 2010, the Program met its goal of demonstrating defective nerve function in infected armadillos. In FY 2013, the Program will produce a relevant animal model for human leprosy.

In the ways highlighted above and others, HRSA will continue to strengthen the Nation's healthcare safety net and improve Americans' health, health care, and quality-of-life.

## Performance Management

Achieving a high level of performance is a Strategic Plan principle and a major priority for HRSA. Performance management is central to the agency's overall management approach and performance-related information is routinely used to improve HRSA's operations and those of its grantees. HRSA's performance management process has several integrated elements, including priority setting, action planning, and regular monitoring and review with follow-up.

Priority setting is done each fiscal year in which goals, that are linked to HRSA's Strategic Plan, are defined through the process of establishing performance plans for Senior Executive Service (SES) personnel. This process identifies goals that are supported, to the greatest extent possible, by quantitative or qualitative measures and targets. Goal leaders plan for the major actions that must be accomplished to achieve goals. Many of the goals are outcome-oriented and their achievement is largely dependent upon the direct actions of grantees, supported by HRSA. Other

goals relate to internal processes and organizational functioning that reflect standards for how HRSA does its business.

Performance monitoring is done by:

(a) Assessing achievement of performance measure targets,

(b) Monitoring, through the work of project officers and progress reports, grantees' interim progress and challenges associated with goal achievement, and

(c) Tracking key milestones that indicate, for example, the advancement or completion of major deliverables linked to accomplishment of goals.

Regular reviews of performance occur between goal leaders and the Administrator/Deputy Administrator. These reviews include monthly one-on-one meetings, mid-year and year-end SES performance reviews, and ad hoc meetings called to address emerging issues/problems. The meetings cover progress, successes, challenges, and possible course-corrections. Focused discussions of performance, particularly related to cross-cutting goals, are also held at Senior Staff meetings.

HRSA will continue to produce an Annual Performance Report to show trends in performance related to priority goals and other goals of HRSA's Bureaus and Offices. The Report, posted on-line, will provide information for performance assessment purposes and also give transparency to HRSA's performance results.

## All Purpose Table

*(Dollars in Thousands)*

| Program | FY 2011 Enacted | FY 2012 Enacted | FY 2013 President's Budget | FY 2013 +/- FY 2012 |
|---|---|---|---|---|
| **PRIMARY CARE:** | | | | |
| Health Centers | 1,480,949 | 1,471,999 | 1,466,910 | -5,089 |
| Community Health Center Fund (ACA) | 1,000,000 | 1,200,000 | 1,500,000 | +300,000 |
| Health Center Tort Claims | 99,800 | 94,893 | 94,893 | - |
| Total, Health Centers | **2,580,749** | **2,766,892** | **3,061,803** | **+294,911** |
| Health Centers - Facilities Construction/NHSC (ACA) | 1,500,000 | - | - | - |
| School-Based Health Centers - Facilities (ACA) | 50,000 | 50,000 | 50,000 | - |
| Free Clinics Medical Malpractice | 40 | 40 | 40 | - |
| Hansen's Disease Center | 16,077 | 16,045 | 16,045 | - |
| Payment to Hawaii | 1,964 | 1,960 | 1,960 | - |
| National Hansen's Disease Program - Buildings and Facilities | 129 | 127 | 127 | - |
| **Subtotal, Bureau of Primary Health Care** | **4,148,959** | **2,835,064** | **3,129,975** | **+294,911** |
| **CLINICIAN RECRUITMENT & SERVICE:** | | | | |
| National Health Service Corps Recruitment | 24,848 | - | - | - |
| National Health Service Corps (ACA) | 290,000 | 295,000 | 300,000 | +5,000 |
| **Total, NHSC** | **314,848** | **295,000** | **300,000** | **+5,000** |
| Nurse Loan Repayment and Scholarship Program | 93,292 | 83,135 | 83,135 | - |
| Loan Repayment/Faculty Fellowships | 1,258 | 1,243 | 1,243 | - |
| Pediatric Loan Repayment | - | - | 5,000 | +5,000 |
| **Subtotal, Clinician Recruitment & Service** | **409,398** | **379,378** | **389,378** | **+10,000** |
| **HEALTH PROFESSIONS:** | | | | |
| Health Professions Training for Diversity: | | | | |
| Centers of Excellence | 24,452 | 22,909 | 22,909 | - |
| Scholarships for Disadvantaged Students | 49,042 | 47,452 | 47,452 | - |
| Health Careers Opportunity Program | 21,998 | 14,822 | - | -14,822 |
| **Health Professions Training for Diversity** | **95,492** | **85,183** | **70,361** | **-14,822** |
| Health Care Workforce Assessment 1/ | 2,815 | 2,782 | 10,000 | +7,218 |
| *PHS Evaluation Funds (non-add)* | - | - | *10,000* | *+10,000* |
| Primary Care Training and Enhancement | 39,036 | 38,962 | 50,962 | +12,000 |
| Oral Health Training Programs | 32,781 | 32,392 | 32,392 | - |
| Teaching Health Centers Graduate Medical Education Payment Program(ACA) | 230,000 | - | - | - |

## Health Resources and Services Administration

| Program | FY 2011 Enacted | FY 2012 Enacted | FY 2013 President's Budget | FY 2013 +/- FY 2012 |
|---|---|---|---|---|
| Interdisciplinary, Community-Based Linkages: | | | | |
| Area Health Education Centers | 33,142 | 27,220 | - | -27,220 |
| Geriatric Programs | 33,542 | 30,629 | 30,629 | - |
| Allied Health and Other Disciplines | 1,933 | - | - | - |
| Mental and Behavioral Health | 2,927 | 2,892 | 7,892 | +5,000 |
| *PHS Evaluation Funds (non-add)* | - | - | *5,000* | *+5,000* |
| Mental and Behavioral Health Prevention Fund | - | 10,000 | - | -10,000 |
| **Subtotal, Mental and Behavioral Health** | **2,927** | **12,892** | **7,892** | **-5,000** |
| **Subtotal, Interdisciplinary, Community-Based Linkages** | **71,544** | **70,741** | **38,521** | **-32,220** |
| Public Health Workforce Development: | | | | |
| Public Health/Preventive Medicine | 9,609 | 8,111 | 9,609 | +1,498 |
| Public Health/Preventive Medicine Prevention Fund | 20,000 | 25,000 | 10,000 | -15,000 |
| **Subtotal, Public Health/Prevention Medicine** | **29,609** | **33,111** | **19,609** | **-13,502** |
| Nursing Workforce Development: | | | | |
| Advanced Education Nursing | 64,046 | 63,925 | 83,925 | +20,000 |
| *PHS Evaluation Funds (non-add)* | - | - | *20,000* | +20,000 |
| **Subtotal, Advanced Education Nursing** | **64,046** | **63,925** | **83,925** | **+20,000** |
| Nursing Workforce Diversity | 16,009 | 15,819 | 15,819 | - |
| Nurse Education, Practice and Retention | 39,653 | 39,182 | 39,182 | - |
| Nurse Faculty Loan Program | 24,848 | 24,553 | 24,553 | - |
| Comprehensive Geriatric Education | 4,539 | 4,485 | 4,485 | - |
| **Subtotal, Nursing Workforce Development** | **149,095** | **147,964** | **167,964** | **+20,000** |
| Patient Navigator Outreach & Chronic Disease Prevention | 4,990 | - | - | - |
| Children's Hospitals Graduate Medical Education Program | 268,356 | 265,171 | 88,000 | -177,171 |
| **Subtotal, Bureau of Health Professions** | **923,718** | **676,306** | **477,809** | **-198,497** |
| *Health Workforce Evaluation Funding* | - | - | *35,000* | *+35,000* |
| *National Practitioner Data Bank (User Fees)* | *22,161* | *28,016* | *28,016* | - |
| *Healthcare Integrity & Protection Data Bank (User Fees)* | *4,815* | - | - | - |
| **MATERNAL & CHILD HEALTH:** | | | | |
| Maternal and Child Health Block Grant | 656,319 | 638,646 | 640,098 | +1,452 |
| Autism and Other Developmental Disorders | 47,708 | 47,142 | 47,142 | - |
| Traumatic Brain Injury | 9,878 | 9,760 | 9,760 | - |
| Sickle Cell Service Demonstrations | 4,721 | 4,665 | 4,665 | - |

**Health Resources and Services Administration**

| Program | FY 2011 Enacted | FY 2012 Enacted | FY 2013 President's Budget | FY 2013 +/- FY 2012 |
|---|---|---|---|---|
| James T. Walsh Universal Newborn Hearing Screening | 18,884 | 18,660 | 18,660 | - |
| Emergency Medical Services for Children | 21,369 | 21,116 | 21,116 | - |
| Healthy Start | 104,361 | 103,532 | 103,532 | - |
| Heritable Disorders | 9,952 | 9,834 | 9,834 | - |
| Family to Family Health Information Centers (ACA) | 5,000 | 5,000 | - | -5,000 |
| Maternal, Infant and Early Childhood Visiting Program (ACA) | 250,000 | 350,000 | 400,000 | +50,000 |
| **Subtotal, Maternal and Child Health Bureau** | **1,128,192** | **1,208,355** | **1,254,807** | **+46,452** |
| **HIV/AIDS:** | | | | |
| Emergency Relief - Part A | 672,529 | 671,258 | 671,258 | - |
| Comprehensive Care - Part B | 1,308,141 | 1,355,640 | 1,422,341 | +66,701 |
| *AIDS Drug Assistance Program (Non-Add)* | *885,000* | *933,299* | *1,000,000* | +66,701 |
| Early Intervention - Part C | 205,564 | 215,086 | 235,564 | +20,478 |
| Children, Youth, Women & Families - Part D | 77,313 | 77,167 | 69,582 | -7,585 |
| AIDS Education and Training Centers - Part F | 34,607 | 34,542 | 34,542 | - |
| Dental Reimbursement Program Part F | 13,511 | 13,485 | 13,485 | - |
| **Subtotal, HIV/AIDS** | **2,311,665** | **2,367,178** | **2,446,772** | **+79,594** |
| *SPNS Evaluation Funding* | *25,000* | *25,000* | *25,000* | - |
| **Subtotal, HIV/AIDS Bureau** | **2,336,665** | **2,392,178** | **2,471,772** | **+79,594** |
| **HEALTHCARE SYSTEMS:** | | | | |
| Organ Transplantation | 24,896 | 24,015 | 24,015 | - |
| National Cord Blood Inventory | 11,910 | 11,887 | 11,887 | - |
| C.W. Bill Young Cell Transplantation Program | 23,374 | 23,330 | 23,330 | - |
| Poison Control Centers | 21,866 | 18,830 | 18,830 | - |
| 340b Drug Pricing Program/Office of Pharmacy Affairs | 4,480 | 4,472 | 4,472 | - |
| *340b Drug Pricing Program/Office of Pharmacy Affairs User Fees* | - | - | *6,000* | *+6,000* |
| **Subtotal, Healthcare Systems Bureau** | **86,526** | **82,534** | **88,534** | **+6,000** |
| **Rural Health:** | | | | |
| Rural Health Policy Development | 9,885 | 9,866 | 9,866 | - |
| Rural Health Outreach Grants | 55,658 | 55,553 | 55,553 | - |
| Rural & Community Access to Emergency Devices | 236 | 1,100 | - | -1,100 |
| Rural Hospital Flexibility Grants | 41,118 | 41,040 | 26,200 | -14,840 |
| State Offices of Rural Health | 10,055 | 10,036 | 10,036 | - |
| Radiation Exposure Screening and Education Program | 1,939 | 1,935 | 1,935 | - |
| Black Lung | 7,153 | 7,140 | 7,140 | - |
| Telehealth | 11,524 | 11,502 | 11,502 | - |

## Health Resources and Services Administration

| Program | FY 2011 Enacted | FY 2012 Enacted | FY 2013 President's Budget | FY 2013 +/- FY 2012 |
|---|---|---|---|---|
| **Subtotal, Office of Rural Health Policy** | **137,568** | **138,172** | **122,232** | **-15,940** |
| **Public Health Improvement Projects** | - | - | - | - |
| **Program Management** | 161,815 | 159,894 | 162,517 | +2,623 |
| **Family Planning** | 299,400 | 293,870 | 296,838 | +2,968 |
| Healthy Weight Collaborative Prevention Fund | - | - | - | - |
| **HRS Program Level** | **9,659,217** | **8,193,767** | **8,421,878** | **+228,111** |
| **Appropriation Table Match** | **6,262,241** | **6,205,751** | **6,067,862** | **-137,889** |
| **Less Mandatory Programs** | ***3,345,000*** | ***1,935,000*** | ***2,260,000*** | **+325,000** |
| ***Subtotal Affordable Care Act*** | ***3,325,000*** | ***1,900,000*** | ***2,250,000*** | ***+350,000*** |
| ***Subtotal Public Health Prevention Fund*** | ***20,000*** | ***35,000*** | ***10,000*** | ***-25,000*** |
| **Discretionary Program Level:** | | | | |
| **HRS** | **6,314,217** | **6,258,767** | **6,161,878** | **-96,889** |
| **Funds Appropriated to Other HRSA Accounts:** | | | | |
| **Health Education Assistance Loans[1]:** | | | | |
| Liquidating Account | 1,000 | 1,000 | 1,000 | - |
| HEAL Credit Reform - Direct Operations | 2,841 | 2,807 | 2,807 | - |
| **Subtotal, Health Education Assistance Loans** | **3,841** | **3,807** | **3,807** | - |
| **Vaccine Injury Compensation:** | | | | |
| Vaccine Injury Compensation Trust Fund (HRSA Claims) | 220,000 | 235,000 | 235,000 | - |
| VICTF Direct Operations - HRSA | 6,489 | 6,477 | 6,477 | |
| **Subtotal, Vaccine Injury Compensation** | **226,489** | **241,477** | **241,477** | - |
| **Discretionary Program Level:** | | | | |
| **HRS** | **6,314,217** | **6,258,767** | **6,161,878** | **-96,889** |
| HEAL Direct Operations | 2,841 | 2,807 | 2,807 | - |
| Vaccine Direct Operations | 6,489 | 6,477 | 6,477 | - |
| **Total, HRSA Discretionary Program Level** | **6,323,547** | **6,268,051** | **6,171,162** | **-96,889** |
| **Mandatory Programs:** | 3,345,000 | 1,935,000 | 2,260,000 | +325,000 |
| **Total, HRSA Program Level** | **9,668,547** | **8,203,051** | **8,431,162** | **+228,111** |
| **Total HRSA Program Level (excluding Heal in FY2013)** | **9,668,547** | **8,203,051** | **8,428,355** | **+228,111** |

[1] The FY 2013 Budget includes General Provision language that would transfer the Health Education Assistance Loan (HEAL) program to the Department of Education. Funding for the HEAL is requested in FY 2013 and will be used by HRSA to administer the HEAL program until the point of transfer. At that time, all unobligated balances of these appropriated resources as well as all other assets and liabilities of the HEAL program will be transferred to the Department of Education.