DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year 2020

General Departmental Management
Office of Medicare Hearings and Appeals
Office for Civil Rights
National Coordinator for Health Information Technology
Health Insurance Reform Implementation Fund
Nonrecurring Expenses Fund
Service and Supply Fund
Retirement Pay & Medical Benefits for Commissioned Officers
HHS General Provisions

Justification of Estimates for Appropriations Committees

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DEPARTMENTAL MANAGEMENT

	FY 2020	
	FTE	**Budget Authority**
General Departmental Management	967	$339,909,000
PHS Evaluation Set-Aside – Public Health Service Act	129	$68,840,000
HCFAC Wedge[1]	34	$10,000,000
MACRA PTAC	0	$5,000,000
Proposed User Fee Collections – Departmental Appeals Board[2]	0	$1,457,000
GDM Program Level[3]	***1,130***	***$425,206,000***
Office of Medicare Hearings and Appeals	1,375	$182,381,000
Proposed User Fee Collections – Office of Medicare Hearings and Appeals[4]	0	$3,679,000
OMHA Program Level	***1,375***	***$186,060,000***
Office for Civil Rights	140	$30,286,000
Office of the National Coordinator for Health IT	164	$43,000,000
Service and Supply Fund	998	$0
TOTAL, Departmental Management	**3,807**	**$684,552,000**

[1] The reimbursable program (HCFAC) in the General Departmental Management (GDM) account reflects estimates of the allocation account for 2019. Actual allocation is determined annually.

[2] The proposed user fee collections for Departmental Appeals Board represent a proposal that creates a post-adjudication user fee applied to all unfavorable appeals (other than beneficiary appeals) at the third and fourth levels of appeal.

[3] The GDM Program Level does not include estimated reimbursable budget authority and associated FTE, HCFAC associated FTE, or MACRA PTAC associated FTE unless otherwise indicated.

[4] The proposed user fee collections for the Office of Medicare Hearings and Appeals represent a proposal that creates a post-adjudication user fee applied to all unfavorable appeals (other than beneficiary appeals) at the third and fourth levels of appeal.

INTRODUCTION

The FY 2020 Congressional Justification is one of several documents that fulfill the Department of Health and Human Services' (HHS) performance planning and reporting requirements. HHS achieves full compliance with the Government Performance and Results Act of 1993 (GPRA) and Office of Management and Budget (OMB) Circulars A-11 and A-136 through the HHS agencies' FY 2020 Congressional Justifications and Online Performance Appendices, the Agency Financial Report, and the HHS Citizens' Report. These documents are available at http://www.hhs.gov/budget.

The FY 2020 Congressional Justifications and accompanying Online Performance Appendices contain the updated FY 2020 Annual Performance Report and FY 2020 Annual Performance Plan. The Agency Financial Report provides fiscal and high-level performance results. The Summary of Performance and Financial Information summarizes key past and planned performance and financial information.

Message from the Assistant Secretary for Financial Resources

Enclosed, please find the Congressional Justification for Departmental Management activities within the Office of the Secretary. This Budget request represents the Administration's priorities for guiding the Department of Health and Human Services (HHS) to enhance the health and well-being of all Americans by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

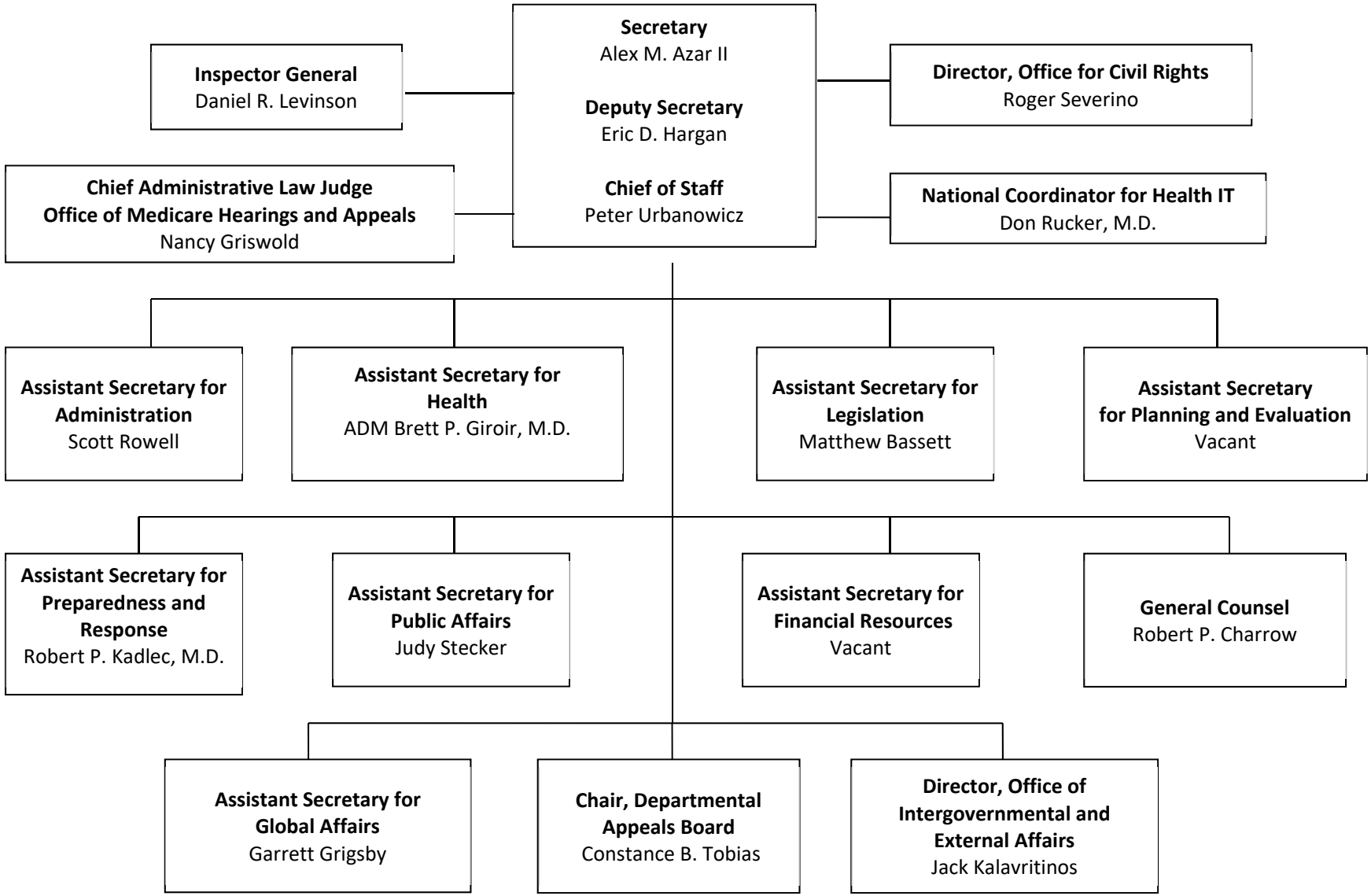
The Budget request supports the Secretary in his role as chief policy officer and general manager of HHS. The FY 2020 request totals $680 million. The request will ensure the Secretary's ability to successfully manage the Department, while increasing accountability in oversight functions and improving the transparency of information and decision-making. In particular, FY 2020 request supports:

- The Office of the Assistant Secretary for Health's (OASH) role as senior advisor and coordinator of public health policy and programs across HHS, including coordinating the new *Ending the HIV Epidemic: A Plan for America* initiative to reduce new infections by 75 percent in the next five years and by 90 percent in the next ten years. In addition, OASH leads Department-wide efforts to combat the opioids crisis, oversee the Office of the Surgeon General and the U.S. Public Health Service Commissioned Corps modernization.
- The Office of Medicare Hearings and Appeals and Departmental Appeals Board ability to keep pace with the growing number of Medicare appeals;
- The Office for Civil Rights, the Department's chief law enforcer and regulator of civil rights, conscience, and religious freedom, and health information privacy and security;
- The Office of Global Affairs leadership, along with other government and international partners, continued engagement in the Administration's Global Health Security Agenda (GHSA) work for GHSA 2024; and
- The Office of the National Coordinator for Health IT (ONC) leadership of the government's efforts to ensure that electronic health information is available and can be shared safely and securely to improve the health and care of all Americans and their communities.

The Secretary looks forward to working with the Congress toward the enactment and implementation of the FY 2020 Budget.

Jen Moughalian
Acting, Assistant Secretary for Financial Resources

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY



ORGANIZATIONAL CHART: TEXT VERSION

Department of Health and Human Services

- Secretary Alex M. Azar II
  - Deputy Secretary Eric D. Hargan
  - Chief of Staff Peter Urbanowicz

The following offices report directly to the Secretary:

- Inspector General
  - Daniel R. Levinson
- Chief Administrative Law Judge of the Office of Medicare Hearings and Appeals
  - Nancy Griswold
- Director of the Office for Civil Rights
  - Roger Severino
- National Coordinator for Health Information Technology
  - Don Rucker, M.D.
- Assistant Secretary for Administration
  - Scott Rowell
- Assistant Secretary for Health
  - ADM Brett P. Giroir. M.D.
- Assistant Secretary for Legislation
  - Matthew Bassett
- Assistant Secretary for Planning and Evaluation
  - Vacant
- Assistant Secretary for Preparedness and Response
  - Robert Kadlec, M.D.
- Assistant Secretary for Public Affairs
  - Judy Stecker
- Assistant Secretary for Financial Resources
  - Vacant
- General Counsel
  - Robert P. Charrow
- Assistant Secretary for Global Affairs
  - Garrett Grigsby
- Chief of the Departmental Appeals Board
  - Constance B. Tobias
- Director of the Office of Intergovernmental and External Affairs
  - Jack Kalavritinos

DEPARTMENTAL MANAGEMENT OVERVIEW

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

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

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

The overall FY 2020 President's Budget request for DM totals $684,552,000 in program level funding, including 3,807 full-time equivalent (FTE) positions, a decrease of $182,451,000 below the FY 2019 Enacted.

The **General Departmental Management (GDM)** appropriation supports the activities associated with the Secretary's responsibilities as chief policy officer and general manager of the Department in administering and overseeing the organization, programs, and activities of HHS. These activities are carried out through eleven Staff Divisions (STAFFDIVs), including the Immediate Office of the Secretary, the Departmental Appeals Board, and the offices of public affairs, legislation, planning and evaluation, financial resources, administration, intergovernmental and external affairs, general counsel, global affairs, and the assistant Secretary for Health. The FY 2020 President's Budget program level request for GDM includes a total of $425,206,000 and 1,130 FTE.

The **Office of Medicare Hearings and Appeals (OMHA)** was created pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). As mandated by MMA, OMHA opened its doors on July 1, 2005, to hear Medicare appeals at the Administrative Law Judge (ALJ) level, for cases under titles XVIII and XI of the Social Security Act. OMHA is funded from the Medicare Hospital Insurance and Supplemental Medical Insurance Trust Funds. The FY 2020 President's Budget request for OMHA is $186,060,000, an increase of $3,679,000 above the FY 2019 Enacted level. The request includes $182,381,000 in discretionary budget authority and $3,679,000 in proposed user fee collections. The FY 2020 budget request will enable OMHA to sustain the significant increase in adjudication capacity gained from the FY 2018 and FY 2019 enacted levels, helping support the critical operational investments intended to eliminate the backlog, restore equity between capacity and receipts and improve the quality and timeliness of the Medicare appeals process.

The **Office for Civil Rights (OCR)** is the Department's chief law enforcer and regulator of civil rights, conscience, and religious freedom, and health information privacy and security. The FY 2020 President's Budget request for OCR is $30,286,000 in budget authority and 140 FTE. The Budget supports OCR's essential programmatic focus as the primary defender of the public's right to nondiscriminatory access to, and receipt of, HHS-funded health and human services, conscience and religious freedom protections, and access, privacy, and security protections for individually identifiable health information. To carry out these functions, OCR investigates complaints, enforces rights, develops policy, promulgates regulations, and provides technical assistance and public education to ensure understanding of, and compliance with, non-discrimination and health information privacy laws.

The **Office of the National Coordinator for Health Information Technology (ONC)** was established by Executive Order 13335 on April 27, 2004, and subsequently authorized by the Health Information Technology for Economic and Clinical Health Act on February 17, 2009. The FY 2020 President's Budget request for ONC is $43,000,000 and 164 FTE, to coordinate national efforts related to the implementation and use of interoperable electronic health information exchange. ONC leads the Government's efforts to ensure that electronic health information is available and can be shared safely and securely to improve the health and care of all Americans and their communities. ONC's work is pivotal to achieving interoperability, encouraging market competition, advancing patient access to their electronic records, combating information blocking, and bringing innovative easy-to-use products into the hands of users.

The **Service and Supply Fund** (SSF), the HHS revolving fund, is composed of two components: the Program Support Center (PSC) and the Non-PSC activities. For the FY 2020 President's Budget request, the SSF is projecting total revenue of $2,186,030,713 and usage of 998 FTE.

DEPARTMENTAL MANAGEMENT
BUDGET BY APPROPRIATION
(Dollars in thousands)

Details	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
General Departmental Management	469,488	480,629	339,909
PHS Evaluation Funds	64,828	64,828	68,840
Pregnancy Assistance Fund[1]	23,350	25,000	-
HCFAC Wedge[2]	7,147	10,000	10,000
MACRA PTAC	4,670	5,000	5,000
Proposed User Fee (DAB)[3]	-	-	1,457
Subtotal, GDM Program Level[4]	**569,483**	**585,457**	**425,206**
Office of Medicare Hearings and Appeals	182,381	182,381	182,381
Proposed User Fee (OMHA)[5]	-	-	3,679
Subtotal, OMHA Program Level	**182,381**	**182,381**	**186,060**
Office for Civil Rights	38,798	38,798	30,286
Office of the National Coordinator for Health Information Technology	60,367	60,367	43,000
Total, Departmental Management	**852,170**	**867,003**	**684,552**

[1] The Pregnancy Assistance Fund (PAF) is authorized and appropriated by the Patient Protection and Affordable Care Act (ACA) Public Law 111-148.
[2] The reimbursable program (HCFAC) in the General Departmental Management (GDM) account reflects estimates of the allocation account for 2019. Actual allocation will be determined annually.
[3] The proposed user fee collections for Departmental Appeals Board represent a proposal that creates a post-adjudication user fee applied to all unfavorable appeals (other than beneficiary appeals) at the third and fourth levels of appeal.
[4] The GDM Program Level does not include estimated reimbursable budget authority unless otherwise indicated.
[5] The proposed user fee collections for the Office of Medicare Hearings and Appeals represent a proposal that creates a post-adjudication user fee applied to all unfavorable appeals (other than beneficiary appeals) at the third and fourth levels of appeal.

General Departmental Management

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APPROPRIATION HISTORY TABLE

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2009	-	-	-	-
Appropriation	$374,013,000	$361,825,000	$361,764,000	$391,496,000
Transfers	-	-$1,000,000	-$1,000,000	-$2,571,000
Trust Funds	$5,851,000	$5,851,000	$5,851,000	$5,851,000
2010	-	-	-	-
Appropriation	$403,698,000	$397,601,000	$477,928,000	$493,377,000
Transfers	-	-$1,000,000	-$1,000,000	-$1,074,000
Trust Funds	$5,851,000	$5,851,000	$5,851,000	$5,851,000
2011	-	-	-	-
Appropriation	$490,439,000	$651,786,000	-	$651,786,000
Rescission	-	-$1,315,000	-	-$1,316,000
Transfers	-	-$176,551,000	-	-$176,551,000
Trust Funds	-	$5,851,000	-	$5,851,000
2012	-	-	-	-
Appropriation	$363,644,000	$343,280,000	$476,221,000	$475,221,000
Rescission	-	-	-	-$898,000
Transfers	-	-	-	-$70,000
2013	-	-	-	-
Appropriation	$306,320,000	-	$466,428,000	$474,323,000
Rescission	-	-	-	-$949,000
Sequestration	-	-	-	-$23,861,000
Transfers	-	-	-	-$2,112,000
2014	-	-	-	-
Appropriation	$301,435,000	-	$477,208,000	$458,056,000
Transfers	-	-	-	-$1,344,000
2015	-	-	-	-
Appropriation	$278,800,000	-	$442,698,000	$448,034,000
2016	-	-	-	-
Appropriation	$286,204,000	$361,394,000	$301,500,000	$456,009,000
Transfer	-	-	-	-$516,000
2017	-	-	-	-
Appropriation	$478,812,000	$365,009,000	$444,919,000	$460,629,000
Transfers	-	-	-	-$1,050,000
2018	-	-	-	-
Appropriation	$304,501,000	$292,881,000	$470,629,000	$470,629,000
Transfers	-	-	-	-$1,141,000
2019	-	-	-	-
Appropriation	$289,545,000	$379,845,000	$480,629,000	$480,629,000
Transfers				-

APPROPRIATIONS LANGUAGE

GENERAL DEPARTMENTAL MANAGEMENT

For necessary expenses, not otherwise provided for general departmental management, including hire of six passenger motor vehicles, for carrying out titles III, XVII, XXI, and section 229 of the PHS Act, *and* the United States-Mexico Border Health Commission Act, *and* research studies under section 1110 of the Social Security Act, **[**$480,629,000**]***$339,909,000* together with **[**$64,828,000**]***$68,840,000* from the amounts available under section 241 of the PHS Act: to carry out national health or human services research and evaluation activities, outreach and media campaign initiatives to prevent opioid misuse, and other activities authorized for such funds in this title, as determined by the Secretary: *Provided*, That of this amount $53,900,000 shall be for minority AIDS prevention and treatment activities: **[***Provided further*, That of the funds made available under this heading, $101,000,000 shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants, of which not more than 10 percent of the available funds shall be for training and technical assistance, evaluation, outreach, and additional program support activities, and of the remaining amount 75 percent shall be for replicating programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, and 25 percent shall be available for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy: *Provided further*, That of the amounts provided under this heading from amounts available under section 241 of the PHS Act, $6,800,000 shall be available to carry out evaluations (including longitudinal evaluations) of teenage pregnancy prevention approaches: *Provided further*, That of the funds made available under this heading, $35,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance (defined as voluntarily refraining from non-marital sexual activity): *Provided further*, That funding for such competitive grants for sexual risk avoidance shall use medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations; implement an evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience; and teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, and resisting sexual coercion, dating violence, and other youth risk behaviors such as underage drinking or illicit drug use without normalizing teen sexual activity: *Provided further*, That no more than 10 percent of the funding for such competitive grants for sexual risk avoidance shall be available for technical assistance and administrative costs of such programs: *Provided further*, That funds provided in this Act for embryo adoption activities may be used to provide to individuals adopting embryos, through grants and other mechanisms, medical and administrative services deemed necessary for such adoptions: *Provided further*, That such services shall be provided consistent with 42 CFR 59.5(a)(4).**]**

LANGUAGE ANALYSIS

Language Provision	Explanation
and the United States-Mexico Border Health Commission Act, and research studies under section 1110 of the Social Security Act, [$480,629,000]$339,909,000 together with [$64,828,000]$68,840,000 from the amounts available under section 241 of the PHS Act: to carry out national health or human services research and evaluation activities, outreach and media campaign initiatives to prevent opioid misuse, and other activities authorized for such funds in this title, as determined by the Secretary:	Language edits and update to amounts to be appropriated for GDM and PHS evaluation for FY 2020.
Provided, That of this amount $53,900,000 shall be for minority AIDS prevention and treatment activities:	The President's Budget continues to make amounts available for minority AIDS prevention and treatment in FY 2020.
[That of the funds made available under this heading, $101,000,000 shall be for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teen pregnancy and for the Federal costs associated with administering and evaluating such contracts and grants…]	The President's Budget does not request funding for Teen Pregnancy Prevention in FY 2020.
[That of the funds made available under this heading, $35,000,000 shall be for making competitive grants which exclusively implement education in sexual risk avoidance(defined as voluntarily refraining from non-marital sexual activity)…]	The President's Budget does not request funding for sexual risk avoidance in FY 2020.
[That funds provided in this Act for embryo adoption activities may be used to provide to individuals adopting embryos, through grants and other mechanisms, medical and administrative services deemed necessary for such adoptions: Provided further, That such services shall be provided consistent with 42 CFR 59.5(a)(4).]	The President's Budget does not request funding for embryo adoption in FY 2020.

AUTHORIZING LEGISLATION

(Dollars in Thousands)

Details	2019 Authorized	2019 Enacted	2020 Authorized	2020 President's Budget
General Departmental Management: except account below:	Indefinite	$254,043	Indefinite	$225,285
Reorganization Plan No. 1 of 1953	-	-	-	-
Office of the Assistant Secretary for Health: Public Health Service Act,	-	-	-	-
Title III, Section 301	Indefinite	$123,208	Indefinite	$29,860
Title, II Section 229 (OWH)	1	$32,140	1	$27,316
Title XVII Section 1701 (ODPHP)*	2	$6,726	2	--
Title XVII, Section 1707 (OMH)	3	$56,670	3	$51,798
Title XVII, Section 1708 (OAH)	4	$1,442	4	$0
Title XXI, Section 2101 (NVPO)	5	$6,400	5	$5,650
Subtotal	**-**	***$226,586***	**-**	***$114,624***
Total GDM Appropriation	**-**	**$480,629**	**-**	**$339,909**

1) Authorizing legislation under Section 229 of the PHS Act expires September 30, 2014
2) Authorizing legislation under Section 1701 of the PHS Act expired September 30, 2002.
3) Authorizing legislation under 1707 of the PHS Act expires September 30, 2016.
4) Authorizing legislation under 1708 of the PHS Act expired September 30, 2000.
5) Authorizing legislation under 1708 of the PHS Act expired September 30, 2000.

AMOUNTS AVAILABLE FOR OBLIGATION

Detail	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Annual appropriation	$470,629,000	$480,629,000	$339,909,000
Transfer of funds to ACF[1]	(1,141,000.00)	-	-
Subtotal, adjusted budget authority	**$469,488,000**	**$480,629,000**	**$339,909,000**
Total Obligations	**$469,488,000**	**$480,629,000**	**$339,909,000**

[1] Consolidated Appropriations Act, 2017 (Division H of P.L. 115-31) and Section 205 of the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (PL 115-245, 132 STAT 3089)

SUMMARY OF CHANGES

(Dollars in Thousands)

Budget Year and Type of Authority	Dollars	FTE
FY 2019 Enacted Level	480,629	880
Total Adjusted Budget Authority	480,629	880
FY 2020 President's Budget	339,909	967
Total Estimated Budget Authority	339,909	967
Net Changes	-140,720	+87

Increases	FY 2019 Enacted Level	FY 2020 Request Change from Base
Departmental Appeals Board	11,000	9,000
Immediate Office of the Assistant Secretary for Health	11,678	3,000
Non-OASH GDM*	150,393	-
OASH PPA	53,900	-
Total	226,971	12,000

*Non-OASH GDM does not include DAB, Secretary's Initiatives and Innovation, and Acquisition Reform

Decreases	FY 2019 Enacted Level	FY 2020 Request Change from Base
Secretarial Initiatives and Innovations	2,000	-1,000
Acquisition Reform	1,750	-1,750
OASH - Office of Integrated Health Public Health Solutions	24,098	-3,274
Teen Pregnancy Prevention	101,000	-101,000
Office of Minority Health	56,670	-4,872
Office on Women's Health	32,140	-4,824
Embryo Adoption	1,000	-1,000
Sexual Risk Avoidance	35,000	-35,000
Total	253,658	-152,720

Total Changes	FY 2019 Enacted Level	FY 2019 FTE	FY 2020 Request Change from Base	FY 2020 FTE Change from Base
Total Increase Changes	226,971	-	+12,000	+87
Total Decrease Changes	253,658	-	-152,720	-
Total	480,629	880	-140,720	967

BUDGET AUTHORITY BY ACTIVITY - DIRECT

(Dollars in Thousands)

Activity	FY 2018 FTE	FY 2018 Final	FY 2019 FTE	FY 2019 Enacted	FY 2020 FTE	FY 2020 President's Budget
Immediate Office of the Secretary	89	14,800	89	14,800	86	14,800
Secretarial Initiatives and Innovations	-	2,000	-	2,000	-	1,000
Assistant Secretary for Administration	75	15,958	74	15,958	91	15,958
Assistant Secretary for Financial Resources	145	30,444	145	30,444	149	30,444
Acquisition Reform	4	1,750	4	1,750	-	-
Assistant Secretary for Legislation	22	4,100	22	4,100	27	4,100
Assistant Secretary for Public Affairs	41	8,408	41	8,408	52	8,408
Office of General Counsel	150	31,100	150	31,100	143	31,100
Departmental Appeals Board	58	11,000	58	11,000	97	20,000
Office of Global Affairs	20	6,026	20	6,026	20	6,026
Center for Faith and Opportunity Initiatives	3	1,299	3	1,299	7	1,299
Office of Intergovernmental and External Affairs	51	10,625	51	10,625	61	10,625
Office of the Assistant Secretary for Health	222	225,586	222	225,586	234	114,616
Embryo Adoption Awareness Campaign	-	1,000	-	1,000	-	-
Minority HIV/AIDS Fund	1	53,900	1	53,900	6	53,900
Shared Operating Expenses	-	11,544	-	11,544	-	11,544
Rent, Operations, Maintenance and Related Services	-	16,089	-	16,089	-	16,089
Sexual Risk Avoidance	-	25,000	-	35,000	-	-
Total, Budget Authority	**881**	**470,629**	**880**	**480,629**	**967**	**339,909**

BUDGET AUTHORITY BY OBJECT CLASS – DIRECT

(Dollars in Thousands)

Object Class Code	Description	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
11.1	Full-time permanent	86,792	86,792	91,932
11.3	Other than full-time permanent	4,325	4,325	4,286
11.5	Other personnel compensation	1,639	1,639	1,625
11.7	Military personnel	1,138	1,138	2,410
Subtotal	***Personnel Compensation***	***93,894***	***93,894***	***100,253***
12.1	Civilian personnel benefits	26,332	26,332	32,518
12.2	Military benefits	275	275	803
13.0	Benefits for former personnel	-	-	
Total	***Pay Costs***	***120,501***	***120,501***	***133,574***
21.0	Travel and transportation of persons	3,802	3,803	4,567
22.0	Transportation of things	161	161	160
23.1	Rental payments to GSA	16,931	16,931	16,895
23.3	Communications, utilities, and misc. charges	2,035	2,035	2,055
24.0	Printing and reproduction	757	757	768
25.1	Advisory and assistance services	23,256	23,256	14,057
25.2	Other services from non-Federal sources	60,414	70,444	28,919
25.3	Other goods and services from Federal sources	81,714	81,683	69,993
25.4	Operation and maintenance of facilities	6,580	6,580	7,932
25.5	Research and development contracts	-	-	
25.6	Medical care	-	-	
25.7	Operation and maintenance of equipment	3,501	3,501	3,537
25.8	Subsistence and support of persons	109	109	110
26.0	Supplies and materials	1,230	1,230	1,252
31.0	Equipment	1,492	1,492	1,484
32.0	Land and Structures	-	-	
41.0	Grants, subsidies, and contributions	148,143	148,143	54,605
42.0	Insurance claims and indemnities	3	3	
44.0	Refunds	-	-	
Total	***Non-Pay Costs***	***350,128***	***360,128***	***206,335***
Total	**Budget Authority by Object Class**	**470,629**	**480,629**	**339,909**

BUDGET AUTHORITY BY OBJECT CLASS – REIMBURSABLE

(Dollars in Thousands)

Object Class Code	Description	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
11.1	Full-time permanent	48,364	47,932	54,754
11.3	Other than full-time permanent	-	-	-
11.5	Other personnel compensation	-	-	-
11.7	Military personnel	1,812	1,812	1,459
Subtotal	***Personnel Compensation***	***50,176***	***49,744***	***56,213***
12.1	Civilian personnel benefits	13,486	13,344	15,279
12.2	Military benefits	517	518	351
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	***64,180***	***63,606***	***71,843***
21.0	Travel and transportation of persons	1,114	1,118	1,118
22.0	Transportation of things	100	100	100
23.1	Rental payments to GSA	6,411	6,418	6,418
23.3	Communications, utilities, and misc. charges	146	146	146
24.0	Printing and reproduction	34	34	34
25.1	Advisory and assistance services	29,251	29,258	29,270
25.2	Other services from non-Federal sources	18,273	18,301	18,286
25.3	Other goods and services from Federal sources	125,736	125,579	135,249
25.4	Operation and maintenance of facilities	2,613	2,613	2,613
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	4,291	4,990	4,990
25.8	Subsistence and support of persons	-	-	-
26.0	Supplies and materials	396	386	386
31.0	Equipment	311	306	306
32.0	Land and Structures	56	56	56
41.0	Grants, subsidies, and contributions	3,172	3,172	3,172
42.0	Insurance claims and indemnities	-	-	-
44.0	Refunds	-	-	-
Total	***Non-Pay Costs***	***191,905***	***192,479***	***202,145***
Total	**Budget Authority by Object Class**	**256,085**	**256,085**	**273,988**

SALARY & EXPENSES

(Dollars in Thousands)

Object Class Code	Description	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
11.1	Full-time permanent	86,792	86,792	91,932
11.3	Other than full-time permanent	4,325	4,325	4,286
11.5	Other personnel compensation	1,639	1,639	1,625
11.7	Military personnel	1,138	1,138	2,410
Subtotal	***Personnel Compensation***	***93,894***	***93,894***	***100,253***
12.1	Civilian personnel benefits	26,332	26,332	32,518
12.2	Military benefits	275	275	803
13.0	Benefits for former personnel	-	-	-
Total	***Pay Costs***	***120,501***	***120,501***	***133,574***
21.0	Travel and transportation of persons	3,802	3,803	4,567
22.0	Transportation of things	161	161	160
23.3	Communications, utilities, and misc. charges	2,035	2,035	2,055
24.0	Printing and reproduction	757	757	768
25.1	Advisory and assistance services	23,256	23,256	14,057
25.2	Other services from non-Federal sources	60,414	70,444	28,919
25.3	Other goods and services from Federal sources	81,714	81,683	69,993
25.4	Operation and maintenance of facilities	6,580	6,580	7,932
25.5	Research and development contracts	-	-	-
25.6	Medical care	-	-	-
25.7	Operation and maintenance of equipment	3,501	3,501	3,537
25.8	Subsistence and support of persons	109	109	110
Subtotal	***Other Contractual Services***	***182,329***	***192,329***	***132,098***
26.0	Supplies and materials	1,230	1,230	1,252
Subtotal	***Non-Pay Costs***	***183,560***	***193,560***	***133,351***
Total	***Salary and Expenses***	***304,061***	***314,061***	***266,925***
23.1	Rental payments to GSA	16,931	16,931	16,895
Total	**Salaries, Expenses, and Rent**	**320,992**	**330,992**	**283,820**

General Departmental Management
All Purpose Table

(Dollars in Thousands)

GDM	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	**469.488**	**480,629**	**339,909**	**-140,720**

Related Funding				
PHS Evaluation Set-Aside – Public Health Service Act	64,828	64,828	68,840	4,012
Pregnancy Assistance Fund P.L. 111-148[1]	23,350	25,000	-	-25,000
HCFAC Wedge[2]	7,147	10,000	10,000	2,853
MACRA PTAC	4,670	5,000	5,000	-
Proposed User Fee Collections (DAB) [3]	-	-	1,457	1,457
Base Program Level[4]	**565,954**	**577,604**	**420,206**	**157,398**
FTE	**1,030**	**1,029**	**1,130**	**101**

GENERAL DEPARTMENTAL MANAGEMENT

Overview of Performance

The General Departmental Management (GDM) supports the Secretary in his role as chief policy officer and general manager of HHS in administering and overseeing the organizations, programs and activities of the Department.

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

[1] The Pregnancy Assistance Fund (PAF) is authorized and appropriated by the Patient Protection and Affordable Care Act (ACA) Public Law 111-148.

[2] The reimbursable program (HCFAC) in the General Departmental Management (GDM) account reflects estimates of the allocation account for 2019. Actual allocation is determined annually.

[3] The proposed user fee collections for Departmental Appeals Board represent a proposal that creates a post-adjudication user fee applied to all unfavorable appeals (other than beneficiary appeals) at the third and fourth levels of appeal.

[4] The GDM Program Level does not include estimated reimbursable budget authority and associated FTE, HCFAC associated FTE, or MACRA PTAC associated FTE unless otherwise indicated.

The FY 2020 President's Budget reflects decisions to streamline performance reporting and improve HHS performance-based management. In accordance with this process GDM STAFFDIVs have focused on revising measures that depict the main impact or benefit of the program and support the rationale articulated in the budget request. This approach is reflected in the Department's Online Performance Appendix (OPA). The OPA focus on key HHS activities, and includes performance measures that link to the HHS Strategic Plan for three GDM offices. They are: Immediate Office of the Secretary (IOS), Offices of the Assistant Secretary for Administration (ASA), and OASH.

The FY 2020 Budget Justification includes individual program narratives that describe accomplishments, for most of the GDM components. The justification also includes performance tables that provide performance data for specific GDM components: ASA, IOS, OASH, and the Departmental Appeals Board.

OVERVIEW OF BUDGET REQUEST

The FY 2020 President's Budget for General Departmental Management (GDM) includes $339,909,000 in appropriated funds and 1,130 full-time equivalent (FTE) positions. This request is -$140,720,000 below FY 2019 Enacted.

The GDM appropriation supports activities associated with the Secretary's roles as chief policy officer and general manager of the Department. This justification includes narrative sections describing the activities of each Staff Division funded under the GDM account, including the Rent and Common Expenses accounts. This justification also includes selected performance information.

Secretary's Initiatives and Innovation (-$1,000,000) – The FY 2020 President's Budget allows the Secretary to support programs intended to improve and ensure the health and welfare of Americans.

Acquisition Reform (-$1,750,000) – The FY 2020 President's Budget does not request discretionary funds for acquisition practices, performance, and oversight. These activities will be funded out of the HHS Service and Supply Fund.

Departmental Appeals Board (+$9,000,000) – The increase is composed of $20,000,000 in discretionary budget authority and $1,457,000 in proposed user fee collections. The request supports the DAB's efforts to provide funding for additional employees needed to address the backlog of Medicare appeals.

Office of the Assistant Secretary for Health (-$274,000) – The FY 2020 President's Budget request is $35,502,000 which is $274,000 below FY 2019 Enacted. OASH will continue support for Administration and Department initiatives, including addressing the Nation's opioid epidemic and the misuse of pain medication, developing plans and disseminating information on prevention and health promotion, and re-imagining OASH efforts. The Immediate Office (IO) of the Assistant Secretary for Health (OASH) will begin the planning phase to modernize the United States Public Health Service Commissioned Corps, which includes the plan to establish the Ready Reserve of the United States Public Health Service Commissioned Corps. The FY 2020 President's Budget request includes the establishment of a consolidated program office to coordinate program activities conducted by, the following offices HIV/AIDS Infectious Disease Policy, Disease Prevention and Health Promotion, President's Council on Sports, Fitness and Nutrition, Human Research Protections, and National Vaccine Program Office. The request proposes to eliminate the Office of Adolescent Health and Public Health Reports.

Teen Pregnancy Prevention (-$101,000,000) – The FY 2020 President's Budget does not request funds for this program.

Minority Health (-$4,872,000) – The FY 2020 President's Budget continues OMH efforts to provide leadership in coordinating policies, programs, and resources to support implementation and monitoring of both the HHS Disparities Action Plan and the National Partnership for Action to End Health Disparities.

Women's Health (-$4,824,000) – The FY 2020 President's Budget continues OWH efforts to coordinate policies, programs, and information across HHS to support the OWH strategic plan.

Sexual Risk Avoidance (-$35,000,000) – The FY 2020 President's Budget does not include funds for this program.

IMMEDIATE OFFICE OF THE SECRETARY

Budget Summary
(Dollars in Thousands)

Immediate Office of the Secretary	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	14,800	14,800	14,800	-
FTE	89	89	86	+3

Authorizing Legislation……Title III of the PHS Act
FY 2020 Authorization……Indefinite
Allocation Method……Direct Federal

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

The IOS mission involves coordinating all HHS documents, developing regulations requiring Secretarial action, mediating issues among Departmental components, communicating Secretarial decisions, and ensuring the implementation of those decisions. IOS achieves these objectives by ensuring key issues are brought to leadership's attention in a timely manner, and facilitating discussions on policy issues. Documents requiring Secretarial action are reviewed for policy consistency with that of the Secretary and the Administration. IOS works with other Departments to coordinate analysis of, and input on, healthcare policy decisions impacting all HHS activities. IOS supports efforts to reform health care across HHS by improving the quality of the health care system and lowering its costs, prompting electronic health records, and protecting the privacy of patients.

IOS sets the HHS regulatory agenda and reviews all new regulations and regulatory changes to be issued by the Secretary and/or the various components of the Department. It performs on-going reviews of regulations that have already been published, with particular emphasis on reducing regulatory burden, and provides assistance, direction, and coordination to the White House and other Cabinet agencies regarding HHS issues.

IOS's components include the Office of the Chief Technology Officer (CTO), Executive Secretariat, and the Office of Security and Strategic Information. Besides providing leadership, direction, policy, and management guidance for the Department, IOS is also leading the *ReImagine HHS* effort to transform operations and culture across the Department to better serve the American people. This effort has helped to inform three of the 2018 Presidential Management Agenda CAP goals and is closely aligned to help drive progress.

The Office of the Chief Technology Officer (CTO) harnesses the power of data, emerging technologies, and innovation to create a more modern and effective government that works to improve the health of the nation. CTO advises HHS agencies on key technology policies and programs, open government practices, and applications of data to improve health and health care. To ensure a unified and cohesive

health information technology strategy for external stakeholders, CTO collaborates with various HHS agencies responsible for developing health information technology policy in order to coordinate a cohesive health IT strategy on behalf of the Department.

In FY 2020, IOS will integrate certain existing CTO and ASA Office of the Chief Information Officer functions to improve alignment with CTO's innovation mission and reduce duplication between the two offices.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$13,300,000
FY 2017	$13,300,000
FY 2018	$14,800,000
FY 2019	$14,800,000
FY 2020 Request	$14,800,000

Budget Request

The FY 2020 President's Budget request for IOS is $14,800,000, which is flat with the FY 2019 Enacted. The FY 2020 President's Budget request will allow IOS to sustain its staffing levels, ensuring continued leadership, direction, policy, and management guidance delivery to HHS. Any inflationary pay and non-pay cost increases will be absorbed.

Immediate Office of the Secretary, Chief Technology Officer- Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result/Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	/ 2020 Target +/- FY 2019 Target
1.1 Increase the number of strategically relevant data sets published across the Department as part of the Health Data Initiative	FY2018: 3,332 Target: 3,050 (Target Exceeded)	3,400	4,000	+600
1.2 Increase the number of opportunities for the public to co-create solutions through open innovation	FY2018: 26 Target: 25 (Target Exceeded)	25	25	0
1.3 Increase the number of innovation solutions identified across the Department in collaboration with the HHS Chief Technology Officer	FY2018: 225 Target: 180 (Target Exceeded)	200	200	0
1.4 Expand Access to the Results of Scientific Research funded by HHS	FY2018: 5 million Target: 4.5 million (Target Exceeded)	5 million	5.5 million	+0.5 million
1.5 Increase the number of innovative solutions supported across the Department in collaboration with the HHS Office of the Chief Technology Officer	FY2018: 50 Target: N/A	100	100	0

Performance Analysis

1.1 Increase number of strategically relevant data sets published across the Department as part of the Health Data Initiative

Pursuant to OMB Memorandum M-13-13, HHS is working to increase the availability of machine-readable data sources as well as enabling use of linked datasets through the uses of Application Programming (APIs) interfaces. The APIs support machine-to-machine interactions that automate the supply of data to analytic tools and consumer platforms.

CTO manages HealthData.gov, the Department's open data portal that fuels new research, applications, and products to improve health outcomes. Data inputs to HealthData.gov have increased during this fiscal year. There have also been expanded efforts to engage the public in creating solutions using data made publicly available by HHS. As of September 2018, there are 3,332 data sets from HHS and federated sources. This year, there was enhanced access to ONC, FDA, and CMS datasets through HealthData.gov.

In December 2017, HHS hosted the HHS Opioid Code-a-Thon and brought together 70+ federal, HHS, and state datasets for coders to use to develop solutions to the opioid epidemic. Fifty teams from industry, startups, and academia worked on producing solutions, resulting in new companies and business models being developed. In April 2018, HHS hosted the ninth Health Datapalooza to highlight new products and services being developed with HHS data. HHS continues to expand its health data outreach efforts, particularly with its international partners.

1.2 Increase the number of opportunities for the public to co-create solutions through open innovation

HHS has used innovation in a wide array of business areas and research fields to spur new ideas and concepts to be tested. HHS sees positive benefits to its education, training, and mentoring programs to help build a cadre of challenge managers across the operating divisions. HHS's $20 million prize challenge to develop point-of-care diagnostics for antimicrobial resistance will conclude its second phase of prototype delivery in September. Thirty-one letters of intent have been received so far. Additionally, HRSA's maternal and child health bureau (MCHB) recently launched a grand challenge program with a first round of four three-phase challenges addressing remote monitoring of pregnancy, care coordination, childhood obesity, and opioid addiction. The goal is to appeal to a broad array of innovators to bring fresh thinking and technology-driven approaches to this space.

1.3 Increase the number of innovative solutions identified across the Department in collaboration with the Chief Technology Officer

CTO continued to identify innovative solutions across the Department during FY18 through outreach capabilities and knowledge of programs across the Department. In FY18, CTO launched two rounds of the Ignite Accelerator program. In FY18, we received 225 submissions through this program, of which 50 were selected for piloting and participation in the training "boot camp." Two HHS operating divisions

(HRSA and CDC) started their own incubator programs this year, aimed at expanding the scope of the early stage solution development innovation phase.

1.4 Expand Access to the Results of Scientific Research funded by HHS

In February 2015, HHS released the HHS Public Access Plans, which provide an outline of the Department's efforts to increase access to the results of its scientific research, as appropriate. These plans now apply to research funded by six of its key scientific agencies: NIH, CDC, FDA, AHRQ, ACL, and ASPR. The HHS public access plans build on an existing infrastructure, Pub Med Central, for the storing and sharing of publications with the public.

Thus far, the National Library of Medicine's PubMed Central (PMC) Database includes over 5 million journal articles. As the contents of PMC grow and diversify with HHS-funded journal articles, HHS anticipates that it will create yet more opportunities for new connections to be made among disparate fields of scientific inquiry, and new types of knowledge and insights that can benefit health and healthcare. HHS expects it will allow for faster dissemination of research results into products, services and clinical practices that can improve healthcare.

1.5 Increase the number of innovative solutions supported across the Department in collaboration with the HHS Office of the Chief Technology Officer

CTO supported numerous innovation solutions developed across HHS Operating Divisions and Staff Divisions. These include HHS Startup Day, which connects the public and private sector with the vision and priorities of a regulated landscape of our nation's healthcare system. One solution developed through the HHS Ignite Accelerator Program was the "Patient over Paperwork" Initiative launched at CMS.

This measure represents the number of projects developed at HHS that CTO supports through dedicated staff time. This can include projects where CTO support was provided over multiple fiscal years. This does not include projects that are captured in Measure 1.2 "opportunities for the public to co-create solutions through open innovation."

SECRETARIAL INITIATIVES AND INNOVATIONS

Budget Summary
(Dollars in Thousands)

Secretarial Initiatives and Innovations	FY 2018 Final	FY2019 Enacted	FY 2020 Request	FY 2020 +/- FY2019
Budget Authority	2,000	2,000	1,000	-1,000
FTE	-	-	-	-

Authorizing Legislation:.....Title III of the PHS Act
FY 2020 Authorization.....Indefinite Allocation
Method.....Direct Federal

Program Description and Accomplishments

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

This funding allows the Secretary to proactively respond to the needs of the Office of the Secretary (OS) as they continue to implement programs intended to improve and ensure the health and welfare of Americans. These funds will be directed to the Secretary's highest priorities and are implemented and monitored judiciously. The impact of these resources will be monitored based on the Secretary's stated goals and objectives for their use.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$2,000,000
FY 2017	$2,000,000
FY 2018	$2,000,000
FY 2019	$2,000,000
FY 2020 Request	$1,000,000

Budget Request

The FY 2020 request for Secretarial Initiatives and Innovation is $1,000,000 which is $1,000,000 below the FY 2019 Enacted. The funding will allow the Secretary to support HHS component offices as they respond to new and ongoing legislative requirements and seek to implement innovative programs to address new and existing critical health issues.

ASSISTANT SECRETARY FOR ADMINISTRATION

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Administration	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	15,958	15,958	15,958	0
FTE	75	74	91	+20

Authorizing Legislation.....Title III of the PHS Act
FY 2020 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

The Office of the Assistant Secretary for Administration is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). The Office of the Assistant Secretary for Administration (ASA) advises the Secretary on all aspects of administration; provides leadership, policy, oversight, supervision, and coordination of long and short-range planning for HHS; and supports the agency's strategic goals and objectives. ASA also provides critical Departmental policy and oversight in the following major areas through eight components. Five are ASA GDM funded entities, Immediate Office, Office of Human Resources, Equal Employment Opportunity Compliance and Operations Division, Office of the Chief Information Officer and the Office of Business Management and Transformation. Real Estate, Logistics, and Operations (RLO) are provided via a fee-for-service basis through the Program Support Center (PSC). The PSC is funded through other sources and not included in this request.

Office of Human Resources (OHR)

OHR provides leadership in the planning and development of personnel policies and human resource programs that support and enhance the Department's mission. OHR also provides technical assistance to the HHS Operating Divisions (OPDIVs) to most effectively and efficiently accomplish the OPDIVs mission through improved planning and recruitment of human resources and serves as the Departmental liaison to central management agencies on related matters.

OHR provides leadership in creating and sustaining a diverse workforce and an environment free of discrimination at HHS. OHR works proactively to enhance the employment of women, minorities, veterans, and people with disabilities through efforts that include policy development, oversight, complaint prevention, investigations and processing, outreach, commemorative events, and standardized education and training programs.

Equal Employment Opportunity Compliance and Operations Division (EEOCO)

EEOCO provides services to every HHS employee and applicant ensuring equal access to EEO services, timely resolution of complaint as well as an equitable remedy. The Compliance Team provides leadership, oversight, technical guidance and engages in policy development for the complaint processing units in the OPDIVs EEO Offices. Recent accomplishments include processing Remands, Appeals, and Conflict Cases; composing Commission Corp decisions, Final Orders and Final Agency Decisions. Further, EEOCO serves as HHS' liaison with lead agencies such as Equal Employment Opportunity Compliance, Merit Systems Protection Board (MSPB), and Office of Personnel Management in matters involving EEO complaint processing.

Real Estate, Logistics, and Operations (RLO)
Functions of the former Office for Facilities Management and Policy (OFMP) have been reassigned to the RLO, a component of the PSC. Policy and oversight functions are provided by RLO. RLO is responsible for the HHS Real Property Asset Management program that provides management oversight across the HHS portfolio of real property assets to ensure appropriate stewardship and accountability is maintained. In addition, RLO is responsible for the operation of the HHS headquarters facility, the Hubert H. Humphrey Building, and oversight of HHS-occupied space in the Southwest Complex of Washington, DC.

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

OCIO coordinates the implementation of IT policy from the Office of Management and Budget and guidance from the Government Accountability Office throughout HHS OPDIVs and ensures the IT investments remain aligned with HHS' strategic goals and objectives and the Enterprise Architecture. OCIO coordinates the HHS response to federal IT priorities including: Data Center consolidation; cloud computing; information management, sharing, and dissemination; and shared services.

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

In FY 2020, IOS will integrate certain existing CTO and ASA Office of the Chief Information Officer functions to improve alignment with CTO's innovation mission and reduce duplication between the two offices.

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

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$17,458,000
FY 2017	$17,458,000
FY 2018	$15,958,000
FY 2019	$15,958,000
FY 2020 Request	$15,958,000

Budget Request

The FY 2020 request for ASA is $15,958,000, which is flat with the FY 2019 Enacted Level. At this level, ASA will absorb inflationary increases by eliminating contracts, limiting travel, and decreasing deployment of and costs associated with supporting the use of hand-held mobile devices by employees.

Outputs and Outcomes Table

Program/Measure	Most Recent Result	FY 2019 Target	FY 2020 Target	FY 2020 +/- FY 2019
1.1 Increase the percent employees on telework or AWS (Output)	**FY 2017: 68.0% Target: 44.0% (Target Exceeded)**			**Maintain**
1.2: Reduce HHS fleet emissions	FY 2017: 1,598 Gasoline Gallon Equivalent (GGE) Target: 1,602 GGE	1,570 GGE	1,537 GGE	33 GGE
1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops & monitors	FY 2017: 100.0% Target: 100.0% (Target Met)	100%	100%	N/A
2.5 Increase the top talent at HHS through recruitment, training, & retention	FY 2017: 52% of supervisors & managers Target: 51% of supervisors & managers (Target Exceeded)	52% of supervisors & managers	53% of supervisors & managers	"+1" of supervisors & managers
2.6 Increase HHS Employee Engagement	FY 2017: 70% of employee engagement index Target: 68% of employee engagement index (Target Exceeded)	69% of employee engagement index	70% of employee engagement index	"+1" employee engagement index
2.7 Attract, hire, develop, & retain a diverse & inclusive HHS workforce	FY 2017: 71% of employees Target: 70% of employees (Target Exceeded)	71% of employees	72% of employees	"+1" of employees

Performance Analysis

1.1: Increase the percent employees on telework or on Alternative Work Schedule

This goal supports the implementation of the HHS Strategic Sustainability Performance Plan (SSPP) prepared under Executive Order (EO) 13514. This EO requires HHS to reduce greenhouse gas (GHG) emissions by technological, programmatic, and behavioral changes. This measure tracks progress towards increasing the percentage of employees who use an alternative work schedule (AWS) and/or regularly scheduled telework to avoid commuting at least 4 days per pay period.

This goal was established in Fiscal Year 2010. When the measure was first established, it aimed to

capture both employees who regularly teleworked at least 4 days per pay period as well as those who were on an Alternative Work Schedule and therefore saved fuel by commuting fewer days per pay period. The values for 2011 and 2012 were reported according to the original measure description; however, when it was discovered that the measurement process double counted some employees who were both AWS and teleworked regularly, ASA decided that reporting for future years would exclude AWS and only capture regular teleworkers.

Increasing the percentage of teleworking/AWS employees reduces vehicle miles traveled, which in turn reduces GHG emissions and other pollutants in our air, soil and water, which can be harmful to human health. Commuting typically causes employee stress and decreases the amount of time employees can devote to other health activities such as physical activity, planning and preparing healthy meals, and developing social capital by spending time with family or in the community. Widespread telework/AWS coupled with office sharing and swing space can reduce overall facilities costs in rents, waste removal, wastewater treatment, and energy use.

1.2: Reduce HHS fleet emissions
HHS is committed to replacing gasoline-powered vehicles with alternative fuel vehicles (AFV) in accordance with GSA acquisition guidelines. As a result, the fleet's petroleum consumption will decrease, as will the amount of carbon dioxide the fleet releases into the atmosphere.

This goal was established in FY 2010, in alignment with HHS Sustainability Plan and the Presidential Order to reduce greenhouse gases. HHS is aiming to reduce fleet emissions by 2% annually. This measure uses Million Metric Tons of Carbon Dioxide equivalents, or MTCO2e, a standard measure of greenhouse gas emissions. In 2017, primarily through reducing its gasoline fuel use, HHS reduced its CO2e emissions, bringing the number under target. HHS CO2e emissions are expected to improve going forward.

1.3: Ensure Power Management is enabled in 100% of HHS computers, laptops and monitors HHS IT contracts have been revised to include power-saving configuration requirements. HHS is measuring the percentage of eligible computers, laptops, and monitors with power management,
Including: power-saving protocols in the standard configuration for employee workstations. Consistent application of power management will decrease the electricity use of HHS facilities. This initiative supports the HHS strategic initiative to be a good steward of energy resources.

The target for this measure is for 100% of HHS eligible computers, laptops, and monitors to have power management. HHS set aggressive goals to move from the 2010 level of 32% of devices with power management enabled to 100% of devices with power management by 2013 and to maintain that level continuing through 2015. In 2011, 85% of eligible devices were reported in compliance across the department, while in 2012 this increased to 94%. In 2013, an improved Department-wide surveying showed that 97% of HHS laptops and computers had power management enabled (108,805 of 112,311 devices), while 89% of monitors were enabled across the Department (621,290 of 697,592 devices), for a total of 90% of devices covered by power management. The 2014 Electronic Stewardship Report showed this value increased to 99% with a breakdown of 98.44% or 107,622 eligible PCs & Laptops on power management, and 99.78% or 116,208 monitors on power management. In 2016, HHS hit 100% of eligible computers, laptops, and monitors to have power management, and it continued in FY 2017 as HHS improved coordination between OCIO and OPDIV IT teams.

2.5: Increase the top talent at HHS through recruitment, training, and retention

This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. HHS is committed to recruiting and retaining top talent to meet America's health and human service needs, and this metric allows measurement of progress towards this goal. This metric will be measured via responses to OPM Annual Employee Viewpoint survey of all full-time and part-time federal employees. Analysis will be conducted on the responses of HHS managers and supervisors to the question "My work unit is able to recruit people with the right skills." This will be tracked and reported annually. In FY 2017 52% of supervisors and managers answered the recruitment question positively.

2.6: Increase HHS Employee Engagement

This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. Improving employee engagement within HHS is a vital method for promoting new and dynamic solutions to challenges facing the organization. This metric will be tracked using the employee engagement index, calculated from OPM Annual Employee Viewpoint survey. Specifically, the metric is derived from questions related to leadership, supervisor behaviors, and intrinsic experience. A successful agency fosters an engaged working environment to ensure each employee can reach their full potential and contribute to the success of their agency and the entire Federal Government.

Historically HHS has performed above the government norm, and future targets reflect HHS continuing efforts to improve employee engagement. In FY 2017, the HHS-wide employee engagement index was 70%, while the government-wide result was 63%. By increasing employee engagement, we can help create a workforce that is encouraged to provide for the health of all Americans.

2.7: Attract, hire, develop, and retain a diverse and inclusive HHS workforce

This performance metric has been added to the set of metrics ASA is tracking following a 2014 review of metrics by OHR. HHS strives to have a workforce that reflects the population that it serves. A diverse workforce also introduces new and useful perspectives to issues that HHS must address. In order to gauge its success at hiring, developing, and retaining a diverse and inclusive workforce, HHS, in addition to using hiring and retention data, will look at the most recent results from OPM Annual Employee Viewpoint survey. Specifically, HHS will track the percentage of employees who positively report, "My supervisor is committed to a workforce representative of all segments of society." In 2017, 71% of HHS respondents indicated their supervisors were committed to a diverse workforce. An analysis of this data as well as applicant and employee churn ratio analysis (not reported in this performance measure) will enable HHS leadership to drive further success in attracting and retaining a diverse and inclusive workforce.

ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Financial Resources	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	30,444	30,444	30,444	0
FTE	145	145	149	+4

Authorizing Legislation:.....Title III of the PHS Act
FY 2018 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

Office of Budget (OB) – OB manages the performance budget and prepares the Secretary to present the budget to the Office of Management and Budget (OMB), the public, the media, and Congressional committees; serves as the HHS appropriations liaison; and manages HHS apportionment activities, which provide funding to the HHS Operating Divisions (OPDIVs) and Staff Divisions (STAFFDIVs). OB coordinates, oversees, and convenes resource managers and financial accountability officials within OS to update, share, and implement related HHS-wide policies, procedures, operations, rules, regulations, recommendations, and priorities. Additionally, OB leads the Service and Supply Fund by providing budget process, formulation, and execution support, including budget analysis and presentation, account reconciliations, reporting, status of funds tracking, and certification of funds availability. OB manages the implementation of the Government Performance and Results Modernization Act and all phases of HHS performance budget improvement activities.

Office of Finance (OF) – OF provides financial management leadership to the Secretary through the CFO and the Departmental CFO Community. The OF leads the HHS-wide financial management efforts and prepares the Secretary to present the HHS Agency Financial Report to OMB, Treasury, GAO, Congressional committees, and the public, in coordination with HHS OPDIVs and STAFFDIVs. OF manages and directs the development and implementation of financial policies, standards, and internal control practices; and prepares the HHS annual consolidated financial and grant statements and audits, in accordance with the CFO Act, OMB Circulars, Federal Managers Financial Integrity Act, and the Federal Accounting Standards Advisory Board. OF provides Department-wide leadership to implement new financial management requirements and other mandated reporting. OF oversees the HHS financial management systems portfolio, and is the business and systems owner of such systems.

OF prepares the Agency Financial Report which includes the Department's consolidated financial statements, the auditor's opinion and other statutorily required annual financial reporting. For many years, HHS has earned an unmodified or "clean" opinion on the HHS audited Consolidated Balance Sheet, and Statements of Net Cost and Changes in Net Position, and Combined Statement of Budgetary Resources. OF successfully produced the Agency Financial Report on time in compliance with Federal requirements, and for the fourth year in a row, earned the prestigious Certificate of Excellence in Accountability Reporting Award for the FY 2016 HHS Agency Financial Report.

OF leads the Department's Enterprise Risk Management initiative. This work includes supporting the HHS ERM Council, to collaboratively identify, assess, and manage HHS's risks. This also involves

collaboratively engaging the OPDIVs and STAFFDIVs to establish, communicate, and implement HHS's ERM vision, strategy, culture, and framework.

OF manages HHS's entire financial management systems environment, including projects to standardize financial accounting across the Department, implement government-wide financial management requirements, address security and control weaknesses, and develop Financial Business Intelligence System to enhance Department-wide analytic capabilities and support decision making. OF continues to progress on its strategic roadmap, manage programs to enhance system security, reliability, and availability; increase effectiveness and efficiency; and improve access to accurate, reliable, and timely information.

Good Accounting Obligation in Government Act (P.L. 115-414)

On January 3, 2019, the Good Accounting Obligation in Government Act (P.L. 115-414), was signed into law. The law requires each agency to include, in its annual budget justification, a report that identifies each public Government Accountability Office recommendation that has remained unimplemented for at least one year and each public Office of Inspector General recommendation for corrective action that has remained without final action for at least one year. HHS is working to comply with the requirements of P.L. 115-414.

Office of Grants and Acquisition Policy and Accountability (OGAPA) – OGAPA provides HHS-wide leadership, management, and strategy in grants, acquisitions, small business policy development, performance measurement, and oversight and workforce training. OGAPA also fosters collaboration, innovation, and accountability in the administration and management of the grants, acquisition, and small business functions throughout HHS. OGAPA also fulfills the HHS role as managing partner of GRANTS.gov, and supports the financial accountability and transparency initiatives such as those associated with the Federal Funding Accountability and Transparency Act, the DATA Act, and Open Government Directive, by maintaining and operating HHS Tracking Accountability in Government Grants System and Departmental Contract Information System.

Since FY 2013, HHS has served as the co-Chair for the Council on Financial Assistance Reform and OGAPA supported government-wide grants policy initiatives through the Counsel on Financial Assistance Reform, including the development and implementation of the new uniform grants guidance at 2 CFR 200; the development and publication of HHS implementing regulation at 45 CFR 75; and the updating of internal policy guidance within the Grants Policy Statement and Grants Policy Administration Manual.

OGAPA also led an initiative to update the HHS Acquisition Regulation; participated in acquisition rule making; made improvements to the HHS acquisition workforce training and certification programs; and began efforts to reform the HHS acquisition lifecycle framework to improve program management and acquisition outcomes across-HHS. OGAPA established and monitored appropriate grant and acquisition related internal controls and performance measures; provided technical assistance and oversight to foster stewardship, transparency, and accountability in HHS grants and acquisition programs; responded to grants or acquisition-oriented GAO and IG audits; and led the Department's Strategic Sourcing, Green Procurement, and Government Purchase Card programs.

OGAPA ensured that small businesses were given a fair opportunity to compete for HHS contracts; managed and tracked small business goal achievements; provided technical assistance and Small

Business Program training to HHS contracting and program officials; conducted outreach and provided guidance to small businesses on doing business with HHS; and developed and implemented a new online tool to produce and publish HHS procurement forecast.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$30,444,000
FY 2017	$30,444,000
FY 2018	$30,444,000
FY 2019	$30,444,000
FY 2020 Request	$30,444,000

Budget Request

The FY 2020 request of $30,444,000 is flat with the FY 2019 Enacted level of $30,444,000.

The Office of Budget will continue to meet its responsibilities for providing financial management leadership including preparation of HHS annual performance budget; production of budget and related policy analyses, options, and recommendations; management and support of program performance reviews, annual strategic plans, and agency priority goals; and development and implementation related to accountability and transparency priorities.

The Office of Finance will continue to meet its responsibilities for providing financial management leadership including management, development, and implementation of HHS financial policies, standards and internal control practices; and preparing financial statements, financial audits, and other financial reports. OF will continue to modernize Department-wide financial systems by enabling new functionality, standardizing and simplifying financial systems environment, strengthening internal controls, and improving financial reporting. This multi-year modernization initiative will standardize financial management across HHS, modernize financial reporting to provide timely, reliable, and accurate information about HHS finances and enhance, standardize and simplify financial systems.

OGAPA will continue to lead HHS to ensure that appropriate grant and acquisition related internal controls and policies are followed, provide technical assistance, policy advice, and training to HHS OPDIVs and STAFFDIVs to ensure stewardship of HHS grants, financial assistance, acquisition, and small business programs.

ACQUISITION REFORM

Budget Summary
(Dollars in Thousands)

Acquisition Reform	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	1,750	1,750	-	-1,750
FTE	4	4	-	-4

Authorizing Legislation:.....Title 41 Public Contracts, Section 1703 FY 2018
Authorization.....Indefinite Allocation
Method.....Direct Federal

Program Description and Accomplishments

In March 2009, the President mandated that all federal agencies improve acquisition practices and performance by maximizing competition and value, minimizing risk, and review of the acquisition workforce to develop, manage, and oversee acquisitions appropriately. Guidance from the Office of Management and Budget, *Improving Government Acquisition*, and *Guidance for Specialized information Technology Acquisition Cadres*, directed agencies to strengthen acquisition workforce and increase civilian agency workforce, to more effectively manage acquisition performance.

Successful acquisition outcomes are the direct result of having the appropriate personnel with the requisite skills managing various aspects of the acquisition process. The federal acquisition workforce includes contract specialists, procurement analysts, program and project managers, and contracting officer representatives. This funding will be used to mitigate the risks associated with gaps in the capacity and capability of the acquisition workforce Department-wide, enhance suspension and debarment program, increase contracting activities oversight, increase contract funding compliance, and improve the effectiveness of that workforce, in order to maximize value in HHS contracting.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$1,750,000
FY 2017	$1,750,000
FY 2018	$1,750,000
FY 2019	$1,750,000
FY 2020 Request	-

Budget Request

The FY 2020 President's Budget does not request discretionary funding for acquisition practices, performance, and oversight. Acquisition Reform activities will be supported by an alternate funding source.

ASSISTANT SECRETARY FOR LEGISLATION

Budget Summary

(Dollars in Thousands)

Assistant Secretary	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	4,100	4,100	4,100	-
FTE	22	22	27	+5

Authorizing Legislation:.....Title III of the PHS Act
FY 2020 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

ASL informs the Congress of the Department's views, priorities, actions, grants, contracts, and provides information and briefings that support the Administration's priorities and the substantive informational needs of the Congress.

Immediate Office of the Assistant Secretary for Legislation - Serves as principal advisor to the Secretary with respect to all aspects of the Department's legislative agenda and Congressional liaison activities. Examples of ASL activities include: working closely with the White House to advance Presidential initiatives such as lowering the price of prescription drugs; managing the Senate confirmation process for the Secretary and the 19 other Presidential appointees requiring Senate confirmation; transmitting the Administration's proposed legislation to the Congress; and working with Members of Congress and staff on legislation for consideration by appropriate Committees and by the full House and Senate.

Office of Health Legislation - Assists in the legislative agenda and liaison for mandatory and discretionary health programs. This portfolio includes: health-science-oriented operating divisions, including SAMHSA, FDA, NIH, AHRQ, and CDC; medical literacy, quality, patient safety, privacy; bio-defense and public health preparedness and response; health services and health care financing operating divisions, including CMS; Medicare, Medicaid, and the Children's Health Insurance Program (CHIP); private sector insurance; Continuity of Operations (COOP) activities.

Office of Human Services Legislation - Assists in the legislative agenda and liaison for human services policy. This portfolio includes: ACF, ACL, IHS, HRSA, and ONC; health IT; cyber security.

These three offices develop and work to enact the Department's legislative and administrative agenda, coordinating meetings and communications of the Secretary and other Department officials with Members of Congress, and preparing witnesses and testimony for Congressional hearings.

Congressional Liaison Office (CLO) – Assists in the legislative agenda and special projects. The office is the primary liaison to Members of Congress and serves as a clearing house for Member and Congressional staff questions and requests. This office maintains the Department's program grant and contract notification system to inform Members of Congress and is responsible for notifying and coordinating with Congress regarding the Secretary's travel and event schedule. Nearly 100,000 grant notifications are sent to Members of Congress annually. CLO is also responsible for processing correspondence from Members of Congress to the Assistant Secretary for Legislation and the Secretary. CLO provides staff support for the Assistant Secretary for Legislation, coordinating responsibilities to the HHS regional offices, and works with ASFR to coordinate budget distribution, briefings and hearings.

Office of Oversight and Investigations (O&I) - Responsible for all matters related to Congressional audit and investigations of Departmental programs, including those performed by the Government Accountability Office (GAO). O&I serves as the central point of contact for the Department in handling congressional requests for oversight interviews, briefings, and documents; developing responses with agencies within the Department; consulting with other Executive Branch entities; and negotiating with congressional and GAO staff regarding investigations. HHS receives hundreds of oversight letters from Congressional Oversight Committees. HHS has received hundreds of new audit inquiries and over 400 recommendations that require corrective actions.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$4,100,000
FY 2017	$4,100,000
FY 2018	$4,100,000
FY 2019	$4,100,000
FY 2020 Request	$4,100,000

Budget Request

The FY 2020 President's Budget request for ASL is $4,100,000, which is flat with the FY 2019 Enacted level. At this level, ASL will continue to provide mission critical support to the legislative healthcare and human services agenda and continue to meet Congressional inquiries related to the broad range of HHS programs.

In FY 2020, ASL will continue to facilitate the Secretary's commitment to safeguard the health and well-being of the American people, and advance positive changes to our health care system to improve its affordability, accessibility, quality, and responsiveness.

The request for ASL will facilitate communication between the Department and Congress. This requires continued work on several mission critical areas with Members of Congress, Congressional Committees and staff, including: managing the Senate confirmation process for Department nominees; preparing witnesses and testimony for Congressional hearings; coordinating Department response to Congressional oversight and investigations as well as coordinating responses to GAO inquiries; improving Congressional awareness of issues relating to the programs and priorities of the Administration and advising Congress on the status of key HHS priority areas.

ASSISTANT SECRETARY FOR PUBLIC AFFAIRS

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Public Affairs	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	8,408	8,408	8,408	-
FTE	41	41	52	+11

Authorizing Legislation:……Title III of the PHS Act FY 2018
Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

The Office of the Assistant Secretary for Public Affairs (ASPA) is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). ASPA serves as the principal HHS Public Affairs office and works to build relationships that empower Americans with information needed to lead healthy, productive lives. ASPA works to support the HHS' mission, Secretarial initiatives and other priorities by building and maintaining relationships with the public through multiple communications channels including the news media, websites, broadcast, social media, speeches, articles, events, and Freedom of Information Act (FOIA) requests.

ASPA's day to day communications functions include:

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

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$8,408,000
FY 2017	$8,408,000
FY 2018	$8,408,000
FY 2019	$8,408,000
FY 2020 Request	$8,408,000

Budget Request

The FY 2020 President's Budget request for ASPA is $8,408,000 which is flat with the FY 2019 Enacted level. At this level, ASPA will continue to support the HHS mission and empower Americans with information needed to lead healthy and productive lives. ASPA will balance resources including staff, operating and contract costs to support Secretarial and Department-wide communications to the American people.

The FY 2020 funds will be used to provide citizens, in the most transparent and accessible manner possible, with the critical information they need about health and human services programs designed to help them lead healthy and productive lives.

In FY 2019 ASPA will pilot a new Customer Relations Management system to modernize how it manages the more than 15,000 media interview requests, 400 press releases, 1,200 packages of press materials and 135 communications events from across HHS. While this CRM will support Agency/Office communications goals, the tool will improve ASPA's ability to coordinate messaging for all major announcements and encourage their amplification by the Office of the Secretary and other HHS components.

OFFICE OF THE GENERAL COUNSEL

Budget Summary

(Dollars in Thousands)

Office of the General Counsel	FY 2018 Operating Level	FY 2019 Enacted Level	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	31,100	31,100	31,100	-
FTE	150	150	143	-7

Authorizing Legislation:.....Title III of the PHS Act FY 2020
Authorization.....Indefinite Allocation
Method.....Direct Federal

Program Description and Accomplishments

The Office of the General Counsel (OGC), headed by the General Counselor (GC), is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). OGC, with a team of over 400 attorneys and a comprehensive support staff, is one of the largest, most diverse, and talented law offices in the United States. It provides client agencies throughout the Department of Health and Human Services (HHS) with representation and legal advice on a wide range of highly visible national issues. OGC's goal is to support the strategic goals and initiatives of the HHS Secretary and the Department, by providing high quality legal services, including sound and timely legal advice and counsel.

Accomplishments:

OGC's Children and Family Division (CFAD) collaborated with other federal agencies and HHS leadership, to implement statutory revisions that allow Indian tribes more flexibility under the 477 program. When the Head Start program reduced a grant award to recognize a grantee's inability to meet enrollment projections, OGC CFAD drafted the brief for the U. S. Attorney's office and included arguments that ultimately allowed the Head Start program to comply with an adverse decision without significant disruption to the program. OGC CFAD also prevailed in a major Departmental Appeals Board case upholding the termination of a Head Start program by working closely with the Children's Bureau in implementing the new Family First law; the law requires major adjustments in the administration of foster care and adoption assistance under Titles IV-B and IV-E of the Social Security Act. Lastly, OGC CFAD provided support to the Office of Community Services and the Office of Child Care, including navigating questions on union dues and block grant consolidation.

OGC's Center for Medicare and Medicaid Division (CMSD) has provided advice on numerous initiatives that the Centers for Medicare and Medicaid Services (CMS) and the Department are undertaking to reduce drug prices for Medicare, Medicaid, and program beneficiaries, including actions to implement the President's drug pricing blueprint. That work will continue in the fiscal year 2020. OGC CMS coordinated with OIG and HHS leadership in drafting a Notice of Proposed Rulemaking to Remove Safe Harbor Protections for Rebates to Plans or Prescription Benefit Managers. This proposed rule, if finalized, is anticipated to save beneficiaries and taxpayers billions of dollars over the course of ten years. Work is expected to continue in the next fiscal year. OGC CMSD assisted the Department of Justice and the Office of the Inspector General (OIG) attorneys in pursuing fraud cases against Medicare and Medicaid suppliers and providers resulted in over $531 million in recoveries during FY 2018 thus far.

OGC's General Law Division (GLD) has been instrumental in advising CMS regarding the administration of its core programs, including advising policy makers regarding relevant fiscal and procurement laws.

Additionally, OGC GLD continues to have a lead role in providing advice regarding the Federal Advisory Committee Act (FACA), as well as providing advice on the disclosure, retention, and withholding of information requested through various mechanisms. Finally, OGC GLD has provided employment and labor law advice to senior policy makers, and has represented the Department in related litigation matters.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$31,100,000
FY 2017	$31,100,000
FY 2018	$31,100,000
FY 2019	$31,100,000
FY 2020 Request	$31,100,000

Budget Request

OGC requests $31,100,000, which is flat with the FY 2019 President's Budget. At this level OGC will support military pay increases and non-pay inflationary costs incurred as a result of providing HHS with legal representation on key social, economic, and healthcare issues. OGC will absorb inflationary increases by reducing contract costs.

In FY 2020, OGC will continue to provide legal advice pertaining to fiscal law, grants, and procurements. OGC attorneys will be highly involved in rulemaking and will continue to assist and support CMS in its mission of making health insurance available, transforming the health care delivery system and the Medicaid program, and reducing fraud, waste and abuse in the federal health care systems.

OGC will continue to advise clients seeking to revise and update regulations, such as those for the Health Resources Administration's (HRSA) health professional shortage designation, the Office of Human Research Protection's Common Rule, and the 340B Drug Program. OGC will continue to advise and assist the National Institutes of Health (NIH) on many important and complex matters, including the agency's large research grants portfolio, intellectual property, technology transfer, third-party reimbursement at NIH's Clinical Center, genomic data sharing, biodefense research, and diversity initiatives. OGC will also continue to advise on multiagency preparedness efforts related to the opioid epidemic, including public health emergency declarations, grants for treatment and prevention activities, and enhanced distribution processes for Naloxone. OGC will be involved in the implementation of the 2007 Hague Convention on the International Recovery of Child Support and Other Forms of Family Maintenance. Additionally, OGC will continue to provide defense of litigation challenging re-competition decisions for the Head Start program. OGC will continue to provide advisory services and litigation support for cases raising Establishment Clause claims, including ACLU v. Azar and Marouf v. Azar. OGC will also continue to be engaged with the Office of Refugee Resettlement as it defended almost twenty lawsuits challenging the "zero tolerance" policy and the resulting separation of families crossing the border into the United States.

OGC will continue to provide support to all department clients in our primary practice areas that include: legal support for all agency acquisitions of goods and services; fiscal law support for questions related to proper use of federal funds, the starting point for all government programs and activities; information law and other general administrative law support that is part of all federal programs; claims processing and adjudication for medical malpractice claims under the Federal Tort Claims Act and other

claims against the agency; and labor and employment law advice and litigation support. In the labor and employment law area specifically, OGC will continue litigating a number of employment discrimination cases and providing extensive advice concerning Executive Orders and the Fair Labor Standards Act.

OGC anticipates assisting the Assistant Secretary for Preparedness and Response (ASPR) with the inevitable challenges that will stem from ASPR's reorganization and reorientation to an operations focused organization, which has included diversifying procurement operations and assuming additional responsibilities and innovation initiatives and includes the Biomedical Advanced Research and Development Authority and its host of acquisition and fiscal matters. Such matters will include procurements for countermeasures to emerging threats, the award and administration of contracts or other transactions in furtherance of new authority to coordinate the acceleration of countermeasures, and product advanced research and development using strategic venture capital practices.

DEPARTMENTAL APPEALS BOARD

Budget Summary
(Dollars in Thousands)

Departmental Appeals Board	FY 2018 Final	FY 2019 Enacted	FY 2020 Request	FY 2020 +/- FY 2019
Budget Authority	11,000	11,000	20,000	+9,000
Proposed User Fee Collections	-	-	1,457	+1,457
Total DAB Funding Level	**11,000**	**11,000**	**21,457**	**+10,457**
FTE	58	58	97	+39

Authorizing Legislation……Title III of the PHS Act
FY 2020 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

The Departmental Appeals Board (DAB), a staff division within the Office of the Secretary, provides impartial, independent hearings and appellate reviews, and issues federal agency decisions pursuant to more than 60 statutory provisions governing HHS programs. The DAB's mission is to provide high-quality adjudication and other conflict resolution services in administrative disputes involving HHS, and to maintain efficient and responsive business practices. Cases are initiated by outside parties who disagree with a determination made by an HHS agency or its contractor. Outside parties include States, universities, Head Start grantees, nursing homes, clinical laboratories, doctors, medical equipment suppliers, and Medicare beneficiaries. Disputes heard by the DAB may involve over $1 billion in federal funds in a single year. DAB decisions on certain cost allocation issues in grant programs have government-wide impact because HHS decisions in this area legally bind other Federal agencies. All of the DAB's judges (Board Members, Administrative Law Judges (ALJs), and Administrative Appeals Judges (AAJs)) are appointed by the Secretary. The DAB is organized into the following four Divisions, in addition to having an Immediate Office of the Chair and an Operations Division:

<u>Board Members – Appellate Division</u>

Board Members, including the DAB Chair who serves as the executive for the DAB, issue decisions in panels of three, with the support of Appellate Division staff. Board Members provide appellate review of decisions by DAB ALJs and Department of Interior ALJs (in certain Indian Health Service cases). In addition, Board Members provide *de novo* review of certain types of final decisions by HHS components, including ACF, CMS, HRSA, SAMHSA, ONC, and PSC, involving discretionary and mandatory grants and cooperative agreements. Board review ensures consistency of administrative decisions, as well as adequacy of the record and legal analysis before court review. For example, Board decisions in cases involving grant awards promote uniform application of OMB cost principles. Board decisions are posted on the DAB website and provide precedential guidance on ambiguous or complex requirements.

In FY 2018, the Board/Appellate Division received 128 cases and closed 104 cases, 77 by decision.

Administrative Law Judges – Civil Remedies Division (CRD)

CRD staff support DAB Administrative Law Judges (ALJs) who conduct adversarial hearings and issue decisions on the record in a wide variety of proceedings that are critical to HHS healthcare program integrity efforts to combat fraud, as well as quality of care concerns. Hearings in these cases may last a week or more. Cases may raise complex medical or clinical issues. Some cases require presentation of evidence to prove allegations of complicated fraudulent schemes. Cases may also raise legal issues of first impression, such as appeals of enforcement cases.

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

CRD ALJs also hear appeals of other federal agency enforcement actions through reimbursable interagency agreements. The largest of these workloads are appeals of tobacco enforcement actions brought by the Food and Drug Administration (FDA), which include CMP determinations and No Tobacco Sale Orders (NTSOs). In addition, with reimbursable funding, ALJs conduct hearings on CMPs imposed by the Inspector General of the Social Security Administration (SSA), certain debt collection cases brought by SSA and HHS, and corporate integrity agreement enforcement actions brought by the HHS Office of the Inspector General.

In FY 2018, CRD received 5,043 new cases and closed 5,528 (100%), 1,344 by decision.

Medicare Appeals Council – Medicare Operations Division (MOD)

MOD provides staff support to the Administrative Appeals Judges (AAJs) on the Medicare Appeals Council (Council). The Council provides the final administrative review within HHS of claims for entitlement to Medicare and individual claims for Medicare coverage and payment filed by beneficiaries or health care providers and suppliers. Council decisions are based on a *de novo* review of decisions issued by ALJs in the Office of Medicare Hearings and Appeals (OMHA). CMS (or one of its contractors) and SSA may also refer ALJ decisions to the Council for own-motion review. In the majority of cases, the Council has a statutory 90-day deadline by which it must issue a final decision.

An appellant may also file a request with the Council to escalate an appeal from the OMHA ALJ level because the ALJ has not completed his or her action on the request for hearing within the adjudication deadline. MOD has been receiving a greater number of these escalations as the caseload has been increasing at the OMHA level. In addition, the Council reviews cases remanded back to the Secretary from federal court. MOD is responsible for preparing and certifying administrative records of cases appealed to federal court.

Cases may involve complex issues of law, such as appeals arising from overpayment determinations, non-sample audits, or statistical sampling extrapolations involving thousands of claims and high monetary amounts. Some cases, particularly those filed by enrollees in Medicare Advantage and prescription drug plans, require an expedited review due to the pre-service nature of the benefits at issue (e.g., pre-service authorization for services or procedures or authorization for prescription drugs).

Since FY 2015, through a reimbursable agreement with CMS, MOD began adjudicating appeals filed under a CMS demonstration project with the State of New York. The demonstration project, called "Fully Integrated Duals Advantage" Plan (FIDA), offers an estimated 170,000 Medicare-Medicaid enrollees in New York an opportunity for more coordinated care. FIDA provides a streamlined appeals process which gives beneficiaries the opportunity to address denials of items and services through a unified system that includes all Medicare and Medicaid protections. These FIDA cases are not included in the MOD workload chart below, because of the low volume of these appeals at this time.

In FY 2018, MOD received 6,320 appeals and closed 2,351. MOD also closed an additional 16,922 cases pursuant to administrative settlement agreements between CMS and certain categories of appellants.

Alternative Dispute Resolution (ADR) - Alternative Dispute Resolution Division

Under the Administrative Dispute Resolution Act, each federal agency must appoint a dispute resolution specialist and must engage in certain activities to resolve disputes by informal methods, such as mediation, that are alternatives to adjudication or litigation. The DAB Chair is the Dispute Resolution Specialist for HHS and oversees ADR activities pursuant to the HHS policy issued under the Act. Using ADR techniques decreases costs and improves program management by reducing conflict and preserving relationships that serve program goals (e.g., between program offices and grantees, or among program staff).

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

In FY 2018, the ADR Division received 113 requests for ADR services, and conducted 10 conflict resolution seminars.

Workload Statistics

Board Members – Appellate Division

Chart A shows total historical and projected caseload data for the Appellate Division. All data are based on (1) CRD's projections of the number of ALJ decisions to be issued in each fiscal year in both non-FDA and FDA cases, (2) case receipt and closure data for FY 2018 and the first quarter of FY 2019, and (3) no changes in staffing levels through FY 2019 and FY 2020.

APPELLATE DIVISION CASES – Chart A

Cases	FY 2018 (actual)	FY 2019	FY 2020
Open/start of FY	73	97	113
Received	128	120	127
Decisions	77	80	80
Total Closed	104	104	104
Open/end of FY	97	113	136

Administrative Law Judges – Civil Remedies Division

Chart B shows caseload data for CRD. All data are projected based on historical trends and certain assumptions, including:

- The extension of the interagency agreements in FY 2019 and FY 2020 to hear FDA cases;
- CMS's increased use of data analysis techniques to detect provider/supplier fraud and noncompliance;
- A continued increase each year in the number of provider/supplier cases due to CMS's prioritization of program integrity enforcement efforts, yielding an increase in total cases received of 15% year-over-year from FY 2018;
- New types of hearing requests, such as appeals pursuant to agreements under the Medicare Part D Prescription Drug Coverage Gap Discount Program, CMPs imposed under the 340B drug pricing program, and appeals from individuals and entities placed on the preclusion list for Medicare Advantage and Part D plans;
- The Inspector General's increased focus on exclusion cases;
- An increase in the number of skilled nursing facility hearing requests based on the inflation adjustment of CMPs in those cases;
- No major regulatory changes; and
- Increases in personnel in FY 2020 (one ALJ and two attorneys).

CIVIL REMEDIES DIVISION CASES – Chart B

Cases	FY 2018 (actual)		FY 2019		FY 2020	
	Non-FDA	FDA	Non-FDA	FDA	Non-FDA	FDA
Open/start of FY	666	1,012	733	458	1,333	838
Received	1,393	3,650	1,605	3,900	1,605	3,900
Decisions	255	1,089	230	900	276	875
Total Closed	1,326	4,204	1,005	3,520	1,173	3,520
Open/end of FY	733	458	1,333	838	1,765	1,218

The data in the preceding chart separate the FDA cases and non-FDA cases.

Medicare Appeals Council – Medicare Operations Division

Chart C shows total historical and projected caseload data for MOD. FY 2018 data, and FY 2019 and 2020 receipt data, are based on information from the HHS Dashboard and Long-Term Projections reports.

Assumptions on which the data are based include:

- In FY 2019, the departure of 4 adjudicative staff members and insufficient funding to backfill their positions, because of increased operating costs and flat funding in FY 2019;
- In FY 2020, pursuant to the proposed legislation, a change in the Council's standard of review from "de novo" to an appellate level standard of review, increasing the adjudication capacity by approximately 30 percent;
- An increase in staff in FY 2020 (23 FTE) and resulting increase in adjudication capacity;
- An additional 1,317 cases closed in FY 2019 pursuant to administrative settlements;
- A substantial increase in case receipts in FY 2019 and FY 2020 as a result of additional adjudications at OMHA in FY 2018;
- Increased overpayment cases (including Recovery Audit (RA) and statistical sampling cases);
- Increased CMS demonstration projects across the country;
- Participation in Department-wide administrative initiatives to improve efficiency within the Medicare appeals process and to address appeals as early as possible; and
- Increased requests for certified administrative records in cases appealed to federal court.

MEDICARE OPERATIONS DIVISION CASES – Chart C

Cases	FY 2018 (actual)	FY 2019	FY 2020
Open/start of FY	30,816	17,863	25,246
Received	6,320	10,620	15,683
Cases Closed	2,351	1,920	5,408
Administrative Settlements	16,922	1,317	--
Open/end of FY	17,863	25,246	35,521

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$11,000,000
FY 2017	$11,000,000
FY 2018	$11,000,000
FY 2019	$11,000,000
FY 2020 Request	$21,457,000

Budget Request

The FY 2020 President's Budget request for the DAB is $21,457,000, an increase of $10,457,000 over FY 2019 Enacted level. The request consists of two funding sources, $20,000,000 in discretionary budget authority and $1,457,000 in proposed user fee collections.

The DAB has a large and growing workload as a result of increased Department program enforcement and integrity efforts, outside of the DAB's control. Most significantly, since FY 2010, the Medicare Operations Division (MOD) has experienced a significant increase in the number of annual appeals, which arise from Medicare coverage and payment determinations made by CMS and its contractors, including Medicare Advantage (Part C) and prescription drug (Part D) plans and program integrity contractors, such as Recovery Audit Contractors. Because resources have remained flat over this

same period, MOD has a significant backlog of cases, even after recent settlements between appellants and CMS. Moreover, OMHA received a substantial funding increase ($75 million) in FY 2018, while the DAB received no additional funding in FY 2018 or FY 2019. There is a direct correlation between OMHA dispositions and MOD receipts, and MOD expects to receive 9 percent of OMHA's total dispositions in FY 2020, based on recent appeal rates. Due to the projected increase in OMHA's adjudication capacity, the number of appeals to MOD is expected to more than double from FY 2018 to FY 2020 (from 6,320 to 15,683). Without a concurrent increase in MOD's adjudication capacity, the backlog will continue to grow.

The backlog in MOD has resulted in substantial delays for appellants to receive decisions. Significantly, MOD has been unable to adjudicate beneficiary appeals within the statutory 90-day timeframe. The average adjudication time (from the date of filing to the date of adjudication) for beneficiary appeals over the last five years (FY 2014 to FY 2018) is 366 days. The average age of pending beneficiary appeals is 559 days. While MOD prioritizes beneficiary appeals, MOD receives several other types of appeals that it must also prioritize, requiring MOD to reallocate its limited resources to address constantly changing adjudication priorities. For example, MOD must prioritize agency referrals filed by CMS, requiring MOD to redirect resources to these appeals, and away from beneficiary appeals, as soon as the referrals are received. This workload is growing, with MOD receiving 442 agency referrals in FY 2018, a 29 percent increase from FY 2017. Similarly, MOD must prioritize Part C and D pre-service and expedited appeals, due to the medical urgency of these appeals, which further delays the adjudication of other beneficiary appeals. Beneficiary appeals typically account for 10 to 15 percent of MOD's annual receipts and account for approximately 9 percent of the existing backlog in MOD.

These circumstances have also presented other challenges for MOD. Most notably, the DAB has needed to divert staff previously assigned to perform adjudication responsibilities from within MOD and from other divisions to assist with managing the backlog of cases. Further, because of large-scale payment recovery efforts by CMS contractors, many of the cases in the backlog are voluminous and complex statistical sampling and multi-claim overpayment cases, which require significant staff time to review and process. Similarly, while recent administrative settlements have removed a significant portion of cases from MOD's backlog, the process of identifying, collecting, closing, and shipping these settlement cases has required a considerable amount of staff time. MOD must also prepare the record for cases appealed to federal court, a process that further draws upon MOD's already limited staff resources.

The DAB's Civil Remedies Division (CRD) is also receiving substantially more appeals because of increased CMS program enforcement and integrity efforts. CRD's case receipts increased by 50 percent from FY 2016 to FY 2018, after being relatively flat for many years. CMS program integrity cases make up 55 percent of CRD's current workload, and the total of all CMS cases (program integrity, program enforcement, and other types of cases) is 90 percent of the workload. Further, CMS and other Department program enforcement and integrity efforts have also resulted in an ever-expanding jurisdiction for CRD, with new types of appeals being directed to CRD's ALJs (and the DAB's Board Members) for review. This growing workload has led to substantial delays in adjudication. Without corresponding resources, CRD ALJs will soon be unable to adjudicate cases within statutory and regulatory timeframes.

The Budget request will allow the DAB to hire staff for its MOD and CRD divisions and increase the adjudication capacity of those divisions as a result. MOD will add AAJs, attorneys, and program support positions. These staff additions, along with the proposed legislative change to the Council's standard of review (discussed below), would increase the Council's adjudication capacity to approximately 5,408

cases per year, a 182 percent increase over the projected FY 2019 adjudication capacity level of 1,920. However, projected case receipts in FY 2020 (15,683) will still outpace MOD's adjudication capacity by a substantial margin.

CRD will add an ALJ and supporting attorneys. Importantly, this will reduce the average ALJ caseload from a projected 321 cases per ALJ in FY 2019 to 267 cases per ALJ in FY 2020. This enables CRD to reduce delays in adjudication and ensure that ALJs can adjudicate cases within statutory and regulatory timeframes. Further, with increasing prioritization of Department program integrity efforts, and the resulting expansion of jurisdiction of CRD ALJs, the request puts CRD in a better position to meet its existing adjudication obligations, recover from the significant increase in cases that occurred in FY 2017 and FY 2018, and meet its obligations in its new areas of jurisdiction.

In addition, a portion of the FY 2020 funding will be used to fund administrative support contractors. The DAB utilizes administrative support contractors to open mail, docket cases, screen cases, and perform many other case processing functions. This support is critical to the DAB's ability to achieve its adjudication targets and overall mission. FY 2020 resources will also be directed to fund space costs associated with the increase in FTE.

The DAB will also add staff to its Immediate Office of the DAB Chair and the Operations Division. All DAB policy, oversight, information technology (IT), and administrative operations (e.g., budget, procurement, and human capital management) are consolidated into these two divisions. This structure allows judges and attorneys to focus solely on legal work, ensuring maximum productivity. FY 2020 resources will be devoted to increasing administrative efficiency, improving oversight of the DAB's adjudicatory divisions, and addressing a myriad of other program challenges driven by growing workload demands. Similarly, the DAB has implemented several important IT solutions, including e-filing, digitization of paper claim files, cloud-based data storage, a new document generation system, case integration with CMS, and development of a new case database system (the Medicare Appeals Processing System (MAPS)), and will direct resources to continued IT development, particularly in the areas of artificial intelligence and data analytics, as tools to collect, manage, and analyze case data. Another important IT goal for the DAB is to build upon its existing e-filing and electronic record systems and transform case processing in all of its adjudicatory divisions into a completely paperless process; FY 2020 resources will be directed towards achieving this goal.

Legislative Proposal – Improving the Medicare Appeals Process

The DAB is resubmitting a legislative proposal to change the Medicare Appeals Council's (Council) standard of review under Section 1869(d)(2)(B) of the Social Security Act from de novo to an appellate-level standard of review. Under the proposed standard of review, the Council would grant a request for review of a decision by an ALJ or other adjudicator of Medicare claims if (1) there is an abuse of discretion; (2) there is an error of law material to the outcome of the case; (3) the findings of fact are not supported by substantial evidence; or (4) there is a need to clarify an important question of law, policy, or fact. The proposal would also clarify that the Council may deny a request for review.

DAB - Outputs and Outcomes Table

Measure	Year and Most Recent Result/Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 +/- FY 2019
1.1.1 Percentage of Board Decisions with net case age of six months or less	2018: 55% Target: 50% (Target Exceeded)	50%	50%	Maintain
1.2.1 Percentage of Board decisions meeting applicable statutory and regulatory deadlines for issuance of decisions.	FY 2018: 100% Target: 90% (Target Exceeded)	90%	100%	+10%
1.3.1 Percentage of decisions issued within 60 days of the close of the record in HHS OIG enforcement, fraud and exclusion cases.	FY 2018: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.3.2 Percentage of decisions issued within 60 days of the close of the record in SSA OIG CMP cases and other SSA OIG enforcement cases.	FY 2018: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.3.3 Percentage of decisions issued within 180 days from the date appeal was filed in provider/supplier enrollment cases.	FY 2018: 100% Target: 90% (Target Exceeded)	90%	90%	Maintain
1.4.1 Cases closed in a fiscal year as a percentage of total cases open in the fiscal year.	FY 2018: 80% Target: 50% (Target Exceeded)	50%	50%	Maintain
1.5.1 Number of conflict resolution seminars conducted for HHS employees.	FY 2018: 10 Target: 10 Sessions (Target Met)	10	10	Maintain
1.5.2 Number of DAB cases (those logged into ADR Division database) requesting facilitative ADR interventions prior to more directive adjudicative processes.	FY 2018: 113 Target: 110 (Target Exceeded)	100	100	Maintain
1.6.1 Average time to complete action on Requests for Review measured from receipt of the claim file.	FY 2018: 733 days Target: 1,229 days (Target Exceeded)	1,036 days	1,458 days	+422 days

1.7.1 Number of dispositions	FY 2018: 2,351 +16,922 (CMS settlements) Target: 2,320 (Target Exceeded)	1,920	5,408	+3,488

Performance Analysis

DAB has made measurable progress in the strategic management of human capital by reengineering its operations and improving its case management techniques. The DAB shifts resources across its Divisions as needed to meet changing caseloads, and targets mediation services to reduce pending workloads.

Appellate Division

In FY 2018, 61 percent of Appellate Division decisions had a net case age of six months or less, exceeding the Measure 1.1.1 target of 50 percent. In FY 2019 and FY 2020, the target for Measure 1.1.1 remains 50 percent, due to the loss of productivity caused by the retirement of its long-time Division Director in August 2017 and the need to train new staff. The Appellate Division expects to meet the target for Measure 1.1.1 in both fiscal years.

In FY 2018, the Appellate Division exceeded the target of 90 percent for Measure 1.2.1 by issuing decisions in 100 percent of appeals having a statutory or regulatory deadline. In FY 2018, the target for Measure 1.2.1 decreased from 100 percent to 90 percent for the same reasons as for the reduction stated above. In FY 2019, the target will return to 100 percent, and will remain at 100 percent for FY 2020 as productivity normalizes. The Appellate Division expects to meet the target level for Measure 1.2.1 in both FY 2019 and FY 2020.

Civil Remedies Division

Measures 1.3.1, 1.3.2, and 1.3.3 relate to the percentage of cases in which CRD ALJs met the statutory or regulatory deadlines for rendering final decisions (60 days from record closed date for OIG and SSA enforcement, fraud, or exclusion cases; and 180 days for CMS provider and supplier enrollment denial cases). CRD exceeded these Measures in FY 2018. The target for the Measures will remain the same in FY 2019 and FY 2020, but CRD may be unable to meet that target in FY 2019 given the increased caseload and the lack of additional staff. With additional staff, CRD will be better positioned to meet the target in FY 2020.

Measure 1.4.1 tracks cases closed as a percentage of all cases open during the fiscal year. CRD exceeded its FY 2018 target by closing 82 percent of open cases. CRD closed 64 percent of non-FDA cases and 90 percent of FDA cases. The FY 2019 and FY 2020 targets remain unchanged because non-FDA cases are more complex, resulting in longer adjudication times, and because CRD projects the same number of receipts of FDA CMPs and NTSOs. CRD expects to meet Measure 1.4.1 in both of those years, but will be challenged to do so if it receives a significant increase in the number of cases.

Medicare Operations Division

Measure 1.6.1 tracks how long it takes to close a case after MOD receives the claim file. However, MOD does not request the claim file until staff is available to work on the case. Therefore, the measure only reflects how long it takes MOD to close a case after the claim file for the case is received, not how long it takes from the date MOD receives the request for review to the date the Council issues a final decision. The larger the backlog, the longer it takes for MOD staff to be available to work on a new case and the longer the overall time for HHS to resolve Medicare claims. While the focus on closing high priority cases,

including Part C and D pre-service cases and beneficiary appeals, is designed to reduce the average time it takes to close a case, this effort is negated in FY 2019 by the consistent rate of growth of the Medicare appeals backlog. New staff, as well as the proposed legislative change in the standard of review, will improve the DAB's ability to address that trend in FY 2020.

Measure 1.7.1 tracks case closures, which are directly proportional to staffing. Case closures will decrease in FY 2019 because of staff departures and an inability to backfill those positions as a result of flat funding and increased operational expenses in FY 2019. Case closures will increase in FY 2020 due to an increase in staff.

Alternative Dispute Resolution (ADR) Division

In FY 2018, ADR met Measure 1.5.1 (number of conflict resolution seminars offered to HHS employees) and exceeded Measure 1.5.2 (case receipts).

For FY 2019 and FY 2020, ADR will need to decrease its target for Measure 1.5.2 from 110 to 100. This decrease is due to a new ADR initiative that will require staff to give considerable focus to recruiting and training a group of collateral duty mediators from HHS. These efforts are important because ADR lost one experienced ADR attorney position in FY 2018. To make up for that loss and more, the collateral duty mediator pool will increase internal capacity for handling conflicts arising at HHS. ADR anticipates meeting its targets for Measures 1.5.1 and 1.5.2 in FY 2019 and FY 2020 by continuing to leverage resources through technology, including developing e-filing and adding IT enhancements for scheduling mediations, and by employing unpaid legal interns to provide support to the Federal Sharing Neutrals Program and to caseload management efforts.

OFFICE OF GLOBAL AFFAIRS

Budget Summary

(Dollars in Thousands)

Office of Global Affairs	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	6,026	6,026	6,026	-
FTE	20	20	20	-

Authorizing Legislation……Title III of the PHS Act
FY 2020 Authorization……Indefinite
Allocation Method……Direct Federal

Program Description and Accomplishments

The Office of Global Affairs (OGA) promotes and protects the health of US citizens, and works to improve global health and safety. It does so by advancing HHS's global strategies and partnerships, and by working with HHS divisions and other US Government (USG) agencies in the coordination of global health policy and international engagement. OGA develops policy recommendations and provides staff support to the Secretary and other HHS leaders on global health and social services issues. OGA coordinates these matters within HHS, across the government, and at multilateral institutions working on major crosscutting global health initiatives.

OGA provides global health expertise on a range of policy issues, and identifies and uses capacities present in HHS to address needs and opportunities overseas, while providing knowledge and analysis of international developments for the benefit of the Secretary and HHS as a whole. Priority areas include global health security, antimicrobial resistance, infectious disease preparedness and response, multilateral and bilateral diplomacy and negotiations, international HIV/AIDS control through the President's Emergency Plan for AIDS Relief (PEPFAR), health aspects of trade interests, polio eradication, increasing access to safe and effective medicines, and reducing barriers to care.

HHS has a range of relationships with other USG departments as well as more than 190 national Ministries of Health. Multilateral partners include the World Health Organization (WHO); the Pan American Health Organization (PAHO) and other regional offices of the WHO; the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); the UN Joint Program on HIV/AIDS (UNAIDS); the Organization for Economic Cooperation and Development (OECD); and the GAVI Alliance.

Significant accomplishments include:

- Led the U.S. Government delegation to the annual World Health Assembly, where important commitments were made regarding global health security and preparedness for infectious disease threats, and where the U.S. emphasized the importance of constructive collaboration with stakeholders, including the private sector, to address communicable and non-communicable diseases and health systems strengthening.
- Successfully negotiated a resolution on the International Health Regulations (IHR) on behalf of the U.S. Government, resulting in the approval of the IHR Global Strategic Plan, which includes the Joint External Evaluation, a voluntary, multi-sectoral tool to evaluate country capacity to prevent, detect, and respond to infectious disease threats.
- Led an international working group to further the President's and the Secretary's priorities for the Global Health Security Agenda (GHSA), resulting in development and successful international

launch of the next five-year phase of GHSA – GHSA 2024 – and its guiding framework.
- Supported the response to the 2018 Ebola outbreaks in the Democratic Republic of Congo through bilateral diplomacy and engagement with WHO on its global response.
- Realigned the activities of the US-Mexico Border Health Commission to advance the Global Health Security Agenda (GHSA) and Anti-Microbial Resistance (AMR) objectives through projects on the Border.
- Represented HHS equities in the successful renegotiation of the United States-Mexico-Canada Agreement (USMCA), including the strengthening of requirements for science-based and transparent policies, as well as increased protections for pharmaceutical innovations.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$6,026,000
FY 2017	$6,026,000
FY 2018	$6,026,000
FY 2019	$6,026,000
FY 2020 Request	$6,026,000

Budget Request

The FY 2020 request is $6,026,000, which is flat with FY 2019 Enacted. At this level, OGA will continue efforts to ensure the health and well-being of Americans, and to improve health and safety across the globe, through leadership and collaboration with multilateral organizations including the World Health Organization, the Group of Seven (G7) and the Group of Twenty (G20), the Food and Agriculture Organization, and the Organization for Animal Health, among others, and through efforts to coordinate government policy and programs for HHS through political and diplomatic channels. OGA will continue to coordinate and facilitate the involvement of OPDIVs and STAFFDIVs with these entities. OGA will maintain a leadership role on Global Health Security Agenda coordination for the US Government, and focus efforts on political, diplomatic, and coordination issues.

OGA will champion efforts to prevent, detect, and control illness and death related to infections caused by antibiotic-resistant bacteria. It will coordinate with government and international partners to implement measures to mitigate the emergence and spread of antibiotic resistance and ensure the continued availability of therapeutics for the treatment of bacterial infections. OGA will lead the Department's negotiations on issues where trade and health intersect, ensuring that the Secretary's directives are carried out, and representing HHS equities in health and trade settings where these issues arise.

In South Africa, Brazil, China, India, Switzerland, and Mexico, OGA health attachés will continue to represent HHS as they work with other government agencies, NGOs, and industry on research, regulation, information sharing, and multilateral issues – important to pandemic preparedness, safety of products, intellectual property and clinical trials, among many other objectives.

OGA will continue its oversight of the Border Health Commission's work, in partnership with Mexican counterparts, to identify critical health problems affecting states along the United States' southern border with Mexico, and identify opportunities for collaboration to address these problems.

Office of Global Affairs - Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.1 USMBHC development and implementation of strategies that are directly related to HHS and/or Secretary's priorities	Retired	N/A	N/A	-
1.2 The implementation of USMBHC priorities (which are linked to the Department's priorities)	Retired	N/A	N/A	-
1.3 Lead USG and international partners to promote global health security among multisectoral stakeholders	Retired	N/A	N/A	-
1.4 Coordinate with USG and international partners to enhance sustainable investments in global health security	Retired	N/A	N/A	-

Performance Analysis

Measures number 1.1 and 1.2 are being retired because there have been issues with data validity. Specifically, OGA is unable to determine whether stakeholders were counted more than once, given that data was submitted by most states per activity/event rather than overall.

Measures 1.3 and 1.4 are being retired because there is not both a qualitative and quantitative metric with which to measure success.

OFFICE OF INTERGOVERNMENTAL AND EXTERNAL AFFAIRS

Budget Summary

(Dollars in Thousands)

Office of Intergovernmental and External Affairs	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	10,625	10,625	10,625	-
FTE	51	51	61	+10

Authorizing Legislation:.....Title III of the PHS Act
FY 2020 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments

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

The IEA is composed of a headquarters team that works on policy matters within HHS Operating and Staff Divisions. In addition to the Headquarters team, IEA has ten regional offices which include the Secretary's Regional Directors, Executive Officers, Outreach Specialists and Intergovernmental Affairs Specialists responsible for public affairs, business outreach and media activities. The Regional Directors (RDs) coordinate the HHS Regional Offices in planning, development and implementation of HHS policy. The Office of Tribal Affairs, in IEA, coordinates and manages tribal and native policy issues, assists tribes in navigating through HHS programs and services, and coordinates the Secretary's policy development for Tribes and national Native organizations.

IEA is actively involved in leading the educational outreach and stakeholder engagement on the Secretary's priorities related to the Opioid Crisis, Value-Based healthcare, Health Insurance Reform and Drug Pricing. IEA efforts significantly increase the awareness and understanding of states, local, tribal and territorial governments; organizations, groups, private institutions, academia, private sector and labor unions of the various healthcare related programs and have proven to be hugely successful in improving the communication, timeliness and ultimately the relationships with stakeholders across the country.

In 2018, IEA accomplished the following:

- Planned Secretarial-level visits to hospitals, treatment centers and think tanks in Miami, New Orleans, New York City, Cleveland, Columbus and Philadelphia (the last three included the First Lady and Cleveland included the President, First Lady, Kelly Anne Conway and the Secretary).
- Supported the widespread introduction of the Drug Pricing Blueprint.
- Formulated and executed Secretary's engagement with a broad spectrum of stakeholders, particularly around the Opioid Crisis and Drug Pricing.
- Provided strategy, expert technical advice, and guidance on implications of policy options with key external stakeholders such as National Governor's Association, the National League of Cities, etc.
- Reviewed and analyzed draft regulations, media releases, and policy documents to ensure stakeholder views/concerns/are considered and report feedback to Senior HHS leadership.

- Hosted HHS announcements and subject matter briefings for stakeholders.
- Supported White House initiatives including State Days, Tribal Leaders and listening sessions.
- Helped execute on RFIs, Executive Orders, and roll outs including (but not limited to) Short Term Limited Duration Plans and Drug Pricing.
- Served as liaison in communication to stakeholders in the department's capacity to serve unaccompanied children.
- Instituted weekly coordinating meeting on CMS waivers with CMS, ASFR, ASL and ASPA.
- Kept senior management informed of trends, evolving issues, controversial, and highly sensitive issues and recommended solutions/responses.
- Supported the Partnership Center's goals, strategy, personnel, website was redirected to reflect current Administration's priorities, particularly the State Targeted Opioid Response (SOR) Grants.

Supported the Secretary's Initiatives in the following manner:

- Formulated & executed meetings to facilitate the Secretary's engagement on Healthcare reform; the Opioid crisis; Value based Transformation; Prescription drug pricing; and Regulatory reform
- Organized quarterly Secretary's Travel Advisory Committee (STAC) meetings and Indian Country travel
- Hosted tribal consultation meetings in 10 HHS Regions
- Issued RFI to removing barriers for religious and faith-based organizations to participate in HHS programs
- Responded to public health emergency declarations for hurricanes and wildfires by proactive outreach to affected Governors, Mayors, State Legislators and County Commissioners
- Hosted three faith-based/community focused webinars and a livestream event with subject matter experts and tools for addressing the opioid epidemic
- Supported the ReImagine HHS Initiative including convening Optimizing Regional Performance Initiative meetings and identifying employee engagement coordinators in Regional Offices

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$10,625,000
FY 2017	$10,625,000
FY 2018	$10,625,000
FY 2019	$10,625,000
FY 2020 Request	$10,625,000

Budget Request

The FY 2020 President's Budget request for IEA is $10,625,000 flat with FY 2019 Enacted level. At this level, IEA will continue coordination of a wide range of outreach activities, and facilitate cross-cutting initiatives.

IEA will continue mission critical activities via personnel who are knowledgeable about the complexity and sensitivity of various HHS programs including health insurance marketplace, consumer/population distinctions, governmental organizations and external organizations, to ensure successful communication and coordination of healthcare and human services policy issues and other priority initiatives of the Department, Secretary and the Administration. IEA will continue to utilize electronic

avenues to reduce travel costs, improve communication, timeliness, and relationships with stakeholders across the country.

CENTER FOR FAITH OPPORTUNITIES AND INITIATIVES

Budget Summary

(Dollars in Thousands)

Center for Faith and Opportunity Initiatives	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2019 +/- FY 2020
Budget Authority	1,299	1,299	1,299	-
FTE	3	3	7	+4

Authorizing Legislation..... Title III of the PHS Act
FY 2020 Authorization.....Indefinite
Method.....Direct Federal

Program Description and Accomplishments:

The Center for Faith and Opportunity Initiatives (The Partnership Center) is part of the Office of Intergovernmental and External Affairs (IEA) in the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). Established in 2001, the Center leads the Department's efforts to support partnerships between HHS and faith and community nonprofit organizations in health care and human services sectors in order to better serve people and communities. Executive Order 13279, dated May 3, 2018 renamed the Center for Faith-Based and Neighborhood Partnerships to the Center for Faith and Opportunity Initiatives.

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

The Center supports the Secretary's priorities and the administration by:

- Serving as an "open door" for faith and community-based partners to connect with and learn about the priorities of the Secretary and HHS;
- Building and strengthening relationships between the Center, HHS and its diverse agencies, and faith and community partners and providers;
- Educating and engaging agency and Department liaisons toward shared goals, including the full and active engagement of faith partners;
- Developing educational opportunities (e.g., webinars and learning collaboratives) that leverage HHS subject-matter expertise, as well as that of community leaders from around the country. As a result, the Center continues to grow and strengthen a constituency base of national, state, and local leaders who are implementing informed and innovative strategies to positively impact their communities;
- Providing technical assistance to HHS regional offices to strengthen their engagement of faith and community-based stakeholders; and
- Communicating key messages, resources, grant opportunities, and awards relevant to faith and community partners and providers.

In 2017-2018, the Center accomplishments include:

- 18,101 webinar registrants who proactively engaged through 11 webinars with the Partnership Center to better understand best practices related to addressing the opioid crisis, foster care, and human trafficking in their local communities.
- 3.9 million minutes of webinar viewing by attendees on HHS priorities and activities, with the average attendee committing almost an hour of their time to each webinar.
- 391 unique connections and more than 200 stakeholder meetings encouraging partnerships between HHS and external stakeholders on HHS priorities.
- Co-hosted with SAMHSA an expert panel meeting titled, "The Role of Faith-based Community as Bridge Builders to the Treatment Community for People with SMI/SED," where national experts highlighted the benefits and approaches for integrating faith-based providers and communities into the treatment and support for those with SMI/SED and their caregivers.
- Supported efforts to engage the faith-based community in assisting Unaccompanied Alien Children.
- Engaged with leaders or presented at 69 national, regional, and local conferences and community events and webinars to help educate, equip, and engage an estimated 10,000 faith and community leaders, providers, and public health officials about HHS and Partnership Center priorities and activities.
- Strengthened our external engagement by:
    - Doubling the number of key leaders who receive weekly updates to improve community health to over 800;
    - Achieved a 21.7% increase (measured year over year) in the number of Twitter® followers; and
    - Launched Facebook® and YouTube® accounts for greater online engagement.
- Advocated throughout HHS a comprehensive engagement strategy involving faith-based and community partners in relevant program and outreach efforts.

Five Year Funding Table

Fiscal Year	Amount
FY 2015	$1,299,000
FY 2016	$1,299,000
FY 2017	$1,299,000
FY 2018	$1,299,000
FY 2019	$1,299,000
FY 2020 request	$1,299,000

Budget Request

The FY 2020 President's Budget request for The Partnership Center is $1,299,000 which is flat with the FY 2019 Enacted level. At this level the Center will continue mission critical activities, onboarding new staff, and technology upgrades that will allow for more participants on webinars hosted by the Partnership Center.

OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

Office of the Assistant Secretary for Health	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	280,486	280,486	168,516	-111,970
FTE	222	222	234	+12

Agency Overview

The Office of the Assistant Secretary for Health (OASH), headed by the Assistant Secretary for Health (ASH), is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). The ASH serves as the senior advisor for public health and science to the Secretary and coordinates public health policy and programs across the Operating and Staff Divisions of HHS. OASH is charged with leadership in development of policy recommendations on population-based public health and science and coordination of public health issues and initiatives that cut across the Operating and Staff Divisions of HHS. OASH provides leadership on population-based public health and clinical preventive services, ensuring the health and well-being of all Americans. The mission of OASH is to develop and coordinate the implementation of policies, investments, and frameworks to transform the current "sick-care system" into a "health-promoting system."

In support of this mission, OASH:

- Emphasizes health maintenance, healthy behaviors, prevention, early detection, and evidence-based treatment to achieve optimal health.

- Focuses on needy populations and disparities, as well as initiatives on health issues that can function as "exemplars" for more complex future initiatives.

- Demonstrates pathways to implement OASH priorities in a value-based health care environment.

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

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

- 12 Presidential and Secretarial advisory committees.

OASH SUMMARY TABLE - DIRECT

(Dollars in Thousands)

Office	FY 2018 FTE	FY 2018 Final	FY 2019 FTE	FY 2019 Enacted	FY 2020 FTE	FY 2020 President's Budget
Immediate Office of the Assistant Secretary for Health	60	11,678	60	11,678	50	14,678
Office for Integrated Public Health Solutions	-	-	-	-	**78**	**20,842**
Office of HIV AIDS and Infectious Disease Policy	5	1,402	5	1,402	*1*	*287*
Office of Disease Prevention and Health Promotion	20	6,726	20	6,726	*23*	*6,726*
President's Council on Sports, Fitness and Nutrition	5	1,168	5	1,168	*6*	*1,168*
Office for Human Research Protections	20	6,493	20	6,493	*31*	*6,993*
National Vaccine Program Office	15	6,400	15	6,400	*17*	*5,650*
Office of Adolescent Health	4	1,442	4	1,442	-	-
Public Health Reports	1	467	1	467	-	-
Subtotal, OIPHS	**-**	**-**	**-**	**-**	**-**	**-**
Teen Pregnancy Prevention	16	101,000	16	101,000	-	-
Office of Minority Health	40	56,670	40	56,670	57	51,798
Office on Women's Health	36	32,140	36	32,140	43	27,316
Office of Research Integrity (Non-Add)	***28***	***8,558***	***28***	***8,558***	***28***	***9,414***
Minority HIV/AIDS Fund	1	53,900	1	53,900	6	53,900
Embryo Adoption Awareness Campaign	-	1,000	-	1,000	-	-
Subtotal, GDM	**223**	**280,486**	**223**	**280,486**	**234**	**168,516**
PHS Evaluation Set-Aside						
OASH	-	4,285	-	4,285	-	4,285
Teen Pregnancy Prevention Initiative	-	6,800	-	6,800	-	-
Subtotal, PHS Evaluations	**-**	**11,085**	**-**	**11,085**	**-**	**4,285**
Total Program Level	**223**	**291,571**	**223**	**291,571**	**234**	**172,801**

IMMEDIATE OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary

(Dollars in Thousands)

Immediate Office of the Assistant Secretary for Health	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	11,678	11,678	14,678	+3,000
FTE	60	60	50	-10

Authorizing Legislation……..Title III of the PHS Act
FY 2020 Authorization……Indefinite
Allocation Method……Direct Federal, contracts

Program Description and Accomplishments

The Assistant Secretary for Health (ASH) and the Immediate Office (IO) of the Assistant Secretary for Health (OASH) serve in an advisory role to the Secretary on issues of public health and science. The IO of the ASH drives the OASH mission to create a healthier nation by providing leadership and coordination across the Department in public health and science, and advice and counsel to the Secretary and Administration on various priority initiatives such as the pain management, immunization policy, disease prevention and health promotion, women's health, and emerging public health challenges related to infectious diseases.

Senior public health officials within the Immediate Office work to ensure a public health and prevention perspective is addressed in Secretarial and Presidential priorities through effective networks, coalitions, working groups, and partnerships that identify public health concerns and undertake innovative projects.

Three key priorities provide a framework for addressing public health needs:

- Emphasize health maintenance, healthy behaviors, prevention, early detection, and evidence-based treatment to achieve optimal health (Health Promotion).
- Focus on needy populations and disparities, as well as health issues that can function as "exemplars" for more complex future initiatives (Eliminating Health Disparities).
- Demonstrate pathways to implement OASH priorities in a value-based health care environment (Value Based Transformation).

Health Promotion

Over the last 100 years, people in the US have gained another 30 years of life expectancy, with 25 of those years attributable to advances made in public health. The work of the Department and the public health system has expanded in that time, moving from basic public health initiatives to a focus on core functions of assessment, policy development, and assurances, as well as responding to challenges such as newly emerging (and re-emerging) infectious diseases, behavioral health, and non-communicable diseases.

OASH is seizing the current opportunity to develop policies, novel programs, and frameworks (scientific and ethical) to reverse the decreases in life expectancy and improve the quality of life for all Americans. One example is OASH's lead role in defining best practices and opportunities for improvement in pain management. This initiative will result in improving pain management while lessening dependence on opioids. This is the first step to solving the epidemic of overdose mortality. Similarly, nearly half of all

cancers can be prevented by relatively straightforward health interventions, and over 350,000 lives can be saved annually by modest changes in diet and lifestyle. OASH will focus on these opportunities by supplying information and tools that empower individuals, communities, and health systems to emphasize health promotion and disease prevention.

In addition, the Surgeon General (SG) provides Americans with practical scientific information on how to improve their health and reduce the risk of illness and injury. Recent priorities include activities around the opioid crisis, community health and economic prosperity, and e-cigarette use among youth.

Eliminating Health Disparities
The IO of the ASH provides leadership in this area by raising awareness and improving the health care and health system experience for populations disproportionally affected by health disparities. Efforts in this area include improving cultural and linguistic competency and access to preventive services. Additionally, OASH relies on research and evaluation outcomes to further policy in adolescent health, addressing care and prevention across the life span, and using health information technology to reduce health disparities.

OASH has prioritized an initiative to substantially impact the 100,000 Americans suffering with Sickle Cell Disease. For the first time, OASH working through several offices including the Office of Minority Health, brought together all US government stakeholders, together with patient advocates, to set an agenda to significantly improve the lives of Sickle Cell Disease patients in the near term.

Value-Based Transformation
In support of the Department's priority to transform the current fee for service system into a "value based system," OASH is working in a highly collaborative fashion with other components of HHS so that the best practices for health promotion are integrated into the value-based agenda. If successful, Americans will see a dramatic increase in their heath accompanied by a reduction in overall costs. Supporting this effort will be a novel report currently being undertaken by the SG that will make a strong case for "health" being an issue key to American competitiveness and economic growth.

OASH also supports 10 regional offices, led by Regional Health Administrators (RHA) who serve as the senior federal public health official in their regions. The RHAs foster coordination and collaboration across federal departments and serve as spokespersons and extensions of OASH to ensure that HHS priorities are better incorporated at the local, state and national levels. RHAs and their teams use their regional expertise and networks to catalyze public health action and impact leading health indicators across the Nation.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$11,678,000
FY 2017	$11,678,000
FY 2018	$11,678,000
FY 2019	$11,678,000
FY 2020 Request	$14,678,000

Budget Request
The FY 2020 President's Budget request for the IO is $14,678,000 which is $3,000,000 above the FY 2019 Enacted level. At this level, OASH will maintain support for the IO of the ASH, the SG, and the region

offices. The IO will continue support for Administration and Department initiatives, including addressing the Nation's opioid epidemic and the misuse of pain medication, developing plans and disseminating information on prevention and health promotion, and re-imagining OASH efforts.

Reforming and Improving the U.S. Public Health Service Commissioned Corps

The Budget proposes to transform the United States Public Health Service Commissioned Corps into a leaner and more efficient organization that will be better prepared to respond to public health emergencies and provide vital health services. The Budget significantly reduces the number of Commissioned Corps officers working in non-mission critical positions and increases the number of officers working in mission critical positions.

The IO will also begin the planning phase to establish the Ready Reserve of the United States Public Health Service Commissioned Corps. The Ready Reserve would provide surge capacity for public health emergencies, to deploy in response to a public health emergency and/or backfill critical positions left vacant during Regular Corps deployments.

Planning activities include:

- Research and development of new policies.
- Requirements gathering for IT system modifications.
- Management and infrastructure support plans.
- Training requirements gathering and curriculum development.

The Budget also includes a mandatory proposal, effective FY 2021, which shifts the Commissioned Corps retirement pay and survivors' benefits costs from the current mandatory indefinite structure to a discretionary structure and charges agencies their share of these costs on a prospective basis.

Immediate Office - Key Outputs and Outcomes Table

Long Term Objective: Health Promotion

Performance measures reflect previous administration priorities and will be updated for FY 2019 in the fall.

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
1.a: Shape policy at the local, State, national and international levels (Outcome) Measure 1: The number of communities, state and local agencies, Federal entities, NGOs or international organizations that adopt (or incorporate into programs) policies and recommendations generated or promoted by OASH through reports, committees, etc.	FY 2015:881 Target: 312 (Target Exceeded)	530	530	--
1.b: Communicate strategically (Outcome) Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: Number of regional/national workshops/conferences, community based events, consultations with professional and institutional associations; Measure 3: new, targeted educational materials/campaigns; Measure 4: media coverage of OASH-supported prevention efforts (including public affairs events).	FY 2015: 46,339,946 Target: 24,770,771 (Target Exceeded)	27,400,000	27,400,000	--
1.d: Strengthen the science base (Outcome) Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt.; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: the number of promising practices identified by research, demonstrations, evaluation, or other studies.	FY 2015: 221 Target: 68 (Target Exceeded)	80	80	--
1.e: Lead and coordinate key initiatives within and on behalf of the Department (Outcome) Measure 1: Number of prevention-oriented initiatives/entities within HHS, across Federal agencies, and with private agencies, and with private organizations that are convened, chaired, or staffed by OASH;	FY 2015: 326 Target: 120 (Target Exceeded)	220	220	--

Long Term Objective: Eliminating Health Disparities

Program/Measure	Most Recent Result	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
2.a: Shape policy at the local, State, national and international levels (Outcome) Measure 1: The number of communities, NGOs, state and local agencies, or Federal entities, that adopt (or incorporate into initiatives) policies and recommendations targeting health disparities that are generated or promoted by OASH through reports, committees, etc.	FY 2015: 444 Target: 152 (Target Exceeded)	300	300	--
2.b: Communicate strategically (Outcome) Measure 1: The number of visitors to Websites and inquiries to clearinghouses; Measure 2: number of regional/national workshops/conferences or community based events; Measure 3: new, targeted educational materials/campaigns;	FY 2015: 6,146,660 Target: 1,494,114 (Target Exceeded)	2,800,000	2,800,000	--
2.d: Strengthen the science base (Outcome) Measure 1: Number of peer-reviewed texts (articles, reports, etc.) published by govt. or externally; Measure 2: number of research, demonstration, or evaluation studies completed and findings disseminated; Measure 3: number of promising practices identified in research, demonstration, evaluation, or other studies.	FY 2015: 188 Target: 39 (Target Exceeded)	50	50	--

New priority goals will be established for FY 2019-FY 2020.

Performance Analysis

The performance measures will be updated with the new OASH strategic plan to be completed no later than the first half of 2019. The performance measures that have been retained from previous years are consistent with current efforts.

Moving forward, OASH will continue progress in targeted key measures related to the implementation of both the HHS strategic plan and the new OASH strategic plan and OASH priorities. Significant investments will continue to shape policy at the state, local, and national level through OASH policies, regulations, and recommendations. Simultaneously, OASH will streamline efforts in the production of peer-reviewed texts, demonstration or evaluation findings, and public health data enhancements to optimize budget resources while continuing to build the science base.

As a part of the strategic planning process, OASH will re-evaluate targets to set ambitious and achievable performance results.

OFFICE FOR INTEGRATED PUBLIC HEALTH SOLUTIONS

Budget Summary
(Dollars in Thousands)

Office for Integrated Public Health Solutions	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	24,098	24,098	20,824	-3,274
FTE	89	89	78	-11

Authorizing Legislation.....Title III of the PHS Act
FY 2020 Authorization.....Indefinite
Allocation Method.....Direct Federal, contracts

Program Description and Accomplishments
The Office of the Assistant Secretary for Health (OASH) has consolidated several program offices into one overarching budget display line—the Office for Integrated Public Health Solutions (OIPHS). This budget display consolidation enhances the use of administrative and operating resources to most effectively manage the programs these offices manage and support Secretarial and OASH priorities. For example, reducing the incidence of HPV infection is a topic of concern shared by several OASH Offices, including NVPO, OWH, OMH, OPA, and OAH. The budget display consolidation will harness the individual strengths of each office into a more coordinated initiative to address this important issue.

The new budget display will assist in creating a shared vision, clearly articulated principles, and focused implementation - allowing OASH to act as a true Staff Division, rather than as a loose confederation of independent offices. This change will instigate joint innovative ventures among the talent and expertise of the individual offices which will result in greater efficiency, impact and success. OASH will be better able to accomplish its role of organizing initiatives related to Presidential and Secretarial priorities across the Department and throughout the federal government.

Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)
OHAIDP advises the Secretary, Assistant Secretary for Health (ASH), and other senior U.S. Department of Health and Human Services (HHS) officials on health policy and program issues related to HIV/AIDS, viral hepatitis, tick-borne diseases, and other infectious diseases of public health significance, as well as blood and tissue safety and availability in the United States. OHAIDP is responsible for coordinating, integrating, and directing HHS policies, programs, and activities related to these issues, which cut across the Department's Operating Divisions and Staff Offices that provide research, services, prevention, treatment, and education and information dissemination. OHAIDP supports these subject areas by undertaking department-wide planning, internal assessments, and policy evaluations that identify opportunities to maximize collaboration, eliminate redundancy, and enhance resource alignment to address OASH strategic priorities.

OHAIDP develops and shares policy information and analyses with HHS OPDIVs and STAFFDIVs, and ensures that senior Department officials understand the ongoing and emerging public health issues. OHAIDP is in close communication with federal and non-federal stakeholders, community leaders, service providers, and other subject-matter experts. OHAIDP maintains a high level of transparency by disseminating the latest and most accurate information about federal domestic programs, resources, and policies pertaining to HIV/AIDS and viral hepatitis on HIV.gov and HHS.gov/hepatitis.

The office oversees the Minority HIV/AIDS Fund. Minority HIV/AIDS Fund projects are targeted to transform HIV prevention, care, and treatment for communities of color by bringing federal, state, and community organizations together to design and test innovative solutions. The Minority HIV/AIDS Fund projects work to improve the efficiency, effectiveness, and impact of federal investments in HIV programs and services for racial and ethnic minorities.

OHAIDP also coordinates two national strategies, the National HIV/AIDS Strategy (NHAS) and the National Viral Hepatitis Action Plan (Action Plan). In 2020, the NHAS and the Action Plan are set to expire. In FY 2019, OHAIDP is leading the effort to update both strategies to reflect scientific and clinical advances in prevention, care and treatment, and new challenges that have emerged (most notably the opioid crisis). Additionally, OHAIDP is leading the federal effort to establish the first National Sexually Transmitted Disease (STD) Strategy to help curb the rapid growth of these diseases and improve the health outcomes of people living with an STD.

OHAIDP manages three federal advisory committees:

- **Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA)** – provides advice and recommendations to the Secretary on issues pertaining to blood and tissue safety and availability, as well as infectious disease concerns related to organ transplantation. Throughout FY2019, members will focus on revising the PHS Guidelines for Reducing HIV, HBV, and HCV in Organ Transplantation.

- **Presidential Advisory Council on HIV/AIDS (PACHA)** – provides advice, information, and recommendations to the Secretary regarding programs, policies, and research to promote effective treatment, prevention and cure of HIV disease and AIDS, including considering common co-morbidities. Throughout FY 2019, the ASH will request PACHA members to advise on the development and implementation of the Ending HIV Epidemic Initiative.

- **Tick-Borne Disease Working Group (Working Group)** – provides advice and recommendations to the Secretary on how to improve the federal response to addressing tick-borne diseases; coordinates among federal agencies, researchers, health care providers, and patient organizations to identify gaps in federal activities and research priorities; and helps ensure interagency coordination and minimize overlap.

<u>HIV/AIDS</u>
Following the release of the NHAS in 2010 and the updated NHAS in 2015, OHAIDP was delegated the responsibility for coordinating implementation of the NHAS across HHS and other federal departments. Since 2017, OHAIDP has been leading ongoing efforts of the NHAS Federal Interagency Workgroup (FIW) to implement the Strategy. These efforts have focused on scaling-up efficient and effective efforts across the federal government to prevent new HIV infections, improve the health of people living with HIV, and reduce HIV-related disparities. Further, OHAIDP continues to support the monitoring and reporting of the NHAS by developing, in collaboration with the FIW and the Federal HIV Web Council, the annual NHAS Progress Report.

OHAIDP's efforts to improve coordination of HIV/AIDS programs across HHS include hosting regular meetings of senior HIV/AIDS leadership to discuss HIV/AIDS-related activities, communications and policies; reviewing all HIV/AIDS funding opportunity announcements for consistency with the goals/strategies of the NHAS; and convening technical consultations on strategic issues related to NHAS

implementation. Throughout FY 2018, OHAIDP continued to lead a cross-HHS effort to review evidence on the prevention benefit of HIV treatment and viral suppression, which resulted in the development of treatment as prevention (TasP) consensus language. In FY 2020, OHAIDP will continue to identify barriers and strategies for scaling up HIV pre-exposure prophylaxis (PrEP) among those at greatest risk for HIV infection through a federal PrEP inventory and gap analysis.

OHAIDP is responsible for overseeing and monitoring activities supported by the MAI. In FY 2018, 27 projects were supported that promote innovation, collaboration, and systems transformation across HHS to strengthen HIV prevention, care, and treatment among racial and ethnic minorities.

Key FY 2018 projects included:

- *THRIVE,* a four year collaboration between OHAIDP and CDC, invested approximately $50 million to support innovative comprehensive models of HIV prevention and care for men who have sex with men (MSM) of color.

- A molecular surveillance and data-to-care project for Hispanic/Latino MSM to envelop those networks in a combination of high-impact public health prevention efforts such as the use of PrEP.

- HIV.gov, the federal government's leading source of information about HIV prevention and care, is visited by more than 865,000 visitors each month.

- A network of regional health advisors working in ten public health service regions to promote HIV prevention and the continuum of care, access to comprehensive PrEP services for high-risk racial and ethnic minorities, and the Viral Hepatitis Action Plan.

- A three-year project, which leverages existing community health workers to link and retain racial and ethnic minorities living with HIV to HIV medical care so that they can access antiretroviral treatment to improve health outcomes and reduce the risk of HIV transmission to others.

- A three year demonstration project to diagnose and cure hepatitis C virus (HCV) infection in Ryan White clinics servicing large numbers of racial and ethnic minorities living with HIV.

- A one year pilot project to build the capacity of community-based programs to focus on opioid and HIV prevention efforts among young adults aged 18-24 using a peer navigator approach to link participants to coordinated medical care and prevention and social services.

In anticipation of the Ending HIV Epidemic Initiative and at the direction of OASH leadership, FY 2019 is a transition year for the Minority HIV/AIDS Fund. At the foundational level, the intent and purpose of the Minority HIV/AIDS Fund will remain the same: improving HIV prevention, care, and treatment for racial and ethnic minorities through innovation, systems change, and strategic partnerships and collaboration. In executing this mission, OASH leadership has set clear expectations: new projects will only be approved and funded if they are specifically tailored, consistent with the Initiative, for maximal and immediate impact at reducing HIV among minorities.

Several projects ended in FY 2018, freeing up a significant portion of funding for new projects in FY 2019. OASH leadership intends for this new funding to jumpstart the Initiative, especially in hard-to-reach communities that are critical to its success. It is expected that new projects will include significant

outreach and program assistance for community and faith-based organizations that serve patients and those at-risk of infection. These projects may be handled at the regional level, allowing the flexibility to tailor the approach based on the targeted community.

Minority HIV/AIDS funding will be used to innovate and fundamentally change the systems of HIV prevention and care in those communities most at need. Racial and ethnic minorities continue to bear the greatest burden of the severe and ongoing HIV epidemic. Almost 3 out of 4 of the 40,000 new HIV diagnoses annually are among racial and ethnic minorities. At current rates, 1 in 2 black gay and bisexual men, 1 in 4 Hispanic gay and bisexual men, and 1 in 48 black women will receive a HIV diagnosis during their lifetimes. Only 54% of racial and ethnic minorities living with HIV have a suppressed viral load. Of all PrEP users in 2016, blacks represented only 7.8% of users, and Hispanics only 8.6%. 50% of those newly diagnosed with HIV reside in the Deep South, and the Minority HIV/AIDS Fund is critical to reaching these Americans.

Funds will also be utilized to continue critical work with American Indians and Alaska Natives (AI/ANs). IHS projects funded through the Minority HIV/AIDS Fund program have dramatically expanded HIV testing and improved prevention, care, and treatment outcomes among AI/ANs. Between 2006 to 2016, prenatal screening increased by 67%; between 2012 and 2016, HIV screening increased by 63% for 13-64 year olds and 450% for baby boomers.

As a program, HIV.gov continued to build its reach through partnerships, the Federal HIV Web Council, the website, and its communication channels, and to foster innovation and collaboration. In 2017, there were 6.35 million sessions; on average, users spent 1:30 minutes per session. In 2018, HIV.gov worked to broaden the reach of its communication channels to reach those audiences living with, or at greatest risk, for HIV. Additionally, HIV.gov worked with federal HIV programs and agencies to enhance the delivery of more integrated and coordinated HIV messages developed by OHAIDP in consultation with federal partners.

Building on its successful partnership with Snapchat for World AIDS Day 2017, HIV.gov worked with Google in 2018 to refine and enhance the main graphic and remove inaccurate information for users when searching for HIV/AIDS. This partnership resulted in providing Google search users more current and accurate information about HIV prevention and treatment and an updated graphic image when users searched for the term “HIV”. As part of its ongoing effort to use emerging technologies to reach target audiences, HIV.gov created a chatbot to inform subscribers of the latest information coming out of the International AIDS Conference. HIV.gov also convened a planning group to foster collaboration and coordination among federal agencies attending the Conference—the world’s largest conference on HIV/AIDS. In partnership with the Office on Women’s Health, HIV.gov continued to develop Positive Spin Women, a digital storytelling project that follows the lives of several HIV-positive women from diagnosis to viral suppression.

Viral Hepatitis

OHAIDP has the lead role in coordinating national efforts and informing policies to prevent, diagnose, and treat viral hepatitis in the United States. The office leads and convenes the Viral Hepatitis Implementation Group, which is comprised of representatives from more than 20 federal agencies and offices spanning HHS, Housing and Urban Development, Justice, and Veterans Affairs. OHAIDP efforts include:

- Leading the Group in developing and implementing the National Viral Hepatitis Action Plan, 2017 – 2020, which is a framework for strengthening the national response to viral hepatitis B and C and could put the U.S. on a path to elimination of viral hepatitis. It details four ambitious goals and recommended actions as well as 17 indicators that will be used to track progress and improve transparency and accountability.

- Convening a Hepatitis C Medicaid Affinity Group in collaboration with federal partners (CDC, CMS, HRSA, OMH, and SAMHSA) and state Medicaid programs in nine states (IN, KY, LA, MA, MD, NY, VT, WA, and WI). This groups aims to increase the number and percentage of Medicaid patients diagnosed with hepatitis C that are successfully treated and cured by identifying state-led solutions and sharing promising strategies from states to encourage continuous quality improvement among participating states. Because of the high burden of disease among people in jails and prisons, the 2019 cohort of participating states will have a focus on Medicaid enrollees who have been incarcerated and are re-entering communities. Additionally, there will be a focus on assessing treatment.

- Leading efforts to identify and increase awareness of the infectious disease consequences of the opioid crisis and developing effective strategies and partnerships to address this threat.

- Providing technical consultation within and outside of HHS on viral hepatitis prevention and treatment.

- Developing and managing the viral hepatitis website at HHS.gov/hepatitis and supporting complementary efforts of partners outside of the federal government, including states, counties, cities, professional and advocacy organizations, and academic, health systems, and industry leaders.

Blood and Tissue Policy

OHAIDP provides Department-wide coordination of public health efforts related to blood and tissue products and infectious disease concerns for organ transplantation. OHAIDP's blood and tissue portfolio is funded through a joint funding agreement with multiple HHS agencies (CDC, FDA, HRSA, NIH, and CMS). OHAIDP convenes the HHS Blood Organ and Tissue Senior Executive Council (BOTSEC), which the ASH chairs. BOTSEC is a cross-departmental executive board constituted with director-level representatives from CDC, FDA, NIH, CMS, HRSA, ASPR, and ASPE. OHAIDP leads the HHS Advisory Committee on Blood & Tissue Safety & Availability (ACBTSA), a FACA committee. Through OHAIDP, OASH has the Department-level, Mission Essential Functions responsibility for coordinating the government's interests in the U.S. blood supply during public health emergencies.

In the aftermath of the 2016 Zika Virus public health emergency and the Department's first-ever provision of blood products to a U.S. state or territory, leaders of the U.S. blood industry cautioned HHS that such emergency response is no longer reliable due to an ongoing financial crisis and protracted reduction in blood manufacturing capacity. Most blood collection centers are operating on the financial edge of solvency and this creates an enterprise risk to the blood supply system. Financial instability could lead to shortages across regions and could result in localized shortages and cancellations of elective surgeries. Moreover, shortages of blood will reduce the national ability to respond to disasters and mass casualty scenarios because medical-surging hospitals and trauma centers require available blood products to remain operational. In FY 2019, OHAIDP plans to develop a strategic initiative to

establish a vendor-managed, cold-chain, Strategic National Stockpile (SNS) for blood products to mitigate these ongoing challenges.

OHAIDP is leading the development of industry "stress test" efforts, similar to the Security and Exchange Commission's (SEC) bank stress tests, partnering with FDA and ASPR/BARDA to address the financial crisis threatening the sustainability of the U.S. Blood System. The office is responsible for coordinating cross-governmental and cross-sector efforts to collect vital blood industry data in order to model various "break-point" scenarios requiring mitigation planning and related response measures in order to ensure hospitals have required blood on their shelves for medical surge capacity.

Additionally, OHAIDP is coordinating the development of an emergency disaster plan with the American Association of Tissue Banks Emergency Preparedness Task Force with input from key HHS OpDivs and StaffDivs and the American Burn Association. Tissue products provide needed wound coverage for patients with thermal and chemical burns. OHAIDP is developing a strategic partnership with Facebook on a project related to voluntary blood donation. The office is providing their expertise as to how Facebook might empower people who want to donate blood by surfacing opportunities to donate and to help blood banks fulfill their blood needs and contribute to a sustainable supply of blood.

Tick-Borne Disease

OHAIDP leads and coordinates the Tick-Borne Disease Working Group (TBDWG), an HHS advisory committee, established pursuant to direction by Congress in the 21st Century Cures Act to help address the growing public health threat posed by ticks. The Working Group is tasked with submitting a biennial report (2018-2022) to the HHS Secretary and Congress on the federal response to tick-borne diseases. In FY 2018, the office lead the following TBDWG activities:

- Six subcommittees – comprising 67 stakeholders with a broad range of expertise and perspectives – were formed to examine relevant aspects of diagnosing, treating, and preventing tick-borne diseases. Each subcommittee developed a report to the Working Group describing current efforts, gaps in research, and potential actions to address identified priorities.

- Received and considered nearly 1,000 public comments on issues related to its charge.
- An inventory survey was conducted to gather information on HHS, DoD and VA activities that address tick-borne diseases.

The Working Group convened seven full council meetings. At its July 2018 meeting, the Working Group voted on and unanimously supported a report outlining their findings and recommendations pertaining to ticks and tick-borne diseases. The report describes an integrated, multipronged approach to the growing public health challenges posed by tick-borne diseases in the U.S. It is structured according to the priority areas identified by the Working Group (epidemiology and ecology; prevention; diagnosis; treatment; access to care and patient outcomes) and presents the main challenges, key issues, and recommendations specific to these broad topics. The report also describes a potential path forward to further investigate U.S. issues surrounding tick-borne diseases. The next report will be submitted by December 2020.

Office of Disease Prevention and Health Promotion (ODPHP)

ODPHP provides leadership for a healthier America by initiating, coordinating, and supporting, disease prevention, health promotion, and healthcare quality activities, programs, policies, and information through collaboration with HHS and other federal agencies.

Healthy People

ODPHP meets its Congressional mandate to establish health goals for the Nation by leading the development and implementation of *Healthy People*. *Healthy People* provides science-based, ten-year national objectives for improving the health of all Americans at all stages of life, underpins HHS priorities and strategic initiatives, and provides a framework for prevention and wellness programs for a diverse array of federal and non-federal stakeholders. In addition, many state and local health departments draw on *Healthy People* to develop their own health plans. The fourth iteration of the *Healthy People* objectives was released in 2010, as *Healthy People 2020*.

In FY 2019, ODPHP continued to improve and expand the reach of its award winning *Healthy People 2020* website (http://www.HealthyPeople.gov), which makes *Healthy People 2020* information widely available and easily accessible. It also continued collaboration with the National Center for Health Statistics (NCHS) and other partners in updating a user-centered, web-based resource that expands the usefulness of the objectives' data. This innovative web tool gives users a platform from which to learn, collaborate, plan, and implement objectives. Partnering with NCHS and the HHS Office of Minority Health, ODPHP increased accessibility and uptake of a disparities tool that allows users to easily see where disparities exist among population groups, and target their resources accordingly.

In FY 2019, the office continued a series of public webinar-based progress reviews of the *Healthy People* 2020 Leading Health Indicators (a subset of *Healthy People* objectives representing high-priority health issues), which allowed the Office of the Assistant Secretary for Health, in collaboration with the NCHS, the federal agencies that manage specific objectives, and community-based organizations, to demonstrate progress toward achieving the ten-year targets and identify areas needing additional work. On average, nearly 1,000 sites registered to attend each webinar.

ODPHP continues the development of Healthy People 2030, in FY 2019, which is expected to be released in 2020. Based on user feedback, reduce by at least half the number of objectives for *Healthy People* 2030 to produce a more streamlined and prioritized set of objectives.

Dietary Guidelines for Americans

ODPHP coordinates, on behalf of HHS, the development, review, and promotion of the recommendations of the *Dietary Guidelines for Americans* (DGA) as required by Congress (P.L. 101-445). Published jointly every five years by HHS and the Department of Agriculture (USDA), the DGA is the basis of federal nutrition policy, programs, standards, and education for the general public. It also serves as the basis of the nutrition and food safety objectives in Healthy People 2020.

The process to develop the ninth edition began in FY 2017, with much of the costs borne by USDA, the administrative lead for this next edition. The Departments' approach to the next edition will focus on life stages, including a new focus on women during pregnancy and infants and toddlers from birth to 24 months, and a continued focus on eating patterns. Public and agency comments were obtained on the topics and scientific questions to inform the review of evidence supporting the development of the 2020-2025 Dietary Guidelines. The Departments added this step to promote a deliberate and transparent process, respond to feedback on the Dietary Guidelines development process, identify

expertise needed on the Committee, and ensure the advice provided by the Committee addresses Federal nutrition policy and program needs. The 2020 Dietary Guidelines Advisory Committee will begin its work in FY 2019, to review the scientific literature on a finalized list of topics and questions. Its work will conclude in FY 2020, with submission of a scientific report to the Secretaries with recommendations for the development of the 2020-2025 Dietary Guidelines.

Physical Activity Guidelines for Americans

In collaboration with the President's Council on Fitness, Sports, and Nutrition, NIH and CDC, ODPHP led the Department's development and release of the first federal *Physical Activity Guidelines for Americans* (PAG) in 2008, a set of evidence-based recommendations for physical activity for individuals six years and older to improve health and reduce disease. The PAG served as the primary basis for physical activity recommendations of the 2010 and 2015 DGA, and the physical activity objectives in Healthy People 2020.

In FY 2016, a Physical Activity Guidelines Advisory Committee (PAGAC) was established to provide the scientific basis for the development of the next iteration of the PAG. ODPHP convened five meetings of the PAGAC in FY 2016, FY 2017, and FY 2018. The PAGAC's report of recommendations was submitted to the Secretary in February 2018. The 2018 PAG was released by the Assistant Secretary for Health in November 2018.

healthfinder.gov

ODPHP fulfills its congressional mandate to provide reliable prevention and wellness information to the public primarily with healthfinder.gov. Since 1997, healthfinder.gov has been a key resource for finding the best governmental and non-profit online health information. The healthfinder.gov website provides over 100 featured topics and tools that use everyday language and examples to explain how taking small steps to improve health can lead to big benefits. The website also includes the myhealthfinder tool, developed in a joint effort with Agency on Health Research Quality, to provide personalized recommendations for clinical preventive services.

In FY 2018, healthfinder.gov continued to extend the reach of actionable prevention information by disseminating content via the website, Facebook and Twitter, email newsletters, widgets, and an Application Programming Interface (API). In addition, healthfinder.gov partnered with the HHS Syndication Storefront to bolster its content syndication efforts to help meeting the HHS mission to distribute up-to-date, accurate, and timely health information to ODPHP's partners and the general public. The healthfinder.gov team is conducting formative research expanding upon the concept of the existing myhealthfinder tool, and has developed a prototype of an interactive tool that not only personalizes clinical preventive services, but also tailors health information based on consumer goals and preferences. The goal of the new myhealthfinder tool is to empower consumers by providing them with actionable wellness and preventive services information that improves self-care at home and supports shared decision-making processes with their doctor.

In a randomized control myhealthfinder outcomes research project, the healthfinder team has partnered with one of the members of the US Preventive Services Task Force and his physician research network to explore the impact of prescribing myhealthfinder prior to a wellness visit. ODPHP hypothesize that intervention patients will have greater uptake of Clinical Preventive Services (CPS), report improved clinician communication, and have greater knowledge about recommended CPS than control patients. These results will inform how best to integrate myhealthfinder into primary care settings to help improve preventive care shared decision making and outcomes for patients and their provider teams.

Health Literacy

ODPHP continues to play a leadership role in improving health literacy. Starting in FY 2017, the HHS Health Literacy Workgroup launched its second Biennial Health Literacy Action Plan. Each agency in the workgroup began collecting sample health communication products which they are evaluating, using one of two HHS-developed health communication evaluation tools. All evaluations were completed and reported in 2018. In addition to the Biennial Action Plan reporting, the Workgroup launched a speaker series. Invited guests from various non-government and international organizations joined our meetings to discuss their interests and health literacy related work. Members served as subject matter experts in developing Healthy People 2030 health literacy objectives. Also in FY 2018, AHRQ replaced FDA as co-lead, along with ODPHP, of the workgroup.

President's Council on Sports, Fitness, and Nutrition (PCSFN)

On February 27, 2018, President Trump issued Executive Order (EO) 13824, "President's Council on Sports, Fitness, and Nutrition." The EO renamed and reestablished the PCSFN and detailed the Administration's aim to expand and encourage youth sports participation. The Council is a federal advisory committee of up to 30 volunteer citizens who serve at the discretion of the President.

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

Programmatic activities include:

- The National Youth Sports Strategy
- I Can Do It!

National Youth Sports Strategy

Executive Order 13824 directs the Secretary of HHS through PCSFN to develop a national strategy to expand children's participation in youth sports, encourage regular physical activity, including active play, and promote good nutrition for all Americans. The Strategy is expected to be released at the end of FY 2019.

The National Youth Sports Strategy will

- Increase awareness of the benefits of participation in sports and regular physical activity, as well as the importance of good nutrition;
- Promote private and public sector strategies to increase participation in sports, encourage regular physical activity, and improve nutrition;
- Develop metrics that gauge youth sports participation and physical activity to inform efforts that will improve participation in sports and regular physical activity among young Americans; and
- Establish a national and local strategy to recruit volunteers who will encourage and support youth participation in sports and regular physical activity, through coaching, mentoring, teaching, or administering athletic and nutritional programs.

I Can Do It!

I Can Do It! (ICDI) is expected to transfer to the Administration for Community Living (ACL) in early 2019 due to the Council's new focus on developing the National Youth Sports Strategy. Given ACL's expertise in administering programs and initiatives for individuals with a disability, they are uniquely positioned to advance the goals and objectives of ICDI.

ICDI is a customizable health promotion model aimed at transforming the lives of individuals with a disability. In 2013, the Council adopted the model from NIH. Through ICDI, mentors and mentees with a disability meet weekly to set health-related goals, get active and learn about good nutrition. ICDI can be implemented in a variety of settings, including K-12 schools and school districts; colleges/universities; and community-based organizations.

In 2018, ICDI was redesigned and relaunched with a suite of new tools and resources specifically created for mentors, mentees, and site coordinators to support the implementation of the model in their setting.

Office for Human Research Protections (OHRP)

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

OHRP provides clarification and guidance, develops educational programs and materials, maintains regulatory oversight through compliance activities, provides advice on ethical and regulatory issues in biomedical and behavioral research, and administers assurance of compliance and Institutional Review Board (IRB) registration programs. The office also supports the Secretary's Advisory Committee on Human Research Protections (SACHRP), which advises the HHS Secretary on issues related to protecting human subjects in research. SACHRP replaced NHRPAC on January 3, 2003 with similar responsibilities. OHRP has oversight over an estimated 13,000 institutions in the United States and worldwide that conduct HHS-supported non-exempt human subjects research (Authorizing Legislation Sections 491 and 492A of the Public Health Service Act).

- Policy and Guidance Development – OHRP's Division of Policy and Assurances (DPA) develops policy and guidance documents related to HHS regulations for the protection of human subjects (45 CFR Part 46). These documents address topics that the research community has indicated warrant additional clarification, an alternative regulatory interpretation, or regulatory change. The key goal of the policy and guidance documents are to help ensure that human research subjects are appropriately protected from harm, and to reduce unnecessary regulatory burden. Critical to meeting these goals is an active partnership with the Food and Drug Administration (FDA), the HHS agencies that conduct or support human subject research, and the other federal departments and agencies that have adopted the Common Rule. As of January FY 2019, DPA had issued during FY 2019 one draft guidance document related to the revised Common Rule.

- OHRP's Division of Education and Development (DED) conducts outreach events and works with institutions around the United States to co-sponsor conferences and workshops to educate and support IRB members and administrators, investigators, institutional officials, and others, in their

efforts to protect human subjects in research. The OHRP Research Community Forum (RCF) is the flagship DED education and outreach activity. RCFs are collaboratively planned events that typically have a one-day workshop focused on applying the HHS regulations followed by a one-day conference with keynote, plenary, and break-out sessions around one or more themes related to research and human subjects protections. DED sponsors two to three RCFs a year. DED also accepts between three to six institutional requests a year to support full or half-day Educational Workshops. Furthermore, DED develops online educational materials including videos, webinars and infographics, for both the general public to educate them about research participation, and the research community to educate them about regulatory protections of human research subjects. In FY 2020, OHRP plans to sponsor two RCFs, co-host up to six one-day educational workshops, host one exploratory workshop, and speak at numerous events, successfully reaching over 7,000 participants. In addition, OHRP plans to conduct webcast presentations to various groups in the regulated community as needed. OHRP plans to post at least five new educational videos in FY 2020. So far in FY 2019, OHRP has conducted 2 OHRP-sponsored full day educational workshops, one with the NIH in San Francisco, CA, another with Regional Health of Rapid City, SD; provided staff to speak at five different events, including the Fellowship Course on Comparative Effectiveness Research hosted by the Association of Health Care Journalists, the NIH Regional Seminar, the conference on Healthcare in the Era of Big Data: Opportunities and Challenges hosted by the New York Academy of Sciences at New York University, NY, Human Subjects Training on Informed Consent conducted by the New York University Langone, NY, and the annual conference of the Public Responsibility in Medicine and Research (PRIM&R), together reaching over 3,000 attendees. Finally, session summaries for OHRP's first Exploratory Workshop "Meeting New Challenges in Informed Consent in Clinical Research" were posted on the workshop website.

- OHRP's Division of Compliance Oversight (DCO) reviews allegations of noncompliance involving human subject research projects conducted or supported by HHS or that are otherwise subject to the regulations, and determines whether to conduct compliance investigations. As of January 2019, DCO had during FY 2019 received and evaluated 91 allegations of non-compliance.

- For-Cause Compliance Evaluations – DCO conducts inquiries and investigations into alleged noncompliance with HHS regulations for the protection of human subjects. These activities include conducting compliance inquiries, investigations, and preparing investigative reports, making determinations of noncompliance when appropriate, and requiring or recommending remedial or corrective action plans, as necessary. These investigations may be conducted on-site as well.

- Not-for-Cause Compliance Site Visits - DCO conducts a program of not-for-cause surveillance evaluations of institutions. These evaluations, when conducted on site by several OHRP staff and expert consultants, involve an extensive review of IRB records and resources, review of a sample of IRB-approved protocols, and interviews with institutional officials, IRB administrators or human subject protections administrators, IRB members, IRB staff, and investigators. In FY 2020, DCO plans to conduct approximately four on-site evaluations.

- Incident report review and follow-up – DCO reviews incident reports submitted by institutions, and acknowledges or requests additional information from institutions, when needed. HHS regulations, at 45 CFR § 46.103(a) and (b)(5), require that institutions engaged in HHS-conducted or -supported human subjects research have written procedures, to ensure that they promptly submit, to OHRP, reports on incidents related to unanticipated problems involving risks to subjects or others, any serious or continuing noncompliance with HHS regulations or IRB determinations, or any suspension

or termination of an IRB approval. So far in FY 2019, DCO received and reviewed approximately 240 incident reports from regulated institutions.

- DCO is revising its evaluation procedures to allow for improved collaborations with institutions, research protections advocacy groups and sponsors that encounter compliance issues with research studies. This is of particular import as the regulated community will, in many instances, be required to comply with both the old and revised human research protections regulations. To improve public transparency of the operations of DCO, aggregate data on DCO activities such as the number complaints and allegations of non-compliance received regarding research studies, incidents reported by the regulated community, and the number of investigations and program evaluations conducted by DCO will be posted to OHRP's website, quarterly.

- OHRP is in the process of developing a web-based compliance tracking and electronic submission system. The division operates with two full-time subject matter experts and one Presidential Management Fellow. With limited human capital in DCO, the need for a fully deployed compliance tracking and report submission system is imperative.

- SACHRP consists of eleven members that provide expert advice and recommendations to the Secretary and the ASH on issues relating to the protection of human research subjects, with particular emphasis on special populations, such as neonates and children, prisoners and the decisionally impaired; pregnant women, embryos, and fetuses; individuals and populations in international studies; populations in which there are individually identifiable samples, data, or information; and investigator conflicts of interest. Examples of recent issues discussed include the "HIPAA Exemption," under the Revised Final Rule, "Broad Consent," under the Revised Final Rule, and single IRB review for multisite research. So far in FY 2019, SACHRP approved 5 sets of recommendations.

- Assurances of Compliance and Registering Institutional Review Boards – DPA administers the assurances of compliance with HHS protection of human subjects regulations and registrations of institutional review boards (IRB). These activities include processing more than 4,000 Federal-wide Assurances (FWA) and more than 3,000 IRB registrations each fiscal year. So far in FY 2019, DPA has processed 744 FWA approvals, and 814 IRB registrations.

- The HHS Strategic Plan highlights how HHS "works closely with…international partners to coordinate its efforts to ensure the maximum impact for the public." To this end, OHRP maintains oversight responsibility for over 3,800 institutions located outside the United States which conduct HHS-funded research. In support of this responsibility, OHRP publishes the International Compilation of Human Research Standards, coordinates a federal-wide International Working Group, serves as a resource to other federal agencies and to researchers conducting research in other countries, provides technical advice on draft international documents, and hosts international delegations.

Key Priority

In January 2017, HHS and 15 other Common Rule departments and agencies published a final revised Common Rule. The revised final rule became effective on July 19, 2018, and represents the first major change to the human subjects protection system in over 20 years. OHRP will continue to develop new guidance and educational materials for the regulated community.

OHRP supports the HHS and OASH strategic goals by contributing to the following measures:

- Increase the number of local, state, and national health policies, programs, and services that strengthen the public health infrastructure, and the number of policies in research institutions that improve the research enterprise.

- Increase the reach and impact of OASH communications related to strengthening the public health and research infrastructures.

- Increase the number of substantive commitments to strengthening the public health and research infrastructure on the part of governmental and non-governmental organizations.

- Increase knowledge about the public health and research infrastructure, including research needs, and improve data collection needed to support public health decision.

National Vaccine Program Office (NVPO)

In 1987, Congress created NVPO to provide policy leadership and coordination on vaccine and immunization-related activities among federal agencies and non-federal stakeholders (state and local government, non-governmental health groups, healthcare providers, health insurers, vaccine manufacturers and the public). This work is critical as it contributes to the control, and potential elimination, of vaccine-preventable disease. NVPO's work improves the lives of many Americans – by reducing premature deaths, preventing illnesses, hospitalizations, and the long-term consequences of these diseases, as well as curtailing lost work and school days in the United States and around the world – contributing to the nation's productivity.

One of the core functions is to advance Departmental priorities on disease prevention – in this case by promoting health and wellness through immunization and optimization of the vaccine and immunization enterprise in the United States. The office leads the coordination of federal immunization activities to ensure they are carried out in an efficient and consistent manner. NVPO works with non-federal stakeholders—domestic and international—to achieve the goals outlined in the 2010 National Vaccine Plan (NVP). This plan provides the framework—goals, objectives, and strategies—for pursuing the prevention of infectious diseases through immunizations. This strategy outlines federal government efforts towards vaccine research and development, vaccine safety, immunization coverage, supply, financing, education and communications, and global vaccine and immunization initiatives. NVPO also works with non-federal partners to develop and implement strategies for achieving the highest reasonably possible level of prevention of vaccine-preventable diseases. The office ensures coordination by taking a cross-cutting view to identify and bridge research gaps in immunization activities through various projects.

National Vaccine Advisory Committee (NVAC)

NVPO serves as Executive Secretariat for NVAC, which advises and makes vaccine-related recommendations to the ASH, in his capacity as the Director of the National Vaccine Program. Established in 1987 to comply with Title XXI of the Public Health Service Act (P.L. 99-660) (Section 2105), the Committee was chartered with four main responsibilities:

- Study and recommend ways to encourage the availability of an adequate supply of safe and effective vaccination products in the U.S.;
- Recommend research priorities and other measures that should be taken to enhance the safety and efficacy of vaccines;

- Advise the ASH on the implementation of the National Vaccine Program's (NVP's) responsibilities and the National Vaccine Plan, a coordinated, strategic framework established to achieve the vision of the NVP; and
- Identify the most important areas of government and nongovernment cooperation that should be considered in implementing the NVP's responsibilities and the National Vaccine Plan.

In FY 2018 NVPO convened two NVAC meetings, appointed a new chair and 3 new voting members, and released one NVAC report. The report focused on identifying areas that should be considered as NVPO proceeds with updating the National Vaccine Plan, which expires at the end of 2020.

Additionally, in August 2018, an NVAC report was published in Public Health Reports. The report is called "Strengthening the Effectiveness of National, State, and Local Efforts to Improve HPV Vaccination Coverage in the United States: Recommendations of the National Vaccine Advisory Committee." In the report, NVAC recommends ways to improve HPV vaccination coverage rates by focusing on four areas of activity:

- Identifying additional national partners;
- Guiding coalition-building for states;
- Engaging integrated health care delivery networks; and
- Addressing provider needs in rural areas.

Shortly after NVAC released the report, the ASH charged NVPO with assembling an internal OASH working group to assess and implement recommendations from the report moving quickly on short term recommendations while putting strategies in place to implement mid-term and long-term recommendations. The working group is comprised of representatives from NVPO, OWH, OMH, OAH, OPA, OASH Communications and other partners, as needed. A strategy was subsequently developed to implement recommendations from the NVAC report.

Encouraging Adult Immunization

Reducing vaccine-preventable diseases in adults is a national health priority. Adult vaccination coverage rates remain low for most routinely recommended vaccines, and fall well below Healthy People 2020 targets. NVPO led the development of the *National Adult Immunization Plan* (NAIP), the nation's first strategic plan focused on improving the use of vaccines by adults. The plan identifies four priority areas for program efforts and established baselines and targets for performance indicators to measure progress over time for each of these goals:

- Strengthen the Adult Immunization Infrastructure.
- Improve Access to Adult Vaccines.
- Increase Community Demand for Adult Immunizations.
- Foster Innovation in Adult Vaccine Development and Vaccination Related Technologies

In 2017, a Path to Implementation for the NAIP was released, which focuses the efforts of federal and non-federal partners in addressing the highest priority recommendations of the Plan. This plan operationalizes the NAIP, and outlines discrete activities with measurable milestones to monitor progress on improving adult immunization. The plan also includes metrics and the priorities that will focus on areas with the greatest impact on improving adult immunization, such as improving the immunization information systems that are currently in use. Building upon this framework, NVPO partnered with HHS Regional Health Administrators to co-lead and support six adult immunization action

planning events throughout the county. The action planning events catalyzed key local, state and regional stakeholders to spur implementation of practical steps toward accomplishing the NAIP goals. Based on these action plans, NVPO identified two critical funding gaps in the regional adult immunization system, and allocated funding to invest in two regions that are working actively to toward accomplishing the NAIP goals.

Since 2012, NVPO has been co-leading the National Adult and Influenza Immunization Summit (NAIIS) with CDC and the Immunization Action Coalition (IAC). This summit is dedicated to addressing and resolving adult and influenza immunization issues, and improving the use of vaccines recommended by CDC's Advisory Committee on Immunization Practices. The NAIIS consists of over 700 partners, representing more than 130 public and private organizations. NVPO supports each of the NAIIS working groups, and leads the NAIIS quality and performance measure working group with the Indian Health Service and other non-federal partners. In 2019, the group hosted a successful three day-long meeting, and planning is underway for the next meeting in 2021.

Spurring Vaccine Innovation

Vaccine research and development, as well as the implementation of effective vaccine delivery programs, has led to the eradication and elimination of several once-common serious infectious diseases. With further innovation and continued development, new and improved vaccines may have an even greater benefit to society. In the last year, NVPO has worked with partners to encourage vaccine innovation in the following ways:

21st Century Cures Act Report on Vaccine Innovation

On behalf of the HHS Secretary, NVPO led an interagency effort to coordinate the development of a congressional report on vaccine innovation and development, in compliance with the *21st Century Cures Act* mandate. This report, *Encouraging Vaccine Innovation: Promoting the Development of Vaccines that Minimize the Burden of Infectious Diseases in the 21st Century*, examines U.S. vaccine development and innovation including the current landscape, existing challenges, and drivers and levers to incentivize development.

In March 2018, the report was delivered to Congress with the summary finding that the "U.S. vaccine enterprise is well established and has been successful at bringing innovative and new and improved vaccines to the market. However, the vaccine enterprise is at a turning point as challenges to innovation have increased for remaining infectious disease targets. Currently, HHS leads concerted and targeted efforts to address many of these challenges, spur continued innovation, and improve public health."

Building upon the findings of the report and operating within its statutory authority, NVPO implemented an Unmet Needs Initiative to fund projects that address gaps in the vaccine system focused on vaccine innovation and in alignment with the National Vaccine Plan.

A total of 5 projects were funded some of which focused on key topics such as: linking overseas vaccination records of newly arrived refugees between refugee health programs and state Immunization Information System (IIS); group A streptococcal vaccine development; and overcoming waning immunity in pertussis vaccines.

Office of Adolescent Health (OAH)

OAH was established in 2010 with the Teen Pregnancy Prevention (TPP) program as its central focus. OAH convenes the Adolescent Health Working Group and supports efforts to reduce teen pregnancy and help pregnant and parenting teens become self-sufficient.

Public Health Reports (PHR)

PHR is the official, peer-reviewed scientific journal of the Office of the Surgeon General of the U.S. Public Health Service Commissioned Corps and U.S. Public Health Service. PHR is the only general public health journal in the federal government. It has been published since 1878, making it one it the oldest journals of public health in the U.S. The journal is published through an official agreement with the Association of Schools and Programs of Public Health.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$28,341,000
FY 2017	$28,341,000
FY 2018	$24,098,000
FY 2019	$24,098,000
FY 2020 Request	$20,824,000

Budget Request

The FY 2020 President's Budget request for OIPHS is $20,824,000 which is $3,300,000 below the FY 2019 Enacted level. At this level, OIPHS will support the Administration and Department initiatives to create better systems of prevention, early detection, and patient empowerment that require the coordination of activities among Federal partners to enable HHS to leverage the scientific, evaluative, or programmatic findings of one agency for replication and dissemination through other agencies and government-wide. The FY 2020 budget request does not include funds for OAH or PHR.

Office for Integrated Public Health Solutions - Key Outputs and Outcomes Table

Long Term Objective: Creating Better Systems of Prevention

Performance measures reflect previous administration priorities and will be updated for FY 2020

Program/Measure ODPHP	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
I.b Visits to ODPHP-supported websites (Output)	FY2018:11.35Million Target: 7.28 Million (Target Exceeded)	7.28 Million	10.5 Million	+3.22 Million
II.a Percentage of States that use the national disease prevention and health promotion objectives in their health planning process (Outcome)	FY 2018: 94% Target: 90% (Target Exceeded)	90%	94%	+4%

Program/Measure PCSFN	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
8.2 Number of website visits to the PAG or PAG Midcourse Report including downloads of collateral material	FY18: 414,121 Target: 400,000 (Target Exceeded)	450,000	N/A	N/A
8.3 Number of social media impressions promoting the PAG or PAG Midcourse Report (e.g., Twitter)	FY18: 106,169 Target: 1 million (Target Not Met)	1.3 million	N/A	N/A
8.4 Number of partners supporting I Can Do It!	FY18: 134 Target: 150 (Target Not Met)	155	N/A	N/A
8.5 Number of girls and/or women with a disability participating in I Can Do It! at incentivized sites	N/A	500	700	+200
8.6 Number of social media impressions resulting from the promotion of the National Youth Sports Strategy	FY18: 703,190 Target: N/A	1 million	1.2 million	+200,000
8.7 Number of visits to the youth sports and physical activity webpages on Fitness.gov	FY18: 198,135 Target: N/A	200,000	250,000	+50,000

Performance Analysis

ODPHP has a congressional mandate to provide health information to professionals and the public alike. ODPHP continues to consolidate and move a substantial amount of program activities online, enhancing the value to the public and professionals. *Healthy People*, once a paper-based initiative, is now

essentially an online resource with multiple interactive tools for tracking and implementing national health objectives (HealthyPeople.gov). The Physical Activity Guidelines for Americans has established an online community for stakeholders. Outreach for the Dietary Guidelines for Americans is primarily web-based as well. Healthfinder.gov, once a general health information portal, has been redesigned to provide prevention and wellness information. As the data reflect, ODPHP is increasing its reach and engagement with Americans and exceeding performance targets. As a result, the public and professionals have more evidence-based tools, resources, and support for their prevention and wellness activities.

ODPHP expects to continue to grow its online presence. The initiative will allow Americans to be more productive in their prevention and wellness activities by offering social media, interactive learning technologies, data visualization tools, content syndication of prevention and wellness information, and forums that have proven to increase public and professional engagement. It also allows ODPHP to continue developing user-centered information and websites based on health literacy and plain language principles, extending the reach and impact to those who are not savvy users of health information or the internet. ODPHP will continue to offer online professional training to help participants explore the challenges, successes, and processes involved in creating and sustaining healthier people and communities.

By the end of the current decade, ODPHP expects State use of *Healthy People* 2020 national disease prevention and health promotion objectives to mirror the uptake seen with the previous decades' objectives, with nearly all states drawing on *Healthy People* 2020 to inform their health planning processes. With the launch in FY 2020 of the next decade's objectives—*Healthy People* 2030—use will drop as States recalibrate their efforts to align with the national objectives.

The FY 2020 request allows ODPHP to improve the resources provided to users of *Healthy People*, provided primarily online via healthypeople.gov, and through other social media and electronic means. The online presence of *Healthy People* will provide real-time access to the latest data for the national health objectives, making demographic data collected via surveys and surveillance systems from across the Department and other agencies understandable and relevant to a larger number of users. It will also provide a relational database, integrating objectives with evidence-based practices and demographic data, which will make implementation significantly more targeted and actionable.

PCSFN new measure 8.5 replaces a previous measure 8.1, due to a collaboration with the Office on Women's Health, which addresses the need to provide more opportunities for girls and women with a disability to be active. Through the collaboration with the Office on Women's Health, PCSFN will target increased participation of girls and women with a disability at ICDI Evaluation Sites. ICDI is the only federal initiative that facilitates physical activity and sport participation, through public and private partnerships, for Americans with disabilities. The FY 2019 measure represents the baseline of the number of girls and/or women with a disability who will participate in ICDI at an Evaluation Site.

Measure 8.6 and 8.7 will track outreach and promotion outcomes of the National Youth Sports Strategy. In February 2018, President Trump issued an executive order directing the HHS Secretary through PCSFN to develop a national strategy to expand children's participation in youth sports, encourage regular physical activity, including active play, and promote good nutrition for all Americans. The FY 2019 measures will become the baseline for the number of social media impressions and webpage visits.

OFFICE OF RESEARCH INTEGRITY

Budget Summary

(Dollars in Thousands)

Office of Research Integrity *(Funded by NIH)*	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	8,558	8,558	9,414	+856
FTE	20	20	28	+8

Authorizing Legislation.....Section 493 of the PHS Act
FY 2020 Authorization.....Indefinite
Allocation Method.....Direct federal, Contracts, Grants

Program Description and Accomplishments

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

ORI's mission directly supports the Office of the Assistant Secretary for Health's national leadership on the quality of public health systems. Recipients of PHS research funds are required by ORI's 2005 regulation to foster an environment that promotes the responsible conduct of research, implement policies and procedures to respond to allegations of research misconduct, protect the health and safety of the public, and conserve public funds (42 C.F.R. Part 93).

ORI functions through two divisions. The Division of Investigative Oversight (DIO) handles allegations of research misconduct and monitors institutional research misconduct processes. The Division of Education and Integrity (DEI) manages programs to ensure that PHS-funded institutions have policies and procedures in place for handling allegations of research misconduct, provides educational resources to help institutions in promoting research integrity, and evaluates trends in research integrity lapses.

ORI leads or collaborates in cross-departmental training and oversight activities. ORI works with HHS's Office for Human Research Protections and Office of Inspector General to educate institutional officials about how to deal with misconduct that involves research misconduct, violations of human subjects' protections, and/or fraud. ORI convenes periodic meetings with representatives from other departments and agencies responsible for handling allegations of research misconduct, including the National Science Foundation, Department of Veterans Affairs, Department of the Interior, Environmental Protection Agency, and Department of Defense. As needed, ORI coordinates efforts when an allegation of research misconduct involves funds from a PHS agency and another federal agency. Most significantly, in 2019, ORI continued its relationship with the Office of Extramural Research at the National Institutes of Health, reporting case closures with concerns for inappropriate research practices that did not meet the legal threshold for misconduct findings. Having reported 10 such cases in 2018 (starting in April), ORI anticipates reporting more than a dozen such cases in 2019, strengthening HHS's ability to protect PHS funding through NIH's grants administrative functions.

When ORI makes a finding of research misconduct, it usually has taken a year or more of in-depth analysis of the strengths and weaknesses of the evidence. Analysis typically proceeds with the

assistance of the research institution's Research Integrity Officer (RIO) providing additional information, and the advice of the HHS Office of General Counsel (OGC). Research misconduct findings lead to HHS administrative actions published in the *Federal Register*. Such administrative actions may include suspension or termination of a PHS grant, special review of all requests for PHS funding, imposition of supervision requirements for all grants and contracts, no participation in any advisory capacity to the PHS (and PHS agencies), and/or suspension or debarment for a period of time ranging from one year to lifetime. The purpose of these administrative actions is to stop the misuse of PHS funds by the person found to have engaged in research misconduct, the respondent.

ORI makes a majority of its findings through a negotiated settlement between ORI and the respondent. If the respondent declines the settlement, HHS' OGC develops a charge letter notifying the respondent of the findings of research misconduct and any HHS administrative actions. The respondent has 30 days to contest the charge and request a formal hearing. If that happens, the case goes to an Administrative Law Judge (ALJ) in HHS' Departmental Appeals Board. ALJs issued decisions supporting ORI findings in three significant cases in 2018.

ORI receives allegations of research misconduct from the public and institutional officials via phone, email, and mailed documents. ORI records all allegations as accessions in an electronic case tracking database. DIO assesses entries in this database for ORI jurisdiction and timeliness under the statute of limitations. For allegations that are both credible and within ORI jurisdiction, ORI refers allegations to institutional officials for further assessment or formal inquiry. Over the past five years, ORI has handled 200-450 accessions each year, opening 25-40 cases per year in response to institutional investigation reports, and closing 20-40 cases. ORI closes cases with either findings of research misconduct or a determination that the evidence is not strong enough to pursue such findings. Currently ORI has almost 200 active accessions, including over 30 active cases.

ORI funds research grants to improve understanding of social and behavioral factors associated with research misconduct, and to develop tools to better detect research misconduct. ORI also funds grants to institutions to provide a forum for discussion and production of tangible outcomes related to at least one of several themes related to ORI's mission: (1) training on responsible conduct of research; (2) fostering an environment that promotes research integrity; (3) prevention of research misconduct; (4) handling of research misconduct allegations; (5) whistleblowing; (6) international issues in research integrity; or (7) other topics clearly linked to research integrity and compliance with 42 C.F.R. Part 93. To date, ORI grants have yielded over 200 peer-reviewed publications.

ORI's accomplishments in FY 2018 have furthered the goal of promoting research integrity.

1. Responded to 161 allegations (accessions); 29 of these became formal ORI cases in 2018, though 28 of the 29 were from previous years.
2. Administratively closed 14 accessions, 6 of which were received in 2018.
3. Closed 36 cases, including 9 with findings of research misconduct.
4. Maintained the assurance database that tracks annual reports from the nearly 5,000 institutions worldwide that receive PHS funds for research, and monitored their compliance with their policies for handing allegations of research misconduct.
5. Managed 30 Freedom of Information Act (FOIA) requests.
6. Received over 100 website visits from each of more than 130 countries.
7. Produced web-based materials to promote research integrity in basic and clinical research including a number of "infographics" that were viewed more than 60,000 times.

8. Hosted conferences and workshops on research integrity in 2018, including:
    - Two RIO Boot Camps for institutional officials (December 2017 and August 2018);
    - Two Responsible Conduct of Research (RCR) Instructor Workshops (March and September 2018);
    - Sequestration of Evidence Workshop (June 2018), an advanced topics session presenting methods critical to quality institutional investigations; and
    - Planning meeting for a Senior Institutional Officials Workshop on Research Integrity (July 2018).
9. Published semi-annual electronic newsletters and offered regular social media and blog postings throughout the year.
10. Disseminated two new grant Funding Opportunity Announcements seeking meritorious applications for conducting research on, and convening conferences related to, research integrity.

In FY 2019, ORI expects these activities to continue at approximately the same levels, although there will only be one RCR workshop. Instead of a second workshop, ORI will explore with the National Science Foundation (NSF) and NIH the possibility of a more formal joint effort that will allow appropriate resourcing among the three agencies. Most scientific research institutions draw funding from both NSF and NIH, and sometimes other HHS agencies; aligning ORI's RCR efforts will bring economies of scale as well as content. In addition, ORI has undertaken a 21st Century update of its case tracking system, envisioning an end-to-end, digital case workflow/management system to be implemented by the close of fiscal year 2021. ORI plans to convene federal agencies with research misconduct policies, to consider how to improve case reporting and alignment for data comparability. Finally, ORI will assess the key skills required of scientist investigators and consider whether the current job series (health scientist administrator) is appropriate.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$8,558,000
FY 2017	$8,558,000
FY 2018	$8,558,000
FY 2019	$8,558,000
FY 2020 Request	$9,414,000

Budget Request

The FY 2020 Budget Request for ORI is $9,414,000, which is $900,000 above the FY 2019 Enacted level. The FY 2020 budget request will enable ORI to accelerate its database modernization project with a module to implement enhanced reporting capabilities and case tracking. ORI expects the overall modernization to be a multi-phased project that will advance more quickly with these additional funds. The budget will support pay and non-pay inflationary costs. At this level, ORI maintains staff needed to conduct investigative and educational activities. This includes managing contracts and grants needed to support the dissemination of educational information regarding research integrity, and training activities aimed at increasing awareness and technical skill in conducting research misconduct proceedings at PHS-funded research institutions. ORI's plans for the use of FY 2020 funds include

ORI will address DIO staff vacancies and enhance internal case handling processes. ORI staff spends significant time via email and telephone, providing technical assistance to RIOs who are responsible for investigating allegations at their respective institutions. ORI's findings are dependent on quality

investigations. ORI also participates in NIH regional conferences, and provides presentations for NIH grants management staff.

ORI supports database and website development, including updating and enhancing the ORI website (https://ori.hhs.gov/), but will maintain a robust intranet portal and tracking system in anticipation of the new system the following year. Digital/web-based communication is a critical tool for ORI to accomplish program goals and support program activities. The ORI website receives over 2,100,000 page views per year from users around the world, seeking information about ORI, misconduct cases, research education, and policies and procedures, including a secure *Ask ORI* mailbox to receive allegations of research misconduct. ORI staff monitor this mailbox daily, with ORI experts providing timely response.

The ORI website requires intensive maintenance to ensure compliance with Federal Web Policies and HHS Web Communications and New Media Policies and Standards. Finally, the ORI Intranet Portal contains a Case Tracking System, used by the ORI investigative division to monitor and document the progress of research misconduct allegations and cases. While ORI will maintain this system for the near-term, ORI anticipates awarding a new contract for this activity in FY 2019 to begin the transition into a paperless, cradle-to-grave case management system, with continuation of that work in FY 2020.

ORI will support two Boot Camps designed to provide formalized training for RIOs and their legal counsel. ORI maintains a waiting list for RIOs and institutional counsel interested in this program, which helps institutions comply with 42 C.F.R. 93. When institutions handle the process poorly, whether domestically or abroad, ORI is unable to fulfil its regulatory mandate by making research misconduct findings against respondents. Attesting to the national importance of this training program, the Boot Camps have led to the creation of an independent professional association, the Association for Research Integrity Officers (ARIO), to provide a forum for RIOs across the country to convene. ORI experts provide lectures and technical consultation at the annual ARIO meetings.

In response to feedback from ARIO and others, ORI produced a 2.5 day Evidence Sequestration Workshop, rated very highly by participants for its hands-on approach and the involvement of ORI's federal partners. ORI will support one session of this program in 2019 and two in 2020.

ORI anticipates an agreement with NSF and NIH to provide collaborative training either through two workshops, briefer but more frequent webinars, or other means yet to be determined, for RCR instructors, in order to fulfill ORI's regulatory requirement to promote research integrity at PHS-funded institutions.

To build upon momentum generated during previous meetings, and ensure compliance with 42 C.F.R. Part 93 on behalf of PHS-funded institutions, ORI will host a planning meeting in 2019 for a bi-annual global conference on research integrity in 2020. The conference will emphasize two themes: (1) Research Misconduct, and (2) Promoting Research Integrity. ORI anticipates at least 300 participants. ORI plans to offer a senior institutional leadership workshop or meeting in 2019, for which the proceedings will inform modifications to, or additional, ORI educational efforts.

ORI plans to support twelve new grant awards for exploration of critical questions related to the promotion of research integrity and the proper stewardship of PHS research funds.

Grant Awards Table

Grants (whole dollars)	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	12	12	12
Average Award	$149,551	$100,000	$100,000
Range of Awards	$135,665-$175,000	$50,000-$150,000	$50,000-$150,000

TEEN PREGNANCY PREVENTION

Budget Summary

(Dollars in Thousands)

Teen Pregnancy Prevention	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	101,000	101,000	-	-101,000
FTE	16	16	-	-16

Authorizing Legislation: ……Division H, Title II of the Consolidated Appropriations Act, 2018
FY 2020 Authorization……Indefinite
Allocation Method……Direct federal, Contract, Grants

Program Description and Accomplishments

The Teen Pregnancy Prevention program is a discretionary grant program to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors. It is administered by the Office of Adolescent Health within the Office of the Assistant Secretary for Health.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$101,000,000
FY 2017	$101,000,000
FY 2018	$101,000,000
FY 2019	$101,000,000
FY 2020 Request	-

Budget Request

The FY 2020 President's Budget does not request funding for this program.

OFFICE OF MINORITY HEALTH

Budget Summary

(Dollars in Thousands)

Office of Minority Health	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	56,670	56,670	51,798	-4,872
FTE	40	40	57	+17

Authorizing Legislation……Title XVII, Section 1707 of the PHS Act
FY 2020 Authorization……P.L. 111-148
Allocation Method……Direct federal, Competitive Grant and Cooperative Agreement, Contract

Program Description and Accomplishments

The Office of Minority Health (OMH) was created in 1986 as a result of the 1985 *Secretary's Task Force Report on Black and Minority Health*. OMH was subsequently established in statute by the Disadvantaged Minority Health Improvement Act of 1990 (PL 101-527), re-authorized under legislation in 1998 (PL 105-392), and most recently re-authorized under the 2010 federal health law (PL 111-148). OMH's statutory authority requires that OMH work to improve the health of racial and ethnic minority groups through coordination of the Department's work in this area; support research, demonstrations and evaluations to test new and innovative models; disseminate information, education, prevention and service delivery to individuals from disadvantaged backgrounds; contract to increase access to primary health services providers for individuals who lack proficiency in English; and support a national minority health resource center.

OMH Mission and Vision

- OMH's mission is to improve the health of racial and ethnic minority populations through the development of policies and programs that help eliminate disparities.
- OMH's vision is to improve the health of racial and ethnic minority communities by focusing on prevention, putting people and communities at the center of its work, and providing leadership and coordination to strengthen the HHS programs and actions of communities of stakeholders across the United States.

OMH serves as the lead office for coordinating efforts across the government to address and to eliminate health disparities. OMH convenes, and provides guidance to, HHS operating and staff divisions and other Federal departments, to identify health disparity and health equity policy and programmatic actions. This targeted leadership improves performance through coordination on crosscutting public health initiatives, minimizes programmatic duplication, and leverages funds to reduce health disparities.

OMH Strategic Priorities

OMH focuses on translating core minority health and health disparity programs into strategic activities and policies at the federal, state, tribal, territorial, and local levels. OMH's four strategic priorities are:

- Lead implementation of the HHS Action Plan to Reduce Racial and Ethnic Health Disparities;
- Support Departmental initiatives, programs and partnerships that provide access to quality health care;
- Support of the Department's strategic priorities, the opioid crisis, health insurance reform, drug pricing and value-based care; and

- Support OASH's strategic priorities directly impacting minorities, such as sickle cell disease, cardiovascular risk reduction in minority communities, HIV among minorities, and other priorities.

In addition, OMH plays a critical role in helping the Department respond effectively to public health crises, which often disproportionately affect OMH's statutorily mandated populations of focus. OMH supports and implements initiatives that provide access to quality health care, address health disparities, and improve opportunities to achieve optimal health. Racial and ethnic minorities are less likely to receive preventive care, have higher rates of many chronic conditions, have fewer treatment options, have the highest rates of uninsured, and are less likely to receive quality health care. OMH addresses these issues through educational outreach and collaboration with strategic partners and stakeholders to increase these populations' understanding of health coverage, health care, and how to effectively and efficiently use the health care system to improve their health. OMH also leads the National Partnerships for Action to End Health Disparities, whose mission is to coordinate partners, leaders, and stakeholders to work toward the elimination of health disparities.

FY 2018 Key Accomplishments

OMH promotes integrated approaches, evidence-based programs, and best practices to reduce health disparities. FY 2018 accomplishments support the Secretarial strategic goals as well as illustrate OMH's commitment to enhancing and assessing the impact of all policies and programs on racial and ethnic health disparities.

Strategic Goal 1: Reform, Strengthen, and Modernize the Nation's Health Care System

Key accomplishments in FY 2018 to date include:

- OMH's **Center for Linguistic and Cultural Competency in Health Care (CLCCHC)** supported
  - Ongoing improvements, coordination and promotion of the e-learning programs on the Think Cultural Health website for disaster and emergency personnel, nurses, oral health professionals, physicians, nurse practitioners, physician assistants and community health workers. During FY 2018, nearly 44,000 allied health professionals enrolled in the CLCCHC's free, continuing education e-learning programs courses and earned approximately 151,600 continuing education credits towards their continuing education licensure requirements.
  - Completed development of a new e-learning program for behavioral health professionals. The projected launch date is January 2019.

- OMH furthered the adoption, implementation, and evaluation of the **National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards).** Key accomplishments include:
  - Executed 12 training activities for organizations on implementing culturally and linguistically appropriate services using the National CLAS Standards during FY18.
  - Secured three new partnerships with national organizations on promoting and adopting the National CLAS Standards during FY18.

Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work and Play

Key accomplishments in FY 2018 include

- Implemented the Empowered Communities for a Healthier Nation Initiative, designed to reduce significant health disparities impacting racial and ethnic minorities and/or disadvantaged populations through implementing evidence-based strategies with the greatest potential for impact. The program serves residents in communities disproportionately impacted by the opioid epidemic; childhood/adolescent obesity; and serious mental illness.

- Developed awareness campaigns to inform the public about health disparities and efforts to address them, through social media, digital media and online communication channels. The campaigns included a collaboration on childhood obesity with the Office of Disease Prevention and Health Promotion and the President's Council on Sports, Fitness and Nutrition, as well as a focus on hypertension, hepatitis, HIV/AIDS and other public health issues that disproportionately affect minority communities.

- To assist the HHS response to the opioid crisis, OMH utilized its social media channels to promote HHS opioid-related resources. Beginning in February, OMH promoted opioid misuse webinars and highlighted the impacts of opioid misuse on heart health. OMH has also promoted opioid-related webinars and events from partners, including the HHS Office of HIV/AIDS and Infectious Disease Policy and the HHS Center for Faith-based and Neighborhood Partnerships, as well as opioid recovery and general community resource messages. These posts have garnered an estimated social media reach of more than 2.2 million people.

- During National Minority Health Month, led the HHS observance activities, including organizing the signature observance event in the Great Hall. The event included the Assistant Secretary for Health, the Surgeon General, and leaders from each of the six HHS offices of minority health and the National Institute on Minority Health and Health Disparities. OMH's National Minority Health Month campaign included social media and promotional materials hosted on the OMH website. During the month (April), visits to the site increased by 21% over 2017.

- Implemented various technical assistance and capacity building activities directed at community-based organizations, health departments and institutions of higher education through OMH's statutorily-mandated Resource Center.

- Provided support to the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) by adapting, into Spanish, hurricane-related content for ASPR's website and social media accounts and information to be used on fact-sheets geared for first responders. Per ASPR's request, OMH deployed one team member to Puerto Rico after Hurricane Maria to help on the ESF-15 team, serving as the communications liaison between HHS and FEMA and providing support with Spanish media. Outcomes include securing 12 media placements for HHS, conducting 3 media interviews, supporting numerous media requests, and helping streamline the process for residents to obtain medical care.

- Worked with ODPHP in the assessment conducted prior to the development of the Spanish version of the Healthfinder 4.0 website, which will include an interactive personalized prevention tool. OMH provided feedback on the initial concepts before and after the assessment, and instruments used during the assessment.

- Reviewed and provided edits to ODPHP's Move Your Way campaign's Spanish-language materials, which were developed to support the 2nd Edition of the Physical Activity Guidelines for Americans released by HHS in Nov. 2018.

- Developed and implemented Spanish language curriculum for community health workers, to enhance awareness and educate communities about viral hepatitis, and overall health issues.

- Through the Minority HIV/AIDs Fund projects developed for Asian Americans, Native Hawaiians, and Pacific Islanders communities, OMH reached 17,707 people through 582 community events; reached 1,631,017 people through 100 PSAs; and tested 3,615 people for HIV. Minority HIV/AIDS Fund projects were also developed to raise awareness of HIV/AIDS among American Indian and Alaska Native communities and resulted in 2,381 people reached through 43 community events and 283 people tested for HIV.

- Through the OMH National Partnership for Action, hosted nine webinars attended by a total of 2,052 participants. OMH stakeholders and partners that hosted these webinars include the American Indian/Alaska Native Caucus, the Great Lakes Health Equity Council, the National Conference of State Legislatures, the Robert Wood Johnson Foundation, and the National Hispanic Medical Association. These webinars covered a variety of topics such as prescription opioid abuse prevention; the relationship between health equity and health care quality; community-based participatory research; coalition building among community health workers; faith-based health and violence-prevention programs; and heart disease prevention and access to treatment.

Strategic Goal 3: Strengthen the Economic and Social Well-Being of Americans Across the Lifespan

Key accomplishments in FY 2018 to date include:

- Coordinated the work of the **Federal Interagency Health Equity Team (FIHET)**, comprised of 12 different federal agencies plus 18 HHS StaffDivs and OpDivs.

- Conducted a series of webinars as part of the "Equity in All Policies" series, featuring innovative state and local programs that participants can adapt for their own states and communities. Participants included practitioners at all levels of government, as well as non-profit, academia and community- and faith-based organizations.

- Established the Youth Health Equity Model of Practice (YHEMOP), using an eight-lesson curriculum focusing on skills needed to be an effective health equity leader. The 2018 summer cohort included 32 Health Equity Fellows. The Health Equity Fellows were chosen from a pool of approximately 400 applications. Fellows are matched to health equity projects in organizations nationwide including federal agencies, state and county health departments, FQHCs, and academic institutions. Fellows participate in a number of activities (e.g. webinars with Federal leaders, development of tailored Health Equity Impact Statements), and each present their work to OMH at the conclusion of the placement period.

Strategic Goal 4: Foster Sound, Sustained Advances in the Sciences

Key accomplishments in FY 2018 include

- Following the March 2017 public release of the Native Hawaiian and Pacific Islander National Health Interview Survey (NHPI NHIS) data file, the result of a partnership between OMH and the National Center for Health Statistics (NCHS), there were over 2,000 visits to the NHPI NHIS data release page, and over 1,000 downloads of data briefs using data from the NHPI NHIS.

- Using data from the NHPI NHIS and annual NHIS, researchers at OMH developed a data brief, *Functional limitations and paid employment among racial and ethnic minorities with and without multiple chronic conditions,* finding that American Indian/Alaska Natives, Native Hawaiian/Pacific Islanders, and non-Hispanic Blacks were more likely to have multiple chronic health conditions in late middle age (45-64) than are non-Hispanic Whites, Hispanics, and non-Hispanic Asians. American Indian/Alaska Natives and non-Hispanic Blacks with multiple chronic conditions were substantially less likely to work for pay than their peers without multiple chronic conditions.

- To address the U.S. Department of Health and Human Services Strategic Plan for Fiscal Years 2018-2022 (Strategic Objectives 2.1), and due to the limited understanding of health outcomes, behaviors and health status in Hispanics, OMH developed a data brief to examine Hispanic adults' weight status and physical activity behaviors using the 2013-2015 Behavioral Risk Factor Surveillance Survey. Findings of this study indicated that, regardless of health status, Hispanics barely meet weight and physical activity guidelines.

- In partnership with the CDC, OMH sponsored an oversample in eight states, collecting data under the Behavioral Risk Factor Surveillance System (BRFSS). The oversample strategy design resulted in larger sample sizes of American Indians and Alaskan Natives than are usually produced in BRFSS samples. Data from this project is slated for release in 2019 and will facilitate data-driven research on American Indian and Alaskan Native health and risk factors.

- Published a Compendium of Publicly Available Datasets and Other Data-Related Resources, a free resource of publicly available data relevant to research and programs aiming to reduce health disparities. It compiles descriptions of and links to 132 public datasets and resources that include information about health conditions and other factors that affect the health of minority populations. Since its posting in 2016, approximately 6,872 unique visitors have viewed the Compendium web site and it has been downloaded 2,639 times. The compendium was also referenced in the Robert Wood Johnson Foundation Report: *What is Health Equity? And What Difference Does a Definition Make?* (May 2017).

Strategic Goal 5: Promote Effective and Efficient Management and Stewardship

OMH supports this goal by maintaining and strengthening OMH's internal performance improvement and management system and evaluating implementation of the HHS Disparities Action Plan and the National CLAS Standards. Key accomplishments in FY 2018 include

- OMH's **Performance Improvement and Management System (PIMS)** provides support to OMH and OMH grantees through the Evaluation Technical Assistance Center (ETAC) and the Performance Data

System (PDS). The ETAC provides tailored evaluation support for OMH grantees. The PDS tracks OMH grantees on a common set of program performance measures.

- OMH's leadership of implementation of the **HHS Disparities Action Plan** included
  - Evaluation of health disparity impact statements for policies and programs.
  - Evaluation and assessment of the development of a multifaceted health disparities data collection strategy across HHS, as outlined in the HHS Disparities Action Plan.
  - Development of a framework for the long-term evaluation of National CLAS Standards.
  - In collaboration with NCHS, monitoring of knowledge, attitudes and practices associated with the National CLAS Standards using the National Ambulatory Medical Care Survey (NAMCS), a nationally representative provider survey. Data regarding providers' knowledge, attitudes and practices around the National CLAS Standards from the OMH-sponsored supplement and the annual NAMCS vehicle is slated to be released in fall of 2018.

- OMH's coordination of the National Partnership for Action (NPA) included:
  - Development of the fourth comprehensive NPA evaluation report and is using the information to identify accomplishments and make adjustments in NPA implementation to maximize impact.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$56,670,000
FY 2017	$56,541,000
FY 2018	$56,670,000
FY 2019	$56,670,000
FY 2020 Request	$51,798,000

Budget Request

The FY 2020 President's Budget request for OMH is $51,798,000, which is $4,900,000 below the FY 2019 Enacted level. At this level, OMH will reduce the Resource Center contract and award fewer new grants. OMH will continue to provide leadership in coordinating policies, programs, and resources to support implementation and monitoring of both the HHS Disparities Action Plan and the NPA. OMH will continue coordinating HHS health disparity programs and activities; assessing policy and programmatic activities for health disparity implications; building awareness of issues impacting the health of racial and ethnic minorities; developing guidance and policy documents; collaborating and partnering with agencies within HHS, across the federal government, and with other public and private entities; funding demonstration programs; and supporting projects of national significance. Additionally, OMH will continue to serve in a critical leadership role within HHS in outreach and education of racial and ethnic minorities regarding access to quality health care through collaboration with stakeholders across the nation.

In FY 2020, OMH will continue to support program activities through leadership of workgroups and committees, grants, contracts, and strategic use of interagency agreements to achieve coordination of federal efforts related to health disparities, such as

- **American Indian/Alaska Native Health Equity Initiative (AI/AN HEI)** will support projects that enhance the capacity to assess and implement culturally and linguistically appropriate intervention models addressing complex trauma, including behavioral health needs (e.g., mental health issues and

substance use disorders) of AI/AN populations. In FY 2020, Tribes, Tribal Organizations, and Alaska Native-Serving Organizations will continue to work with collaborative partnerships and alliances to improve access to quality health and human services to continue to serve 500 youth, families, and community members. OMH supports three tribes and tribal organizations for a five-year period of performance that began FY 2017. Grants funded are expected to improve select AI/AN Health Equity Core Outcomes, such as improved resiliency among youth served.

- **Re-Entry Community Linkages (RE-LINK)** program aims to improve coordination and linkages among criminal justice, public health, social service and private entities, to ensure health care access for the reentry population; reduce health disparities experienced by the reentry and justice-involved population; increased access to needed public health, behavioral health, health care, coverage and/or social services; and reduced recidivism. In FY 2020, RELINK is expected to provide services to nearly 3,000 individuals to improve select Re-Link Core Outcomes, such as health insurance coverage, identified unmet health needs, having regular source of care, enrollment in school or job training, living in stable housing, stable employment, and rate of re-arrests. OMH supports eight grantees for a five-year project period that began in FY 2016.

- **National Lupus Outreach and Clinical Trial Education Program (Lupus Program)** seeks to reduce lupus related health disparities among racial and ethnic minority populations disproportionately affected by this disease by (1) implementing a national health education program on lupus (Priority A); and (2) developing, piloting and assessing clinical trial education interventions for health care providers and paraprofessionals focusing on improving recruitment and retention rates in clinical trials for minority populations affected by lupus (Priority B). In FY 2020, OMH is expected to award three Priority A grants and two Priority B grants for a one-year project period. The Lupus Program grantees are expected to reach approximately 3,800 persons affected by lupus and health care providers/paraprofessionals that serve racial and ethnic minorities living with lupus. Grants funded are expected to improve select Lupus Program Core Outcomes, such as (1) knowledge and skill in the diagnosis and treatment of lupus and knowledge and expertise in the signs and symptoms of lupus, treatment adherence, and screening among primary care providers (PCPs); (2) awareness of lupus symptoms and warning signs in minority populations; (3) dissemination of culturally and linguistically appropriate information to lupus patients and families; (4) implementation of the lupus outreach and health education program using rigorous tests to show improvements in project outcomes. The Lupus Program grants will also identify and test education program models that result in improvements in PCPs' and other health care providers' and paraprofessionals' knowledge, attitudes, and intentions in how to (1) provide culturally and linguistically appropriate health care, and (2) educate, recruit, and, where appropriate, refer minority populations into clinical trials in a culturally and linguistically appropriate manner.

- The **Minority Youth Violence Prevention II** program supports innovative approaches to significantly reduce the prevalence and impact of youth violence among racial and ethnic minority and/or disadvantaged at-risk youth. MYVP II funds project interventions tailored to at-risk racial and ethnic minority and/or disadvantaged youth (ages 12-18 years at the start of the project), and requires a coordinated, multi-discipline approach, including a public health agency, a local school and/or school district, a law enforcement agency, and an institution of higher education. These approaches are designed to address public health, education, and public safety concerns; disparities in access to public health services; social determinants of health; and risk and protective factors. The program will serve project participants and comparison group members over a four-year grant period. OMH awarded 10 grants to academic institutions, community-based organizations, and a state health

department for a four-year project period beginning FY2017. MYVP II is expected to serve 1,200 youth and their families in FY2020. Projects funded are expected to improve select MYVP II Core Outcomes, such as (1) increasing cultural competency and skills among those working with or serving at-risk youth; (2) improving academic outcomes among MYVP II participants; (3) reducing law enforcement/justice encounters such as arrests and court referrals; (4) reducing crimes perpetrated by and against minority and/or disadvantaged youth; (5) reducing homicide and non-fatal shooting incidents; (6) reducing stress and achieving improvement in behavioral health; and (7) strengthening family engagement to create a positive and healthier home/community environment.

- **Hepatitis B Demonstration Program.** Viral hepatitis poses a serious threat to the health of millions of Americans from all walks of life. The release of the first Action Plan for the Prevention, Care and treatment of Viral Hepatitis in 2011 marked the beginning of a coordinated national response to viral hepatitis in the United States. Federal and nonfederal stakeholder efforts have evolved and advanced in response to the growing threat of viral hepatitis to the health of Americans. Despite progress, viral hepatitis continues to be a serious threat to the health of Americans. Hepatitis B disproportionately affects Asian Americans and Pacific Islanders, who account for half of all people with the disease in the U.S., while comprising only five percent of the population. OMH awarded seven collaborative partnerships between CBOs serving communities at risk, such as health departments, perinatal hepatitis B programs, Community Health Centers that have capacity to scale-up testing and care services and ultimately reach the National Hepatitis B elimination goals. The Hepatitis B Demonstration Program aligns with HHS Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play.

- **Collaborative Approach for Youth Engagement in Sports.** Fewer than half of children ages 6 to 11 meet the consensus recommendation of 60 minutes of moderate physical activity per day. Research shows that children who are active in early childhood are less likely to be obese. They engage in fewer risky behaviors than non-active youth as they move from youth to adolescence, and are more likely to go to college. The Youth Engagement in Sports (YES) initiative seeks to create opportunities for sports participation where none or few currently exist, particularly in racial/ethnic minority, low income and disadvantaged communities. OMH and the President's Council on Sports Fitness and Nutrition will collaborate to develop and implement the YES initiative in support of Executive Order 13265, to increase children's participation in youth sports. OMH will support 8-10 collaborative partnerships, led by Institutions of Higher Education, that include community recreation groups, sports organizations, public health entities, local schools, technology/media entities, police athletic leagues, and parents. The partnerships will develop and implement sports clubs and/or leagues for children and youth. The sports clubs/leagues will be inclusive and ensure opportunities for participation by children and youth who may have physical disabilities; be clinically obese or overweight; be of average or below average ability; and/or have a low-income household. This initiative is expected to result in improvement in physical literacy among participating children and youth; decrease in number of children and youth that are overweight/obese; achievement of national sports, fitness and nutrition goals; increased developmental assets; improved academic performance; increased engagement of community members, including parents/family members; and integrated community level sports/fitness programs. In FY 2020, the YES Initiative is expected to serve 1000 youth. The YES Initiative aligns with HHS Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play.

- **Supporting Resilience in Minority Youth** will fund projects that test modifications in evidence-based programs or newly developed models that employ culturally and linguistically appropriate

interventions that address complex trauma, including behavioral health needs (e.g., mental health issues and substance use disorders) in minority youth (12-18 years of age) populations. This initiative aligns with HHS Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play.

- **Healthy Family, Healthy Lifestyles** will fund projects that identify and test culturally and/or linguistically appropriate modifications to evidence-based programs or models that reduce obesity/overweight, increase levels of physical activity, increase consumption of fruits and vegetables, and reduce sedentary behavior among families with children between the ages of 6-14. This initiative aligns with HHS Strategic Goal 2: Protect the Health of Americans Where They Live, Learn, Work, and Play and Goal 3 (Strengthen the Economic and Social Well-Being of Americans Across the Lifespan).

- **Mental Health Initiative** will fund projects that identify and test culturally and/or linguistically appropriate approaches to providing mental health services to racial and ethnicity minority adults with moderate mental health conditions in non-traditional settings. This initiative aligns with HHS Strategic Goal 1 (Reform, Strengthen, and Modernize the Nation's Health Care System) and Goal 3 (Strengthen the Economic and Social Well-Being of Americans Across the Lifespan).

Office of Minority Health – Key Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
4.2.1 Increased percentage of continuing education credits earned or awarded to enrollees who complete at least one or more of OMH's accredited 'Think Cultural Health' e-learning programs (Output)	FY 2018: -.45% Target: 25% (Target not met)	20% (over 2018 target) or credits	25% (over 2019 target) or credits	+5% (+credits)
4.3.1 Increased average number of persons participating in OMH grant programs per $1 million in OMH grant support (Efficiency)	FY 2018: 5,333 Target: 14,126 (Target not met)	14,136	14,146	+10 per million
4.3.2 Increased average number of OMH grant program participants per $1 million in OMH grant support through partnerships established by grantees to implement funded interventions. (Efficiency)	FY 2018: 3,344 Target: 4,953 (Target not met)	4,963	4,973	+10 per million
4.4.1 Unique visitors to OMH-supported websites (Output)	FY 2018: 728,687 Target: 750,000 (Target Not Met)	850,000	500,000	-350,000
4.5.1 Increased percentage of State and Territorial Offices of Minority Health/Health Equity that have incorporated national disease prevention and health promotion (e.g., Healthy People 2020) and health equity (e.g., National Partnership for Action to End Health Disparities) goals in their health disparities/ health equity planning processes. (Output)	FY 2018: 57 % Target: 47% (Target Exceeded)	49% (28/59)	51%	+2%
4.6.1: Increase the percentage of promising approaches, models, and evidence-based practices produced by OMH-funded grantees and cooperative agreement partners (Output)	FY 2018: 50% Target: 40% (Target Exceeded)	45%	50%	+5%
4.7.1: Promote effective interventions that reduce health disparities (Outcome) Measure 1: Proportion of completed research and demonstration grant projects that demonstrate a reduction in a key health disparity. (New)		25%	30%	+5%

Performance Analysis

4.2.1: Think Cultural Health (TCH) houses a suite of continuing education e-learning programs dedicated to advancing health equity at every point of contact. The focus is on increasing provider awareness and, over time, changing beliefs and attitudes that will translate into better health care. With the addition of new e-learning programs and resources for more health care and public health professionals and service providers, and sustained focus on the promotion and adoption of the *National CLAS Standards*, OMH expects to see a 20% increase in the number of continuing education (CE) credits earned or awarded to enrollees who complete at least one or more of OMH's accredited Think Cultural Health e-learning programs in their respective fields.

4.3.1 and 4.3.2: OMH provides grant funds to State Offices of Minority Health, community and faith-based organizations, Tribes and tribal organizations, national organizations, and institutions of higher education. These grants play a critical role in supporting the HHS Disparities Action Plan and the Department's priority goal to eliminate health disparities and achieve health equity. In FY 2019, OMH will continue a number of grant programs that address health disparities. Previously, OMH measured program efficiency by tracking the average number of persons participating in OMH grant programs. When OMH's grant programs focused on outreach, it made sense to focus on efficiency. However, OMH's new and recent grant programs are designed to intensify and concentrate efforts in reducing complex health disparities, and, thus, OMH expects to see a less than a 1% increase in the average number of people participating in OMH grant programs per $1 million invested: Current projects funded under OMH's research and demonstration grant and cooperative agreement program are focused on addressing complex, multi-faceted health disparities rather than on raising general awareness through outreach. Therefore, the projects serve fewer individuals with greater intensity in order to have an impact on reducing or eliminating health disparities. Since the research and demonstration, grant and cooperative agreement program are focusing on complex, multi-faceted health disparities. OMH suggests replacing this measure with the recommended measure, *Promote effective interventions that reduce health disparities,* described below. OMH is proposing a modest goal of 25% producing a significant impact on key health disparities within the research and demonstration grant program in FY2019, and then an increase of 5% in FY2020.

4.4.1: OMH's main website, www.minorityhealth.hhs.gov, is administered by the OMH Resource Center. The website includes access to the OMH Knowledge Center collection, which is a database comprised of 60,000 documents, with more than 72% of the content in digital format. The database contains minority health and health disparities data and literature, information on national and local minority health organizations, as well as resources for community- and faith-based organizations and institutions of higher education (including minority-serving institutions), and information about OMH.

- The website supports community organizations and health disparities researchers in assembling accurate and comprehensive information and articles for use in program development and grant writing. The website serves as an information dissemination tool for the HHS Disparities Action Plan, the National Partnership for Action to End Disparities (NPA) (www.minorityhealth.hhs.gov/npa), and facilitates educational outreach to Black/African American, Hispanic/Latino, American Indian, Alaskan Native, Asian American, Native Hawaiian, and Pacific Islander communities. OMH expects to see at least 500,000 unique visitors to its main website in FY 2019 and an increase to 525,000 in FY 2020. This decreased number over its previously established target of 750,000 unique visitors in 2017 reflects a change in the method used to measure "unique" visitors to OMH's website. The WebLog Expert tool has been phased out, and OMH is now using Google Analytics (GA) through a HHS provided account. This gives OMH a more reliable and accurate count of unique visitors by

eliminating “bots” and “spiders.” The new estimate of unique visits includes additional viewers brought in via OMH’s burgeoning social media accounts on Twitter, Facebook, YouTube and Instagram, and continual improvement of website content and features.

- OMH’s NPA toolkit, which is housed on the revamped NPA website (https://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf) and is aimed at helping community organizations, has been viewed 1.7 million times since it was unveiled. Partners stay connected through its web page, electronic newsletter, blog, and related media.

- Social Media has been a growing outlet for the dissemination of health information from OMH and its stakeholders. OMH has more than 64,000 followers on its English Twitter handle with an extended outreach to more than 1+ million individuals and organizations. The OMH Facebook and Instagram pages, and Spanish Twitter handle are growing in followers.

4.5.1: OMH builds strategic partnerships and provides leadership and coordination for State and Territorial Offices of Minority Health/Health Equity. OMH expects to see a 2% increase in the percentage of these entities that have incorporated national disease prevention and health promotion (e.g., *Healthy People 2020*) and health equity (e.g., *National Partnership for Action to End Health Disparities*) goals in their health disparities/health equity planning processes.

4.6.1: OMH is charged with advising the Secretary and the Department on the effectiveness of community-based programs and policies affecting health disparities and to support research, demonstrations and evaluations to test new and innovative models. OMH funds demonstration grants to develop, test, and implement interventions to reduce health disparities. Results from these demonstration programs play a critical role in supporting the HHS Disparities Action Plan and the Department priority goal to eliminate health disparities and achieve health equity. Additionally, OMH is charged with ensuring on-the-ground implementation of initiatives and programs that provide access to quality health care and HHS Disparities Action Plan strategies. OMH expects to see a 1% increase in the percentage of promising approaches, models, and evidence-based practices produced by OMH-funded grantees and cooperative agreement partners per year. The expected performance of this measure is in line with the FY 2019 funding level.

In addition, OMH has proposed a new outcome measure, which reflects OMH’s focus on identifying programs, policies, and practices that reduce health disparities. The proposed measure, *Promote effective interventions that reduce health disparities*, will be assessed by documenting the proportion of completed research and demonstration grant projects and cooperative agreements that demonstrate a significant reduction in a key health disparity. In recent years and going forward, OMH’s research and demonstration grant projects and cooperative agreements will concentrate on identifying programs that significantly reduce key health disparities compared with current practices.

Grant Awards Table

Grants (whole dollars)	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	88	114	102
Average Award	$344,893	$290,207	$312,340
Range of Awards	$175,000 - $525,000	$175,000 - $525,000	$175,000 - $625,000

Program Data Chart

Activity	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Contracts			
OMH Resource Center	6,312,292	2,8000,000	1,836,500
Logistical Support Contract	1,086,268	510,000	1,000,000
National Partnership for Action to End Health Disparities	1,292,511	0	0
Center for Linguistic and Cultural Competency in Health Care	1,786,406	1,830,477	1,830,477
HHS Action Plan to Reduce Racial and Ethnic Health Disparities	600,000	0	0
Evaluation	803,340	804,000	804,000
Disparities Health Prevention	0	0	0
Sickle Cell Disease Report & Meeting Support	0	0	0
Viral Hepatitis: Primary Care Physicians Capacity Building Model	940,734	0	0
Subtotal, Contracts	**12,821,551**	**6,534,477**	**5,470,977**
Grants/Cooperative Agreements			
State Partnership Programs	4,150,105	4,150,105	0
American Indian/Alaska Native Partnership	1,310,499	960,117	960,117
Specified Project – Lupus	2,000,000	1,749,967	1,749,967
Communities Addressing Childhood Trauma (ACT)	2,792,269	0	0
Re-entry Community Linkages (RE-LINK)[3]	2,482,879	2,800,000	2,800,000
National Workforce Diversity Pipeline Program (NWDP)	6,360,742	6,230,548	0

Partnership to Achieve Health Equity	1,310,499	2,327,277	0
Minority Youth Violence Prevention II: Social Determinants of Health Collaborative Network	4,103,509	4,100,000	3,922,263
Empowered Communities for a Healthier Nation Initiative (ECI)	5,277,156	7,328,960	2,098,164
Hepatitis B Demonstration	0	3,000,000	3,000,000
Collaborative Approach for Youth Engagement in Sports	0	2,000,000	2,000,000
Supporting Resilience in Minority Youth	0	0	4,969,616
Healthy Families, Healthy Lifestyles	0	0	5,000,000
Mental Health Initiative	0	0	5,000,000
Subtotal, Grants/Coop	**29,787,658**	**34,646,974**	**31,500,127**
Inter-Agency Agreements (IAAs)	**559,000**	**939,000**	**939,000**
Operating Costs	**13,501,791**	**14,549,549**	**13,887,896**
Total	**56,670,000**	**56,670,000**	**51,798,000**

OFFICE ON WOMEN'S HEALTH

Budget Summary
(Dollars in Thousands)

Office on Women's Health	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	32,140	32,140	27,316	-4,824
FTE	36	36	43	+7

Authorizing Legislation:.....Title II Section 229 of the PHS Act
FY 2020 Authorization.....Indefinite
Allocation Method.....Direct Federal, Competitive Grants, Contracts

Program Description and Accomplishments
The Office on Women's Health (OWH) was established in 1991 and statutorily authorized by the Patient Protection and Affordable Care Act (ACA) of 2010. The mission of OWH is to provide national leadership to improve the health of women and girls through policy, education, and innovative programs. OWH seeks to impact policy and to produce educational and innovative programs that providers, communities, agencies, and other stakeholders across the country can replicate and expand. To achieve these goals, the office works with many partners, including federal agencies; nonprofit organizations; consumer groups; associations of health care professionals; tribal organizations; and state, county, and local governments.

<u>Impact National Health Policy as it Relates to Women and Girls</u>
OWH coordinates women's health policy, leads and administers committees, and participates in government-wide policy efforts.

In FY 2018, OWH continued its leadership role on HHS and interagency committees and workgroups that advance policies to improve the health of women and girls.

- The HHS Coordinating Committee on Women's Health (CCWH), chaired by OWH, advises the Assistant Secretary for Health (ASH) on current and planned activities across HHS that safeguard and improve the health of women and girls. Accomplishments in FY 2018 include
  - In concert with overall efforts to *Reimagine HHS*, OWH engaged in a process to "Reimagine" CCWH to improve the Committee's ability to fulfill its legislative mandate. In partnership with the leadership of the six other legislatively mandated Offices on Women's Health, OWH conducted strategic conversations to assess the current role of CCWH, and re-establish its vision and strategic focus to effectively promote girls and women's health.
  - Working with the principals from each agency, OWH developed a new framework and priority focus areas for CCWH. These efforts have identified new opportunities for cross-collaboration on secretarial priorities across HHS.
  - OWH led HHS's representation on the DOJ/HHS Survivors' Bill of Rights Act Interagency Working Group. As a result, the final report to Congress included HHS's focus on the physical and mental health of survivors of sexual assault evidence.

- OWH co-chairs the HHS Violence against Women (VAW) Steering Committee along with the Administration for Children and Families (ACF). The mission is to lead HHS in developing a blueprint

for communities free from violence against women and girls, and to integrate the work of each HHS agency into its implementation.

- The Chronic Fatigue Syndrome Advisory Committee (CFSAC), which OWH manages, was sunset at the end of its charter on September 5, 2018. The CFSAC provided advice and recommendations to the Secretary of Health and Human Services (HHS) through the Assistant Secretary for Health on issues related to myalgic encephalomyelitis and chronic fatigue syndrome (ME/CFS). The committee and ex-officio members ably fulfilled the duties in the charter, which included informing the public and health care professionals about the illness, and ensuring that input from patients and caregivers was incorporated into Departmental research now being conducted by NIH and CDC. HHS remains committed to working with stakeholders to support the critical research and programs necessary to discover the causes and treatments for this disabling disease.

- OWH coordinates a Maternal Mental Health Federal Working Group with 11 other HHS offices and agencies to facilitate collaboration and information sharing around federal efforts. In FY 2018, the working group:
    - Continued support for OWH's public awareness campaign to educate women and their loved ones of the risks of postpartum depression.

In FY 2018, OWH continued work to address the ongoing impact of the opioid epidemic on women's health. Through this work, OWH has examined the prevention, treatment, and recovery issues for women who misuse, have use disorders, and/or overdose on opioids. Examples of accomplishments in FY 2018 include

- OWH was a co-sponsor for the National Academy of Sciences, Engineering, and Medicine workshop on *Consequences of the Opioid Epidemic on the Spread of Infectious Disease: Incidence, Prevalence, and Mutually Beneficial Opportunities to Improve Prevention, Care, and Treatment in the United States* on March 12-13, 2018.
    - This public workshop focused on ways to work efficiently though the existing systems that reach people at increased risk for either opioid misuse and/or infectious diseases such as public health, medical, substance use disorder treatment, and law enforcement.
    - The workshop examined the infectious disease consequences of the opioid epidemic, including the scope of the problem, with attention to viral hepatitis, HIV, and endocarditis; the infectious disease co-morbidities of injection drug use, especially strategies that emphasize existing public health, health care, and community infrastructures; and unique needs of women and girls and specific strategies to address these needs. A summary of the workshop findings was published in July 2018.

- OWH funded the second year the *Prevention of Opioid Misuse in Women: Office on Women's Health Prevention Awards* (OWHPA), 20 cooperative agreements that support primary and secondary prevention activities.
    - In FY 2018, the grantees made progress in community partnership building; developing tools and resources to train health professionals; the use of Screening, Brief Intervention, and Referral to Treatment (SBIRT) model when caring for women and girls; development of health information campaigns; instruction on the use of Naloxone; introduction of alternative methods for the management of chronic pain that reduce the need for pharmacological therapy; and more.

- Grantees have also developed gender-specific SBIRT training, instructive webinar series, online and print information campaigns, and created an alert system embedded into electronic health records.

- In FY 2018, OWH concluded its partnership with the Indian Health Service to support activities to address the problem of opioid misuse among women of reproductive age in the American Indian/Alaskan Native (AI/AN) communities, including pregnant, postpartum women, and newborns. There were two parts to the work:
  - Development of IHS-wide training, education and guidance about screening, diagnosis, and management of opioid dependence among AI/AN women of reproductive age and AI/AN newborns; and
  - Initial development of a structured, comprehensive approach to prenatal care and substance use disorder treatment in the Billings Area, focused on the Lame Deer and Crow tribes in particular.

- OWH initiated a two-year partnership with the Health Resources and Services Administration (HRSA) to produce a care coordination model for women impacted by opioids who receive health care services via HRSA-funded programs.

In FY 2018, OWH initiated several new projects to provide insight into emerging issues and new opportunities to utilize policy to improve the health of women and girls. These projects will leverage the best available data and build partnerships for sustainability.

- The State-Level Paid Family Leave Policy Project is a three-year data collection project, focused on identifying the health effects that women perceive to be associated with state-level paid family leave programs in California, New Jersey, New York, and Rhode Island.

- The Data and Policy Analysis Project is a two-year endeavor designed to analyze data and policy for the purpose of identifying emerging issues/trends, uncovering disparities, and examining sex/gender and other social determinants of health in order to make recommendations to fill gaps in research, policy, and practice of improving women's health outcomes.

- OWH partnered with US Department of Agriculture/Food and Nutrition Service/Center for Nutrition Policy and Promotion to conduct a Systematic Review that will provide opportunities to better understand the nutritional needs of older women. The results will be considered as recommendations in the development of the 2020-2025 Dietary Guidelines for Americans.

Also in FY 2018, OWH funded the final year of the College Sexual Assault Policy and Prevention Initiative, a three-year cooperative agreement with nine grantees that aims to improve sexual assault prevention programs and policies on over 80 college campuses across the country. OWH staff has had substantial involvement by providing both one-on-one and group technical assistance and training to support grantees in improving their performance throughout the course of the initiative and in response to challenges and accomplishments reported in grantee progress reports. The grantee organizations represent a diverse set of not-for-profit organizations using varied strategies and focuses to combat sexual misconduct and assault at post-secondary institutions around the nation. Accomplishments in FY 2018 include:

- Grantees supported their campus partners in developing and implementing prevention programs to educate students, faculty, and staff on their campuses, including the observance of Sexual Assault Awareness Month in April 2018.

Innovative and Model Programs on Women's and Girls' Health

OWH supports activities and programs aimed at gathering evidence on effective strategies to help women and girls of all ages live healthier lives. OWH programs also focus on advancing the science on effective women's health interventions. FY 2018 programs focused on violence against women and mental, emotional, and behavioral health.

In FY 2018, OWH extended the time for grant activities and the evaluation for the *Intimate Partner Violence (IPV) Provider Network*. This three-year project researches system changes for integrating intimate partner violence assessment and intervention into basic care, as well as evaluates collaboration models between healthcare providers and IPV programs. This initiative involved seven states: Arizona, California, Massachusetts, Minnesota, North Carolina, Texas, and West Virginia. During the FY 2018 extension,

- Grantees focused on finalizing efforts to reach recruitment goals, continued activities for the implementation of their intervention, maintained partnerships, and collecting evaluation measures for their individual evaluation projects, and for OWH's cross-site evaluation project.

- OWH conducted a cross-site evaluation to determine what system-level factors support the integration of IPV service into clinical service, the barriers and facilitators to referring IPV victims to the appropriate referral services, and outcomes such as the patterns for the rate of screening, referrals, follow-up, and services provided by the partner agencies.

Also in FY 2018, OWH finished the final year of activities related to the *Female Genital Cutting (FGC) Community-Centered Health Care and Prevention Projects*, community-based efforts to address the health care needs of women and girls in the U.S. affected by, or at risk of undergoing, FGC. Eight OWH grantee teams for the Female Genital Mutilation/ Cutting (FGM/C) grants have been working with their communities on (1) gaps in FGM/C-related health care for women, and (2) prevention of FGM/C among girls living in the U.S. who are at risk for FGM/C. Accomplishments in FY 2018 include

- OWH hosted a two day meeting as grantees entered their third and final year of funding to discuss best practices and showcase preliminary results to various federal agencies.

- The Department of Justice Human Rights and Special Prosecutions Section and OWH co-hosted a meeting entitled "Female Genital Mutilation/Cutting: What Medical Service Providers Need to Know" on March 8, 2018. OWH's participation focused on the unique health considerations for women who were subjected to the practice, and how medical harms can be used in prevention messaging.

OWH continued a cross-cutting focus on mental, emotional, and behavioral health issues across programmatic work. Activities in FY 2018 included convening two meetings to promote work in this area.

- On March 7, 2018, the HHS OWH sponsored the *Women's Mental Health Across the Life Course Through a Sex-Gender Lens: A National Academy of Sciences, Engineering, and Medicine Workshop*.
    - This workshop examined the landscape of women's and girls' mental health across the lifespan focusing on the effects of sex, gender and other social determinants of health. The workshop panel and audience included key stakeholders and research experts from across clinical,

behavioral, and public health disciplines in the public and private sector. who used multi-level analytic approaches to explore the environmental, sociocultural,
    - Participants discussed gaps in research, policy, or services. A workshop summary report, which included key findings and provided recommendations for future OWH work, was published after the meeting.
    - Based, in part on the National Academy meeting, a new project was initiated to produce a program framework to address the unique needs of women and girls with mental and emotional disorders

- In follow-up to the National Academies workshop, OWH hosted a Federal Debrief & Planning Meeting on June 14, 2018. Representatives from across HHS and other federal agencies discussed possible federal activities and collaborations on based on the workshop discussions. The meeting objectives were:
    - Review and discuss key findings from the NAS workshop summary report.
    - Identify intersections between key findings and current federal projects and program mission areas across federal agencies; and
    - Identify continuing roles for federal agencies in improving women's/girls' mental health, including the possible formation of a formal working group.

<u>Education and Collaboration on Women's and Girls' Health</u>
OWH uses websites, webinars, written materials, Grand Round lectures, social media, partnership outreach, and interactive training modules to increase consumer and health professional knowledge of health issues, research, practices, programs, and policies that affect the health of women and girls. Examples include

- In FY 2018, OWH continued its work to developing trainings for health professionals to address the prevention and treatment of obesity in girls and young women. The office conducted assessments and identified gaps in training. OWH is also developing educational web-based materials. Focus areas for this topic may include a comparison of effectiveness of screening and brief counseling modalities or the use of decision aids that encourage provider-patient engagement and behavior change. FY 2019 marks the final year for this project.

- OWH administers the National Women's Health Information Center, which utilizes websites, email, social media, print materials, and a telephone helpline to provide information to women across the nation. These resources allow women and girls to find scientifically accurate and reliable health information written at the 8th grade reading level or below, in English and Spanish.

- OWH continues its collaborative projects with the ACF Office on Trafficking in Persons. OWH provides funds to expand efforts to educate health care providers and social service workers about how to effectively identify and respond to victims of human trafficking, and to strengthen the health care and social service response. Additionally, OWH and ACF have partnered to evaluate the training project to educate health providers and social service workers.

- In FY 2018, OWH funded the creation of a communication campaign to educate women and their loved ones of the risks of postpartum depression. The campaign will create PSAs, social media content, and written materials designed to destigmatize the disorder and promote treatment seeking in pregnant women and new mothers.

- In an effort to raise awareness of the significant health needs of women veterans, in FY 2018 OWH hosted a training meeting for health professionals to assist them in learning about the unique physical, mental, and social health needs of female veterans. Over 1,100 health professionals, researchers and relevant organizations participated in the meeting (either in person or via webcast) which communicated best practices and new research on delivering quality care to women veterans, particularly in traditional clinical settings.

- Each year, OWH organizes the nationwide observance of National Women and Girls HIV/AIDS Awareness Day, an observance created to share information and empower women and girls to learn the importance of HIV and AIDS prevention, care, and treatment. Special efforts were made to reach African American and Latino women to raise awareness of their increased risk for HIV. The 2018 observance distributed messages in multiple media formats, yielding over 100,686,000 earned media and social impressions.

- National Women's Health Week (NWHW) is the second major observance that OWH leads. Held every May, this event encourages women to prioritize their health and take five simple steps improve their health at any age. In FY 2018, the Womenshealth.gov website that featured NWHW content received nearly 155,000 page views, and the outreach efforts reached more than 4.8 million people through social media.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$32,140,000
FY 2017	$32,067,000
FY 2018	$32,140,000
FY 2019	$32,140,000
FY 2020 Request	$27,316,000

Budget Request

The FY 2020 President's Budget request for OWH is $27,316,000, which is $4,800,000 below the FY 2019 Enacted level. At this level, OWH will reduce the Health Communications contract and maintain current staff levels. OWH will continue to coordinate policies, programs, and information across HHS to support the implementation of the OWH Strategic Plan.

The FY 2020 budget request will enable OWH to continue to support existing projects that focus on one or more of OWH's strategic areas, with a particular emphasis on preventing opioid misuse among women and girls, increasing physical fitness and reducing obesity, addressing mental health issues, addressing violence and trauma, reducing health disparities, and promoting the health of women and girls across the lifespan. OWH will continue support for grants to address violence against women in high-risk communities and support prevention and treatment of opioid misuse in women. Detailed OWH activities for FY 2020 include:

<u>Communications and Logistics</u>

- **Health Communications**: OWH's health communications activities help OWH to achieve its mission of providing national leadership and coordination to improve the health of women and girls through policy, education, and model programs. OWH administers the National Women's Health Information Center, which utilizes websites, social media, print materials, and a telephone helpline

to provide information to women across the nation. These resources allow women and girls to find scientifically accurate and reliable health information written at the 6th to 8th grade reading level in English and Spanish.

Evaluation and Assessment

OWH will routinely incorporate formal evaluation methods earlier in the program planning process.

- **OWH Program Evaluation:** OWH will continue to support comprehensive evaluation and analysis of new and existing data to inform women's health programs, policy, and outreach.

- **Health Information Gateway (formerly, Quick Health Data Online):** In response to a Congressional mandate, OWH will continue to partner with the HHS Idea Lab to maintain its Health Information Gateway.

Trauma/Violence against Women

- **Addressing Violence against Women in High-Risk Communities:** OWH will continue to fund awards for communities at most risk for perpetuating violence against women. The project builds upon the previously funded IPV Provider Network, which focused on integrating interpersonal violence assessment and intervention into basic care, as well as encouraging collaborations between healthcare providers, public health programs, and IPV programs. Using the knowledge gained from the Network, grantees are filling gaps in healthcare services for high-risk women and bolster prevention efforts in communities where abusive practices persist at increased rates.

- **SOAR (Stop, Observe, Ask, and Respond to Human Trafficking) Training Evaluation:** in FY 2020, OWH will continue to evaluate the outcomes of the multi-year partnership with ACF to train health care and social service providers to Stop, Observe, Ask, and Respond to human trafficking.

Women's Health across the Lifespan

- **Federal Maternal Depression Workgroup**: OWH coordinates a federal workgroup with other HHS offices and agencies to facilitate collaboration and information sharing around federal efforts addressing maternal mental health. Based on the information exchange and needs identified from this initiative, OWH plans to develop and support efforts to address maternal depression.

- **Paid Family Leave Policy Research:** In FY 2020, OWH will conclude a three-year research study in partnership with the Office of the Assistant Secretary for Planning and Evaluation to identify potential health outcomes associated with extending paid family leave.

Education and Collaboration on Women's and Girls' Health

- **Postpartum Depression Destigmatization and Treatment Campaign**: In FY 2020, OWH will continue to fund the creation of a communications campaign designed to educate women and their loved ones of the risks of postpartum depression. The campaign will create PSAs, social media content, and written materials designed to destigmatize the disorder and promote treatment seeking in pregnant women and new mothers.

- **Campaign to Promote Healthy Eating and Prevent Obesity and Eating Disorders:** In FY 2020, OWH will continue to fund a communications campaign designed to educate parents on how to communicate with preteen and adolescent girls about nutrition, obesity, and eating disorders. This

campaign is in response to requirements of the 21st Century Cures Act, which requires Office on Women's Health to provide publicly available information and awareness on eating disorders.

- **HPV Vaccination Promotion Communications Campaign:** OWH will continue to fund a targeted communications campaign designed to educate and encourage women and men, 18 -26-years of age, living in Texas, Mississippi, and South Carolina (the states with the lowest rates of HPV vaccination) about the health benefits of completing the HPV vaccine series.

Health Disparities in Women

- **Health Disparities Initiative:** OWH will continue to partner with agencies to increase the focus and/or collection of data on women's health issues. Potential activities include the addition of specific women's health questions to existing surveys and co-funding grants/contracts.

- **Women and HIV/AIDS:** In FY 2020, OWH will continue to partner with the Office of HIV/AIDS and Infectious Disease Policy to further raise awareness and support action on emerging issues in HIV/AIDS and viral hepatitis issues affecting the health of women and girls, including the impact of the opioid epidemic on the rates of these diseases. OWH will review and analyze research to ensure a gender focus, while leveraging the expertise of both offices.

Health Care Services for Women

- **Model Programs for States to Address Serious Mental Illness in Women and Girls**: OWH will continue support for a model program framework to address gender differences in mental health for women across the life course, and to prevent and treat mental, emotional and behavioral disorders that are specific to women and girls. This framework will enable OWH to expand and enhance existing public health initiatives to address gender-based health disparities and improve the health of women and girls.

- **Addressing Opioid Misuse among Women in Rural Areas**: In FY 2020, OWH will continue to fund awards for state and community partners to develop, implement, evaluate, and disseminate innovative gender-informed programs in rural primary care settings for women of reproductive age who misuse opioids. These programs utilize the evidence-based screening, brief intervention, and referral to treatment services (SBIRT) approach to address the unique needs presented by the opioids epidemic in highly-impacted communities.

Regional Women's Health

- OWH will support regional and national projects to promote women's health through prevention initiatives and/or women's health information dissemination.

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

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
5.2.1 Number of users of OWH's social media channels. (Output)	FY 2018: 1,593,606[1] Target: 1,500,000 (Target Exceeded)	1,750,000	N/A - Proposed to be retired	N/A - Proposed to be retired
5.3.1 Number of users of OWH communication resources (Output)	FY 2018: 13,726,293 Target: 20,000,000 (Target Not Met)	21,500,000	N/A - Proposed to be retired	N/A - Proposed to be retired
5.4.1 Number of girls ages 9-17 and women ages 18-85+ that participate in OWH-funded programs (e.g., information sessions, web sites, and outreach) per million dollars spent annually. (Efficiency)	FY 2018: 437,794 Target: 1,000,000 (Target Not Met)	1,500,000	N/A - Proposed to be retired	N/A - Proposed to be retired
5.5.1 Number of users of OWH's communication channels (Reach)	N/A	20,739,117	21,000,500	261,383
5.6.1 Number of occasions that users interact with OWH content (Engagement)	N/A	27,380,136	28,100,000	719,864
5.7.1 Number of occasions OWH interacted with the public for the purpose of health education and training (Outreach)	N/A	175	200	25
5.8.1 Number of individuals served by OWH-funded programs (Outreach)	N/A	800,000	850,000	50,000

[1] This result is an average of the number of social media subscribers in FY 2018.

Performance Analysis

OWH's outreach efforts ensure the availability of a central source of reliable women's health information to the public. Data from national surveys indicate that women are more likely than men to search for health information online and that women are more likely to look for online health information on behalf of loved ones (Fox, 2013, Escoffery, 2018). Metrics used to guide and support OWH's outreach activities include data on the number of user sessions to the OWH websites, the number of users of OWH's social media channels, call center and email subscriptions; and the number of women and girls served by OWH programs and initiatives.

OWH's continued social media efforts will ensure that scientifically accurate women's health information is available to the public in the most accessible and widely used formats (e.g., desktop, mobile, or tablet). Data from the Pew Research Center shows that 80% of women use social media in a typical day. As of the first half of FY 2018, more than 1.6 million users subscribed to OWH social media channels, exceeding the FY 2018 target.

Grant Awards Table

Grants (whole dollars)	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	37	36	28
Average Award	$166,903	$152,777	$252,178
Range of Awards	$98,893 – $333,333	$98,893 – $250,000	$98,058 - $775,000

Program Data Chart

Activity	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Contracts			
Program Evaluation	1,821,786	1,753,449	1,800,000
Health Communications	5,700,000	5,614,870	5,100,000
Women's Health Across the Lifespan	1,500,000	1,945,525	1,322,060
Trauma/Violence Against Women	260,167	347,850	300,000
Health Disparities in Women	1,200,000	1,200,000	0
Health Care Services for Women	300,000	300,000	600,000
Education and Collaboration on Women's and Girls' Health	550,310	222,060	600,000
Subtotal, Contracts	**11,332,263**	**11,383,785**	**9,722,060**
Grants/Cooperative Agreements			
Health Care Services for Women	1,993,893	3,961,178	2,000,000
Health Disparities in Women	2,019,704	0	0
Trauma/Violence Against Women	2,161,818	3,100,000	3,100,000
Education and Collaboration on Women's and Girls' Health	0	0	0
Subtotal, Grants/Cooperative Agreements	**6,175,415**	**7,061,178**	**5,100,000**
Inter-Agency Agreements (IAAs)	**3,802,521**	**2,784,386**	**1,348,898**
Operating Costs	**10,829,801**	**10,910,651**	**11,145,042**
Total	**32,140,000**	**32,140,000**	**27,316,000**

EMBRYO ADOPTION AWARENESS CAMPAIGN

Budget Summary

(Dollars in Thousands)

Embryo Adoption Awareness Campaign	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	1,000	1,000	-	-1,000
FTE	-	-	-	-

Authorizing Legislation.....Section 301 of the PHS Act
FY 2020 Authorization.....Indefinite
Allocation Method.....Grants, Cooperative agreement, Contracts

Program Description and Accomplishments

The purpose of the embryo donation/adoption awareness campaign (EAAC) is to educate the American public about the existence of frozen embryos created through in-vitro fertilization (IVF) that could be available for adoption by infertile individuals or couples and identify strategies to reduce the number of frozen embryos.

In the course of treatments for infertility, couples usually produce more embryos than they can use. These supernumerary embryos are generally frozen while the couple who created them decides about their ultimate disposition. This freezing process is known as cryo-preservation. It is estimated that there are more than 600,000 cryo-preserved embryos in the United States. However, it is likely that the majority of these cryo-preserved embryos are still being considered for use in the family-building efforts by the individuals and couples who created them. Nevertheless, it is possible that many individuals and couples who created these frozen embryos have discontinued their family-building plans, and could potentially be made available for embryo donation/adoption (i.e., the transfer of the embryo to the uterus of a woman who intends to bear a child and to be that child's parent).

In November 2018, the program held an expert work group meeting which assessed the legal, ethical, technological and medical advances, and psychosocial considerations related to field of frozen embryo adoption, including but not limited to IVF treatment. As a result of this work group, the program also identified the need to focus on providing counseling, education, and awareness to patients and medical providers related to the options and decisions which may impact the number of surplus embryos that could result after an individual and/or couples completes their family–building journey. Some of the suggested approaches included providing training, materials, and technical assistance to staff at fertility treatment centers, e.g., medical providers, counselors, administrative staff, etc. on addressing options and identifying possibilities when surplus embryos exist following the completion of their fertility treatments. This included using established counseling techniques as well as some highly innovative "informed consent" best practices and methods to educate and provide options in the early stages of treatment, prior to embryo creation. In additions, the work group discussed the advantages of developing strategies and methods to provide counseling on advantages and disadvantages to creating multiple embryos at one time. Ultimately, the program is focused on promoting the use of embryo donation as a family-building option, however, the program has an opportunity to also impact the number of frozen embryos, i.e., reduce, that go unused for IFV and family formation, while still reflecting the intent of Congress.

In fiscal years 2002, and 2004 – 2018, funds were appropriated for an embryo adoption public awareness campaign. The purpose is to educate Americans about the existence of frozen embryos (resulting from in-vitro fertilization) and increase the number and/or proportion of these embryos that are available for donation/adoption for family building. In general, three to five grants have been awarded each year through a competitive process. The grants generally have a two-year grant period.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$1,000,000
FY 2017	$1,000,000
FY 2018	$1,000,000
FY 2019	$1,000,000
FY 2020 Request	-

Budget Request

The FY 2020 President's Budget does not request funds for EAAC.

Grant Awards Table

Grants (whole dollars)	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	3	3	0
Average Award	$230,000	$230,000	$0
Range of Awards	$150,000 - $299,000	$150,000 - $300,000	$0

MINORITY HIV/AIDS FUND

Budget Summary

(Dollars in Thousands)

Minority HIV/AIDS Fund	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	53,900	53,900	53,900	-
FTE	1	1	6	+5

Authorizing Legislation:……Title III Section 301 of the PHS Act
FY 2020 Authorization……Indefinite
Allocation Method……Direct Federal, Grants, Cooperative Agreements, Contracts

Program Description and Accomplishments

The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) administers the Minority HIV/AIDS Fund on behalf of the Office of the Assistant Secretary for Health (OASH). The principal goals of the Fund are to improve HIV-related health outcomes for racial and ethnic minority communities disproportionately affected by HIV/AIDS and reduce HIV-related health disparities.

The Fund has been used to support cross-agency demonstration initiatives, and have been competitively awarded to HHS agencies and offices. The Fund has improved HIV prevention, care, and treatment for racial and ethnic minorities through innovation, systems change, and strategic partnerships and collaboration. In FY2018, The Fund supported 27 projects that promoted innovation, collaboration and systems transformation across HHS to strengthen HIV prevention, care, and treatment among racial and ethnic minorities.

In anticipation of the Ending HIV Epidemic: A Plan for America Initiative and at the direction of OASH leadership, FY 2019 is a transition year. The intent and purpose of The Fund will remain the same: improving HIV prevention, care, and treatment for racial and ethnic minorities through innovation, systems change, and strategic partnerships and collaboration. New project funding in FY 2019 is intended to support initiative projects such as

1. **Localized epidemiology and monitoring:** CDC will develop specific profiles of every state and relevant county indicating new HIV cases, AIDS diagnoses, and HIV-associated mortality stratified by race and ethnicity. These data will be used to highlight areas with large racial and ethnic disparities related to these parameters, and shared with jurisdictions to target interventions to those areas most in need.

2. **Routine STD screening and treatment among persons with HIV infection:** There are major racial and ethnic disparities related to HIV and sexually transmitted diseases; for example, HIV is 8 times, and gonorrhea is 18 times more common among African Americans than White Americans. STD infections increase the likelihood of acquisition and transmission of HIV, and recent estimates indicate that STDs may be a major cause of the leveling off of decreases in HIV incidence we have seen in the United States. Data from CDC's Medical Monitoring Project indicate that many persons with HIV are not receiving the recommended annual screening for STDs, and that if implemented, they are not receiving testing that would identify all areas of infection, missing a substantial proportion of infections. Using The Fund, we would ensure that providers of care for persons with

HIV routinely test and treat persons with HIV for STDs per CDC guidelines. This would be implemented through Ryan White Care Program grantees, Federally-Qualified Health Centers, the private sector, and other providers of care. The results would be reduced incidence of HIV and STDs among racial and ethnic minorities disproportionately affected by HIV. This program would decrease clinical complications and HIV transmission from persons with HIV, and reduce HIV incidence in their sexual partners.

3. **Increased PrEP for racial and ethnic minorities disproportionately affected by HIV:** PrEP is one of the most effective methods for preventing acquisition of HIV, with greater than 95% reductions in HIV incidence when taken as directed. The new Ending HIV Epidemic initiative focuses PrEP efforts initially on the 48 counties most affected by HIV, Washington DC, Puerto Rico, and the seven rural states. Yet this only includes areas with an estimated 50% of new HIV infections. We would use The Fund's resources to expand PrEP to the counties with racial and ethnic minority populations, including Native Americans, disproportionately affected by HIV who would not have been included in the initial roll out of the new Ending HIV Epidemic Initiative due to moderate or low HIV incidence.

Funding will be used to innovate and fundamentally change the systems of HIV prevention and care in those communities most at need. Racial and ethnic minorities continue to bear the greatest burden of the severe and ongoing HIV epidemic. Almost 3 out of 4 of the 40,000 new HIV diagnoses annually are among racial and ethnic minorities. At current rates, 1 in 2 black gay and bisexual men, 1 in 4 Hispanic gay and bisexual men, and 1 in 48 black women will receive a HIV diagnosis during their lifetimes. Only 54% of racial and ethnic minorities living with HIV have a suppressed viral load. Of all PrEP users in 2016, blacks represented only 7.8% of users, and Hispanics only 8.6%. 50% of those newly diagnosed with HIV reside in the Deep South, and The Fund is critical to reaching these Americans.

Funds will also be utilized to continue critical work with American Indians and Alaska Natives (AI/ANs). IHS projects funded through The Fund have dramatically expanded HIV testing and improved prevention, care, and treatment outcomes among AI/ANs. Between 2006 to 2016, prenatal screening increased by 67%; between 2012 and 2016, HIV screening increased by 63% for 13-64 year olds and 450% for baby boomers.

The Fund will support the goals of the Ending HIV Epidemic Initiative – offering the agility needed to directly reach those who may fall outside the reach of the larger programs.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$53,900,000
FY 2017	$53,777,000
FY 2018	$53,900,000
FY 2019	$53,900,000
FY 2020 Request	$53,900,000

Budget Request

The FY 2020 President's Budget request for The Fund is $53,900,000, flat with the FY 2019 Enacted level. Advances in prevention and treatment for HIV/AIDS make the prospect for ending HIV/AIDS in the United States possible. The request for the Minority HIV/AIDS Fund will help support the goals of the

Ending HIV Epidemic Initiative. These funds provide the Department with the agility to target funding for hard to serve communities and individuals which enable HHS to implement programs critical to the success of the early phase of this initiative. OASH will work with the OPDIVs to target these dollars to projects that will support this initiative and help support those racial and ethnic minority populations that are hard to reach.

Minority HIV/AIDS Fund - Key Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
7.1.12a: Increase the number of racial and ethnic minority clients who are tested through the Fund programs. (Outcome)	FY 2017: 300,274 Target: 40,000 (Target Exceeded)	20,000	19,500	-500
7.1.12b: Increase the diagnosis of HIV-positive racial and ethnic minority clients through HIV testing programs supported by the Fund programs. (Outcome)	FY 2017: 4,878 Target: 2,000 (Target Exceeded)	1,000	900	-100
7.1.12c: Increase the proportion of HIV-positive racial and ethnic minority clients who learn their test results through the Fund programs. (Outcome)	FY 2017: 78% Target: 50% (Target Not Met)	50%	50%	0
7.1.15: Increase the proportion of newly diagnosed and re-diagnosed HIV-positive racial and ethnic minority clients linked to HIV care, as defined by attendance of at least one appointment, within three months of diagnosis, through the Fund programs. (Outcome)	FY 2017: 87% Target: 75% (Target Exceeded)	80%	82%	2%+
7.1.17: Increase the proportion of clinical and program staff who are provided HIV-related training through the Fund programs in one or more of the following areas: (1) HIV testing and risk counseling; (2) patient navigation and medical case management; (3) adherence assessment and counseling; (4) alternative models for delivering HIV care (task shifting, telemedicine, etc.); or (5) cultural competency (racial/ethnic, gender, and sexual orientation). (Outcome)	FY 2017: 1,405 Target: 5,800 (Target Not Met)	5,000	4,500	-500

7.1.18: Increase the proportion of the Fund community-based and faith-based organizations that adopt new or enhanced organizational policies, programs, or protocols in one or more of the following capacity building areas: (1) targeting HIV testing in community settings; (2) increasing the rate of receipt of HIV test results; (3) improving active linkage to, or re-engagement in, care for infected clients; and (4) facilitating effective patient navigation that improves retention in continuous care. (Outcome)	FY 2017: 0 (none reported) Target: 8 (Target Not Met)	5	5	0

Performance Analysis

HIV testing is at the center of *Measures 7.1.12.a, 7.1.12b & 7.1.12c.* The measures identify the number of racial and ethnic minorities tested for HIV; the numbers diagnosed HIV-positive; and the numbers who receive their HIV-positive diagnosis and are therefore aware of their HIV status. Increasing awareness of HIV status is a critical objective of the National HIV/AIDS Strategy where it is estimated that 15% of those who are infected do not know their status. More critically, knowledge of status anchors the prevention and care/treatment efforts and represents the first bar, HIV diagnosis, of the HIV Care Continuum.

In addition, an essential component of HIV testing is the linkage to care activity for those who are diagnosed HIV-positive. This activity is captured under *Measure 7.1.15*. Recent studies have shown the challenges the U.S. is having along a "continuum of care" from HIV diagnosis to viral suppression of clients – estimates show 84% are linked to care; 56.5% are retained in care; 95.4% are prescribed antiretroviral medication; and only 57.9% are virally suppressed. The Fund testing projects have approached the target for linkage to care and reflect the importance of HIV-positive client engagement in a care system.

Measures 7.7.17 and 7.1.18, involving training and capacity building, respectively, highlighting the continued importance of funding projects that facilitate or improve, prevention, care, and treatment activities. In both areas, improved targeting and the identification of specific areas of focus are essential to improving the desired performance in health outcomes we seek.

SEXUAL RISK AVOIDANCE

Budget Summary
(Dollars in Thousands)

Sexual Risk Avoidance	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Budget Authority	25,000	35,000	0	-35,000
FTE	-	-	-	-

Authorizing Legislation:..... P.L. 115-245 FY 2019
Authorization.....Annual Appropriation
Allocation Method.....Direct Federal, Grants

Program Description and Accomplishments

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

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

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$10,000,000
FY 2017	$15,000,000
FY 2018	$25,000,000
FY 2019	$35,000,000
FY 2020 Request	-

Budget Request

The FY 2020 President's Budget does not request funds for this program.

RENT, OPERATION, AND MAINTENANCE AND RELATED SERVICES

Budget Summary

(Dollars in Thousands)

Rent, Operation, and Maintenance and Related Services	FY 2018 Final	FY 2019 Enacted Level	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	16,089	16,089	16,089	-
FTE	-	-	-	-

Authorizing Legislation:.....Title III of the PHS Act FY 2020
Authorization.....Indefinite Allocation
Method.....Direct Federal

Program Description and Accomplishments

The Rent/Operation and Maintenance (O&M) and Related Services account supports headquarters facilities occupied by the OS STAFFDIVS funded by the GDM account. Descriptions of each area follow:

- *Rental payments (Rent)* to the General Services Administration (GSA) include funds to cover the rental costs of office space, non-office space, and parking facilities in GSA-controlled buildings.

- *O&M* includes funds to cover the operation, maintenance, and repair of buildings for which GSA has delegated management authority to HHS; this includes the HHS headquarters, the Hubert H. Humphrey Building (HHH).

- *Related Services* include funds to cover non-Rent activities in GSA-controlled buildings (e.g., space management, events management, guard services, other security, and building repairs and renovations).

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$16,089,000
FY 2017	$16,089,000
FY 2018	$16,089,000
FY 2019	$16,089,000
FY 2020 Request	$16,089,000

Budget Request

The FY 2020 request is $16,089,000 which is flat with the FY 2019 President's Budget. At this level non-pay inflationary increases will be absorbed and services will be maintained.

SHARED OPERATING EXPENSES

Budget Summary

(Dollars in Thousands)

Shared Operating Expenses	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	11,544	11,544	11,544	-
FTE	-	-	-	-

Common Expenses/ Service and Supply Fund (SSF) Payment

Common Expenses include funds to cover administrative items and activities which cut across and impact all STAFFDIVs under the GDM appropriation. The major costs in this area include:

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

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

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

FY 2019 HHS Enterprise Information Technology and Government-Wide E-Gov Initiatives

The Budget includes $207,846 to support government-wide E-Government initiatives.

FY 2019 E-Gov Initiatives and Line of Business*	Original Amount	Revised Amount
GSA/IAE-Loans and Grants	$86,925	$86,925
Federal Health Architecture LoB	$75,154	$75,154
E-Rulemaking	$21,472	$21,472
Treasury Managing Partner Financial Mgmt - LOB (MOU) FMLoB	$4,952	$4,952
Human Resources Management LoB (HRLoB)	$2,941	$2,941
Disaster Assist Improvement Plan (DAIP)*	$1,396	$1,396
Budget Formulation and Execution LoB	$2,362	$2,362
Benefits.gov	$9,858	$9,858
Performance Management Line of Business (PMLoB).	$1,714	$1,714
Geospatial LoB	$1,074	$1,074
FY 2019 E-GOV Initiatives Total	**$207,846**	**$207,846**

* Specific levels presented here are subject to change, as redistributions to meet changes in resource demands are assessed.

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

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$11,544,000
FY 2017	$11,544,000
FY 2018	$11,924,000
FY 2019	$11,544,000
FY 2020 Request	$11,544,000

Budget Request

The FY 2020 request for other Shared Operating Expenses is $11,544,000, which is flat with the FY 2019 President's Budget. At this level the request includes an inflation factor for Service and Supply Fund charges as well as shared expenses.

PHS EVALUATION SET-ASIDE

Budget Summary

(Dollars in Thousands)

PHS Evaluation Set-Aside	FY 2018 Final	FY 2019 Enacted Level	FY 2020 President's Budget	FY 2020 +/- FY 2019
ASPE	41,243	43,243	43,243	-
Public Health Activities	11,400	9,400	20,212	+10,812
ASFR	1,100	1,100	1,100	-
OASH	4,285	4,285	4,285	-
Teen Pregnancy Prevention Initiative	6,800	6,800	-	-6,800
Total	64,828	64,828	68,840	-4,012
FTE	117	117	129	+12

ASSISTANT SECRETARY FOR PLANNING AND EVALUATION (ASPE)

Budget Summary

(Dollars in Thousands)

Assistant Secretary for Planning and Evaluation	FY 2018 Final	FY 2019 Enacted Level	FY 2020 President's Budget	FY 2020 +/- FY 2019
PHS Evaluation	41,243	43,243	43,243	-
FTE	115	115	124	+7

Authorizing Legislation:……..43 U.S.C. 241 Public Health Service Act
FY 2020 Authorization……..Indefinite
Allocation Method……..Direct Federal/Intramural, Contracts; Competitive Grants, Cooperative Agreement; Other (Salaries and Expenses, etc.)

Program Description and Accomplishments

The Office of the Assistant Secretary for Planning and Evaluation, headed by the Assistant Secretary for Planning and Evaluation (ASPE), is a Staff Division of the Office of the Secretary in the U.S. Department of Health and Human Services (HHS). The ASPE is the principal advisor to the Secretary of HHS on policy development, and is responsible for major activities in policy coordination, legislative development, strategic planning, policy research, evaluation, and economic analysis. ASPE consists of a diverse group of professionals, including economists, statisticians, epidemiologists, lawyers, sociologists, scientists, psychologists and physicians who conduct quick turnaround and longer term policy research and analysis to support leadership decision-making. ASPE also leads special initiatives on behalf of the Secretary, convenes work groups across the Department, conducts Congressionally mandated studies and evaluations, staffs certain Congressionally mandated federal advisory committees, and leads the Department's legislative development process.

ASPE leads the development, coordination of the implementation of the Department's work to support the Administration's initiative to address the opioid epidemic and serves as the HHS lead to coordinate the implementation of the Administration's National Action Plan to Combating Antibiotic-Resistant Bacteria initiative.

ASPE has a central role in behavioral health and works with Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute of Mental Health, and other stakeholders to address serious mental illness and leads significant mental health initiatives required by Congress in the 21st Century Cures Act. During a public health emergency or infectious disease outbreak, ASPE participates in efforts led by the Assistant Secretary for Preparedness and Response (ASPR), to ensure that HHS and Administration policies are implemented efficiently and effectively. ASPE works closely with the Administration for Children and Families (ACF) to identify and test strategies that advance the health, safety, and well-being of Americans, and is coordinating HHS welfare reform efforts to promote employment, personal responsibility, and economic independence. ASPE research on access to prescription drugs and spending across HHS programs, and international comparisons with other developed countries, is supporting efforts to develop policy options to encourage access, affordability, and innovation. ASPE research has played a central role in HHS efforts to assure that all Americans have access to quality, affordable health care, through insurance coverage and health care safety-net programs that work for them and meets their needs. ASPE analyses of regulatory burden have played a central role in the Department's efforts to reduce burden, put patients first, and increase state flexibility in health insurance markets.

ASPE maintains a diverse portfolio of intramural and extramural research and evaluation to inform policy formulation and decision-making regarding the full portfolio of HHS programs. In addition, ASPE maintains a number of simulation models, databases, actuarial support, and other resources to support timely policy analysis and development. In developing research priorities, ASPE consults across the Department and the Administration so that it focuses on work that is central to Department priorities. Emphasis is placed on identifying areas for which ASPE's work will add value to existing agency efforts and/or fill gaps, and where ASPE's contributions will be meaningful. Agencies often request that ASPE undertake specific projects to support HHS priorities, including numerous CMS requests on topics such as Medicare post-acute bundled payments, insurance market simulation models, evaluation of new interventions (like assisted outpatient treatment) to serve people with serious mental illness, and conducting demonstrations to test new models of serving older individuals in home and community-based settings.

ASPE works across the Department, with the Office of Management and Budget, agencies throughout the federal government, and other stakeholders to develop analytic capacity to evaluate federal investments and support evidence-informed policies. ASPE's work in these areas is enhanced by participation at all levels in interagency collaborations, and ASPE convenes many operating and staff divisions which provide input on HHS priorities.

ASPE coordinates the development of the quadrennial HHS Strategic Plan. A strategic plan is one of three main elements required by the Government Performance and Results Act (GPRA) of 1993 (P.L. 103-62) and the GPRA Modernization Act of 2010 (P.L. 111-352). An agency's strategic plan defines its mission, goals, and the means by which it will measure its progress in addressing specific national problems over a four-year period.

The following outlines ASPE's programs and goals continuing from FY 2019.

Advance Scientific Knowledge and Innovation

In FY 2020, ASPE will continue to use the Strategic Planning System to track progress on the Department's implementation of the 21st Century Cures Act, as well as other Secretarial priorities. In addition to coordinating and engaging with HHS operating and staff divisions to implement the Act, ASPE will continue to respond to requests from Congress, and develop an overall strategy to evaluate HHS programs that serve people with serious mental illness and other behavioral health needs.

Other priority projects under this goal include research and analysis to support regulatory risk assessment and management; the translation of biomedical research into every day health and health care practice; the development and adoption of innovation in health care; and food, drug, and medical product safety and availability. ASPE will build on an existing collaboration with the Food and Drug Administration (FDA), which is characterizing the activities and costs associated with validating new biomarkers for use in drug development. Information gleaned from this project may be useful to inform efforts to encourage biomarker validation, with the goal of facilitating the speed and efficiency of drug development so new therapies reach patients sooner. ASPE is also partnering with FDA on research to assess the costs of clinical trials, with a goal to identify policy interventions to improve the efficiency of the clinical trial process and encourage innovation.

ASPE coordinates an HHS-wide initiative to build data capacity for patient-centered research. ASPE convenes agency leaders, researchers, data experts, and research networks to collect, link, and analyze real world data for research on a wide spectrum of issues. FY 2019 projects will address Secretarial priorities and may include the opioid epidemic, childhood obesity, serious mental illness, and emergency preparedness.

Coordination of efforts to build data capacity across HHS strengthens its research, analyses, and public reporting programs, while simultaneously reducing unnecessary duplication, inefficiencies, and reporting burdens on patients or health care providers.

ASPE leads an HHS-wide Analytics Team to provide recommendations for strengthening regulatory analysis, and provides technical assistance on regulatory impact analysis development to HHS agencies and offices. ASPE works in close partnership with HHS operating divisions on regulatory priorities and regulatory reform, and with the White House, the Office of Management and Budget, and the Federal Trade Commission to continue efforts to introduce more experimental evidence into decision making in the design of regulations. For example, ASPE has developed guidelines for HHS on analyzing the impact of regulations to improve the transparency and quality of regulatory decision making, and is leveraging the Analytics Team to provide thought leadership on regulatory costs and benefits under the rubric of Regulatory Reform, as newly required by Executive Order 13771, Reducing Regulations and Controlling Regulatory Costs, and Executive Order 13777, Enforcing the Regulatory Reform Agenda.

Finally, ASPE convenes and works collaboratively with other HHS operating and staff divisions, and statistical centers, such as Office of National Coordinator for Health Information Technology (ONC), Food and Drug Administration (FDA), Centers for Medicare & Medicaid Services (CMS) and Centers for Disease Control's (CDC) National Center for Health Statistics (NCHS) to advance the goal of an electronic, nationwide interoperable healthcare system. This includes crafting health IT policies that support the development and use of standardized data to improve patient safety. Two examples of this type of work are ASPE's contributions to development of FDA's unique device identifier for tracking medical devices, and the evaluation and development of comparability ratios when converting to new standard data classifications (ICD9-ICD10) in NCHS national surveys for tracking population health.

Advance the Health, Safety and Well-being of the American People

ASPE's priorities are to provide actionable research to support the Secretary's goal to advance the health, safety, and well-being of Americans through self-sufficiency and work that supports personal responsibility, independence, economic mobility, and – most importantly – family stability. Support for parents to work and care for their children is reflected in ASPE's efforts to support workforce development, to examine the barriers in the welfare system to find and keep unsubsidized employment, leverage social capital, and improve access to child care. In addition, ASPE evaluates methods to improve access to healthcare, promote the healthy development of children, and increase opportunities for learning and school success. When more help is needed with families at risk, ASPE provides for the study of strategies to improve the safety and well-being of children involved in the child welfare system, refugee and homeless families, families affected by incarceration, and child support enforcement. ASPE is a leading support for the on-going research and study of poverty and youth programs.

ASPE conducts research on improving access to health care, including researching any economic burdens of the Affordable Care Act, and researching alternatives that will increase choice and competition, as required by Executive Orders 13765, Minimizing the Economic Burden of the Patient Protection and Affordable Care Act Pending Repeal and Executive Order 13813, Promoting Healthcare Choice and Competition Across the United States. This work also includes analysis of the health care safety net programs such as the Health Center program, National Health Service Corps, and other programs designed to improve access to care for rural Americans and other priority populations.

ASPE is examining residential care alternatives for the aged, caregiver support, evidence-based clinical and community-based preventive services, mental health and substance use disorder programs, and disparities in health. During public health emergencies and infectious disease outbreaks, ASPE will provide technical and analytic support for policy decision-making to support ASPR and the Secretary on behalf of individuals, families, and communities.

ASPE assembles evidence that is critical to the design of departmental programs, and makes policy and program decisions based on the best available evidence, using data and analysis about the behavior of program participants, what interventions work, for whom, and under what circumstances. In the absence of direct evidence, ASPE uses the evidence-informed methods (such as well calibrated simulation models) to expand approaches that work and fine-tune programs and interventions that may have mixed results. Staff work to anticipate potential outcomes of policy actions, what programs and interventions work, improve upon what does not, and understand what actions to take when programs do not demonstrate improvement. In this context, analyses involve a range of information sources including survey data and analyses, program evaluation, analytical models and methods, as well as performance data and scientific evidence generated at multiple levels of study. ASPE's goal is to work with HHS operating and staff divisions to create a culture of learning to ensure evidence-based decision-making is the norm throughout HHS.

ASPE will conduct research and evaluation for important initiatives, such as increasing economic independence, behavioral health (including early psychosis intervention), and addressing the opioid epidemic.

ASPE coordinates behavioral health parity implementation across HHS and other federal agencies working on parity, notably the Departments of Labor and Treasury. A number of ASPE-identified action steps were included in the 21st Century Cures legislation, including that the Secretary of HHS host a public meeting on behavioral health parity. ASPE hosted this tri-Department listening session last

summer and will complete an Action Plan this coming year based on the listening session.

ASPE leads the Administration's efforts to combat Alzheimer's disease and related dementias, including operating the National Advisory Council on Alzheimer's Research, Care, and Services, which involves all HHS leaders engaged in dementia-related work, as well as 12 national experts from the private sector. The group produces and updates an annual National Alzheimer's Plan. At the end of last year, ASPE coordinated Departmental stakeholders, the Advisory Council, outside experts and contractors to convene a national summit on dementia care research on the NIH campus. In the coming year, ASPE will pursue follow-up activities from the summit.

ASPE chairs the Interagency Working Group on Youth Programs, established by Executive Order 13459, Improving the Coordination and Effectiveness of Youth Programs. The Working Group coordinates the activities of 20 federal agencies and offices in order to improve youth outcomes, promote positive youth development and successful transition to adulthood, disseminate evidence- based practices, and strengthen youth engagement and youth/adult partnerships. Many of these goals are accomplished through the website www.youth.gov, a one-stop shop for federal information and resources about youth.

ASPE participates in interagency workgroups to support the alignment and public reporting of quality measures across HHS programs. One workgroup focuses on public reporting across HHS agencies. A second workgroup focuses on quality measure endorsement and input on the National Quality Strategy. ASPE has partnered with SAMHSA, CMS, and NIMH over the past few years to develop additional quality measures for behavioral health care. The measures address important issues regarding follow-up after inpatient and emergency room treatment, screening and care for co-morbid conditions, screening for risk of suicide or other violent behavior, and fidelity to evidence-based treatments. ASPE has worked together to develop and promote these measures for use in various programs throughout the Department including the meaningful use measures used by the ONC and the reporting requirements used by CMS for the inpatient psychiatric facility prospective payment system in Medicare. In addition, ASPE has worked together to sponsor a study by the Institute of Medicine on developing quality standards for psychosocial interventions.

Ensure Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs

Specific projects under this goal include developing metrics for performance measurement, understanding needs of individuals with disabilities, determining the common components of effective youth prevention programs, research addressing the new Medicare quality payment program for physicians, and evaluating the impact of social risk factors in Medicare's quality and resource use measures in value based purchasing programs. ASPE will coordinate HHS data collection and analysis activities; ensure effective long-range planning for surveys and other investments in major data collection; and will proactively identify opportunities for transparency, data sharing, and dissemination through electronic posting of datasets on healthdata.gov and other means.

ASPE maintains several databases, which allow for short-term monitoring and evaluation of existing and newly-implemented policies. It also extensively uses unique data sets, acquired from private vendors, to better monitor, evaluate, and track trends in important areas such as prescription drug policies; and employer sponsored health insurance.

Additionally, ASPE maintains a small team focused on improving evaluation and the use of evidence across the Department through collaboration, coordination, and consultation with staff and leadership

in operating and staff divisions. ASPE provides a number of products and services that advance these goals in multiple programs. The President's Reform and Reorganization Plan specifically proposes strengthening Federal evaluation government-wide, including administrative improvements to increase capacity to conduct evaluation. ASPE is developing enhanced and strategic learning activities in order to effectively address the Secretary's and the Departments' priorities. While ASPE has recently improved data access relevant to these priorities, particularly in the areas of opioids and drug pricing, data itself cannot provide the contextual and causal information that formal evaluations can.

ASPE will continue to lead efforts to leverage HHS administrative data for research, policy, statistical, program and performance management and evidence building purposes. For example, ASPE is conducting a review to identify and document the major privacy issues or other limitations in accessing, using, and sharing administrative data for other purposes. Identification of limitations is a first step in the ability to reform policies, guidance, and procedures for linking administrative data for use in research, evaluation, or program improvement; disseminating results; and making available data sets for public use. This work will support the development of guidance to navigate potential limitations and increase access to administrative data.

ASPE supports the Department in its goals to enhance internal and external information sharing in accordance with privacy and civil liberties policies. ASPE reviews and advises on privacy policy involving the protection of individually identifiable information. Our goals are to ensure fairness and confidentiality while ensuring data is available for research, administration, and policy decision making.

Strengthen Health Care

Priority projects under this goal include providing analysis and developing data to measure, monitor and evaluate the Department's efforts to address pharmaceutical pricing, stabilize the individual and small group health insurance markets, encouraging state innovation to develop patient-centered reforms to health care delivery, improving health care and nursing home quality, developing innovative payment and delivery systems, analyzing the performance of safety net and workforce distribution programs, identifying the best ways to serve individuals who are dually eligible for Medicare and Medicaid, modernizing Medicaid, and improving care delivery in the Indian Health Service.

ASPE will identify key strategies to reduce the growth of health care costs while promoting high-value, consumer-driven, effective care. Priority projects will produce the measures, data, tools, and evidence that health care providers, insurers, purchasers, consumers, and policymakers need to improve the value and affordability of health care and to reduce disparities in costs and quality between population groups and regions. These projects include research required under the IMPACT ACT to determine the relationship between social risk (socioeconomic) factors and quality measures used in Medicare's value based purchasing programs; research to support the implementation of new physician payment approaches under The Medicare Access and CHIP Reauthorization Act of 2015; and research to support development of post-acute care payment models required by the IMPACT ACT.

ASPE will continue to develop advanced capacity to track, analyze and compare drug prices and utilization across U.S. payers and internationally. Analyses include; the impact of competition on generic drug prices; analyzing trends in spending by source and patient copayments; analysis of biosimilar policy issues; and analysis of changes in Part D benefit structure.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$53,743,000
FY 2017	$41,243,000
FY 2018	$41,243,000
FY 2019	$43,243,000
FY 2020 Request	$43,243,000

Budget Request

ASPE requests $43,243,000 which is flat with the FY 2019 President's budget. At this level, ASPE will continue to support the economic analysis and reports on drug pricing, including international drug prices. ASPE will absorb military pay increases by reducing contracts.

ASPE provides planning and research support to the department to meet regular business needs, such as strategic planning, evaluation and program effectiveness, FACA compliance, interagency work groups, and many others. ASPE prioritizes work to support the latest set of Secretarial initiatives: combating the opioid crisis; bringing down the high cost of prescription drugs; addressing the cost and availability of health insurance; transforming our healthcare system to a value-based system, supporting establishment of the Council on Economic Mobility (in collaboration with other relevant Agencies) to implement certain aspects of the previously-titled "Council on Public Assistance" as recommended in Delivering Government Solutions in the 21st Century and *ReImagine HHS*.

In addition, ASPE continues to work on activities that support HHS's mission more broadly, especially as outlined in the Secretary's Strategic Plan. Addressing these priorities and informing decision-making accurately, thoroughly, and objectively requires access to increasingly costly data, software, programming, and expert analytic support. In addition to the critical Secretarial initiatives, ASPE has responded to a series of White House Executive Orders around regulatory reform, welfare reform, prisoner reentry, and health care competition.

Key research topics from the last year have included:

- Behavioral Health and Substance Disorder Treatment
- Improving the Efficiency of Clinical Trials for Drug Development
- Analysis of Disability and Aging Programs
- Incentives for Antibacterial Drug Development
- Implementing electronic health record default settings to reduce opioid overprescribing
- Understanding Recent Trends in Generic Drug Prices (intramural).

In addition, ASPE makes significant investments in resources that allow us to respond to immediate requests for information to support policy-making. These include:

- Access to Prescription Drug Data, Patient Level Drug Utilization Data, and Drug Sales Data for the Purposes of On-going Research
- National Poverty Research Center
- Transfer Income Model (TRIM3)

This request will also support and expand ASPE's role in coordinating departmental implementation of the Strategy to address the opioid epidemic through continued research into addiction, prevention, treatment, and recovery services. ASPE currently plays an important role in providing coordination and departmental involvement in critical policy decisions with a focus on expediting the discovery, development and delivery of new therapies, making significant reforms to the mental health system, and increasing health care choice, access and quality. To further the Secretary's focus on serious mental illness, ASPE will develop and implement work related to education, screening, treatment, community engagement, and research.

ASPE anticipates continuing its role in coordinating departmental implementation of the 21st Century Cures Act, given the cross-cutting nature of the law's provisions. ASPE plays an important role in providing coordination and department involvement in critical policy decisions related to authorities and mandates affecting HHS agencies with a focus on expediting the discovery, development and delivery of new therapies, making significant reforms to the mental health system, and increasing health care choice, access and quality.

ASPE will continue support for a cooperative agreement to address barriers to economic mobility for children, families, and communities. ASPE awards $1,600,000 per year to an academically based poverty research center to provide timely access to high-quality, reliable research on the causes and consequences of poverty as well as policies and programs to increase self-sufficiency and independence. This cooperative agreement, awarded to one university, harnesses the expertise of over 200 scholars across the U.S. through creation and leadership of a poverty research collaborative with other universities. The poverty center program conducts a broad range of research to describe and analyze national, regional, and state environments and policies affecting the poor. For example, recent panels analyzed high marginal tax rates—often referred to as program cliffs—and strategies to mitigate them, and explored the mismatch between employers' needs and labor supply.

The Center also focuses on expanding HHS's understanding of the causes, consequences, and effects of poverty in local geographic areas, especially in states or regions with high concentrations of poverty such as rural areas, and on improving its understanding of how labor markets and social relationships, including family structure and function affect the health and well-being of children, adults, families, and communities. The Center also develops and mentors social science researchers whose work focuses on these issues and hosts regular Federal Learning Exchanges in which HHS leadership discusses implications of the latest policy research with leading research experts. ASPE will be looking at ways to ensure that the products delivered by the grantee are targeting the highest priorities.

Grants

Grants (whole dollars)	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Number of Awards	1	1	1
Average Award	$1,600,000	$1,600,000	$1,600,000
Range of Awards	$1,600,000	$1,600,000	$1,600,000

PHS EVALUATION
PUBLIC HEALTH ACTIVITIES

Budget Summary
(Dollars in Thousands)

Immediate Office of the Secretary	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	11,400	9,400	20,212	+10,812
FTE	2	2	5	-

Authorizing Legislation.....Title III of the PHS Act
FY 2020 Authorization.....Indefinite
Allocation Method.....Direct Federal

Program Description and Accomplishments
The Immediate Office of the Secretary provides leadership, direction, policy, and management guidance to HHS and establishes Department priorities for evaluation of Public Health Service programs. These priorities include evaluating program effectiveness across HHS to improve the quality of public health and human service programs.

PHS Evaluation funding allows the Secretary the necessary flexibility to identify, refine, and implement programmatic and organization goals in response to evolving needs. With these funds, staff research and evaluate health and human services activities and operations; serving HHS and the Administration decision makers, as well as state and local government, private sector public health research, education, and practice communities by providing valuable information on the factors contributing to the determining program effectiveness.

A key priority of the Secretary is to evaluate HHS investments in data collection and management. Diverse sets of data assets include administrative, research, and public health data, all of which have the potential for tremendous value. These funds will support program review by the Office of the Chief Technology Officer to evaluate the effectiveness of HHS efforts for uniform collection, storage and optimized use of HHS data assets. This effort enables HHS to make the best use of its wealth of data to identify, evaluate, and improve program performance, to prioritize investments, and to improve how HHS measures associated impact.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	-
FY 2017	$12,005,000
FY 2018	$11,400,000
FY 2019	$9,400,000
FY 2020 Request	$20,212,000

Budget Request
The FY 2020 President's Budget Request for Secretary's Public Health Activities is $20,212,000, which is an increase of $10,812,000 over FY 2019 Enacted. This increase will allow the Secretary to carry out

outreach and media campaign initiatives to prevent opioid misuse and address the Secretary's other priority areas such as Health Insurance Reform, lowering prescription drug prices and out-of-pocket costs, and Value-Based Care. The IO would carry out the opioid media campaign in coordination with Centers for Disease Control and Prevention (CDC) and Substance Abuse and Mental Health Services Administration (SAMHSA).

In FY 2020, the Secretary will proactively respond to the needs of the Department, as it improves programs and services authorized in the U.S. Public Health Service Act by evaluating the implementation and effectiveness of these programs, to ensure the return on the investment of program funding through meaningfully leveraging data to enable new insights for targeted interventions and programmatic improvement.

Strengthening Health Care

FY 2020 priority projects for Public Health Activities include providing analysis and developing data to measure, monitor, and evaluate the Department's efforts to stabilize the individual and small group health insurance markets, respect and promote the patient-doctor relationship, empower patients and promote consumer choice, enhance affordability, return regulatory authority to the states, and reduce unwarranted regulatory and economic burden.

The Secretary will identify key strategies to promote high-value, consumer-driven, effective care that lowers total health care cost growth. Priority projects will produce and/or streamline the measures, data, tools, and evidence that health care providers, insurers, purchasers, consumers, and policymakers need to improve the value and affordability of health care and to reduce disparities in costs and quality between population groups and regions. These projects include research required under the Improving Medicare Post-Acute Care Transformation ACT to determine the relationship between social risk (socioeconomic) factors and quality measures used in Medicare's value based purchasing programs; research to support the implementation of new physician payment approaches under The Medicare Access and CHIP Reauthorization Act of 2015; and research to support development of post-acute care payment models required by the IMPACT ACT.

Data Innovation

The Office of the CTO leads HHS enterprise data efforts. HHS is evaluating the value and impact of its data and that of its stakeholders to more effectively gain insights to advance HHS initiatives, such as combating the national opioid epidemic. Focusing on the Secretary's priorities, the Office of the CTO will work across HHS to evaluate how data can be used to establish practical solutions to crosscutting problems. CTO will advance best practices and data driven solutions to address issues such as the opioid crisis, reduction in provider burden, and data sharing across states.

CTO will also seek to accelerate evaluation of improved access to of HealthData.gov, HHS's front door Department health and human datasets. In FY 2020, CTO will develop HealthData.gov's strategy & execution plan, which will include code-a-thons and strategic engagement with the data consumers, increasing higher utilization of HHS for novel health research and solutions.

PHS EVALUATION
ASSISTANT SECRETARY FOR FINANCIAL RESOURCES

Budget Summary
(Dollars in Thousands)

PHS Evaluation – Assistant Secretary for Financial Resources	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	1,100	1,100	1,100	-
FTE	-	-	-	-

Authorizing Legislation: ……Section 241 PHS Act
FY 2020 Authorization……..Indefinte Allocation
Method……..Direct federal, Contract

Program Description and Accomplishments

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

Five Year Funding Table

Fiscal Year	Amount
FY 2016	-
FY 2017	-
FY 2018	$1,100,000
FY 2019	$1,100,000
FY 2020 Request	$1,100,000

Budget Request
The FY 2020 Budget request of $1,100,000, which is equal to the FY 2019 Enacted level. At this level, ASFR will partially support costs associated with the Program Performance Tracking System (PPTS) and the Data Analytics Platform, which is used by the Department to improve of program, performance, and program evaluation.

The FY 2020 request will be used to fund program evaluation activities within the ASFR Office of Budget. The Office of Budget manages the implementation of the Government Performance and Results Modernization Act (GPRMA) and all phases of HHS performance budget improvement activities. These funds will cover staff costs focused on program evaluation activities in the preparation of performance reports for OMB, the Congress, and the public. Funds will also go towards the continued development and operation PPTS and the Data Analytics Platform. The data analytics platform provides a single system for performance data as well as key budget information collected across the Department. This data supports the production of the President's Budget and provides content for required performance reports. The Data Analytics Tool on the PPTS allows the Office of Budget to run in depth analyses on performance measures, goals and objectives which are used to create the annual HHS products such as the congressional justifications and Annual Performance Plan and Report.

PHS EVALUATION
OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Budget Summary
(Dollars in Thousands)

OASH – Public Health Service Evaluation	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	4,285	4,285	4,285	-
FTE	-	-	-	-

Authorizing Legislation: ……..Section 241 PHS Act
FY 2020 Authorization……..Indefinite
Allocation Method……..Direct federal, Contracts

Program Description and Accomplishments
The Office of Assistant Secretary for Health (OASH) Immediate Office coordinates the Evaluation Set-Aside program for OASH. Each fiscal year, OASH program offices submit proposals in an effort to improve and evaluate Public Health Service Act funded programs effectiveness. Studies supported by these Set-Aside funds serve decision makers in federal, state, and local government, and the private sector of the public health research, education, and practice communities by providing valuable information about how well programs and services are working. Projects approved in FY 2018 are listed below:

- Monitoring and Evaluating Progress in Achieving our National Health Objectives: Healthy People 2020 (HP2020):
  - Assess progress in achieving the HP2020 targets.
  - Identify population health disparities and gaps in data collection.
  - Identify and communicate evidence-based practices and programs that support achievement of the HP2020 objectives, across multiple sectors and levels.
- Developing National Health Objectives to Evaluate Health Across the Nation: Healthy People 2030 (HP2030):

  - With this funding, both the work of the Committee and the Healthy People Federal Interagency Workgroup (FIW) can continue in order to be ready for the launch of HP2030 in early 2020. This year's efforts will include additional Committee meetings (1 in-person and 4-5 virtual meetings, along with related subcommittee meetings), a formal public comment process on the proposed HP2030 objectives, the finalization of framework and objectives for HP2030 by the FIW, and ODPHP's management of the processes to yield the HP2030 objectives and Leading Health Indictors (LHIs) in time for the launch in 2020. This project will involve a comprehensive evaluation of data supporting exiting national objectives and emerging critical public health issues as well as inform policy and program development and implementation, within and outside the federal government.

- Healthfinder 4.0 User-Centered Development and Evaluation:
  - Evaluate development drafts of healthfinder to assess (1) usability and understandability/actionability of its content and design; (2) potential for health care providers to recommend the new version of healthfinder to their patients/clients - YR 1
  - Use a quality improvement process to develop a user-driven version of healthfinder- a personalized, interactive prevention learning and planning version of healthfinder.gov in English and in Spanish to activate individuals to put prevention into practice at home and with their health care providers - YR 1
  - Develop content syndication tools to incorporate into healthfinder 4.0 and evaluate their usability and likely use among health professionals. – YR 2

- Physical Activity Guidelines for Americans, 2018:
  - Evaluate current science to develop the second edition of the Physical Activity Guidelines for Americans.
  - Encourage adoption of the recommendations in the second edition of the Physical Activity Guidelines for Americans through communications strategies and educational resources based on formative audience research.
  - Evaluate awareness of the recommendations from the second edition of the Physical Activity Guidelines and behavior change among target audiences.

- Evaluation of the "Individualizing Glycemic Targets Using Health Literacy Strategies" Training:
  - Assess the impact of the training tool on shared decision making and patient engagement.
  - Identify opportunities to improve the interactive training tool.

- Impact of the Hepatitis C Medicaid Affinity Group on Access to HCV Treatment and Cure:
  - Monitor and evaluate the function and outcomes of the Hepatitis C Medicaid Affinity Group to include its management and processes; the changes that states proposed and those that were made; the effects of these changes on policy, access, prescription of curative direct acting agents, numbers and percentages of patients cured, costs; and cost impact/cost effectiveness of the changes.
  - Expansion of the project in Year 2 (resource allowing) will expand dissemination of effective strategies through the development of case studies and support state Medicaid claims analysis.

- Evaluation of the Integration of Infectious Disease Prevention into HHS Opioid Epidemic Prevention Activities:
  - Evaluate the Integration of Infectious Disease Prevention within HHS Opioid Epidemic Prevention Activities – Study and evaluate 8 – 10 HHS opioid prevention programs/activities for integration opportunities with infectious disease prevention. This evaluation aims to identify the barriers to integration and articulate strategies to address these barriers to inform existing and future projects' effectiveness and efficiency including the development of policy and program guidance related to opioid and infectious disease responses.

- Evaluation of Implementation of the National Viral Hepatitis Action Plan:
  - Monitor and evaluate the implementation of activities undertaken in 2017-2020 by the federal Viral Hepatitis Implementation Group and others as described in the National

Viral Hepatitis Action Plan (Action Plan) and the intersections with the opioid epidemic. Progress will be measured against annual targets described in the Action Plan.

- Evaluate HHS.gov/hepatitis, a viral hepatitis website launched in 2016 and implement quality improvement activities to enhance content and navigation based on the findings. The evaluation will include website analytics (such as number of visitors, referring websites, types of content most viewed, etc.) and key stakeholder feedback.

- Evaluate a series of webinars and webcasts on viral hepatitis and infectious disease integration into the opioid epidemic response, and assess and report on the activities and findings of viral hepatitis evaluation activities via the development of an annual progress report, blogs published on HHS.gov/hepatitis, and periodic webinars and meetings.

- Developing methods to measure US pregnancy rates using Federal data sources exclusively:
  - Develop methods to calculate pregnancy rates (overall and intended vs. unintended) in the United States using only Federal data sources; previous estimates of pregnancy rates and the proportion that are unintended have relied on both Federal and non-Federal data sources
  - Enable the Department (HHS) and its partners to perform these calculation independently, enhancing the transparency of the methodology and increasing and enabling the frequency and regularity of reporting
  - Improve understanding and tracking of the proportion of pregnancies that are intended and use these data to better direct program resources
  - Describe calculations in detail in a second report, so methodology is transparent and can be replicated in future reports
  - Publish estimates of pregnancy rates and unintended pregnancy in a National Center for Health Statistics report, with estimates further stratified by age, race/ethnicity, parity, marital status, and state of residence.

- Needs Assessment for a Collaborative Workflow Environment:
  - Identify and prioritize the specific areas of ORI's internal collaborative processes that would benefit from workflow modernization.
  - Assess the requirements for modernization and evolution of ORI's case database to an enterprise management system including a digital workflow to enhance collaboration and cybersecurity with HHS and other federal partners.
  - Identify key metrics and milestones for the development of role-based dashboards for timely exchange of relevant information and enhanced resource planning between partners, for example ORI and OGC.

- Improving Inclusion for Individuals with a Disability: I Can Do It! (ICDI) Evaluation:
  - Additional funding will support contract staff who will conduct data collection and analysis throughout the ICDI process and impact evaluations, as well as incentivize sites to participate in the study.

- Evaluating a Modernized USPHS Commissioned Corps:
  - A self-assessment on the overall organizational structure of the Office of the Surgeon General, including the USPHS Commissioned Corps, with an implementation and plan to modernize the USPHS Commissioned Corps.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$4,285,000
FY 2017	$4,285,000
FY 2018	$4,285,000
FY 2019	$4,285,000
FY 2020 Request	$4,285,000

Budget Request

The FY 2020 President's Budget request for OASH PHS Evaluation is $4,285,000 flat with the FY 2019 Enacted level. At this level, OASH will continue to support robust program evaluation projects selected from proposals to improve and evaluate public health programs and identify ways to improve their effectiveness. The evaluation projects will continue to serve decision makers in, federal, state, and local government, as well as support OASH priorities and the HHS Strategic Plan.

PHS EVALUATION
TEEN PREGNANCY PREVENTION

Budget Summary
(Dollars in Thousands)

PHS Evaluation - Teen Pregnancy Prevention	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	6,800	6,800	-	-6,800
FTE	-	-	-	-

Authorizing Legislation.....Section 241 of the PHS Act
FY 2020 Authorization.....Indefinite
Allocation Method.....Direct Federal; Contracts; Grants

Program Description and Accomplishments

The Office of Adolescent Health (OAH) supports several evaluation activities to build the evidence base to prevent teenage pregnancy and to support expectant and parenting youth and their families. OAH supports projects that make a significant contribution to these fields including Federal program evaluations, economic evaluations, the provision of rigorous training and technical assistance to evaluation grantees. Additionally, OAH collects and analyzes performance measures.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$6,800,000
FY 2017	$6,800,000
FY 2018	$6,800,000
FY 2019	$6,800,000
FY 2020 Request	-

Budget Request
The FY 2020 President's Budget does not request funds for the Teen Pregnancy Prevention evaluation.

PREGNANCY ASSISTANCE FUND

Budget Summary
(Dollars in Thousands)

Pregnancy Assistance Fund	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	23,350	25,000	-	-25,000
FTE	2	2	-	-2

Authorizing Legislation: ……..Patient Protection and Affordable Care Act, Section 10214
FY 2020 Authorization…….Expired
Allocation Method……Direct Federal; Competitive Contracts; Grants

Program Description and Accomplishments
The Pregnancy Assistance Fund (PAF) is a competitive grant program for States and Tribes to develop and implement projects to improve the health, educational, social, and economic outcomes of expectant and parenting teens, women, fathers, and their families. Between 2010 and 2018, the Office of Adolescent Health (OAH) administered competitive PAF grants to 32 states, including the District of Columbia, and 5 tribal organizations. In FY 2018, OAH awarded new competitive grants to 22 States and one tribal organization for a two-year project period. FY2020 funds will support a new cohort of grantees that will be competitively selected.

The PAF program provides expectant and parenting teens, women, fathers, and their families support services to strengthen access to, and completion of, education (secondary and postsecondary); improve child and maternal health outcomes; increase parenting skills; strengthen co-parenting relationships and marriage; increase positive paternal involvement; and secure employment.

PAF grantees use funds to:

- Establish, maintain, or operate expectant and parenting student services in high schools, community service centers, and/or Institutions of Higher Education
- Improve services for pregnant women who are victims of domestic violence
- Increase public awareness and education concerning the services available to expectant and parenting teens, women, fathers, and their families

The PAF program was authorized and appropriated for a 10 year period (FY 2010-2019) by Sections 10211-10214 of the Affordable Care Act (Public Law 111-148) and will expire in FY 2020 without reauthorization.

Five Year Funding Table

Fiscal Year	Amount
FY 2016	$23,300,000
FY 2017	$23,275,000
FY 2018	$23,350,000
FY 2019	$25,000,000
FY 2020 Request	-

Budget Request

The FY 2020 President's Budget does not request funds for PAF.

PAF - Key Outputs and Outcomes Table

Program/Measure	Year and Most Recent Result	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
Number of expectant and parenting teens, young adults, and their families served by PAF grantees	FY18: 15,182	15,000	N/A	-15,000
Number of partnerships established to support the PAF program	FY18: 2,074	2,000	N/A	-2,000

Performance Analysis

Since the PAF program was created in 2010, the program has provided support services to over 94,000 expectant and parenting teens, women, fathers, and their families. The most recent data available, collected from July 2017 through August 2018, show that PAF grantees served 15,182 people during the year and partnered with over 2,074 organizations. Of the participants served, approximately 60% were expectant or parenting mothers, 10% were expecting or parenting fathers, and 30% were children. Most participants were between the ages of 16-19 – 25% were 16-17 years; 30% were 18-19 years; 26% were 20-24 years; 14% were 25 or older; and 5% were 15 or younger. Overall, 44% of the participants were Hispanic. Thirty-six percent (36%) of the participants were white; 44% were Black or African American, 4% were American Indian and Alaska Native, 3% were Asian, and 7% were more than one race.

PAF program participants receive a wide range of support services including services related to personal health (prenatal care, maternal wellness), child health (immunizations, well-child information), parenting supports, education support (tutoring, assistance working with teachers and school administrators when absent from school after birth of the baby), employment support (job training, interviewing skills) and concrete supports (diapers, food, baby equipment). The services most commonly

provided were parenting skills, case management, education supports, concrete supports such as food, housing, and clothing, and healthy relationships information.

Compared to expectant and parenting teens and students who did not receive services through the PAF program, PAF program participants are more likely to graduate from high school (94% vs. 51%), less likely to drop out of high school (8% vs. 30%), and less likely to report a subsequent unintended pregnancy (6% vs. 20%). OAH. Performance Measure Snapshot. The Pregnancy Assistance Fund, FY2016. Available at https://www.hhs.gov/ash/oah/sites/default/files/paf-performance-measures-snapshot-fy16-071017.pdf.

Department of Health and Human Services
Office of the Assistant Secretary for Health
FY 2020 Discretionary State Grants
Pregnancy Assistance Fund (PAF)

State/Territory	FY 2018 Final	FY 2019[1] Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Alabama	$970,000			
Arizona	$954,528			
California	$1,388,075			
Connecticut	$970,000			
Kansas	$941,475			
Maryland	$970,000			
Massachusetts	$970,000			
Michigan	$970,000			
Minnesota	$970,000			
Mississippi	$970,000			
Montana	$970,000			
Nebraska	$969,906			
New Mexico	$970,000			
New York	$970,000			
Oklahoma	$851,320			
Oregon	$970,000			
Pennsylvania	$766,806			
Rhode Island	$885,739			
South Carolina	$970,000			
Virginia	$969,996			
Washington	$970,000			
Wisconsin	$970,000			
New Grant Awards – TBD		$21,307,845	$0	-$21,307,845
Subtotal States/Tribes	**$21,307,845**	**$0**	**$0**	**$0**
Program Support	**$2,042,155**	**$2,042,155**	**$0**	**-$2,042,155**
Total Resources	**$23,350,000**	**$23,350,000**	**$0**	**-$23,350,000**

[1] The total amount for FY 2019 is post-Sequestration, reduced by 6.2 percent

SUPPORTING EXHIBITS
DETAIL OF POSITIONS[1]

Detail	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Executive level I	1	1	1
Executive level II	1	1	1
Executive level III	-	-	-
Executive level IV	2	2	2
Executive level V	-	-	-
Subtotal, Positions	**4**	**4**	**4**
Total, Salaries	$728,700	$729,565	$729,565
-	-	-	-
Executive Service[2]	97	97	97
Administrative Appeal Judge	17	17	17
Subtotal, Positions	**114**	**114**	**114**
Total, Salaries	$17,521,978	$17,542,785	$17,542,785
-	-	-	-
GS-15	343	343	353
GS-14	349	349	375
GS-13	214	212	268
GS-12	138	138	153
GS-11	75	75	75
GS-10	9	9	9
GS-9	53	53	53
GS-8	17	17	17
GS-7	17	17	17
GS-6	3	3	3
GS-5	3	3	3
GS-4	-	-	-
GS-3	1	1	1
GS-2	-	-	-
GS-1	-	-	-
Subtotal, Positions	**1,222**	**1,220**	**1,327**
Total Salaries	$162,687,794	$162,092,025	$182,121,385
Total Positions	**1,340**	**1,338**	**1,445**
Average ES Level	ES 00	ES 00	ES 00
Average ES salary	$153,702	$153,884	$153,884
Average GS grade	14.5	14.5	14.5
Average GS Salary	**$131,130**	**$131,071**	**$130,950**

[1] Table does not include Commissioned Corps.

[2] Executive Service includes all Senior Level positions except as noted.

DETAIL OF FULL-TIME EQUIVALENT (FTE) EMPLOYMENT

Detail	FY 2018 Final Civilian	FY 2018 Final CC	FY 2018 Estimate Total	FY 2019 Enacted Civilian	FY 2019 Enacted CC	FY 2019 Estimate Total	FY 2020 Estimate Civilian	FY 2020 Estimate CC	FY 2020 Estimate Total
Direct	869	12	881	868	12	880	943	24	967
Reimbursable	471	23	494	470	24	494	502	10	512
Total FTE	**1,340**	**35**	**1,375**	**1,338**	**36**	**1,374**	**1,445**	**34**	**1,479**
-	-	-	-	-	-	-	-	-	-
Average GS Grade	-	-	14.5	-	-	14.5	-	-	14.5

STATEMENT OF PERSONNEL RESOURCES

Resource	FY 2018	FY 2018	FY 2019	FY 2020
-	Target	Estimate	Estimate	Estimate
Direct Ceiling FTE	992	881	880	967
Reimbursable Ceiling FTE	569	494	494	512
Total Ceiling FTE	**1,561**	**1,375**	**1,374**	**1,479**
Total Civilian FTE	1,510	1,340	1,338	1,445
Total CC FTE	**51**	**35**	**36**	**34**

FTEs Funded by the Affordable Care Act

(Dollars in Thousands)

Program	Section	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Pregnancy Assistance Fund Discretionary P.L. (111-148)	Section 10214	25,000	25,000	25,000	22,825	23,200	23,275	23,300	23,275	23,350	23,450	0
FTE	**-**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**2**	**0**

RENT AND COMMON EXPENSES

(Dollars in Thousands)

Details	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Rent				
GDM	8,792	8,792	8,883	+91
IOS	95	95	96	
ASPA	47	47	47	
ASFR	-	-	-	-
ASA	-	-	-	
IEA	814	814	822	+8
CFOI	59	59	60	
OGC	2,158	2,158	2,180	+22
DAB	-	-	-	-
OGA	550	550	556	+6
OASH	4,416	4,416	4,251	-165
Subtotal	***16,931***	***16,931***	***16,895***	***-38***
Operations and Maintenance				
GDM	5,572	5,572	5,629	+57
IOS	139	139	140	
ASPA	-	-	-	
ASFR	815	815	824	+9
ASA	160	160	162	+2
IEA	231	231	234	
CFOI	34	34	34	
OGC	2,374	2,374	2,399	+25
DAB	-	-	-	-
OGA	154	154	155	+1
OASH	2,637	2,637	3,947	+1,310
Subtotal	*12,116*	*12,116*	*13,524*	*+1,404*
Service and Supply Fund	-	-	-	-
GDM Shared Services	-	-	-	-
GDM	564	592	622	+30
IOS				
ASFR	5,436	5,708	5,993	+285
ASFR				
ASA	2,120	2,226	2,337	+111
IEA				
CFOI				
OGC	6,972	7,321	7,687	+366
DAB	1,113	1,168	1,227	+58
OGA	965	1,014	1,064	+51
OASH	7,527	7,903	8,299	+395
Subtotal	***24,698***	***25,933***	***27,229***	***+1,297***

PHYSICIANS' COMPARABILITY ALLOWANCE (PCA)

Office of the Assistant Secretary for Planning and Evaluation

Physician Categories	FY 2018 Actuals	FY 2019 Estimates	FY 2020 Estimates
1) Number of Physicians Receiving PCAs	1	0	0
2) Number of Physicians with One-Year PCA Agreements	0	0	0
3) Number of Physicians with Multi-Year PCA Agreements	1	0	0
4) Average Annual PCA Physician Pay (without PCA payment)	93,508	0	0
5) Average Annual PCA Payment	17.500	0	0
6) Number of Physicians' Receiving PCA's by Category (non-add) Category I Clinical Position	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category II Research Position	1	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category III Occupational Health	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-A Disability Evaluation	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-B Health and Medical Admin.	0	0	0

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) offers physicians filling the Category II Research positions the maximum of $30,000 per employee. This physician provides expert medical advice and analysis on ASPE topics relating to medical care, informatics, and the management of chronic conditions and access of HHS data. The qualifications of this medical expert provide an exceptional level of skill, expertise and experience necessary to support the ASPE office's initiatives.

ASPE has traditionally had difficulty in recruitment of research and informatics physicians. The last recruitment in ASPE resulted in only three candidates; most were not a good fit. ASPE has had to pursue other avenues for physicians such as short term Intergovernmental Personnel Act (IPA) employees through universities which often result in higher costs. Recruiting physicians at the GS salary schedule would prove to be challenging without the ability to offer the PCA incentive, which assists in obtaining the qualifications and expertise useful to ASPE's efforts.

PHYSICIANS' COMPARABILITY ALLOWANCE (PCA)

Office of the Assistant Secretary for Health

Physician Categories	FY 2018 Actuals	FY 2019 Estimates	FY 2020 Estimates
1) Number of Physicians Receiving PCAs	8	18	18
2) Number of Physicians with One-Year PCA Agreements			
3) Number of Physicians with Multi-Year PCA Agreements	8	18	18
4) Average Annual PCA Physician Pay (without PCA payment)	168,000	452,000	452,000
5) Average Annual PCA Payment	21,000	25,111	25,111
6) Number of Physicians' Receiving PCA's by Category (non-add) Category I Clinical Position	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category II Research Position	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category III Occupational Health	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-A Disability Evaluation	0	0	0
Number of Physicians' Receiving PCA's by Category (non-add) Category IV-B Health and Medical Admin.	8	18	18

There is a shortage of qualified licensed medical doctors federal government-wide. OASH leads initiatives that require the qualifications and experience of licensed physicians (i.e., opioid, infectious diseases, immunization, disease prevention, as well as a host of presidential and secretarial federal advisory committees to focus on health disparities, pain management, etc.).

The use of PCA and direct hire granted by OPM affords OASH the ability to compete with the private sector to attract and retain licensed medical doctors. OASH typically loses 2 plus highly qualified physicians per year due to competing offers from the private sector. Most positions go unencumbered for a period of not less than 6 months. Due to the shortage, OASH projects to encumber 10 accessions (medical officers) this year.

OASH consistently monitors staffing levels to include planned and unplanned vacancies. Succession planning is based on current and projected needs which align with the priorities of the Secretary and Department.

Grants.Gov

The following is presented pursuant to Sections 737(b) and (d) of the Consolidated Appropriations Act of 2008 (P.L. 110-161).

The Assistant Secretary for Financial Resources (ASFR) manages the Grants.gov program on behalf of the 26 federal grant-making agencies. Grants.gov is the Federal government's hub for grant applications and information on over 1,000 grant programs and approximately $120 billion awarded by the agencies and other organizations. The program enables federal agencies to publish grant funding opportunities and application packages online, while allowing the grant community of over one million organizations (state, local, and tribal governments, education and research organizations, non-profit organizations, public housing agencies, and individuals) to search for opportunities and download, complete, and electronically submit applications.

Through the use of Grants.gov, the agencies are able to provide the public with increased access to government grant programs and are able to reduce operating costs associated with online posting and application of grants. Additionally, agencies are able to improve their operational effectiveness through the use of Grants.gov by increasing data accuracy and reducing processing cycle times.

The initiative provides benefits to the following agencies:

- Department of Agriculture
- Department of Commerce
- Department of Defense
- Department of Education
- Department of Energy
- Department of Health and Human Services
- Department of Homeland Security
- Department of Housing and Urban Development
- Department of the Interior
- Department of Justice
- Department of Labor
- Department of State
- U.S. Agency for International Development
- Department of Transportation
- Department of the Treasury
- Department of Veterans Affairs
- Environmental Protection Agency
- National Aeronautical and Space Administration
- National Archives and Records Administration
- National Science Foundation
- Small Business Administration
- Social Security Administration
- Corporation for National Community Service
- Institute of Museum and Library Services
- National Endowment for the Arts

- National Endowment for the Humanities

From its inception in 2003, Grants.gov has transformed the federal grants environment by streamlining and standardizing public-facing grant processes, thus facilitating an easier application submission process for our applicants. The Grants.gov Program Management Office (PMO) works with agencies on system adoption, utilization, and customer satisfaction.

RISK MANAGEMENT OVERVIEW: Risks are categorized and prioritized to facilitate and focus risk management activities. Risk categories are aligned with OMB risk management guidance, ensuring comprehensive consideration of possible risks and simplifying program reporting. Risk prioritization is based on the probability of occurrence and potential impact, and focuses project resources where they are most needed.

All risks are tracked in the Grants.gov Risk Management Database, from identification through resolution. This online database is accessible to all Grants.gov team members and is updated regularly, in keeping with a continuous risk management process. Although physically separate, the Risk Management Database is considered an integral part of the Grants.gov Risk Management Plan.

Risks are categorized to facilitate analysis and reporting. The Grants.gov risk categories are aligned with Office of Management and Budget (OMB) guidance on risk assessment and mitigation. The risk category describes potentially affected areas of the program, and helps put individual risks into context when assessing their severity. The categories are also used to drive risk identification: the lack of identified risks in a given category may indicate overlooked risks. The following risks have been identified to OMB:

Risk 1: The global financial crisis (2008-present) has dramatically reduced federal revenues and increased the federal deficit. Widespread calls to reduce federal spending could result in decreased funding for Grants.gov. The Grants.gov PMO operations, funded entirely by agency contributions, include: salaries and expenses for full-time staff, and support contracts for system integration, hardware platforms, upgrades, software licenses, Independent Verification and Validation, outreach and liaison, contact center, performance metrics monitoring, and office support. If the PMO does not receive sufficient funding, or if the agency contributions are not provided in a timely manner, the PMO would have to limit or stop providing the services it offers to its stakeholders.

Risk mitigation response: Grants.gov risk mitigation is a multifaceted approach that includes internal actions as well as external entities. Internally, the PMO times the majority of its contract actions toward the 3rd and 4th quarter of the fiscal year, to accommodate the speed of incoming contributions. Additionally, if sufficient funding is not available, the PMO can reduce the scope of its contracts, reprioritize contract awards, and/or postpone awarding of contracts. All contract actions and award decisions are made in the context of ensuring full, reliable functionality of the Grants.gov system. The PMO closely monitors contract expenditures and PMO activities such as training and travel expenditures to ensure the available budget will cover the actual expense. By the end of the 1st quarter, the PMO develops and sends documentation to each funding agency to initiate funding transfers and then reports (monthly) the status of agency contributions to the Financial Assistance Committee for E-Government (FACE), and OMB.

Risk 2: A fundamental concept of electronic commerce is the standardization of a common set of terms to be used by trading partners during business communications. Grants.gov requires common data

processes in order to function. The inability to define common data and processes could impede program goals.

Risk mitigation response: The Grants.gov system was developed in accordance with the electronic standards for core grants data, Transaction Set 194, which were developed by the Inter-Agency Electronic Grants Committee (IAEGC). The Grants.gov PMO worked with the PL 106-107 workgroup and IAEGC to build consensus, and continues to work to minimize the required changes to agency and applicant processes. Agencies are being encouraged to simplify their forms and if possible develop a common set of forms and data definitions. To meet that goal, Grants.gov is consolidating already existing forms and working with Agencies for adoption to avoid duplicate forms used across the agencies. Grants.gov is also working to ensure compliance with DATA Act and Uniform Guidance requirements as they are finalized.

FUNDING: The total development cost of the Grants.gov initiative by fiscal year -- including costs to date, estimated costs to complete development to full operational capability, and estimated annual operations and maintenance costs -- are included in the table below. Also, included are the sources and distribution of funding by agency, showing contributions to date and estimated future contributions through FY 2020.

GRANTS.GOV

FY 2018 to FY 2020 Agency Contributions

Agency	Total FY 2018	Total FY 2019	Total FY 2020
CNCS	38,725	31,320	26,000
DHS	165,519	202,102	289,000
DOC	307,784	342,232	366,000
DOD	736,560	755,095	621,000
DOE	354,285	410,979	418,000
DOI	1,848,290	1,933,644	1,339,000
DOL	151,052	152,190	93,000
DOS	452,184	451,018	444,000
DOT	187,918	216,587	294,000
ED	391,690	321,448	423,000
EPA	307,283	275,652	331,000
HHS	6,193,979	6,315,818	7,036,000
HUD	119,797	201,977	277,000
IMLS	94,664	96,506	63,000
NARA	37,005	38,792	28,000
NASA	146,187	103,383	74,000
NEA	278,923	324,578	198,000
NEH	259,921	256,841	163,000
NSF	263,798	233,849	325,000
SBA	61,413	63,924	46,000
SSA	30,000	25,895	21,000
USAID	192,847	139,162	284,000
USDA	493,961	473,087	484,000
USDOJ	467,787	458,850	473,000
USDOT	83,806	91,396	57,000
VA	99,022	118,826	143,000
Grand Total	**13,764,400**	**14,035,151**	**14,316,000**

Centrally Managed Projects

The GDM Staff Divisions are responsible for administering certain centrally-managed projects on behalf of all Operating Divisions in the Department. Authority for carrying out these efforts is authorized by either specific statute or general transfer authority (such as the Economy Act, 31 USC 1535). The costs for centrally-managed projects are allocated among the Operating Divisions in proportion to the estimated benefit to be derived.

Project	Description	FY 2019 Funding
The Digital Accountability and Transparency Act	To fund the ongoing DATA Act operations and maintenance services, an allocation by financial system was determined to be the most reflective of the underlying purpose of the law and the area of greatest impact to HHS' business operations.	$674,100
Bilateral and Multilateral International Health Activities	These funds support activities by the Office of Global Affairs in leading the U.S. government's participation in policy debates at multi-lateral organizations on health, science, and social welfare policies and advancing HHS's global strategies and partnerships, and working with USG agencies in the coordination of global health policy and setting priorities for international engagements.	$6,603,001
Department-wide CFO Audit of Financial Statements	These funds cover the costs of auditing the HHS financial statements annually (as required by the CFO Act of 1990), and stand-alone audit of the CMS producing Department-wide financial statements, and coordinating the HHS audit process, including costs for FISMA.	$16,418,783
Chronic Fatigue Syndrome Advisory Committee (CFSAC)	CFSAC provides expertise in biomedical research in the area of CFS, health care delivery services, insurers and voluntary organizations concerned with the problems of individuals with CFS. They meet on research, patient care, education, and quality of life for persons with CFS.	$100,000
HHS Biosafety and Biosecurity Coordinating Council	The work of the Council will support HHS efforts to confront threats posed by the accidental or deliberate release of high-consequence biological agents or toxins and aligns with the principles articulated in the *National Health Security Strategy;* the *National Strategy for Countering Biological Threats,* and EO 13546 *(Optimizing the Security of Select Agents and Toxins*).	$323,824
Intradepartmental Council on Native American Affairs	These funds will be used for continued support of HHS-wide tribal consultation; support new initiatives such as tribal emergency preparedness, suicide prevention and the HHS American and Alaska Native Health Research Advisory Council and to continue to serve as the HHS focal point for Native American Health and Human Services.	$383,183
National Clinical Care Commission	The Nation Clinical Care Commission is authorized in the National Clinical Care Commission Act (Public Law 115-80). HHS will establish a committee to evaluate and make recommendations regarding improvements in	$720,000

	coordinating and leveraging programs related to the awareness and clinical care for complex metabolic or autoimmune diseases resulting from issues related to insulin.	
National Science Advisory Board for Bio-Security (NSABB)	Funds will be used by the NSABB for providing guidance on ways to enhance the culture of responsibility among researchers, developing strategies for enhancing interdisciplinary bio-security, recommending outreach strategies, engaging journal editors on policies for review, continuing international engagement, and develop Federal policy for oversight of life sciences research at the local level based on recommendations of the NSABBS.	$2,472,000
NIH Negotiation of Indirect Cost Rates	At the request of Operating Divisions, NIH has expanded its capacity to negotiate indirect cost rates with commercial (for-profit) organizations that receive HHS contract and/or grant awards, to ensure that such indirect costs are reasonable, allowable, and allocable.	$1,349,000
Office of Business Management and Transformation	ReImagine HHS will fund contract support to address the new requirements established through the President's Management Agenda. In response to the President's Executive Order on Reorganizing the Federal Government and OMB Memoranda 17-22(M-17-22) released in April 2017, funds will contribute to the Department 's goal of improving operations and performance while reducing duplication and unnecessary costs.	$3,300,000
Pain Management Interagency Task Force	The Comprehensive Addiction and Recovery Act, P.L. 114-198 charges the HHS, in cooperation with VA, the Defense Secretaries, and the DEA, to coordinate and lead the establishment of a Pain Management Best Practices Interagency Task Force. The Task Force shall review gaps in or inconsistencies between best practices for pain management (including chronic and acute pain); and propose updates, as necessary.	$850,000
President's Advisory Council on Combating Antibiotic-Resistant Bacteria	EO 13676 directs the Secretary of Health and Human Services to establish the Advisory Council in consultation with the Secretaries of Defense and Agriculture. The Council will also provide advice on programs and policies to preserve the effectiveness of antibiotics, to strengthen surveillance of antibiotic-resistant bacterial infections, and the dissemination of up-to-date information on the appropriate and proper use of antibiotics to the general public and human and animal healthcare providers.	$1,125,000
ReInvent Grants Management	The overall vision of reinvent grants management will create a single user experience through improved grants management administration and enhance grants performance measurement, resulting in an environment that is more transparent and less duplicative for internal and external stakeholders. This	$600,000

	will allow HHS to be more efficient and optimize resource usage.	
Regional Health Administrators	The RHA's provide senior-level leadership in health, bringing together the Department's investments in public health and prevention by providing a health infrastructure across the ten HHS regions. Particularly in the areas of prevention, preparedness, coordination and collaboration, the RHA's represent the Secretary, Assistant Secretary for Health and Surgeon General in the Regions, and are key players in managing ongoing public health challenges.	$2,772,000
Secretary's Advisory Committee on Blood Safety and Availability	The Committee advises the Secretary on a broad range of public health, ethical and legal issues related to blood transfusion and transplantation safety. Such issues require coordination across many of the Operating Divisions. Funds support Committee meetings, workshops, staff, and subject matter experts.	$1,500,000
Tick-Borne Disease Working Group	The Tick-Borne Disease Working Group requires Department-wide responsibility across Agencies with an interest in relevant aspects of Tick-Borne Diseases. The Office of the Assistant Secretary for Health (OASH) shall establish, convene, coordinate, and support the Tick-Borne Federal Advisory Committee for ongoing tick-borne research, programs, and policies, including those related to causes, prevention, treatment, surveillance, diagnosis, diagnostics, duration of illness, and intervention of individuals with tick-borne diseases. The Working Group is an established requirement of the 21st Century Cures Act.	$600,000

SIGNIFICANT ITEMS IN HOUSE, AND SENATE APPROPRIATIONS COMMITTEES REPORTS

FY 2020 CJ – Significant Items

FY 2019 Senate Labor-HHS Report S.Rept. 115-292

Disparity Populations
The Committee recognizes the importance of understanding and addressing the needs of disparity populations. To ensure underserved and disadvantaged populations continue to be best served by programs and offices within the Department and that our Federal health programs address the unique needs of vulnerable communities, the Committee directs the Secretary to maintain the collection of data on disparity populations, as defined by Healthy People 2020, on health surveys administered by the Department.
Action taken or to be taken
The Office of Disease Prevention and Health Promotion continues to implement Healthy People 2020, which provides a comprehensive set of national health objectives with 10-year targets to be achieved by 2020. The objectives' population-based data allow identification of disparities by various demographic characteristics, including but not limited to race/ethnicity, socioeconomic status, education level, geographic location, and sexual orientation. The development of the next decade's health objectives, Healthy People 2030, is underway and is expected to continue its focus on eliminating health disparities.

FY 2019 Senate Labor-HHS Report S.Rept. 115-295

National Vaccine Advisory Committee (NVAC)
The Committee recognizes that lower childhood immunization rates have been reported in the United States among children living in poverty, urban children, and black and Hispanic children. The Committee requests the NVAC, in coordination with CMS, to provide the Committee with data regarding the number of children under the age of 35 months that received childhood vaccinations, as well as data regarding disparities in immunization rates among these children. The NVAC should also assess the extent to which these children received vaccinations according to the recommendations of the CDC Advisory Committee on Immunization Practices.
Action taken or to be taken
The National Vaccine Program Office looks forward to working with the Center for Disease Control, Center for Medicare Services Centers for Medicare & Medicaid Services and other HHS agencies to assess data the Department collects on childhood immunization rates to provide to the Committee. .

FY 2019 Labor-HHS Report H. Rept. 115-866

Hepatitis

The Committee commends OMH for their advancements in the treatment and management of hepatitis and requests an update in the fiscal year 2020 Congressional Justification on the progress of community partnerships that promote awareness and outreach to improve testing, diagnosis, and treatment.

Action taken or to be taken

In FY 2020 the Office of Minority Health anticipates continuing support for six hepatitis B demonstration projects planned in FY 2019. The purpose of the three year demonstration projects is to develop a model, comprehensive hepatitis B virus (HBV) prevention program that includes strategic partnerships. These demonstration projects will show linkages with other programs in the community for client outreach and recruitment; provide clinical or outreach services to foreign-born populations and marginalized immigrants from hepatitis B-endemic countries; provide HBV awareness and education to staff and targeted populations; and adopt screening practices for identification of persons infected with HBV. The strategic partnerships will include community-based organizations servicing at-risk communities; state and local departments of health; perinatal hepatitis B programs; safety net providers; and healthcare facilities to build capacity for scale-up HBV vaccination, testing and linkage to care services and surveillance to advance progress toward national hepatitis B elimination goals recommended by the National Academies of Sciences (NAS). The grants forecast is posted at https://www.grants.gov/web/grants/view-opportunity.html?oppId=308949.

OCR

FY 2019 Labor-HHS Report H. Rept. 115-862

Privacy in Mental Health Scenarios.—Section 11004 of the 21st Century Cures Act (PL 114–255) directed the Secretary of Health and Human Services to identify model programs and materials for training health care providers regarding the permitted uses and disclosures of protected health information of patients seeking or undergoing mental or substance use disorder treatment, consistent with standards and regulations governing the privacy and security of individually identifiable health information under the Social Security Act and the Health Insurance Portability and Accountability Act of 1996. In addition, the Secretary was directed to identify a model program and materials for training patients and their families regarding their rights to protect and obtain such information. The Committee urges the Secretary to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act identifying model programs and materials addressed in section 11004 of the 21st Century Cures Act.

Report requested within 180 days of enactment In Progress

The Committee is concerned that the State of California, State of New York, State of Oregon, and State of Washington are requiring insurance providers to cover elective abortions. Furthermore, the Committee is aware that the State of California has enacted a law that requires pregnancy centers to refer patients for free or low-cost state-funded abortions. These laws, policies, and requirements appear to violate the Weldon Amendment, which prevents discrimination against health care entities that choose not provide abortion coverage. Accordingly, the Committee directs the Secretary to fully investigate and resolve potential violations of the Weldon Amendment and report findings back to Congress.

In Progress

OMHA

FY 2019 Senate Labor-HHS Report; S.Rept. 115-289

Medicare Appeals Backlog.—The Committee continues to be concerned that the Office of Medicare Hearing and Appeals has a current case backlog of approximately 500,000 cases. The bill continues the investment provided in fiscal year 2018 and expects that the Department will make significant progress in addressing the backlog in the next few years.

Office of Medicare Hearings and Appeals

I am pleased to present the Office of Medicare Hearings and Appeals (OMHA's) Fiscal Year (FY) 2020 Congressional Justification. This budget request reflects OMHA's strong commitment to providing an independent forum for the fair and efficient adjudication of Medicare appeals for beneficiaries and other parties.

Since beginning operations in July 2005, OMHA has been committed to continuous improvement in the Medicare appeals process through responsible stewardship, despite significant increases in workload. This commitment continues to inspire OMHA's mission. However, between FY 2010 and FY 2014, OMHA experienced an unprecedented 1,222 percent surge in appeals, while funding for adjudication increased by only 16 percent. Although the exponential growth in appeals has slowed since FY 2014, the result has been a backlog of appeals (approximately 380,000 appeals as of end of December 2018) that cannot be adjudicated within the 90-day period as contemplated by statute.

Thanks to Congress's unprecedented support through a 70 percent budget increase in March of 2018, which was sustained in OMHA's FY 2019 appropriation, OMHA initiated its Adjudication Expansion Initiative. In the span of just nine months, OMHA has opened four new field offices (Albuquerque, NM; Atlanta, GA; New Orleans, LA; Phoenix, AZ). The full staffing for the new field offices will increase adjudication capacity by over 80 ALJs and 700 essential adjudicatory and support staff positions by the end of FY 2019. Once the Expansion Initiative is completed, this will be a larger buildout and staffing effort than what was undertaken when OMHA began as a new agency in 2005.

With the continued sustainment of OMHA's adjudicatory capacity in the FY 2020 budget request, OMHA will be able to handle its projected incoming receipts in FY 2020 and will continue the process of resolving its backlog of pending appeals. Most importantly, the sustainment of adjudicatory capacity will enable OMHA to maintain its projected backlog elimination efforts, which is mandated by the November 1, 2018 Federal District Court ruling in *American Hospital Association v. Azar*. Pursuant to that ruling, the Secretary of HHS is operating under a mandamus order, directing specific annual reduction targets in the appeals backlog leading to total elimination in 2022.

Another exciting development at OMHA is the implementation of the Electronic Case Adjudication Processing Environment (ECAPE), which will add long-overdue efficiencies in case processing. ECAPE will automate most aspects of OMHA's adjudicatory business process, especially in the areas of managing and handling documents, exhibiting case processing workflow, generating correspondence, scheduling and managing hearings, and supporting the decision process. ECAPE will also enable OMHA to improve its management information systems, and provide an electronic public portal for appellants to file an appeal, submit evidence and access information about pending appeals. ECAPE began a phased implementation roll out in December 2018, which will continue until the end of FY 2019.

Despite the significant workload challenges facing the agency, OMHA leadership remains committed to OMHA's key priorities: timely adjudication of appeals, maximizing efficiency in utilization of human resources through technological improvements, and enhancing service to the public through quality improvement and superior customer service.

Nancy J. Griswold
Chief Administrative Law Judge

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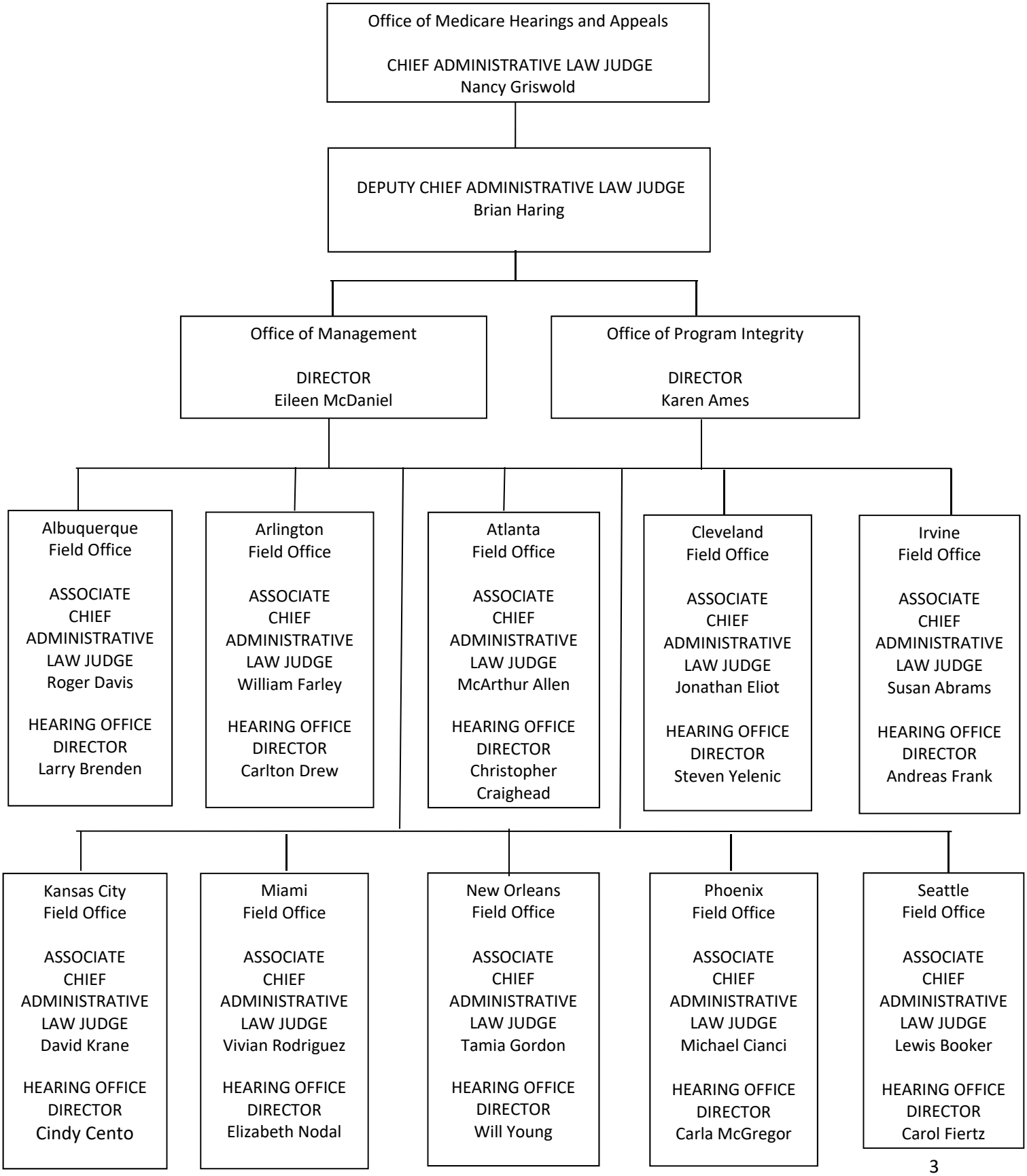
Organizational Chart



Organization Chart: Text Version

Office of Medicare Hearings and Appeals

- Chief Administrative Law Judge, Nancy Griswold
- Deputy Chief Administrative Law Judge, Brian Haring

The following offices report directly to the Chief Administrative Law Judge:

- Director, Office of Management
  - Eileen McDaniel
- Director, Office of Program Integrity
  - Karen Ames
- Albuquerque Field Office
  - Associate Chief Administrative Law Judge, Roger Davis
  - Hearing Office Director, Larry Brenden
- Arlington Field Office
  - Associate Chief Administrative Law Judge, William Farley
  - Hearing Office Director, Carlton Drew
- Atlanta Field Office
  - Associate Chief Administrative Law Judge, McArthur Allen
  - Hearing Office Director, Christopher Craighead
- Cleveland Field Office
  - Associate Chief Administrative Law Judge, Jonathan Eliot
  - Hearing Office Director, Steven Yelenic
- Irvine Field Office
  - Associate Chief Administrative Law Judge, Susan Abrams
  - Hearing Office Director, Andreas Frank
- Kansas City Field Office
  - Associate Chief Administrative Law Judge, David Krane
  - Hearing Office Director, Cindy Cento
- Miami Field Office
  - Associate Chief Administrative Law Judge, Vivian Rodriguez
  - Hearing Office Director, Elizabeth Nodal
- New Orleans Field Office
  - Associate Chief Administrative Law Judge, Tamia N. Gordon
  - Hearing Office Director, Will Young

- Phoenix Field Office
  - Associate Chief Administrative Law Judge, Michael Cianci
  - Hearing Office Director, Carla McGregor

- Seattle Field Office
  - Associate Chief Administrative Law Judge, Lewis Booker
  - Hearing Office Director, Carol Fiertz

Introduction and Mission

The Office of Medicare Hearings and Appeals (OMHA), an agency of the U.S. Department of Health and Human Services (HHS), administers the third level of appeals nationwide for the Medicare program. OMHA ensures that Medicare beneficiaries, providers and suppliers have access to an independent forum and opportunity for a hearing, conducted pursuant to the Administrative Procedure Act, on disputed Medicare claims. By providing a timely and impartial review of Medicare appeals, OMHA encourages providers and suppliers to continue to provide services and supplies to Medicare beneficiaries. Such access to timely adjudication of disputes is essential to the integrity of the Medicare system. On behalf of the Secretary of HHS, the Administrative Law Judges (ALJs) within OMHA conduct impartial hearings and issue decisions on claim determination appeals involving Medicare Parts A, B, C, D, as well as Medicare entitlement and eligibility appeals.

Mission

OMHA is a responsible forum for fair, credible and timely decision-making through an accomplished, innovative and resilient workforce. Each employee makes a difference by contributing to shaping American health care.

Vision

World class adjudication for the public good.

Statutory Decisional Timeframe

The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) envisions that OMHA will issue decisions on appeals of Part A and Part B Qualified Independent Contractor (QIC) reconsiderations within 90 days after a request for hearing is filed.

Overview of Budget Request

The FY 2020 President's Budget request for the Office of Medicare Hearings and Appeals (OMHA) is $186,060,000, an increase of $3,679,000 above the FY 2019 Enacted level. The request includes $182,381,000 in discretionary budget authority and $3,679,000 in proposed user fee collections. At this funding level, OMHA will be able to sustain the salary cost and operational inflationary cost increases of its Adjudicatory Expansion Initiative (AEI) which began in FY 2018 and concludes in FY 2019. The sustainment of the AEI and staffing levels (a total of 174 ALJ teams and 1,375 FTE agency-wide) over the next few years is critical to OMHA's ability to meet a Federal Court order, establishing a backlog elimination deadline, and to restore a balance to adjudicatory capacity and annual receipt levels.

Backlog elimination is a multi-year effort that requires the full adjudicatory impact of ALJ team expansion (a total of 174,000 dispositions annually when fully implemented), as well as continued impacts from Departmental administrative initiatives. The continuation and sustainability of OMHA's AEI is essential in order to ensure that OMHA meets annual Federal District Court-ordered backlog reduction targets and that a backlog of appeals does not reoccur once the impact of initiatives begin to steady and receipts begin to increase again at an expected pace.

The existence of a backlog has had a continued detrimental impact on OMHA's mission of ensuring that Medicare beneficiaries, providers and suppliers have access to an independent forum and opportunity for a hearing conducted pursuant to the Administrative Procedures Act on disputed Medicare claims. The lack of timely adjudication strains the integrity of the Medicare Appeals system. The significant discretionary funding increase provided by Congress with enactment of the FY 2018 and FY 2019 budgets provided OMHA the funding necessary to build adjudicatory capacity to handle projected incoming receipts and begin to address the backlog of appeals for the first time in over eight years. Failure to sustain the expansion staff in the out years will perpetuate the backlog for many more years, increasing the risk that it will once again grow, and undermining the efforts that brought the backlog down from a high of nearly 900,000 appeals in FY 2015. Additionally, any decrease in funding levels would result in reduction of adjudication staff and decrease OMHA's ability to meet the Federal District Court-ordered backlog elimination mandamus relief (backlog reduced 19% by the end of FY 2019; 49% by the end of FY 2020; 75% by the end of FY 2021; and elimination of the backlog by the end of FY 2022).

Overview of Performance

OMHA remains committed to continuous improvement in the Medicare appeals process by implementing initiatives to enhance the quality and timeliness of its services within its statutory authorities and funding levels. Through increased process efficiency and targeted addition of support staff, OMHA has streamlined its business processes and has implemented a number of new initiatives to the maximum extent possible without sacrificing program integrity. Adjudication teams have more than doubled their productivity since 2009, with productivity hovering around the maximum sustainable level of approximately 1,000 appeals per ALJ team annually. In addition, creative solutions implemented as part of the Department's administrative initiatives, combined with ALJ team productivity, have reduced the agency's pending workload by roughly half, from a high of approximately 900,000 pending appeals at the beginning of FY 2016 to approximately 380,000 pending appeals as of end of December 2018.

As OMHA's workloads continued to grow dramatically for many years, it became impossible for the agency to achieve its timeliness goals. The most significant growth occurred between FY 2010 and FY

2014, when appeals grew by 1,222 percent. The dramatic increase in appeals, and lack of capacity to handle the appeals, has had a detrimental impact on the agency's performance. Four primary drivers of the increase in volume include increases in the number of beneficiaries; updates and changes to Medicare and Medicaid coverage and payment rules; growth in appeals from Medicaid State Agencies with respect to dual eligible beneficiaries; and national implementation of the Medicare Fee-for-Service Recovery Audit Contractor (RAC) Program.

Although departmental initiatives, including the Centers for Medicare & Medicaid Services (CMS) Part A Hospital Appeals Settlement Process and OMHA's Settlement Conference Facilitation (SCF) with State Medicaid agencies, have reduced OMHA's pending appeals backlog from its peak, the largest initiatives have resulted in one-time reductions of OMHA's pending workload which were possible due to economies of scale. These dramatic reductions are not repeatable. First, a large percentage of the appeals remaining unresolved at OMHA were filed by appellants that are not eligible to participate in a settlement process. Second, indiscriminate settlement of appeals without reasonable judgments that take into account the merits of the underlying claims or costs to the taxpayer would undermine the responsibility to protect the Medicare Trust Fund and, thus, is not an approach the Department can endorse. Third, the settlement of large numbers of appeals without consideration of the merits of the claim would encourage the filing of appeals of claims with questionable merits, and could increase the number of appeals filed at OMHA. Finally, even if these concerns are overcome, the settlement of large numbers of appeals without taking contemporaneous steps to fund a baseline adjudication capacity at OMHA to handle annual incoming receipts achieves only temporary relief. Without maintaining a balance of adjudication capacity and receipt levels, the backlog will grow back to prior levels.

OMHA has also sought to increase its adjudication capacity through regulatory change, but its ability to do so is limited. On March 20, 2017, OMHA gained regulatory authority for an Attorney Adjudicator program allowing senior attorneys (attorney-adjudicators) to decide cases which do not require a hearing, issue remands, dismiss a request for hearing when the appellant withdraws, and dismiss a request for review for any reason. This program frees ALJs to devote more time to hearings, which is something that only an ALJ may conduct. However, the impact of the Attorney Adjudicator process is largely limited by appellants' willingness to waive the right to a hearing before an ALJ.

Because the Social Security Act provides appellants a right to a hearing before an ALJ, OMHA's other administrative initiatives aimed at increasing productivity, such as, settlement conference facilitations, and statistical sampling—are similarly at the discretion of appellants.

The ongoing backlog has predictably increased OMHA's average processing time. Indeed, with the exception of beneficiary appeals which are prioritized, OMHA has not been able to issue decisions within the statutorily required 90 days for BIPA appeals since 2010. The average processing time on closed workload in FY 2016 was 893 days; it rose to 1,258 days as of end of November 2018. The average age of pending appeals at OMHA has also risen, and measures 1,329 days as of end of November 2018. This is far above the 90-day adjudication time frame envisioned by BIPA, which indicates that processing times will continue to increase until the backlog of pending appeals has been resolved.

Although adjudication delays at OMHA have impacted almost all categories of appellants, OMHA is able to support its most vulnerable stakeholders by prioritizing appeals filed by beneficiaries. The average wait time to disposition for prioritized beneficiary appeals has decreased from 244 days for appeals filed in FY 2013, to 67 days for appeals filed in FY 2018. This processing time supports the conclusion that,

when properly resourced, OMHA is able to resolve most pending appeals within the anticipated statutory timeframe.

OMHA also continues its support of the HHS Strategic Goal 5: Promote Effective and Efficient Management and Stewardship, in part through ongoing evaluation of its customer service through an independent assessment that captures the scope of the Level 3 appeals experience by randomly surveying selected appellants and appellant representatives. This strategic goal calls for OMHA to achieve a 3.4 level of appellant satisfaction on a 5-point scale to ensure appellants and related parties are satisfied with their Medicare appeals experience regardless of the outcome of their appeal. The measure is evaluated on a scale of 1 to 5, 1 representing the lowest score (very dissatisfied) and 5 representing the highest score (very satisfied). In FY 2018, OMHA achieved a 3.87 level of appellant satisfaction on the Five-Question OMHA Satisfaction Score, exceeding the FY 2018 target of 3.4. Despite the overall satisfaction level, the delays in adjudication have had a predictably detrimental impact on satisfaction scores as the non-beneficiary appellants' frustration with the amount of time it takes for cases to be assigned to an adjudicator continues to rise. Here, the non-beneficiary appellants rated this part of the process only a 2.41 out of a possible 5, bringing down OMHA's satisfaction scores in other areas. Moreover, the overall level of appellant satisfaction still falls short of the 4.3 recorded in FY 2010, prior to increases in processing times that resulted from the backlog of pending appeals.

In addition, OMHA routinely informs and educates the appellant community on the status of the OMHA program and challenges related to the appeals backlog, and available options for appellants. Throughout the past year, OMHA organized and participated with CMS in dozens of presentations, conferences, meetings, open door calls and listserv messages to the appellant community. A primary goal of the stakeholder outreach efforts is to be as transparent as possible concerning the challenges faced by the appeals system and to keep appellants informed about current initiatives, pending pilots, demonstration projects, and evolving plans designed to address the workload at all levels of appeal.

All Purpose Table

(Dollars in Thousands)

Office of Medicare Hearings and Appeals	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Discretionary Budget Authority	182,381	182,381	182,381	-
Discretionary Budget Authority FTE	664	950	1,375	+425
Proposed User Fee Collections	-	-	3,679	+3,679
Program Level Funding	182,381	182,381	186,060	+3,679
Program Level FTE	664	950	1,375	+425

Authorizing Legislation……..Titles XVIII and XI of the Social Security Act
FY 2019 Authorization…….. Indefinite
Allocation Method…….Direct Federal

Appropriations Language

For expenses necessary for the Office of Medicare Hearings and Appeals, [$182,381,000] *$182,381,000* shall remain available until September 30, [2019] *2021*, to be transferred in appropriate part from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund.

Amounts Available for Obligation

Detail	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Trust Fund Discretionary Appropriation	182,381	182,381	182,381
Subtotal, adjusted trust fund annual appropriation	182,381	182,381	182,381
Unobligated balance lapsing	*	-	-
Total Obligations	*	-	-

*FY 2018 and FY 2019 are two-year appropriations. OMHA will obligate such appropriations until expended in FY 2019.

Summary of Changes

Budget Year and Type of Authority	Dollars	FTE
FY 2019 Enacted	182,381	950
FY 2020 President's Budget	186,060	1,375
Net Change	+3,679	+425

Increases	FY 2019 Final	FY 2020 PB FTE	FY 2020 President's Budget	FY 2020 +/- FY 2019 FTE	FY 2020 +/- FY 2019 BA
Full-time permanent	87,000	1,375	105,450	+425	+18,450
Other personnel compensation	485	-	1,000	-	+515
Civilian personnel benefits	28,500	-	33,085	-	+4,585
Travel and transportation of persons	475	-	475	-	
Transportation of things	2,000	-	600	-	-1,400
Rental Payments to GSA	8,000	-	9,750	-	+1,750
Communications, utilities, and misc. charges	7,800	-	8,200	-	+400
Printing and reproduction	200	-	150	-	-50
Other services from non-Federal sources	13,000	-	9,500	-	-3,500
Others goods and services from Federal sources	15,600	-	13,100	-	-2,500
Operation and maintenance of facilities	5,000	-	1,500	-	-3,500
Operation and maintenance of equipment	1,200	-	2,000	-	+800
Supplies and materials	2,000	-	1,000	-	-1,000
Equipment	4,000	-	750	-	-3,250
Total Increases	175,860	1,375	186,060	+425	+10,200

Total Changes	FY 2020 FTE	FY 2020 President's Budget	FY 2020 +/- FY 2019 FTE	FY 2020 +/- FY 2019 BA
Total Increases	1,375	186,060	+425	+3,679
Total Decreases	-	-	-	-
Total Net Change	1,375	186,060	+425	+3,679

Budget Authority by Activity - Direct

(Dollars in Thousands)

Activity	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Discretionary Budget Authority	182,381	182,381	182,381
Discretionary Budget Authority, FTE	**664**	**950**	**1,375**

Authorizing Legislation

(Dollars in Thousands)

OMHA	FY 2019 Amount Authorized	FY 2019 Enacted	FY 2020 Amount Authorized	FY 2020 President's Budget
Office of Medicare Hearings and Appeals, Social Security Act, Titles XVIII and XI	Indefinite	182,381	Indefinite	182,381
Total Appropriation	**-**	**182,381**	**-**	**182,381**

Appropriations History Table

Details	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriations
2011	-	-	-	-
Trust Fund Appropriation	77,798,000	-	77,798,000	71,147,000
Rescissions (P.L. 112-10)	-	-	-	(142,000)
Subtotal	77,798,000	-	77,798,000	71,005,000
2012	-	-	-	-
Trust Fund Appropriation	81,019,000	71,147,000	71,147,000	72,147,000
Rescissions (P.L. 112-74)	-	-	-	(136,000)
Subtotal	81,019,000	71,147,000	71,147,000	72,011,000
2013	-	-	-	-
Trust Fund Appropriation	84,234,000		79,908,000	72,010,642
Rescissions (P.L. 113-6)	-	-	-	(144,021)
Sequestration (P.L. 112-25)	-	-	-	(3,622,567)
Transfers	-	-	-	1,200,000
Subtotal	84,234,000	-	79,908,000	69,444,054
2014	-	-	-	-
Trust Fund Appropriation	82,381,000	-	82,381,000	82,381,000
Subtotal	82,381,000	-	82,381,000	82,381,000
2015	-	-	-	-
Trust Fund Appropriation	100,000,000	-	-	87,381,000
Subtotal	100,000,000	-	-	87,381,000
2016	-	-	-	-
Trust Fund Appropriation	140,000,000	-	-	107,381,000
Subtotal	140,000,000	-	-	107,381,000
2017	-	-	-	-
Trust Fund Appropriation	120,000,000	107,381,000	112,381,000	107,381,000
Subtotal	120,000,000	107,381,000	112,381,000	107,381,000
2018			-	-
Trust Fund Appropriation	117,177,000	112,381,000	107,381,000	182,381,000
Subtotal	117,177,000	112,381,000	107,381,000	182,381,000
2019				
Trust Fund Appropriation	112,381,000	172,381,000	182,381,000	182,381,000
Subtotal	112,381,000	172,381,000	182,381,000	182,381,000
2020	182,381,000			
Subtotal	**182,381,000**			

Narrative by Activity

Program Description and Accomplishments

OMHA opened its doors in July 2005, pursuant to the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) which sought to respond to the delays in processing of Medicare appeals that existed at the Social Security Administration (SSA) by establishing an Administrative Law Judge (ALJ) hearing forum at HHS dedicated solely to the adjudication of Medicare benefit appeals. According to the Government Accountability Office (GAO), SSA ALJs took on average 368 days to resolve appeals in 2003. While SSA had no statutory timeframe for case adjudication, the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) envisioned that most Medicare appeals would be decided by OMHA within 90 days of filing. Furthermore, the MMA provided for the addition of ALJs and staff as needed to insure for the "timely action on appeals before administrative law judges," MMA § 931(c), 117 Stat. 2398–99. However, from FY 2010 to FY 2017, funding was not appropriated at a level that would allow OMHA to handle the volume of appeals received, and a backlog of appeals awaiting disposition developed.

OMHA serves a broad sector of the public, including Medicare service providers and suppliers and Medicare beneficiaries who are often elderly and/or disabled. Ensuring that providers and suppliers have a forum for independent and timely resolution of their disputes over Medicare payments also contributes to the security of the Medicare system by encouraging the provider and supplier community to continue to provide services and supplies to Medicare beneficiaries. OMHA administers its program in ten field offices, including Albuquerque, New Mexico; Arlington, Virginia; Atlanta, Georgia; Cleveland, Ohio; Irvine, California; Kansas City, Missouri; Miami, Florida; New Orleans, Louisiana; Phoenix, Arizona; and Seattle, Washington.

At the time of OMHA's establishment, it was envisioned that OMHA would receive a traditional workload of Medicare Part A and Part B fee-for-service benefit claim appeals and Part C Medicare Advantage program organization determination appeals. However, OMHA has seen an increased caseload due to the expansion of its original jurisdiction to include areas not originally envisioned to be within its authority. For example, in 2007, OMHA was also given additional responsibility for conducting hearings and issuing decisions in Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA) appeals.

OMHA also began receiving new cases as a result of the CMS Recovery Audit Contractor (RAC) program, which was piloted in six states beginning in 2007. This program included RAC reviews of Medicare Part A and Part B claims on a post-payment basis, and reviews for Medicare Secondary Payer recoupments. In January 2010, the RAC program became permanent and was expanded to all 50 States. As a result of this expansion, OMHA received nearly 433,000 RAC appeals between FY 2013 and FY 2014, 50 percent of the total agency appeal receipts, without receiving additional resources to handle this new workload. The number of RAC appeals declined from FY 2015 to FY 2017 due to the pause in the program while contracts were being re-competed. RAC appeals declined even further in FY 2018, with only 774 appeals received for the year. It is important to note that, although the RAC expansion legislation provided funding for the administrative costs of the program at CMS, OMHA is functionally and fiscally independent of CMS, and OMHA's administrative costs were not covered by the legislation.

Not only did the expansion of appeals from the RAC workload exacerbate OMHA's workload challenges, but OMHA's non-RAC (traditional) workload has also increased significantly. Between FY 2013 and FY 2014 OMHA also received 380,000 non-RAC appeals as CMS contractors (for example, Medicare Administrative Contractors and Zone Program Integrity Contractors) increased pre- and post-payment reviews.

Recognizing the importance of timely resolution of Medicare disputes, OMHA has taken a number of steps to maximize the productivity of its ALJ teams and improve the quality and timeliness of its services. These include:

- Development of OMHA's Electronic Case Adjudication Processing Environment (ECAPE) – Electronic Intake and Case Assignment started in March 2017 – Full system deployment and implementation started in December 2018

- Revision of governing regulations (effective March 20, 2017), which expanded OMHA's ability to process Level 3 appeals by authorizing attorney adjudicators to decide appeals that can be resolved without a hearing before an ALJ, adopted a number of processing efficiencies at OMHA, and resolved many areas of confusion among stakeholders

- Prioritization of beneficiary appeals to optimize timely adjudication of beneficiary appeals – The average wait time to disposition for prioritized beneficiary appeals has decreased from 244 days for appeals filed in FY 2013, to 67 days for appeals filed in FY 2018

- Re-engineered field office staffing structure, allocating more funding to direct case-support functions (a step which has allowed OMHA to increase ALJ support to include two legal assistants and two attorneys per ALJ)

- OMHA Case Policy Manual (OCPM) initiative to develop OMHA-wide common business practices for the adjudicative process

- National Substantive Legal Training Program for new ALJs and attorneys, and yearly judicial education to increase consistency in decision-making and address program integrity issues

- Strategic case assignments to assign appellants with a large number of filings to a single ALJ (these "big box" assignments are then rotated among ALJs in accordance with the Administrative Procedure Act), facilitating potential consolidated proceedings and more efficient adjudication

- Statistical Sampling Pilot to resolve large groups of appeals

- Settlement Conference Facilitation as a less costly alternative to ALJ hearings

- Senior Attorney screening program to assist with identification and resolution of appeals which can be resolved without a hearing

- Utilization of the Senior ALJ program, which allows for the reemployment of retired ALJs on a temporary and part-time basis

Funding History

Fiscal Year	Amount
FY 2016	$107,381,000
FY 2017	$107,381,000
FY 2018	$182,381,000
FY 2019	$182,381,000
FY 2020 President's Budget	$186,060,000

FY 2020 Budget Request

OMHA's FY 2020 President's Budget request is $186,060,000, an increase of $3,679,000 above the FY 2019 Enacted level. The request includes $182,381,000 in two-year discretionary budget authority and $3,679,000 in proposed user fee collections. The FY 2020 budget request will enable OMHA to sustain the significant increase in adjudication capacity gained from the FY 2018 and FY 2019 enacted levels, helping support the critical operational investments intended to eliminate the backlog, restore equity between capacity and receipts and improve the quality and timeliness of the Medicare appeals process.

Sustaining OMHA's overall staffing levels (a total of 174 ALJ teams and 1,375 FTE agency-wide) is critical to ensure OMHA remains on-track to eliminate the backlog by the end of 2022, while receipts are at their lowest point since FY 2011. However, even with the speed at which OMHA has added adjudicatory capacity in FY 2018 and will in FY 2019, the backlog will persist until at least FY 2022, with the assumption that receipts do not increase more rapidly than are currently reflected in the Department's conservative workload estimates. If receipts rise at a faster rate than currently projected, it will take longer to eliminate the backlog and/or the backlog will once again begin to grow.

Proposed Law – Improving the Medicare Appeals Process

Remand Appeals to the Redetermination Level with the Introduction of New Evidence: This proposal would remand an appeal to the first level of appeal when new documentary evidence is submitted into the administrative record at the second level of appeal or above. Exceptions may be made if evidence was provided to the lower level adjudicator but erroneously omitted from the record, or an adjudicator denies an appeal on a new and different basis than earlier determinations. This proposal incentivizes appellants to include all evidence early in the appeals process and ensures the same record is reviewed and considered at subsequent levels of appeal.

Increase Minimum Amount in Controversy for ALJ Adjudication of Claims to Equal Amount Required for Judicial Review: This proposal increases the minimum amount in controversy required for adjudication by an ALJ to the Federal District Court amount in controversy requirement. This would allow the amount at issues to better align with the amount spent to adjudicate the claim. Appeals not reaching the minimum amount in controversy would be adjudicated by a Medicare magistrate.

Establish Magistrate Adjudication for Claims with Amount in Controversy Below New ALJ Amount in Controversy Threshold: As described above, this proposal allows OMHA to use Medicare magistrates for appealed claims below the Federal District Court amount in controversy threshold, reserving ALJs to

conduct hearings and create the record on appeal in cases which have a higher amount in controversy and can reach Federal court.

Expedite Procedures for Claims with No Material Fact in Dispute: This proposal allows OMHA to issue decisions without holding a hearing if there is no material fact in dispute. These cases would include appeals, for example, in which Medicare does not cover the cost of a particular drug or the ALJ cannot find in favor of an appellant due to binding limits on authority.

Change the Medicare Appeal Council's Standard of Review: Change the Medicare Appeals Council's (Council) standard of review under Section 1869(d)(2)(B) of the Social Security Act from de novo to an appellate-level standard of review. Under the proposed standard of review, the Council would be able to grant a request for review of a decision by an ALJ or other adjudicator of Medicare claims if: (1) there is an abuse of discretion; (2) there is an error of law material to the outcome of the case; (3) the findings of fact are not supported by substantial evidence; or (4) there is a need to clarify an important question of law, policy, or fact. The proposal would also clarify that the Council may deny a request for review.

Require a Good-Faith Attestation on all Appeals: Require all appellants to include in their appeal an attestation that they are submitting the appeal under a good-faith belief that they are entitled to Medicare reimbursement. This proposal would also provide the Secretary the authority to sanction or impose civil monetary penalties on appellants who are found to be submitting appeals not in good-faith. Appellants would be provided a right to challenge a sanction through an administrative review or judicial review. The Secretary would be provided the authority to establish criteria for determining when an appellant is not filing in good faith and associated remedies through regulation.

Limit Appeals When No Documentation is Submitted: Effective FY 2020, this proposal would limit the right to appeal a redetermination of a claim that was denied because no documentation was submitted to support the items or services billed (only applies for non-beneficiary appeals). If documentation is not submitted, the request for reconsideration (Level 2 of the appeals process) would be dismissed unless there is a conclusion that Level 1 erred in determining whether documentation was initially provided.

Establish a Post-Adjudication User Fee for Unfavorable Medicare Appeals: Continues the mandatory proposal from the 2019 Budget, which would provide HHS user fee collections at Levels 3 and 4 of the Medicare appeals system. The user fee proposal, effective FY 2020, would require all appellants (other than beneficiaries) that receive an unfavorable determination to incur a post-adjudication fee at the 3rd and 4th levels of Medicare appeals. User fee amounts would be determined through rulemaking.

Summary

The FY 2020 request positions OMHA to continue the significant progress made in reducing the backlog of pending appeals since 2014. With the continued sustainment of Congress's significant investment in additional adjudicatory resources, OMHA will be able to re-balance capacity with incoming receipts, and ultimately return to the 90-day processing times required by statue in the coming years.

Outputs and Outcomes

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
Reduce the percentage of decisions reversed or remanded on appeals to the Medicare Appeals Council	FY 2018: 0.6% Target: 1.0% (Target Exceeded)	1.0%	1.0%	Maintain
Retain average results from appellants reporting good customer service on a scale of 1-5 at the Medicare Appeals level	FY 2018: 3.9 Target: 3.4 (Target Exceeded)	3.4	3.4	Maintain

Budget Authority by Object Class

(Dollars in Thousands)

Object Class Code	Description	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
11.1	Full-time permanent	82,975	87,000	105,450	+18,450
11.5	Other personnel compensation	404	485	1,000	+515
Subtotal	***Personnel Compensation***	83,379	87,485	106,450	+18,965
12.1	Civilian personnel benefits	28,491	28,500	33,085	+4,585
Total	***Pay Costs***	111,870	115,985	139,535	+23,550
21.0	Travel and transportation of persons	351	475	475	
22.0	Transportation of things	476	2,000	600	-1,400
23.1	Rental payments to GSA	8,542	8,000	9,750	+1,750
23.3	Communications, utilities, and misc. charges	5,222	8,000	8,200	+200
24.0	Printing and reproduction	202	200	150	-50
25.2	Other services from non-Federal sources	12,502	13,000	13,100	+100
25.3	Other goods and services from Federal sources	14,598	16,000	9,000	-7,000
25.4	Operation and maintenance of facilities	23,733	5,000	1,500	-3,500
25.7	Operation and maintenance of equipment	936	1,200	2,000	+800
26.0	Supplies and materials	2,540	2,000	1,000	-1,000
31.0	Equipment	1,409	4,000	750	-3,250
Total	***Non-Pay Costs***	70,511	59,450	46,525	-12,925
Total	***Budget Authority by Object Class***	182,381	175,860	186,060	+10,200
	Average Cost per FTE	123	122	105	-17
	FTE	664	950	1,375	+425
	Average Salary	***91***	***92***	***79***	***-13***

Salaries and Expenses

(Dollars in Thousands)

Object Class Code	Description	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
11.1	Full-time permanent	82,975	87,000	105,450	+18,450
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Subtotal	***Personnel Compensation***	83,379	87,485	106,450	+18,965
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24.0	Printing and reproduction	202	200	150	-50
25.2	Other services from non-Federal sources	12,502	13,000	13,100	+100
25.3	Other goods and services from Federal sources	14,598	16,000	9,000	-7,000
25.4	Operation and maintenance of facilities	23,733	5,000	1,500	-3,500
25.7	Operation and maintenance of equipment	936	1,200	2,000	+800
Subtotal	***Other Contractual Services***	58,020	45,875	35,025	-10,850
26.0	Supplies and materials	2,540	2,000	1,000	-1,000
Subtotal	***Non-Pay Costs***	60,560	47,875	36,025	-11,850
Total	***Salary and Expenses***	172,430	163,860	175,560	+11,700
23.1	Rental payments to GSA	8,542	8,000	9,750	+1,750
Total	***Salaries, Expenses, and Rent***	180,972	171,860	185,310	+13,450
Total	***Direct FTE***	**664**	**950**	**1375**	**+425**

Detail of Full Time Equivalents

Detail	FY 2018 Actual Civilian	FY 2018 Actual Military	FY 2018 Actual Total	FY 2019 Estimate Civilian	FY 2019 Estimate Military	FY 2019 Estimate Total	FY 2020 Estimate Civilian	FY 2020 Estimate Military	FY 2020 Estimate Total
Direct	664	-	664	950	-	950	1,375	-	1,375
Reimbursable	-	-	-	-	-	-	-	-	-
Total FTE	**664**	**-**	**664**	**950**	**-**	**950**	**1,375**	**-**	**1,375**

Fiscal Year	Average GS
FY 2016	11/5
FY 2017	11/3
FY 2018	11/6
FY 2019	12/1
FY 2020	11/1

Detail of Positions

Detail	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
ALJ I	1	1	1
ALJ II	10	11	11
ALJ III	81	164	164
Subtotal	92	176	176
Total – ALJ Salaries	15,577,958	22,931,774	28,328,716
ES	3	3	3
Total - ES Salaries	526,857	537,394	537,394
GS-15	18	18	18
GS-14	40	48	56
GS-13	59	70	92
GS-12	197	212	256
GS-11	56	66	124
GS-10	-	-	-
GS-9	21	76	162
GS-8	127	136	222
GS-7	33	41	118
GS-6	23	72	102
GS-5	6	32	46
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal	580	771	1,196
Total - GS Salary	46,492,566	63,530,832	79,289,890
Total Positions	675	1,045	1,417
Total FTE	664	950	1,375
Average ALJ Salary	169,326	130,294	160,958
Average ES salary	175,619	179,131	179,131
Average GS grade	11/6	12/1	11/1
Average GS Salary	**80,159**	**82,401**	**66,296**

Office for Civil Rights

DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year
2020

Office for Civil Rights

Justification of Estimates for Appropriations Committees

I am pleased to present the Office for Civil Rights' (OCR) Fiscal Year 2020 Congressional Justification. The enclosed budget request supports the President's and Secretary's priority initiatives, and reflects the goals and objectives of the Department.

OCR's budget request supports the Administration's intent to limit government expenditure through the introduction of innovation and efficiency. OCR is committed to cost savings that will lower the burden of taxpayer support, while maintaining an undiminished quality of service. Additionally, OCR will expand the use of monetary settlements collected that are authorized by Congress to further Health Insurance Portability and Accountability Act (HIPAA) enforcement efforts for FY 2020. In 2018, OCR had a record year of more than $24 million in settlements from entities for violations of HIPAA Privacy, Security, and Breach Notification regulations.

OCR continues to champion the President's 2017 Executive Order to *"vigorously enforce Federal law's robust protections for religious freedom."* OCR's new Conscience and Religious Freedom Division, established in FY 2018, is fully engaged to implement this mandate as the HHS lead in this area.

OCR is also a vital part of the Department's efforts to combat the opioid crisis and ensure adequate emergency preparedness and response. In FY 2018, OCR launched a national multimedia public education campaign to safeguard the civil rights of persons seeking treatment for opioid use disorder. OCR also issued guidance for providers and stakeholders about when HIPAA allows information sharing with loved ones and others involved in a patient's care when the patient is incapacitated or in an emergency. Throughout FY 2018, OCR also remained active in the Department's emergency preparedness and response by helping ensure non-discriminatory access to services and prompt access to needed medical information during disasters.

Finally, OCR has undertaken a number of initiatives to support the Administration's regulatory reform efforts. In December 2018, as part of HHS's Regulatory Sprint to Coordinated Care, OCR published a Request for Information seeking recommendations and input from the public on how the HIPAA Rules, especially the HIPAA Privacy Rule, could be modified to promote coordinated, value-based health care.

OCR is achieving significant outcomes in all of its program areas and will continue to work hard to sustain these advances; the American People deserve nothing less.

Roger Severino
Director, Office for Civil Rights

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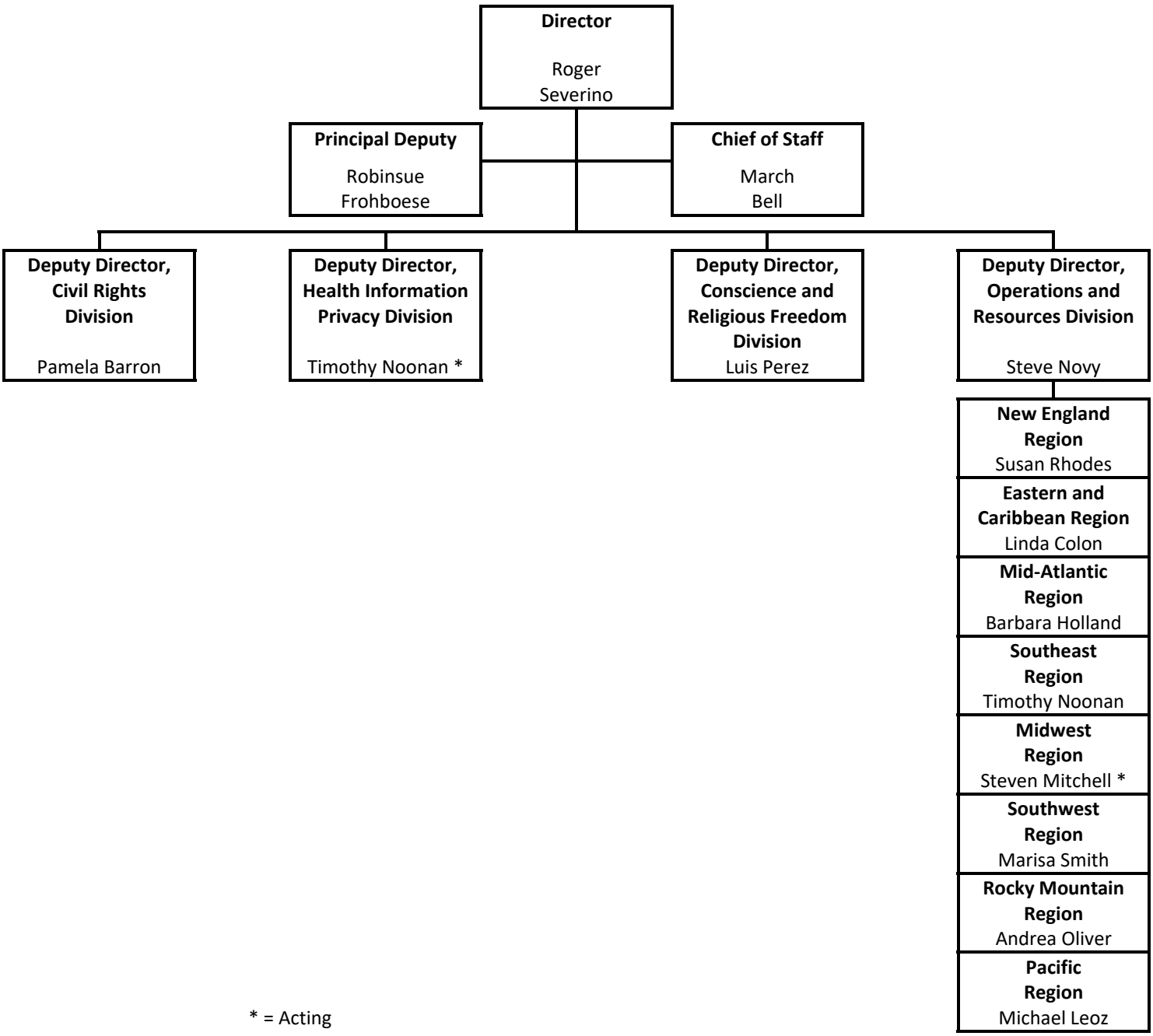
Section I: Introductory Items

Organization Chart

(December 2018)



* = Acting

Organizational Chart: Text Version

Office for Civil Rights

- Director Roger Severino
- Principal Deputy Robinsue Frohboese
- Chief of Staff March Bell

The following offices report directly to the Director:

1 Deputy Director, Civil Rights Division
1.2 Pamela Barron
2 Deputy Director, Health Information Privacy Division
2.2 Timothy Noonan (Acting)
3 Deputy Director, Conscience and Religious Freedom Division
3.2 Luis Perez
4 Deputy Director, Operations and Resources Division
4.2 Steve Novy

The following regional managers report to the Deputy Director, Enforcement and Regional Operations:

- Susan Rhodes, New England Region
- Linda Colon, Eastern & Caribbean Region
- Barbara Holland, Mid-Atlantic Region
- Timothy Noonan, Southeast Region
- Steven Mitchell (Acting), Midwest Region
- Marisa Smith, Southwest Region
- Andrea Oliver, Rocky Mountain Region
- Michael Leoz, Pacific Region

Section II: Executive Summary

Introduction and Mission

The Office for Civil Rights (OCR), a staff division in the Office of the Secretary of the U.S. Department of Health and Human Services (HHS), ensures that individuals receiving services from HHS-conducted or HHS-funded programs are not subject to unlawful discrimination, individuals and entities can exercise their conscience and religious freedom rights, and people can trust the privacy, security, and availability of their health information. By rooting out discrimination and removing unlawful barriers to HHS-conducted or funded services, OCR helps to carry out the HHS mission of improving the health and well-being of all Americans and providing essential human services. By ensuring individuals and institutions can exercise their conscience and religious freedom rights, OCR furthers justice and tolerance in a pluralistic society. By protecting the privacy, security, and access to health information, OCR empowers people's health care decision-making and helps ensure the integrity of the health care system, both of which promote better health outcomes for the nation.

Mission

As an HHS law enforcement agency, OCR investigates complaints, conducts compliance reviews, vindicates rights, develops policy, promulgates regulations, provides technical assistance, and educates the public concerning our nation's civil rights, conscience and religious freedom, and health information privacy and security laws. OCR accomplishes this by:

- Ensuring that recipients of HHS federal financial assistance comply with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age, sex, and religion.
- Ensuring that HHS, state and local governments, health care providers, health plans, and others comply with federal laws that guarantee the protection of conscience and free exercise of religion and prohibit coercion and religious discrimination in HHS- conducted or funded programs.
- Ensuring the practices of health care providers, health plans, healthcare clearinghouses, and their business associates adhere to federal privacy, security, and breach notification regulations under the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, through the investigation of complaints, self-reported breaches, compliance reviews, and audits.

Vision

OCR enforces civil rights laws and conscience and religious freedom laws, and protects the privacy, security, and availability of individuals' health information. Through these mechanisms, OCR helps to ensure equal access to health and human services, protects the exercise of religious beliefs and moral convictions by individuals and institutions participating in HHS programs, advances the health and well-being of all Americans, protect individuals' health information, and provides the tools for provider awareness and full engagement of individuals in decisions related to their health care.

Overview of Budget Request

OCR's FY 2020 budget request of $30,286,000 is $618,000 below the FY 2019 Enacted level. At this level, OCR will continue defending the public's right to nondiscriminatory access to HHS funded health and human services, conscience and religious freedom, and access to and the privacy and security of individually identifiable health information.

Program Changes:

Conscience and Religious Freedom Division

- The Conscience and Religious Freedom Division discretionary budget request of $4,889,000 is $1,071,000 above the FY 2019 Enacted level. The increase will support an additional 6 FTEs and associated overhead costs.

Operations and Resources Division

- The Operations and Resources Division discretionary budget request of $19,738,000 is $7,115,000 below the FY 2019 Enacted level. OCR will continue reliance on settlement funding to support health information privacy, security, and breach notification enforcement activities. OCR plans to expend $15,647,000 in settlement funding, which is $7,480,000 more than the previous year.

Civil Rights Division

- The Civil Rights Division discretionary budget request of $4,097,000 is $57,000 above the FY 2019 Enacted level. The amount reflects minor inflationary costs.

Health Information Privacy Division

- The Health Information Privacy Division discretionary budget request of $1,562,000 is $2,525,000 below the FY 2019 Enacted level. OCR will continue reliance on settlement funding to support health information privacy, security, and breach notification enforcement activities. OCR plans to expend $7,429,000 in settlement funding which is $2,217,000 more than the previous year so the total program level is relatively unchanged.

Overview of Performance

OCR's overarching goals encompass multiple supporting objectives.

OCR Goal	OCR Supporting Objectives
1. Raise awareness, increase understanding, and ensure compliance with all federal laws requiring non-discriminatory access to HHS funded or conducted programs, protect health care provider conscience rights, and protect the privacy and security of personal health information	A. Increase access to and receipt of non-discriminatory quality health and human services while protecting conscience and the integrity of HHS federal financial assistance B. Protect the privacy and security of personally identifiable health information for healthcare consumers (HIPAA rule activities and enforcement) C. Provide information, public education activities, and training to representatives of health and human service providers, other interest groups, and consumers (civil rights, conscience, and health information privacy mission activities) D. Increase the number of covered entities that take corrective action, including making substantive policy changes or developing new policies as a result of review and/or intervention
2. Enhance operational efficiency	A. Maximize efficiency of operations by streamlining processes and the optimal allocation of resources B. Improve financial management and the integration of budget and performance data (Increase resource management process oversight, strengthen internal controls, maintain viable performance objectives) C. Advance human capital management (Provide training, develop and mentor subordinates, promote effectiveness)

The following Outputs and Outcomes Table presents the current OCR performance measures and results along with the proposed FY 2020 targets:

Program/Measure	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
#1 The number of covered entities taking corrective actions as a result of OCR intervention per year (Outcome)	FY 2018: 1,482 Target: 3,000 (Target Not Met)	1,000	1500	+500
#2 The number of covered entities making substantive policy changes as a result of OCR intervention/year (Outcome)	FY 2018: 338 Target: 750 (Target Not Met)	250	250	Maintain
#3 Percent of closure for civil rights cases / cases received each year (Outcome)	FY 2018: 74% Target: 90% (Target Not Met)	90%	90%	Maintain
#4 Percent of closure for health information privacy cases / cases received each year (Outcome)	FY 2018: 89% Target: 80% (Target Exceeded)	90%	90%	Maintain
#5 Percentage of closures for conscience and religious freedom cases / cases received each year (Outcome)	FY 2018: 6% Target: Not Applicable [Newly established measure]	6%	6%	Maintain
#6 Percent of civil rights complaints requiring formal investigation resolved within 365 days (Output)	FY 2018: 79% Target: 41% (Target Exceeded)	50%	50%	Maintain
#7 Percentage of civil rights complaints not requiring formal investigation resolved within 180 days (Output)	FY 2018: 85% Target: 95% (Target Not Met)	95%	95%	Maintain
#8 Percentage of health information privacy complaints requiring formal investigation resolved within 365 days (Output)	FY 2018: 79% Target: 68% (Target Exceeded)	70%	70%	Maintain
#9 Percentage of health information privacy complaints not requiring formal investigation resolved within 180 days (Output)	FY 2018: 97% Target: 95% (Target Exceeded)	95%	95%	Maintain
#10 Percentage of conscience and religious freedom complaints requiring formal investigation resolved within 365 days (Output)	FY 2018: 0% Target: Not Applicable [Newly established measure]	5%	5%	Maintain
#11 Percentage of conscience and religious freedom complaints not requiring formal investigation resolved within 180 days (Output)	FY 2018: 5% Target: Not Applicable [Newly established measure]	5%	5%	Maintain

In FY 2018, OCR exceeded the target for resolving its most complex health information privacy (HIP) cases within 365 days (#8, FY 2018 Target: 68%, Actual: 79%) and its civil rights enforcement work (#6, FY2018 Target 41%, Actual: 79%). The timely completion of OCR's most complex cases through formal investigation represents one of the most meaningful measures of the continued improvements being made by OCR towards fulfilling its core mission. OCR regularly communicates with the regulated community, advocacy groups, and individuals, about compliance with the laws that OCR enforces, and OCR's priorities, through its outreach and training activities, regulatory activities, completed investigations, letters of findings, and resolution agreements.

OCR also exceeded its productivity and closure targets for health information privacy cases by closing a high percentage of cases received (#4, FY 2018 Target: 80%, Actual 89%). This continues to be a high growth area for OCR as the receipt of health information privacy cases increased 12% from FY 2017. OCR did not meet its target for closing civil rights cases (#3, FY 2018 Target: 90%, Actual: 74%) partially as a result of a still-pending court injunction. In December 2016, the Northern District Court of Texas in *Franciscan Alliance, Inc. et al v. Burwell,* enjoined HHS from enforcing, on a nationwide basis, the provisions of the regulation implementing Section 1557 of the Affordable Care Act that prohibit discrimination based on gender identity or termination of pregnancy. As a result, OCR conducts a careful review of all incoming Civil Rights complaints to determine if they are subject to the District Court's Order. This measure ensures Departmental adherence to the preliminary injunction. Since these cases are subject to the injunction, they are not able to be resolved and, therefore, skew some of the performance measures related to Civil Rights case processing. When the litigation is concluded, OCR is confident it will return to meeting this target.

OCR did not meet its target for the performance objective for investigated complaints resulting in corrective action (#1, FY 2018 Target: 3,000, Actual: 1,482), and the number of covered entities making substantive policy changes (#2, FY 2018 Target: 750, Actual: 338). However, OCR continues to effectuate corrective action in other ways as well. A large number of complaints are resolved by OCR through the provision of technical assistance to the named entity without a formal investigation. These cases involve simple issues that, if substantiated, could easily be addressed by the entity with voluntary corrective action. Also, OCR has a robust outreach program, which is another proactive manner to educate covered entities on their HIP and civil rights obligations and encourage HIP and civil rights compliance. The use of technical assistance to resolve these types of complaints is an efficient way for OCR to use its resources by notifying its regulated community about potential compliance deficiencies and requesting the entity to take any necessary voluntary corrective action.

With regard to the management of civil rights administrative closures and the provision of technical assistance to cases that will not lead to a formal investigation, OCR did not meet this measurement (#7, FY 2018 Target: 95%, Actual: 85%) partially due to the scrutiny required to ensure compliance with the injunction described above. OCR exceeded its target for HIP cases (#9, FY 2018 Target: 95%, Actual: 97%). It should be noted, in FY2018, Centralized Case Management Operation (CCMO) and the regional offices experienced a significant reduction in experienced staff due to resignations and retirements. These aggressive targets continue to present OCR a significant challenge since OCR is projected to experience a 17% increase in complaint receipts from FY 2017 to FY 2018. However, continued innovations within the CCMO, where all new cases are triaged, has enabled OCR to sustain greater successes in case processing than realized in previous fiscal years. Moving forward, OCR believes that these challenging targets will be met by improvements in the electronic case management system and innovations and efficiencies in CCMO. OCR continues, however, to work faster with a clear vision while identifying "high value" casework.

Among other program activities, OCR's Conscience and Religious Freedom Division (CRFD) conducts OCR's nationwide outreach, investigation, enforcement, and policymaking activities under HHS's conscience and religious freedom authorities. OCR stood up the division in the second quarter of FY 2018 and hired its first Deputy Director in the third quarter of FY 2018. Consequently, FY 2019 is the first year for which OCR has set targets for its conscience and religious freedom cases.

CRFD closed six percent of its cases in FY 2018 that were also received and retained in FY 2018 (48 complaints closed of 784 complaints) (#5, FY 2018 Target N/A, Actual 6%). Five percent of its cases received and retained in FY 2018 did not require formal investigation and were resolved within 180 days (38 complaints closed of 784 complaints) (#11, FY 2018 Target N/A, Actual 5%), which amounts to 79% of its closures of cases received and retained in FY 2018 (38 complaints of 48 complaints). OCR aims to maintain its FY 2018 performance in FY 2019 and FY 2020 for these performance measures.

OCR took this approach to target setting because although CRFD anticipates that its FY 2018 performance may not necessarily be indicative of future fiscal years, CRFD does not have historical data on which to base its FY 2019 and FY 2020 targets. Unlike CRD and HIP, no other Division in OCR handles case outreach, policymaking, processing, and investigation for laws assigned to the Division. While OCR's civil rights and health information privacy divisions have a many years of institutional knowledge to draw from, CRFD must dedicate the resources to build that knowledge base through experience and enforcement of conscience and religious freedom authorities, often in contested matters of first impression. Furthermore, CRFD is in the midst of capacity building, which includes establishing the organizational structure for the effective and efficient achievement of CRFD's mission and hiring career staff with the appropriate skills and experience.

In FY 2018, none of the cases that CRFD received in FY 2018 that required formal investigation were also resolved within 365 days. Given the reasons above, CRFD sets its FY 2019 and FY 2020 targets commensurate with performance measure #11 and estimates that it will resolve 5 percent of its cases through formal investigation within 365 days.

All Purpose Table

(Dollars in Thousands)

Division	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
Discretionary Budget Authority				
Operations and Resources Division	27,852	26,853	19,738	-7,115
Civil Rights Division	4,056	4,040	4,097	+57
Health Information Privacy Division	2,866	4,087	1,562	-2,525
Conscience and Religious Freedom Division	3,927	3,818	4,889	+1,071
Total, OCR Discretionary Budget Authority	**38,701**	**38,798**	**30,286**	**-8,512**
Civil Monetary Settlement Funding				
Operations and Resources Division	6,132	8,167	15,647	+7,480
Health Information Privacy Division	2,342	5,212	7,429	+2,217
Total, OCR Civil Monetary Settlement Funding	**8,474**	**13,379**	**23,076**	**+9,697**
Total Program Level				
Operations and Resources Division	33,984	35,020	35,385	+365
Civil Rights Division	4,056	4,040	4,097	+57
Health Information Privacy Division	5,208	9,299	8,991	-308
Conscience and Religious Freedom Division	3,927	3,818	4,889	+1,071
Total, OCR Program Level	**47,175**	**52,177**	**53,362**	**+1,185**

Section III: Office for Civil Rights

Appropriations Language Change

For expenses necessary for the Office for Civil Rights, **[$38,798,000]** *$30,286,000*.

Amounts Available for Obligation

(Dollars in Thousands)

Detail	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Appropriation	38,798	38,798	30,286
Across-the-board reductions	-	-	-
Subtotal, Adjusted Appropriation	38,798	38,798	30,286
Transfer of Funds	-97	-	-
Subtotal, Adjusted General Fund Discretionary App	38,701	38,798	30,286
Total, Discretionary Appropriation	**38,701**	**38,798**	**30,286**

Summary of Changes

(Dollars in Thousands)

Budget Year and Type of Authority	Dollars	FTE
FY 2019 Enacted	38,798	150
FY 2020 President's Budget	30,286	142
Net Change	**-8,512**	**-8**

Program Increases	FY 2019 Enacted FTE	FY 2019 Enacted BA	FY 2020 President's Budget FTE	FY 2020 President's Budget BA	FY 2020 +/- FY 2019 FTE	FY 2020 +/- FY 2019 BA
Other than full-time permanent	-	719	-	742	-	+23
Transportation of things	-	2	-	8	-	+6
Military personnel	-	96	-	98	-	+2
Military benefits	-	36	-	37	-	+1
Benefits for former personnel	-	20	-	20	-	-
Total Increases	**-**	**873**	**-**	**905**	**-**	**+32**

Program Decreases	FY 2019 Enacted FTE	FY 2019 Enacted BA	FY 2020 President's Budget FTE	FY 2020 President's Budget BA	FY 2020 +/- FY 2019 FTE	FY 2020 +/- FY 2019 BA
Other G&S from federal sources	-	9,335	-	5,331	-	-4,004
Rental payments to GSA	-	3,473	-	1,169	-	-2,304
Full-time permanent	148	16,252	140	15,234	-8	-1,018
Civilian personnel benefits	-	5,585	-	5,263	-	-322
Travel and transportation of persons	-	444	-	144	-	-300
Operation and maint. of equipment	-	391	-	110	-	-281
Supplies and materials	-	132	-	51	-	-81
Printing and reproduction	-	157	-	92	-	-65
Equipment	-	107	-	63	-	-44
Other services from non-fed sources	-	1,539	-	1,500	-	-39
Comms, utilizes, and misc. charges	-	130	-	94	-	-36
Other personnel compensation	-	324	-	295	-	-29
Operation and maint. of facilities	-	56	-	35	-	-21
Total Decreases	**-**	**37,925**	**-**	**29,381**	**-**	**-8,544**

Program Totals	FY 2019 Enacted FTE	FY 2019 Enacted BA	FY 2020 President's Budget FTE	FY 2020 President's Budget BA	FY 2020 +/- FY 2019 FTE	FY 2020 +/- FY 2019 BA
Total Increases	-	873	-	905	-	+32
Total Decreases	-	37,925	-	29,381	-	-8,544
Total Net Change	**150**	**38,798**	**142**	**30,286**	**-8**	**-8,512**

Budget Authority by Activity

(Dollars in Thousands)

Activity	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Operations and Resources Division	27,852	26,853	19,738
Civil Rights Division	4,056	4,040	4,097
Health Information Privacy Division	2,866	4,087	1,562
Conscience and Religious Freedom Division	3,927	3,818	4,889
Total, Budget Authority	**38,701**	**38,798**	**30,286**
FTE	**136**	**148**	**140**

Authorizing Legislation

(Dollars in Thousands)

Authorizing Legislation	FY 2019 Amount Authorized	FY 2019 Amount Appropriated	FY 2020 Amount Authorized	FY 2020 President's Budget
Office for Civil Rights	Indefinite	$38,798	Indefinite	$30,286
Appropriation	-	$38,798	-	$30,286

OCR Legal Authorities

[Refer to authority listings by activity on pages 25, 30, and 34.]

Appropriations History

Details	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2011				
Appropriation				
Base	44,382,000	44,382,000	44,382,000	37,785,000
Rescission (PL 111-117)	-	-	-	(76,000)
Subtotal	44,382,000	44,382,000	44,382,00	37,709,000
Trust Funds				
Base	3,314,000	3,314,000	3,314,000	3,314,000
Rescission (PL 112-10)	-	-	-	(7,000)
Subtotal	3,314,000	3,314,000	3,314,000	3,307,000
2012				
Appropriation				
Base	44,382,000	41,016,000	41,016,000	41,016,000
Rescission (PL 112-74)	-	-	-	(78,000)
Subtotal	44,382,000	41,016,000	41,016,000	40,938,000
2013				
Appropriation				
Base	38,966,000	-	38,966,000	40,938,000
Sequestration	-	-	-	(2,059,000)
Rescission (PL 113-6)	-	-	-	(82,000)
Transfers (PL 112-74)	-	-	-	(182,000)
Subtotal	38,966,000	-	38,966,000	38,615,000
2014				
Appropriation				
Base	42,205,000	-	42,205,000	38,798,000
Subtotal	42,205,000	-	42,205,000	38,798,000
2015				
Appropriation				
Base	41,205,000	-	38,798,000	38,798,000
Subtotal	41,205,000	-	38,798,000	38,798,000
2016				
Appropriation				
Base	42,705,000	-	38,798,000	38,798,000
Subtotal	42,705,000	-	38,798,000	38,798,000
2017				
Appropriation				
Base	42,705,000	38,798,000	38,798,000	38,798,000
Transfers	-	-	-	(90,000)
Subtotal	42,705,000	38,798,000	38,798,000	38,708,000

Appropriations History (Continued)

Details	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2018				
Appropriation				
Base	32,530,000	38,798,000	-	38,798,000
Transfers	-	-	-	(97,000)
Subtotal	32,530,000	38,798,000	-	38,701,000
2019				
Appropriation				
Base	30,904,000	38,798,000	38,798,000	38,798,000
Transfers	-	-	-	-
Subtotal	30,904,000	38,798,000	38,798,000	38,798,000
2020				
Appropriation			-	-
Base	30,286,000	-	-	-
Subtotal	30,286,000		-	-

Summary of the Request

OCR's budget request consists of four narratives, one for each of its Divisions. The below table summarizes the discretionary budget authority requests:

Division	FY 2019 Enacted	FY2020 President's Budget	FY 2020 President's Budget +/- FY 2019 President's Budget
Operations and Resources Division (ORD)	26,853	19,737	-7,115
Civil Rights Division (CRD)	4,040	4,097	+57
Health Information Privacy Division (HIPD)	4,087	1,562	-2,525
Conscience and Religious Freedom Division (CRFD)	3,818	4,889	+1,071

In FY 2018, OCR added a Conscience and Religious Freedom Division. The development of the division continues to progress amidst significant policy, enforcement, and outreach efforts. An update on the status of this division is included in the program description.

Note that the decrease in the discretionary request outlined herein will be offset by increased use of monetary settlement funding allowed by law for health information privacy, security, and breach notification enforcement activities.

Operations and Resources Division

(Dollars in Thousands)

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority				
Discretionary Budget Authority	27,852	26,853	19,738	-7,115
Civil Monetary Settlement Funding	6,132	8,167	15,647	+7,480
Total Program Level	**33,984**	**35,020**	**35,385**	**+365**
FTE				
Discretionary Budget Authority	107	110	110	-
Civil Monetary Settlement Funding	-	-	-	-
Total Program Level	**107**	**110**	**110**	**-**

Legal Authorities

The Operations and Resources Division (ORD) acts as OCR's primary enforcement arm for civil rights and health information privacy and security complaints. In that capacity, ORD enforces the civil rights and health information privacy and security legal authorities listed on pages 25 and 30.

Program Description

ORD consists of OCR's eight regional offices,[1] the Centralized Case Management Operations (CCMO), and headquarters support personnel. As described below, the regions and CCMO have key operational responsibilities in OCR enforcement, technical assistance, and outreach activities and other ORD personnel provide nationwide support for OCR's operations.

Operations

Complaint Processing

The enforcement lifecycle begins with CCMO, which receives complaints alleging the violation of one or more of OCR's legal authorities by a covered entity. Members of the public can file complaints through OCR's online complaint portal, mail, fax, and email. Complaints are assessed to determine which can be closed without formal investigation (e.g., as non-jurisdictional or with the provision of minor technical assistance) and which civil rights and health information privacy and security complaints should be transferred to an OCR regional office for further deliberation and possible investigation. CCMO resolves a majority of OCR's case receipts with administrative closures and technical assistance closures. Significant process redesign and automation improvements have enabled OCR to increase efficiency, despite receipt of more than double the amount of complaints (30,166 in FY 2017 versus 12,705 in FY 2012) since OCR's online complaint portal went live in FY 2012.

[1] The regional offices include New England Region (Boston), Eastern and Caribbean Region (New York), Mid-Atlantic Region (Philadelphia), Southeast Region (Atlanta), Midwest Region (Chicago and Kansas City), Southwest Region (Dallas), Rocky Mountain Region (Denver), and Pacific Region (San Francisco, Seattle, and Los Angeles).

Investigation
Civil Rights and Health Information Privacy and Security complaint investigations, breach report investigations, and compliance reviews are conducted by OCR regional offices. Each regional office utilizes highly skilled investigators responsible for examining allegations of discrimination or health information privacy/security violations and determining the appropriate action. Through the understanding and application of OCR's legal authorities and jurisdiction, the staff conducts comprehensive fact-finding investigations to determine levels of compliance across all regulations for each covered entity involved in a case. Investigations can result in a finding of no violation, the provision of technical assistance to address specific problem areas, or, where there are indications of noncompliance, more formal enforcement action, including the negotiation of settlement agreements.

Enforcement
When OCR determines there has been a violation of one or more of its legal authorities, OCR takes enforcement action. When a violation is found during a regional investigation, the regional office works closely with OCR Headquarters and the Office of General Counsel to review the facts of the investigation and produce a letter of findings. When OCR sends the letter of finding to an entity, OCR may offer to provide technical assistance to promote voluntary compliance or engage in a settlement negotiation with a corrective action plan and, where appropriate, monetary payments. In instances where entities are uncooperative, OCR can, depending on the statute at issue, seek rescission of HHS funding to the entity, pursue civil money penalties, or refer the case to the Department of Justice for further proceedings.

In addition to complaints submitted by the public, OCR is authorized to open compliance reviews of specific entities when it has reason to believe that an entity may have violated certain of the laws that OCR enforces. OCR learns of such potential violations from a variety of sources, including media reports and situations in which significant numbers of individual complaints have been filed against an entity. Also, as required by HIPAA, OCR initiates an investigation in all cases where an entity has reported a health information privacy breach affecting 500 or more individuals. These compliance reviews and breach report investigations can enable OCR to evaluate compliance issues and focus on systemic reform. The investigation and enforcement process for compliance reviews and breach report investigations, along with their outcome, follow the same processes noted above for complaint resolution.

Technical Assistance and Outreach
In addition to OCR's work to ensure compliance through enforcement, OCR promotes voluntary compliance through technical assistance and outreach. OCR delivers impact through strong technical assistance to covered entities. This collaboration across OCR teams ensures that covered entities can receive the information, guidance, and support required to achieve voluntary compliance with their legal responsibilities under civil rights and privacy/security laws.

Another major component of OCR's compliance portfolio includes outreach. A robust outreach program informs and educates individuals, consumer groups, advocacy groups, and other stakeholders of civil rights, religious freedom and conscience, and health information privacy and security laws, obtains input about challenges and potential violations on which OCR should focus, and provides guidance on means to ensure compliance. This is accomplished through participating in conferences and briefings as well as smaller meetings and listening sessions; hosting workshops, webinars, and trainings; disseminating materials in a variety of forums; training law and medical students and other stakeholders; and convening and participating in various working groups. OCR's regional staff also participate in inter-agency and intra-agency activities and work collaboratively with federal partners. OCR's nationwide

outreach efforts educate and provide guidance to federal agencies, States, covered entities, consumers, and other stakeholders. These efforts allow OCR to build relationships, create opportunities for dialogue, provide opportunities for input on OCR's work, and ensure that OCR is able to anticipate future challenges.

Resources and Services Support
ORD's resources staff supports all OCR operations by assisting all four divisions, including the regional offices, by providing budget, information technology, human resources, acquisition, security, property management, travel, ethics, Freedom of Information Act (FOIA), continuity of operations (COOP), and other related administrative support. The Budget Team, Human Resources Team, Information Technology Team, and the Executive Secretariat provide critical support to all programmatic staff to allow them to focus their attention on mission requirements.

Accomplishments

University of Vermont Medical Center (UVMMC): OCR initiated a compliance review to address allegations that UVMMC failed to effectively communicate with individuals who are deaf and use American Sign Language while receiving medical treatment. Based on OCR's investigation of UVMMC's compliance with Section 504 of the Rehabilitation Act and Section 1557 of the Affordable Care Act, OCR and the local U.S. Attorney's Office entered into a voluntary resolution agreement with UVMMC to ensure compliance with its obligation to effectively communicate with individuals with disabilities. Specifically, the agreement requires UVMMC to provide notice of the availability of auxiliary aids and services, implement grievance procedures and feedback protocols, train UVMMC personnel, and update policies and procedures. In addition, UVMMC agreed to pay the complainants $20,500 in compensatory relief. OCR is monitoring UVMMC's compliance with the agreement through November 20, 2020.

Alabama Department of Human Resources (ADHR): OCR received a referral from the U.S. Department of Justice, indicating that ADHR's Child Welfare Program discriminated against a Guatemalan father engaged in a parental rights case because he could not speak English. The father's native language was Akateco, and he was attempting to reunify with his minor daughter, who had been placed in ADHR's custody following his wife's death. OCR investigated whether ADHR was in compliance with its Title VI obligation to refrain from discriminating against individuals based on their national origin by ensuring effective communication with individuals who are limited English proficient (LEP). OCR's investigation revealed that ADHS failed to provide the father with timely language assistance and other services essential for reunification. OCR's investigation further revealed that ADHR consistently failed to take reasonable steps to ensure meaningful access to its programs by Latino persons who are LEP. Accordingly, OCR found that ADHR administered its programs in a manner that had the effect of delaying or denying access to its programs and services on the basis of national origin in violation of Title VI. ADHR entered into a settlement agreement with OCR affirming that it will comply with Title VI, train staff on Title VI compliance, and provide competent language assistance services at no cost and in a timely manner to LEP persons. ADHR also agreed to update its Family Services policies and procedures, and to publish them pending OCR's review and approval.

Filefax, Inc: Filefax was a business associate that provided storage, maintenance, and delivery of medical records to covered entities. In 2015, OCR received an anonymous complaint alleging that an individual transported medical records obtained from Filefax to a shredding and recycling facility to sell. OCR's investigation confirmed that an individual had left medical records of approximately 2,150 patients at the shredding and recycling facility, and that these medical records contained patients' protected health information (PHI). OCR's investigation indicated that Filefax impermissibly disclosed

the PHI of 2,150 individuals by leaving the PHI in an unlocked truck in the Filefax parking lot, or by granting permission to an unauthorized person to remove the PHI from Filefax, and leaving the PHI unsecured outside the Filefax facility. Filefax is no longer in business. In 2016, a court in unrelated litigation appointed a receiver to liquidate its assets for distribution to creditors and others. In addition to a $100,000 monetary settlement, the receiver agreed, on behalf of Filefax, to properly store and dispose of remaining medical records found at Filefax's facility in compliance with HIPAA.

Fresenius Medical Care North America (Fresenius): Fresenius provides products and services for people with chronic kidney failure, serving over 170,000 patients. In January of 2013, Fresenius filed five breach reports for separate incidents implicating the electronic protected health information (ePHI) of five separate Fresenius-owned covered entities. OCR found that these covered entities impermissibly disclosed patients' ePHI by providing unauthorized access for a purpose not permitted by the Privacy Rule. The covered entities failed to conduct an accurate and thorough risk analysis of potential risks and vulnerabilities to ePHI, and several of the covered entities failed to implement policies and procedures by the HIPAA Rules. One of the covered entities also failed to implement a mechanism to encrypt and decrypt ePHI when it was reasonable and appropriate to do so. Fresenius agreed to a $3.5 million monetary settlement and a corrective action plan that requires Fresenius's covered entities to complete a risk analysis and risk management plan; revise policies and procedures on device and media controls and facility access controls; develop an encryption report; and educate its workforce on its policies and procedures.

HIPAA Small Provider Training: In 2018, the Pacific, Rocky Mountain, and Southwest Regions conducted outreach to small providers with HIPAA training. The Southwest and Rocky Mountain Regions identified small providers in each state in their respective regions and the Pacific Region targeted providers in the Los Angeles area. The Regions conducted multiple presentations in 12 states for approximately 1,000 attendees; each event lasted four hours, including a PowerPoint presentation on the Privacy, Security, and Breach Notification Rules, and an enforcement update. Regional presenters fielded numerous questions during and after each presentation, and many attendees were also sent a follow-up email that included a number of attached resources and links to OCR's guidance materials. OCR received outstanding positive feedback and requests for additional HIPAA and civil rights sessions in the future. These efforts elevated the Regions' presence and promoted HIPAA compliance through outreach and technical assistance.

Funding History

Fiscal Year	Amount
FY 2016	$31,495,000
FY 2017	$30,027,000
FY 2018	$27,852,000
FY 2019 Enacted	$26,853,000
FY 2020 President's Budget	$19,738,000

Budget Request

The FY 2020 request for the Operations and Resources Division discretionary budget request of $19,738,000 is $7,115,000 below the FY 2019 Enacted level. OCR will offset reductions with the use of settlement funding for health information privacy, security and breach notification enforcement activities. OCR plans to expend $15,647,000 in settlement funding which is $7,480,000 more than the previous year.

Civil Rights Division

(Dollars in Thousands)

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority				
Discretionary Budget Authority	4,056	4,040	4,097	+57
Civil Monetary Settlement Funding	-	-	-	-
Total Program Level	**4,056**	**4,040**	**4,097**	**+57**
FTE				
Discretionary Budget Authority	15	15	15	-
Civil Monetary Settlement Funding	-	-	-	-
Total Program Level	**15**	**15**	**15**	**-**

Legal Authorities

- Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000d *et seq.*
- Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794.
- Section 508 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794d.
- Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. § 1681 *et seq.*
- Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6101 *et seq.*
- Hill-Burton Community Service Assurance, Titles VI and XVI of the Public Health Service Act (PHSA), as amended. The community service assurances are in §§ 603(e), 1621(b)(1)(K) of the PHSA (codified as amended at 42 U.S.C. §§ 291c(e), 300s-1(b)(1)(K)(i)).
- Low-Income Home Energy Assistance Act of 1981, 42 U.S.C. § 8625 *et seq.*
- Title II of the Americans with Disabilities Act, as amended, 42 U.S.C. § 12131 *et seq.*
- Section 1557 of the Affordable Care Act, 42 U.S.C. § 18116.
- Multi-Ethnic Placement Act, 42 U.S.C. § 5115a, as amended by Section 1808 of the Small Business Job Protection Act of 1996, 42 U.S.C. § 1996b.
- Sections 799A and 855 of the Public Health Service Act, 42 U.S.C. §§ 295m and 296g.
- Section 321, Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended, 42 U.S.C. § 4581.
- Section 1947, Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Services Block Grant, 42 U.S.C. § 300x-57.
- Admission of Substance Abusers to Private and Public Hospitals and Outpatient Facilities, 42 U.S.C. § 290dd-1(a)-(b).
- Community Services Block Grant Programs, 42 U.S.C. § 9918(c).
- Equal Employment Opportunity Provision in the Public Telecommunications Financing Act of 1978, Section 309, as amended, 47 U.S.C. § 398(b).
- Maternal and Child Health Services Block Grant, 42 U.S.C. § 708 (a)-(c).
- Preventive Health and Health Services Block Grants, 42 U.S.C. § 300w-7 (a)-(c).
- Projects in Assistance to Transition from Homelessness Project Grants, 42 U.S.C. § 290cc-33(a)-(b).
- Family Violence Prevention and Services Act, as amended, 42 U.S.C. §10406(c)(2)(A)-(D).

Program Description

OCR's Civil Rights Division (CRD) is committed to vigorously enforcing our Nation's civil rights laws to ensure that all individuals – regardless of race, color, national origin, age, disability, religion or sex – have equal access to health and human services. CRD's work advances HHS Strategic Goal 1: "Reform, Strengthen, and Modernize the Nation's Healthcare System" and Strategic Objective 1.3: "Improve Americans' access to healthcare and expand choices of care and service options."

CRD is responsible for ensuring national consistency in outreach, policy and enforcement of federal statutes prohibiting discrimination based on

- *Race, color and national origin* in federally funded programs or activities – Title VI of the Civil Rights Act of 1964.
- *Disability* in federally funded, federally conducted, or state or local programs or activities – Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (ADA).
- *Age* in federally funded programs or activities – the Age Discrimination Act of 1975.
- S*ex* in federally funded education programs or activities – Title IX of the Education Amendments of 1972.
- *Race, color, national origin, sex, age or disability* in certain health programs or activities – Section 1557 of the Affordable Care Act.

CRD accomplishes its mission through

(1) supporting the OCR Director as the Secretary's principal advisor on civil rights, including conducting civil rights reviews of the Department's rulemaking and policy guidance; drafting regulations and guidance to better implement the civil rights protections under OCR's jurisdiction; and representing OCR on HHS and inter-agency workgroups that address civil rights issues;
(2) providing direction and subject matter expertise to regional staff and ensuring legal and policy coordination in the formulation of investigative plans for complaints and compliance reviews, corrective action closure letters, voluntary compliance agreements, violation letters of finding, settlement agreements, and enforcement actions;
(3) sponsoring national outreach initiatives for covered entities and stakeholders to address civil rights compliance; and
(4) reforming regulations and sub-regulatory guidance issued by OCR and by other HHS components for which the civil rights benefits are outweighed by the burden imposed.

Focus Areas

Coordinating Government-wide Compliance with the Age Discrimination Act of 1975

- The Age Discrimination Act of 1975 provides the Secretary with coordinating authority over Federal departments' and agencies' implementation of the Act. Each year, OCR submits to Congress – prior to March 31st – a government-wide report on Federal compliance. CRD collects information from 28 Federal departments and agencies; analyzes the individual agency reports; and prepares the government-wide report which is submitted to Congress. The report provides a statistical analysis and describes new activities, including new complaints, carry-over complaints,

mediation, compliance reviews, training, technical assistance, outreach, and regulation development. The FY 2017 Report was submitted to Congress on March 27, 2018.

Providing Equal Access to Opioid-Use Disorder Treatment for Individuals with Disabilities

Based on OCR's experiences with opioid-related complaints and in light of the Department's focus on addressing the opioid crisis, CRD is involved in outreach, policy, and enforcement activities to ensure non-discrimination in services funded by HHS so that their programs and services are accessible to individuals with disabilities and limited English proficiency (LEP).

Ensuring Effective Communication During Natural Disasters and National Emergencies

- At the outset of the 2017 unprecedented hurricane season, during Hurricane Harvey in August 2017, CRD issued guidance to assist first-responders in identifying practices and resources to provide equal access to emergency services for limited English proficient (LEP) individuals and people with disabilities. CRD continued to provide applicable guidance throughout the recovery phases of the multiple hurricanes during 2017, including serving on a disabilities task force convened by the Assistant Secretary for Preparedness and Response (ASPR) to address the needs of people with disabilities and older adults in Puerto Rico. CRD participates in biweekly HHS Senior Leadership Hurricane Recovery Taskforce meetings. In addition, CRD participates in the ASPR Recovery Plan Development Workgroup to ensure that, consistent with legal requirements, the needs of at-risk populations are integrated into response and recovery planning.

Protecting the Rights of Birth Parents, Prospective Parents and Children in the Child Welfare System

- CRD has an ongoing partnership with the Department of Justice (DOJ) and the HHS Administration on Children and Families (ACF) to safeguard the civil rights of parents, prospective parents and children in the child welfare system. OCR, DOJ and ACF have issued joint guidance to prevent and address disability and race discrimination; initiated joint complaint investigations and compliance reviews; and have conducted joint outreach at key national conferences with stakeholders.

Ensuring Language Access Services in Health and Human Service Settings for Persons with Limited English Proficiency (LEP)

- CRD collaborates across the HHS family of agencies to ensure that health care and human service grant recipients take reasonable steps to ensure meaningful access by LEP individuals to programs and services. The OCR Director chairs the HHS Language Access Steering Committee, which oversees and coordinates ongoing Departmental efforts to improve access to programs conducted by HHS for individuals with Limited English Proficiency. In 2016, the Steering Committee successfully launched training on the HHS Language Access Plan for HHS employees through the HHS Learning Portal. In 2017, the OCR Director, as Chair of the Steering Committee, formed the Emergency Preparedness Subcommittee, which is committed to assisting emergency responders in providing meaningful access to individuals with Limited English Proficiency and for persons with disabilities in response and recovery efforts. In 2018, CRD spearheaded the HHS Language Access Steering Committee's First Responder Civil Rights Checklist guidance document to advance access to services for persons with disabilities and persons with limited English proficiency during emergencies.

Raising Awareness and Enhancing Compliance Education. CRD provides outreach to raise awareness of the federal civil rights statutes that OCR enforces and to provide technical assistance to covered entities regarding compliance with civil rights in the health and human services context.

- During FY 2018, CRD facilitated or participated in more than two dozen civil rights related outreach events at a number of national conferences and other venues of stakeholders. These events included participation in coordination with the Department of Justice's Disability Rights, Federal Coordination and Compliance, and Educational Opportunities Sections; the Association of American Medical Colleges; and the National Council of Juvenile and Family Court Judges.

Accomplishments

In October 2018, OCR launched a national multimedia public education campaign to safeguard the civil rights of persons seeking treatment for opioid use disorder. This public education includes a video featuring the OCR Director, two fact sheets, and ongoing social media and public outreach to help ensure that persons with opioid use disorder have equal access to treatment.

The U.S. Supreme Court's 1999 landmark decision in *Olmstead v. L.C.* found that the unjustified segregation of people with disabilities is a form of unlawful discrimination under the ADA. Through its vigorous enforcement of the *Olmstead* decision, OCR plays a pivotal role in removing barriers to community living. In coordination with the Centers for Medicare & Medicaid Services (CMS), the Administration for Community Living (ACL) and DOJ, CRD works to ensure that individuals receiving long-term support through Home and Community-Based Services (HCBS) programs – under Sections 1915(c), 1915(i) and 1915(k) of the Social Security Act – receive services in the most integrated setting and have full access to the benefits of community living. The HCBS Final rule, implementing Section 1915(c), requires States to develop transition plans which describe how they will come into compliance with the rule; include input from the public; and must be submitted for final approval to CMS. CRD coordinates with CMS, ACL and DOJ to review the State transition plans and ensure that HCBS settings provide opportunities for participants to have access to the community; control their personal resources; secure employment in competitive settings; and engage in community life.

In January 2018, as part of its *Olmstead* compliance work, CRD partnered with the Office of the Inspector General (OIG) and ACL to jointly publish a report entitled "Ensuring Beneficiary Health and Safety in Group Homes Through State Implementation of Comprehensive Compliance Oversight." The joint report was issued to help improve the health, safety, and respect for the civil rights, of individuals living in group homes. OCR has participated in a series of Department-coordinated outreach events to discuss the recommendations with stakeholders and to educate the general public.

OCR recognizes the importance of leveraging relationships with health care providers, associations, colleges and universities, industry stakeholders and state and local agencies. In 2018, CRD continued a long-standing relationship with the Association of American Medical Colleges (AAMC), whose members comprise all 151 accredited U.S. medical schools and nearly 400 major teaching hospitals and health systems. Over the years, in a partnership with AAMC's program for aspiring dental and medical school students, CRD has led the joint headquarters and regional effort to teach a civil rights compliance curriculum to students to help them understand how providing equal access to patients, including patients with Limited English Proficiency, is required by law and necessary to ensure safe and effective health care. In June, July and August 2018, OCR staff members presented the civil rights compliance curriculum to over 1,000 pre-medical and pre-dental students, at more than a dozen colleges and universities nationwide.

As part of its work to address the HIV epidemic, CRD participates in the National HIV/AIDS Strategy Federal Interagency Working Group, along with the HHS Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) and representatives from the fifteen Executive Departments. CRD actively participated in the development of the "2017 Progress Report for the National HIV/AIDS Strategy," which was published in May 2018. The 2017 Progress Report highlighted OCR's headquarters and regional enforcement work to prevent and address HIV stigma and discrimination.

In 2017 and 2018, CRD participated in Federal Partner Meetings on Physical Accessibility of Health Care Facilities, which are convened by the CMS Office of Minority Health (CMS OMH). As part of the partnership, CRD provided technical assistance to CMS OMH on the development of their recent issue brief, "Increasing the Physical Accessibility of Health Care Facilities." The issue brief discussed OCR's enforcement of Title II of the ADA, as well as Section 504, by conducting investigations of physical accessibility complaints, providing technical assistance, entering into voluntary resolution agreements, and initiating enforcement actions.

Title IX of the Education Amendments Act of 1972 prohibits discrimination on the basis of sex in federally funded education programs and activities. In 2016, HHS provided approximately $21 billion in federal funding for grant recipients performing academic research and development. HHS regulations under Title VI of the Civil Rights Act of 1964, incorporated by reference in the Department's Title IX regulations, require HHS to review Title IX compliance among grant recipients. In FY 2018, using neutral selection criteria, OCR conducted three compliance reviews of universities who were grant recipients of the National Institutes of Health (NIH). Under the guidance of CRD, OCR's regions evaluated a sample of universities' nondiscrimination policies and procedures to assess the extent to which the universities are implementing their Title IX compliance programs. The reviews also assessed whether the universities comply with Title IX notification and training requirements, as well as outreach and recruitment requirements. OCR did not find evidence of Title IX violations during the reviews, but provided the universities with technical assistance on notice requirements, including informing students and staff that they may file complaints with HHS OCR, in addition to the Department of Education OCR and the universities' Title IX offices.

Funding History

Fiscal Year	Amount
FY 2016	$3,652,000
FY 2017	$4,525,000
FY 2018	$4,056,000
FY 2019 Enacted	$4,040,000
FY 2020 President's Budget	$4,097,000

Budget Request

The FY 2020 request for the Civil Rights Division of $4,097,000 is $57,000 above the FY 2019 Enacted level and reflects minor inflationary costs.

Health Information Privacy (HIP) Division

(Dollars in Thousands)

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority				
Discretionary Budget Authority	2,866	4,087	1,562	-2,525
Civil Monetary Settlement Funding	2,342	5,212	7,429	+2,217
Total Program Level	**5,208**	**9,299**	**8,991**	**-308**
FTE				
Discretionary Budget Authority	12	17	3	-14
Civil Monetary Settlement Funding	-	5	17	+12
Total Program Level	**12**	**22**	**20**	**-2**

Legal Authorities

- Administrative Simplification Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), section 264, Public Law 104-191, 42 U.S.C. §1320d-2 (note).
- Social Security Act, section 1173(d), as added by HIPAA §262(a), 42 U.S.C. §1320d-2(d).
- Confidentiality provisions of the Patient Safety and Quality Improvement Act of 2005 (PSQIA), Public Law 109-41, 42 U.S.C. §299b-21 – 299b-26.
- Title I of the Genetic Information Nondiscrimination Act of 2008 (GINA), Public Law 110-233, section 105, 42 U.S.C. §1320d-9.
- Health Information Technology for Economic and Clinical Health Act (HITECH), American Recovery and Investment Act of 2009, 111 P.L. 5, sections 13400- 13423, 42 USC §§17921-17953, as amended.
- 21st Century Cures Act of 2016, Public Law 114-255, Sections 2063, 4006(a) and (b), 11003, and 11004.

Program Description

The collection and sharing of health information is critical to improving the quality and safety of health care and advancing medical discoveries that can improve the health of individuals and populations. However, in the face of increasing cybersecurity threats targeting the health care sector and public concerns about the privacy and security of health data, active education and enforcement of health information privacy and security regulations are critical to building and maintaining public trust in robust uses and disclosures of health information. HIP works to ensure the protection of health information privacy from unauthorized uses and disclosures, to ensure the security of electronic health information, and to enforce the right of individual patients to access their health information.

Through its innovative efforts to promote and enforce HIPAA privacy and security protections, HIP supports public and private sector efforts to improve health care quality and reduce costs, including addressing the opioid crisis; advancing interoperability of electronic health information; empowering individuals to make health care decisions; enabling enhanced care coordination; building public trust in health data sharing, pursuant to the newest statute in this area, the 21st Century Cures Act; helping to build the privacy and security framework for public and private sector research initiatives that yield medical discoveries; supporting public health surveillance and emergency preparedness and response activities; improving the ability of entities subject to HIPAA to prevent and effectively respond to

cybersecurity threats; and improving the safety of health care by helping to facilitate confidential analysis of medical errors and other patient safety events.

HIP improves compliance with the HIPAA privacy, security and breach notification regulations through

(1) Robust policy guidance and outreach to the public and industry stakeholders, including actively addressing common questions about HIPAA's regulations and how the rules apply to novel circumstances and new technologies;
(2) Periodic audits, as required by law, to proactively identify and address vulnerabilities before they result in breaches, unauthorized disclosures, or other HIPAA violations;
(3) Support to the Director in advising Departmental leadership on cross-cutting issues involving HIPAA privacy and security;
(4) Partnerships with OCR's regional offices to exercise OCR's enforcement and civil monetary penalty authority to hold entities financially accountable for systemic or egregious compliance failures and to obtain corrective action; and
(5) Reform of regulatory provisions for which the benefit to privacy and security is outweighed by the burden imposed.

Policy

The HIPAA Privacy and Security Rules were initially written and implemented more than a decade ago, and much has changed in health care, including how health information is accessed, used, and disclosed. Recognizing that well-intended regulations can lose their efficacy with the passage of time and regulatory complexity can contribute to noncompliance, OCR is reviewing its regulations and significant sub-regulatory guidance to identify and modify or eliminate regulatory provisions and interpretations that are no longer effective or increase complexity for the regulated community without a corresponding benefit to privacy or security protections, or empowerment of individuals. At the same time, OCR is actively working to implement provisions of HITECH Act and the 21st Century Cures Act that mandate new regulations or the issuance of further guidance. OCR will seek input from the public as it undertakes this review, both informally as well as through applicable Administrative Procedure Act notice and comment processes.

Audit Program

OCR examines the HIPAA compliance of randomly selected entities through OCR's audit program, to help promote compliance with the HIPAA regulations. HIP's audit program, required under the HITECH Act, is a proactive and systemic look at industry compliance. Following the comprehensive evaluation conducted in the first pilot phase of OCR's audit program, Phase 2 (conducted in 2016 and 2017) focused on desk audits of over 200 covered entities and business associates who submitted documentation of their efforts to comply with selected provisions of the HIPAA regulations. In 2018, OCR continued to use the audit program as a tool for obtaining HIPAA compliance from selected entities, and the identification of compliance issues for future OCR activities including outreach and sub-regulatory guidance.

Raising Awareness and Enhancing Compliance Education

HIP provides outreach and technical assistance to covered entities, business associates, and consumers regarding compliance with the HIPAA rules and individuals' rights under HIPAA.

- During FY 2018, the Director and HIP participated in over 30 outreach events nationwide. These events include keynote addresses and important plenary sessions at major industry conferences, including the American Health Lawyers Association, the American Bar Association, HIPAA Summit, and the Healthcare Information and Management Systems Society.

- HIP cosponsored its 10th annual conference in FY 2018 focusing on best practices for compliance with the HIPAA Security Rule with the National Institute of Standards and Technology (NIST) of the U.S. Department of Commerce. The event attracted over 1,000 participants over two days, through both its in-person conference and live webcast.

Accomplishments

In October 2017, following the declaration of a nationwide public health emergency regarding the opioid crisis, OCR released new guidance on when and how healthcare providers can share a patient's health information with his or her family members, friends, and personal representatives when that patient may be in crisis and incapacitated, such as during an opioid overdose.

In December 2017, OCR launched an array of new tools and initiatives in response to the opioid crisis, while implementing the 21st Century Cures Act. Specifically, OCR published

- Two new HIPAA webpages focus on information related to mental and behavioral health, one designed for professionals and another for consumers. These webpages reorganize existing guidance to make it more user-friendly and provide a one-stop resource for OCR's new guidance and materials on sharing information related to mental health and substance use disorder treatment with a patient's family, friends and others involved in the patient's care or payment for care. The new information includes a package of fact sheets; an infographic; decision charts, including materials specifically tailored to the parents of children who have a mental health condition; and scenarios that address sharing information when an individual experiences an opioid overdose.

- Guidance related to uses and disclosures of protected health information for research. As required by the Cures Act, the guidance documents explain how a covered entity can grant remote access to PHI to a researcher for activities that qualify as reviews preparatory to research, provided reasonable and appropriate safeguards are in place.

In June 2018, OCR issued additional guidance required by the 21st Century Cures Act explaining certain requirements for an authorization to use or disclose PHI for future research. The guidance also clarifies aspects of the individual's right to revoke an authorization for research uses and disclosures of PHI.

In December 2018, as part of HHS's Regulatory Sprint to Coordinated Care, OCR published a Request for Information (RFI) seeking recommendations and input from the public on how the HIPAA Rules, especially the HIPAA Privacy Rule, could be modified to promote coordinated, value-based health care. In addition to requesting broad input on the HIPAA Rules, the RFI also seeks comments on specific areas of the HIPAA Privacy Rule including encouraging information-sharing for treatment and care coordination; facilitating parental involvement in care; addressing the opioid crisis and serious mental illness; implementing accounting for disclosures of protected health information for treatment, payment and health care operations as required by the HITECH Act; and changing the current requirement for certain providers to make a good faith effort to obtain an acknowledgment of receipt of the Notice of Privacy Practices.

As of December 2018, OCR has entered into formal HIPAA resolution agreements involving the payment of a monetary settlement with ten entities, and has imposed a HIPAA civil monetary penalty on an eleventh entity. In each of these cases, OCR found and resolved substantial noncompliance with the HIPAA regulations. These high profile cases send important messages to industry stakeholders about the importance of protecting health information; however, they represent only a small portion of OCR's enforcement work. OCR investigates every breach involving records of 500 or more individuals, and closes most (>95%) of its cases after investigation, often through the provision of technical assistance.

OCR audited 166 covered entities and 41 business associates pursuant to phase 2 of the HITECH audit program. The phase 2 audits focused on the HIPAA Security Rule risk analysis and risk management provisions, the HIPAA Breach Notification Rule requirements to notify individuals and HHS of breaches of health information, and the HIPAA Privacy Rule requirements to provide individuals with a Notice of Privacy Practices and to provide individuals with access to their health information. Individual reports were sent to each audited entity. OCR also will issue a comprehensive report to the public identifying best practices as well as the recurring patterns of noncompliance that OCR will consider for future guidance, outreach and compliance reviews (anticipated by end of CY 2018).

Funding History

Fiscal Year	Amount
FY 2016	$3,651,000
FY 2017	$4,156,000
FY 2018	$2,866,000
FY 2019 Enacted	$4,087,000
FY 2020 President's Budget	$1,562,000

Budget Request

The FY 2020 request for the Health Information Privacy Division discretionary budget request of $1,562,000 is $2,525,000 below the FY 2019 Enacted level. In FY 2020, OCR plans to expend $7,429,000 in settlement funding for health information privacy, security, and breach notification enforcement activities, which is $2,217,000 more than in FY 2019. At the total program level of $8,991,000, OCR will fund 20 FTE, 2 below the FY 2019 level of 22 FTE.

Conscience and Religious Freedom Division

(Dollars in Thousands)

Program	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority				
Discretionary Budget Authority	3,927	3,818	4,889	+1,071
Civil Monetary Settlement Funding	-	-	-	-
Total Program Level	**3,927**	**3,818**	**4,889**	**+1,071**
FTE				
Discretionary Budget Authority	2	6	12	+6
Civil Monetary Settlement Funding	-	-	-	-
Total Program Level	**2**	**6**	**12**	**+6**

Legal Authorities

- Weldon Amendment to the Annual Labor HHS Appropriations Act, *e.g.*, Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019, Public Law 115-245, Division B, Title V, § 507(d).
- Church Amendments, 42 U.S.C. § 300a-7.
- Coats-Snowe Amendment, 42 U.S.C. §238n.
- Religious Freedom Restoration Act, 42 U.S.C. § 2000bb *et seq.*
- Section 1553 of the Affordable Care Act, 42 U.S.C. § 18113.
- Section 1303(b)(4) of the Affordable Care Act, 42 U.S.C. § 18023(b)(4).
- Equal Employment Opportunity Provision of the Public Telecommunications Financing Act of 1978, Section 309, as amended, 47 U.S.C. § 398(b).
- Hill-Burton Community Service Assurance in Title VI, Sec. 603(e) of the Public Health Service Act (codified as amended at 42 U.S.C. § 291c(e)), and Title XVI, Secs. 1621(b)(1)(K) and 1627 of the Public Health Service Act (codified as amended at 42 U.S.C. §§ 300s-1(b)(1)(K)(i)), 300s-6).
- Nondiscrimination Provision of the Family Violence Prevention and Services Act Program, as amended, 42 U.S.C. § 10406.
- Nondiscrimination Provision of the Maternal and Child Health Services Block Grant Program, 42 U.S.C. § 708.
- Nondiscrimination Provision of the Preventive Health and Health Services Block Grant Program, 42 U.S.C. § 300w-7.
- Nondiscrimination Provision of the Projects in Assistance to Transition from Homelessness Program, 42 U.S.C. § 290c-33.
- Nondiscrimination Provision of the Substance Abuse Prevention and Treatment Block Grant and Community Mental Health Services Block Grant Programs, 42 U.S.C. § 300x-57

Program Description

The Conscience and Religious Freedom Division (CRFD) supports the OCR mission to vigorously safeguard individuals' and entities' Federal statutory rights of conscience and religious freedom in

health and human services programs. CRFD carries out this mission through case investigation and enforcement, policy development, education and outreach, and compliance efforts.

Established in FY 2018, CRFD is a component of OCR's Headquarters operations. CRFD provides the organizational structure in OCR to elevate conscience and religious freedom to equal footing with OCR's civil rights and health information privacy programs.

CRFD operationalizes the commitment to promote clear and strong conscience protections for health care providers under the Church, Coats-Snowe, and Weldon Amendments. CRFD represents the realization of HHS's long-standing commitment to enforce all Federal civil rights laws delegated to OCR and of the President's Executive Order to "vigorously enforce Federal law's robust protections for religious freedom." E.O. 13798, 82 FR 21675 (May 8, 2017). Pursuant to that Executive Order, the Attorney General of the United States issued guidance on federal law protections for religious liberty, including protection of the right to perform or abstain from performing certain physical acts in accordance with one's beliefs. Pursuant to the President's Executive Order and Executive Branch policy, and in keeping with the Attorney General's religious liberty guidance, CFRD is designed to facilitate strong leadership in HHS, and to provide solid subject-matter expertise with respect to Federal rights of conscience and religious freedom, as applied in the health and human services setting.

The Federal laws in CRFD's portfolio fall into two categories: conscience statutes implicating beginning-of-life and end-of-life matters and religious freedom statutes implicating protections for religious observance and practice.

> Beginning-of- life and end- of- life matters. CRFD is responsible for OCR's national conscience and religious freedom program, including enforcement of and compliance with laws protecting conscience and the free exercise of religion and prohibiting coercion and religious discrimination. These laws include the Church, Coats-Snowe, and Weldon Amendments; Section 1553 of the Affordable Care Act; and Section 1303(b)(4) of the Accordable Care Act. Collectively, these laws protect health care professionals (current and those in training) and other entities from being discriminated against for activities, such as not providing, paying for, referring for, performing, or assisting in certain services, such as abortions, sterilizations, or assisted suicide.
>
> Religious Observance and Practice. CRFD has delegated authority with respect to enforcement of laws that protect religious freedom in health and human services. These statutes protect participation in, or receipt of benefits from, certain federally funded programs. For instance, OCR enforces the religious nondiscrimination requirement of several grant programs, including the Maternal and Child Health Block Grant, Community Mental Services Health Block Grant, Substance Abuse and Mental Health Treatment Block Grant, Preventive Health and Health Services Block Grant, and Family Violence Prevention Services Act Programs, among others.
>
> In 2017, OCR gained delegated authority for enforcing compliance with the Religious Freedom Restoration Act (RFRA) with respect to HHS programs and activities. RFRA prohibits the Federal government from "substantially burdening a person's exercise of religion" unless the burden to the person furthers a compelling governmental interest and is the least restrictive means of doing so. 42 U.S.C. § 2000bb-1(a), (b). As interpreted by the U.S. Supreme Court, under RFRA, a substantial burden with respect to an adherent's religious observance or practice includes the banning of, compelling an act inconsistent with, or substantially pressuring the modification of, such religious observance or practice. *Sherbert* v. *Verner,* 374 U.S. 398, 405-06 (1963).

CRFD supports the Administration's policy priority to "vigorously enforce Federal law's robust protections for religious freedom" —the Nation's first freedom. In supporting this priority, CRFD's activities mirror those activities of OCR's health information privacy and traditional civil rights programs. To this end, CRFD uses a variety of tools to improve compliance with conscience and religious freedom laws, such as through capacity building, complaint investigation and enforcement, policy development and implementation, and outreach activities to promote compliance and transparency.

Capacity Building

In FY 2018 and FY 2019, OCR staffed CRFD primarily through contract support. Contractors provided subject-matter and analytic expertise in handling complex enforcement and policy issues implicated by the application of Federal conscience and religious freedom laws in the health and human services context. Mid-way through FY 2018, OCR hired the first Deputy Director to lead CRFD, manage progress towards key goals and projects, plan the organizational structure of CRFD, and implement strategic direction related to enforcement, policy, and outreach.

CRFD centralizes conscience and religious freedom activities in Headquarters. OCR adopted a similar model when it began administering its new health information privacy responsibilities in the early 2000s. This model maximizes OCR's ability to build expertise and capacity in handling complex, sensitive, and novel enforcement and policy questions of first impression. To develop this expertise, Federal staff in CRFD will focus on one of three functional areas: complaint investigation and enforcement, policy development and implementation, and outreach efforts that improve compliance. In FY 2019, OCR will be on track to make substantial progress towards its staffing goals to hire career staff with the appropriate skills and experience, equivalent in total to four FTEs.

Complaint Investigation and Enforcement

CRFD conducts OCR's nationwide investigation and enforcement activities under HHS's conscience and religious freedom authorities. Unlike CRD and HIP, no other Division in OCR handles case processing and investigation for such laws. Thus, CRFD is responsible for managing the life-cycle of a conscience or religious freedom complaint.

During FY 2018, OCR has received and triaged approximately 1,333 complaints in which the complainant alleged a conscience or religious discrimination violation on the complaint form. Of these complaints, OCR's system of record as of December 20, 2018, reflects that CRFD retained 784 of the 1,333 complaints (59 percent) which consists of 343 complaints alleging conscience violations and 441 complaints classified as raising religious freedom or religious discrimination allegations. About 6 percent of the 784 cases retained in FY 2018 (approximately 44 cases) are highly complex and sensitive cases of national significance implicating sophisticated covered entities. For the cases retained in FY 2018 only, each investigator has a caseload of approximately 196 cases with a proportionate share of high impact cases. These high impact cases received in FY 2018, while only constituting 6 percent of the cases retained in FY 2018, warrant a disproportionate amount of staff resources, relative to lower-impact cases, on legal research, case strategy, case theory development, investigation planning and execution, and case resolution strategies. While OCR's civil rights and health information privacy divisions have a wealth of institutional knowledge to draw from, CRFD must dedicate the resources to build that knowledge through experience and enforcement of conscience and religious freedom authorities, often in contested matters of first impression.

Policy Development and Implementation

CRFD engages in rulemaking, policy development, guidance drafting, and technical assistance to fill gaps in the implementation and enforcement of Federal conscience and religious freedom laws. In FY 2019, OCR plans to finalize a regulation to enhance compliance with statutory conscience rights in health care. CRFD plans to draft technical assistance materials on the final rule and provide critical leadership throughout HHS to further the Department's own compliance with the regulation.

In addition, CRFD reviews HHS components' draft rulemaking and guidance documents for consistency with Federal conscience and religious freedom laws and policy. Of particular importance, CRFD is assessing mechanisms for efficiently and effectively ensuring consistent interpretation and implementation of RFRA. These efforts will ensure that, from the beginning of a contemplated action, HHS components assess the implications of RFRA and act to minimize or eliminate any burden that the action may impose on the exercise of religion, consistent with the Attorney General's Memorandum. This work is part of OCR's broader effort to create systems and structures that will enhance HHS's respect for the role of religious people and institutions in everything HHS does. As Executive Order 13798 explains, "[t]he Founders envisioned a Nation in which religious voices and views were integral to a vibrant public square, and in which religious people and institutions were free to practice their faith without fear of discrimination or retaliation by the Federal Government."

Outreach Activities to Raise Awareness, Enhance Compliance Education, and Improve Compliance

CRFD engages in a mix of public education and training activities to raise awareness and increase compliance by informing people of their rights under Federal law and how to file complaints with OCR to enforce those rights, and by educating covered entities on their legal obligations. CRFD works closely with OCR's media unit to develop outreach and training programs and also works closely with the HHS Center for Faith-Based and Neighborhood Partnerships to liaison and build relationships with national advocacy, beneficiary, and provider groups; religious organizations; faith-based organizations; state and local governments; for profit and non-profit organizations; and other Federal departments and agencies. Finally, CRFD, like all of OCR's divisions, takes its legal obligation under the Freedom of Information Act seriously and processes FOIA requests in a timely manner and as required by law.

Accomplishments

During CRFD's short tenure, it has already demonstrated a variety of accomplishments across key areas:

Rulemaking to Enhance Compliance with Statutory Conscience Rights in Health Care: HHS determined that there was a significant need to amend the existing Federal regulation governing OCR's authority to handle complaints under certain Federal conscience authorities. On January 26, 2018, HHS issued a propose rule to revise its existing health care provider conscience regulation to enhance the awareness and enforcement of Federal health care conscience and associated anti-discrimination laws, to further conscience and religious freedom, and to protect the rights of individuals and entities to abstain from certain activities related to health care services without discrimination or retaliation. This proposed regulation would implement the full spectrum of Federal health care statutory provisions (25 in all) and would establish robust compliance and enforcement mechanisms parallel to those available for other civil rights. The comment period closed on March 27, 2018, with 72,417 submissions containing 242,216 individual comments. CRFD carefully analyzed and considered all significant issues the comments raised and plans to finalize a rule in FY 2019.

Raising Awareness and Enhancing Compliance Education: In FY 2018 and FY 2019, CRFD engaged in significant actions that raised awareness of its creation and of the Federal health care conscience and religious freedom laws it enforces. These initiatives informed the public of OCR's complaint process and brought a renewed focus to covered entities' obligations and persons' rights under Federal health care conscience and religious freedom laws. These efforts honored an important bipartisan commitment to use education and outreach programs to facilitate compliance with all Federal civil rights laws, including conscience and religious freedom laws.

In FY 2018, CRFD created a public education video on CRFD and the work of OCR as a whole that is prominently featured on OCR's website and released a Spanish version in FY 2019. OCR also launched a CRFD-specific portion of the OCR website which received 24,100 site visits during the last two weeks of January 2018 and has received an average of 4,800 site visits every month since its launch. The CRFD launch event has over 65,000 views on Facebook Live and over 2,400 views on YouTube. This launch event featured Members of Congress, HHS Leadership, leaders from the Jewish, Christian, and Muslim communities, and a victim of conscience discrimination. The creation and work of CRFD has also received extraordinary national media coverage which has raised public awareness of OCR and its conscience and religious freedom work to unprecedented levels

Establishing a Rigorous National Enforcement Program: CRFD has built a nationwide program to handle, investigate, and enforce conscience and religious freedom authorities from OCR Headquarters. CRFD is unique among HQ Divisions in that it handles case processing and investigation for the Federal conscience and religious freedom laws within OCR's purview in addition to handling policymaking functions. CRFD's enforcement program also addresses compliance with the Religious Freedom Restoration Act (RFRA) with respect to HHS programs and activities. The accomplishments for CRFD enforcement are (1) capacity building (staff and established processes and workflows) and (2) significant progress in case intake, investigations, and resolution.

Specifically, CRFD has had to build the processes, expertise, and workflows for case intake, investigation, and enforcement to manage the life-cycle of CRFD complaints. In FY 2019, CRFD began hiring FTEs with the requisite skill sets to undertake these activities. The human capital OCR has hired and is training in FY 2019 for CRFD builds OCR's capacity to have highly qualified and specialized workforce members skilled in investigation planning, analysis of evidence, interviewing, negotiations, case intake, and case management.

Funding History

Fiscal Year	Amount
FY 2016	-
FY 2017	-
FY 2018	$3,927,000
FY 2019	$3,818,000
FY 2020 Request	$4,889,000

Budget Request

The FY 2020 request for the Conscience and Religious Freedom Division discretionary budget request of $4,889,000 is $1,071,000 above the FY 2019 Enacted level. The increase reflects the addition of 6 FTEs and associated overhead costs.

Section IV: Supplementary Tables

Budget Authority by Object Class

Dollars in Thousands)

Object Class Code	Description	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
11.1	Full-time permanent	14,540	16,252	15,234	-1,018
11.3	Other than full-time permanent	699	719	742	+23
11.5	Other personnel compensation	275	324	295	-29
11.7	Military personnel	94	96	98	+2
Subtotal	***Personnel Compensation***	**15,608**	**17,391**	**16,369**	**-1,022**
12.1	Civilian personnel benefits	5,032	5,585	5,263	-322
12.2	Military benefits	35	36	37	+1
13.0	Benefits for former personnel	20	20	20	-
Total	***Pay Costs***	**20,695**	**23,032**	**21,689**	**-1,343**
21.0	Travel and transportation of persons	400	444	144	-300
22.0	Transportation of things	28	2	8	+6
23.1	Rental payments to GSA	3,416	3,473	1,169	-2,304
23.3	Communications, utilities, and misc. charges	111	130	94	-36
24.0	Printing and reproduction	115	157	92	-65
25.2	Other services from non-Federal sources	2,854	1,539	1,500	-39
25.3	Other goods and services from fed sources	9,929	9,335	5,331	-4,004
25.4	Operation and maintenance of facilities	407	56	35	-21
25.7	Operation and maintenance of equipment	151	391	110	-281
Subtotal	***Other Contractual Services***	**13,341**	**11,321**	**6,976**	**-4,345**
26.0	Supplies and materials	130	132	51	-81
31.0	Equipment	465	107	63	-44
Total	***Non-Pay Costs***	18,006	15,766	8,597	-7,169
Total	**Budget Authority by Object Class**	**38,701**	**38,798**	**30,286**	**-8,512**

Salaries and Expenses

(Dollars in Thousands)

Object Class Code	Description	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
11.1	Full-time permanent	14,540	16,252	15,234	-1,018
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25.4	Operation and maintenance of facilities	407	56	35	-21
25.7	Operation and maintenance of equipment	151	391	110	-281
Subtotal	***Other Contractual Services***	**13,341**	**11,321**	**6,976**	**-4,345**
26.0	Supplies and materials	130	132	51	-81
Total	***Non-Pay Costs***	14,125	12,186	7,365	-4,821
Total	***Salary and Expenses***	**34,820**	**35,218**	**29,054**	**-6,164**
23.1	Rental payments to GSA	3,416	3,473	1,169	-2,304
Total	***Salaries, Expenses, and Rent***	**38,236**	**38,691**	**30,223**	**-8,468**
Total	**Direct FTE**	**136**	**148**	**140**	**-8**

Detail of Full-Time Equivalent (FTE) Employment

Detail	FY 2018 Actual Civilian	FY 2018 Actual Military	FY 2018 Actual Total	FY 2019 Estimate Civilian	FY 2019 Estimate Military	FY 2019 Estimate Total	FY 2020 Estimate Civilian	FY 2020 Estimate Military	FY 2020 Estimate Total
Direct	135	1	136	147	1	148	139	1	140
Reimbursable	2	0	2	2	0	2	2	0	2
Total FTE	**137**	**1**	**138**	**149**	**1**	**150**	**141**	**1**	**142**

Average GS Grade

FY 2016: GS 12
FY 2017: GS 13
FY 2018: GS 13
FY 2019: GS 13
FY 2020: GS 13

Detail of Positions

Detail	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Executive level I	-	-	-
Executive level II	2	4	4
Executive level III	2	2	2
Executive level IV	0	0	0
Executive level V	1	1	1
Subtotal	***5***	***7***	***7***
Total - Executive Level Salaries	**$855,000**	**$1,227,000**	**$1,244,000**
-	-	-	-
GS-15	20	22	19
GS-14	23	26	24
GS-13	31	35	34
GS-12	41	41	42
GS-11	4	5	4
GS-10	-	-	-
GS-9	9	9	9
GS-8	1	1	1
GS-7	1	1	-
GS-6	1	1	-
GS-5	-	-	-
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal	**131**	**141**	**133**
Total - GS Salary	**$14,384,000**	**$15,744,000**	**$14,732,000**
	-	-	-
Average ES level	III	III	III
Average ES salary	$171,000	$175,286	$177,714
Average GS grade	13.5	13.6	13.5
Average GS Salary	$109,802	$111,660	$110,767

Section V: Significant Items

OCR Response to Appropriations Committee Report

Reference	Page #	Report Subject	Task Requested	Status Update
FY 2019 Labor-HHS report H. Rept. 115-862	118	Privacy in Mental Health Scenarios.—Section 11004 of the 21st Century Cures Act (PL 114–255) directed the Secretary of Health and Human Services to identify model programs and materials for training health care providers regarding the permitted uses and disclosures of protected health information of patients seeking or undergoing mental or substance use disorder treatment, consistent with standards and regulations governing the privacy and security of individually identifiable health information under the Social Security Act and the Health Insurance Portability and Accountability Act of 1996. In addition, the Secretary was directed to identify a model program and materials for training patients and their families regarding their rights to protect and obtain such information. The Committee urges the Secretary to submit a report to the Committees on Appropriations of the House of Representatives and the Senate within 180 days of enactment of this Act identifying model programs and materials addressed in section 11004 of the 21st Century Cures Act.	Report requested within 180 days of enactment	In Progress
FY 2019 Labor-HHS report H. Rept. 115-862	122	The Committee is concerned that the State of California, State of New York, State of Oregon, and State of Washington are requiring insurance providers to cover elective abortions. Furthermore, the Committee is aware that the State of California has enacted a law that requires pregnancy centers to refer patients for free or low-cost state-funded abortions. These laws, policies, and requirements appear to violate the Weldon Amendment, which prevents discrimination against health care entities that choose not provide abortion coverage. Accordingly, the Committee directs the Secretary to fully investigate and resolve potential violations of the Weldon Amendment and report findings back to Congress.	FY 2019	In Progress

National Coordinator for Health Information Technology

DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2020

Office of the National Coordinator for Health Information Technology

Justification of Estimates to the Appropriations Committees

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORAMTION TECHNOLOGY

Departmental Mission

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

Agency Description

The Office of the National Coordinator for Health Information Technology (ONC), a staff division of the HHS Office of the Secretary, is charged with formulating the Federal Government's health information technology (IT) strategy and promoting coordination of federal health IT policies, technology standards, and programmatic investments.

Federal Health IT Strategic Plan Mission

ONC's mission, adopted from the Federal Health IT Strategic Plan 2015 – 2020, is to improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most.

ONC's FY 2020 Priority Outcomes

- Advancing the availability, accessibility, interoperability, and usability of electronic health information and electronic health records (EHRs);
- Empowering consumer choice in health care through electronic access to health information and the portability of health information;
- Promoting innovation and competition in the health IT industry by establishing expectations for data sharing;
- Supporting open application programming interfaces (API) and user-focused technologies to improve patient and provider experiences with health IT; and
- Contributing to HHS efforts to combat the opioid epidemic through improvements in health IT infrastructure and health information sharing.

ONC's Authorizing and Enabling Legislation

- Health Information Technology for Economic and Clinical Health Act ("HITECH Act"), adopted as part of American Recovery and Reinvestment Act of 2009, Pub. L. 111-5 (Feb. 17, 2009) and adding Title XXX (Health Information Technology and Quality) to the Public Health Service Act.
- Medicare Access and CHIP Reauthorization Act ("MACRA"), Pub. L. 114-10 (Apr. 16, 2015).
- 21st Century Cures Act ("Cures Act"), Pub. L. 114-255 (Dec. 13, 2016), amending Title XXX of the Public Health Service Act.

U.S. Department of Health and Human Services

Message from the National Coordinator for Health IT

FY 2020 President's Budget Request

Dear Reader,

I am pleased to present the fiscal year (FY) 2020 President's Budget Request, Justification of Estimates to Appropriations Committees for the Office of the National Coordinator for Health Information Technology (ONC). This budget request outlines a proposed funding level and some expected outcomes for ONC at the President's Budget request level in FY 2020, and also includes annual performance information covering highlights from ONC activities that took place in the most recently concluded fiscal year, FY 2018.

The FY 2020 President's Budget request level for ONC is $43.0 million. With this budget, ONC will continue its longstanding focus on two critical national priorities for the health care industry: (1) the interoperable exchange of electronic health information, and (2) reducing the administrative burdens facing health care providers.

In furtherance of these goals, and supported by FY 2020 President's Budget Request, ONC plans to continue necessary efforts to implement the 21st Century Cures Act (Cures Act), which will enter its fourth year of government-wide implementation in 2020. In particular, ONC will prioritize activities that address Congressional requirements related to: (1) accelerating development and adoption of health information standards, (2) maintaining the ONC Health IT Certification Program, (3) enabling trusted and secure health information exchange, and (4) ensuring patients have access to and control of electronic health information stored in their medical records through modern technological approaches such as smartphone applications using application programming interfaces.

Since establishment, ONC has a history of noteworthy successes in implementing Congressional requirements and achieving national goals. ONC's team of experts has a collaborative and innovative track record of providing in-depth health IT expertise to key stakeholders across government and in the health care and health IT industries. ONC's annual discretionary appropriation is fundamental to supporting ONC's infrastructure and advancing national priorities for improving health and health care by empowering patients with their health information, relieving regulatory and administrative burdens hampering providers, and promoting an innovative and competitive health care marketplace in the United States.

/Donald W. Rucker/
Donald W. Rucker, M.D.
National Coordinator for Health IT

FY 2020 President's Budget

Justification of Estimates to the Appropriations Committees
Office of the National Coordinator for Health Information Technology

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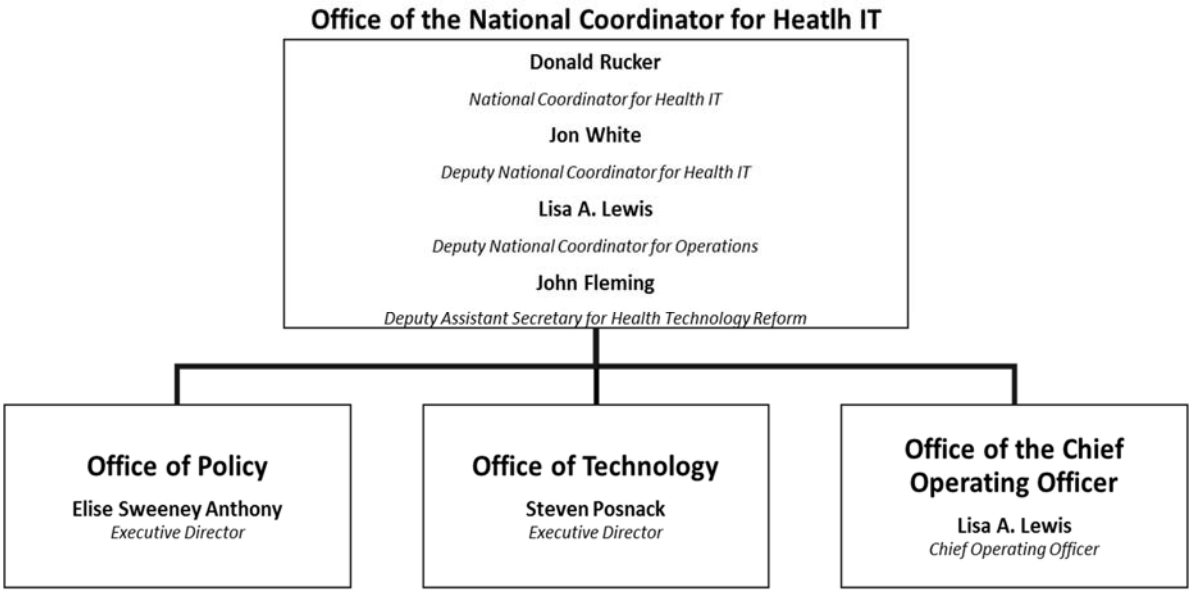
Organizational Chart



Organizational Chart – Text Version

- Immediate Office of the National Coordinator
  - Donald Rucker, M.D. *National Coordinator for Health Information Technology*
  - Jon White, M.D. *Deputy National Coordinator for Health Information Technology*
  - John Fleming, M.D. *Deputy Assistant Secretary for Health Technology Reform*
- Office of Policy
  - Elise Sweeney Anthony, J.D., *Executive Director*
- Office of Technology
  - Steven Posnack, M.S., M.H.S., *Executive Director*
- Office of the Chief Operating Officer
  - Lisa A. Lewis, *Deputy National Coordinator for Operations and Chief Operating Officer*

Executive Summary

Mission and Introduction

ONC Mission

Improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most.

ONC Overview

The Office of the National Coordinator for Health Information Technology (ONC) is a staff division within the U.S. Department of Health and Human Services (HHS) that reports directly to the Immediate Office of the Secretary for HHS. ONC is charged with formulating the Federal Government's health information technology (IT) strategy and leading and promoting effective policies, programs, and administrative efforts to advance progress on national goals for better and safer health care through a nationwide *interoperable* health IT infrastructure.

ONC's mission, goals, and objectives originate from three laws:

- Health Information Technology for Clinical and Economic Health Act (2009).
- Medicare Access and CHIP Reauthorization Act of 2015.
- 21st Century Cures Act (2016).

For the past decade, national leaders have pursued an agenda that promotes innovation in health care built on widespread, interoperable health information. Interoperable health information will improve health and health care by increasing market efficiency, and empowering patients and their providers with access to valuable health information from different sources. Improvements in interoperability and the evolution of health IT tools that put health information in practice will ensure patients can access and control their electronic health information, facilitate value-based transformation of the health care delivery system, increase market competition in health care, and improve the nation's preparedness for and responsiveness to public health crises, such as hurricanes, disease outbreaks, and epidemics (e.g., influenza, opioids).

In FY 2018, ONC's appropriated budget authority of $60.4 million supported a diverse staff and a network of contracted experts spanning a wide range of health care, technology, policy, public health, and public administration specialties. ONC staff specialists regularly collaborate with leaders in health care, health, and technology in government and industry. This includes closely contributing to health IT initiatives led by partners and strategic coordination with partner agencies, states, and an extensive network of current and former grantees, leading health care sector companies, public interest groups, clinicians, and the Congressionally mandated Health IT Advisory Committee (HITAC). ONC promotes the lessons learned from these stakeholder encounters to nearly 2 million visitors who access the policy and technical assistance materials published online at https://HealthIT.gov each year.

Overview of Budget Request

The FY 2020 President's Budget Request for ONC is $43.0 million, which is a $17.4 million (29 percent) reduction from the enacted FY 2019 level. Enabled by its authorities and propelled by annual appropriations, ONC's efforts in FY 2020 will continue to emphasize implementation of national priorities as outlined in the HHS Strategic Plan:

HHS Strategic Plan, 2018-2022

Goal 1	Reform, Strengthen, and Modernize the Nation's Health Care System
Objective 2	Expand safe, high-quality healthcare options, and encourage innovation and competition

Priority Health IT Strategies:

- Advance interoperable clinical information flows so patients, providers, payers, and others can efficiently send, receive, and analyze data across primary care, acute care, specialty care including behavioral health care, and post-acute care settings
- Promote implementation of understandable, functional health information technology tools to support provider and patient decision-making, and to support workflows for health care providers

In FY 2020, ONC will prioritize actions necessary to meet Congressional goals expressed in the Cures Act, the President's goals for promoting health care choice and competition expressed through Executive Order (EO) 13813 and the MyHealthEData Initiative, and HHS priorities expressed in Secretary Azar's 4-part Strategy for value based care, the HHS 5-point strategy to combat the opioids crisis, and the Centers for Medicare & Medicaid Services (CMS) Patients Over Paperwork initiative.

ONC's FY 2020 President's Budget request explains the agency's plan to implement a portfolio of activities rooted in its requirements and authorities to undertake health IT:

- **Policy Development and Coordination**, including strategic and policy planning, developing regulatory frameworks and administrative procedures, maintaining a Federal Advisory Committee, and conducting coordination with public and private stakeholder groups.
- **Technology Standards, Certification, and Interoperability**, including managing the ONC Health IT Certification Program, facilitating the development and promotion of technology standards that improve infrastructure and enable interoperable information exchange, and sponsoring pilot projects and industry challenges to accelerate innovation and demonstrate advanced uses of health IT, such as promoting API access to EHR data and impactful innovation in consumer health apps.
- **Agency-Wide Support**, including providing executive, clinical, and scientific leadership, and coordinating outreach between the Office of the National Coordinator and key federal stakeholders, maintaining https://healthIT.gov to promote federal policy related to health IT, and ensuring effective ONC agency operations and management through an integrated operations function.

Overview of Performance

Description of ONC's Performance Management Process

ONC's performance management process prioritizes ensuring compliance with statutory requirements and promoting a continuous focus on improving results, efficiency and effectiveness of operations, and finding more cost-effective ways to deliver policy, program, and management leadership to stakeholders.

The routine performance management process incorporates a number of specific efforts related to ensuring strategic understanding; undertaking planning and stakeholder coordination; translating requirements and authorities into tactical plans; implementing projects; reporting; and strategic reviews. Throughout the process, ONC executives create a culture of performance management through the use of administrative data and information. Across each facet of policy, technical, and operational leadership at ONC, the executive team uses all available information to create measurable improvements in the effectiveness and efficiency of programs and activities. Alongside the routine priority setting process, ONC regularly receives and addresses requests from Congress, the Government Accountability Office (GAO), and the HHS Office of the Inspector General (OIG).

Summary of Performance Information in the Budget Request

Performance information in the President's Budget request for ONC includes a combination of *contextual research measures* that describe the extent of nationwide interoperable health information exchange and patient and provider access to health IT and *agency information and measures* that highlight key information about activities necessary to implement statutory requirements and achieve ONC's goals.

As a foundation for its work, ONC often conducts research to better understand and explain the extent of health IT adoption and use in health care. The research gives ONC and its partners the insight necessary for informed decision making. During FY 2018, ONC continued a number of survey and data analysis projects necessary to meet Congressional requirements to evaluate progress towards national goals for health system modernization through interoperable health IT. These efforts make possible ONC's national-level estimates for the following priority national indicators of health IT adoption and use:

Patient Access to Electronic Health Information: [1]

- 52 percent of Americans had been given **electronic access** to any part of their health care record by their health care provider or insurer by 2017.

[1] Patel V & Johnson C. (April 2018). Individuals' use of online medical records and technology for health needs. ONC Data Brief, no.40. Office of the National Coordinator for Health Information Technology: Washington DC. https://www.healthit.gov/sites/default/files/page/2018-03/HINTS-2017-Consumer-Data-Brief-3.21.18.pdf

Health Information Interoperability: [2, 3]

- 48 percent of physicians and 90 percent of hospitals are **sending or receiving** patient information to providers outside their organization via an EHR.
- 34 percent of physicians and 61 percent of hospitals can **find** patient health information from sources outside their health system through their EHR.
- 31 percent of physicians and 53 percent of hospitals can **integrate** (e.g., without manual entry) health information received electronically into their EHR.
- 36 percent of physicians and 51 percent of hospitals reported having necessary patient information electronically **available** at the point of care through their EHR.

In the FY 2020 President's Budget, ONC's reporting of agency performance measures includes both implementation-focused measures and survey based, contextual measures. This approach to performance measurement allows ONC to use the Budget to report performance information describing recent ONC activities and highlighting key explanatory information about ONC programs' reach, depth, and coordination activity.

Highlights of key ONC accomplishments from FY 2018 that exemplify how the agency helps to lead the way for nationwide interoperable health information exchange and improvements in health IT usability include:

- ONC continued to implement Congressional requirements to operate the **Health IT Certification Program** by maintaining nearly **60 certification criteria –** including test procedures and certification companion guides – used to standardize information across **21 federal efforts**.[4] By FY 2018, the ONC Health IT Certification Program's website, the Certified Health IT Product List (CHPL), listed products from more than 600 health IT developers,[5] and was used to register the EHRs of 550,000 care providers and hospitals participating in Medicare and Medicaid.[6] As of November 2018, there are 405 2015 Edition products from 267 developers on the CHPL. This means that 95 percent of the hospitals and 91 percent of the clinicians participating in CMS programs has access to an EHR product or upgrade from their current vendor that has the latest capabilities outlined by Congress and codified into the ONC Health IT Certification Program's 2015 Certification Edition EHRs.
- ONC continued to evolve and promote adoption of a wide range of common standards enabling interoperability of health information through the publication and maintenance of the Interoperability Standards Advisory (ISA) a tool containing endorsements of the best **151 health information standards, models, and profiles** covering more than 60 interoperability needs (e.g., public health, patient information, coordination, clinical care, administration). The ISA website,

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2 Health Information National Trends Survey (HINTS), National Institutes of Health (NIH), 2016.

3 These measures were selected to meet MACRA § 106(b) requirements to evaluate progress to widespread interoperability. Physician data are as of 2015; hospital data are as of 2017. 2018 estimates for both measures are expected to become available during calendar year 2019. https://www.healthit.gov/sites/default/files/fulfilling_section_106b1c_of_the_medicare_access_and_chip_reauthorization_act_of_2015_06.30.16.pdf.

4 https://www.healthit.gov/topic/certification-ehrs/programs-referencing-onc-certified-health-it.

5 https://dashboard.healthit.gov/quickstats/pages/FIG-Vendors-of-EHRs-to-Participating-Professionals.php.

6 https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html.

which contains detailed technical information to support software programmers efforts to create tools intended to share health information inter-operably, was accessed over 100,000 times in FY 2018.

- ONC continued to fulfill its longstanding Congressional requirement to obtain public input through a **Federal Advisory Committee**, now called the Health IT Advisory Committee (HITAC), which held its initial convening in January 2018. The HITAC serves as a priority method for obtaining routine input from a group of 30 health IT experts, representing a broad and balanced spectrum of the health care system. By the end of FY 2018, the HITAC and its task forces had **met 35 times** to develop recommendations addressing the priority areas identified in the Cures Act. To date, input from the HITAC has contributed to ONC efforts related to the Trusted Exchange Framework and Common Agreement, U.S. Core Data for Interoperability, and the Strategy for Reducing Regulatory and Administrative Burden relating to the use of health IT and EHRs, among other topics.
- ONC continued to promote improved **federal coordination** through the Federal Health IT Coordinating Council, a voluntary group of **25 agencies** that are actively involved in implementing the national health IT agenda. Among the topics addressed at coordination meetings were: 21st Century Cures Act implementation (ONC and CMS): MyHealthEData Initiative (CMS), Digital Health (FDA), and HIPAA Audits and HIPAA Access Right (OCR). Priority collaborations between ONC and CMS through the Council helped create increased attention to interoperability within the Administration and in specific CMS policies and programs.
- ONC continued to prioritize implementation of requirements set in the **21st Century Cures Act**, including undertaking stakeholder coordination, rulemaking, and outreach activities related to:
  - Section 4001: Reduction in Burdens Goal; Certification of Health IT for Medical Specialties and Sites of Service; and Meaningful Use Statistics
  - Section 4002: Enhancements to Certification and EHR Reporting Program
  - Section 4003: Support for Interoperable Network Exchange and Provider Digital Contact Information Index
  - Section 4004: Information Blocking
  - Section 4005: Treatment of Health IT Developers with respect to Patient Safety Organizations
  - Section 4006: Patient Access

Impact of FY 2020 Budget Request on ONC's Performance

Funding ONC at the FY 2020 President's Budget request level would result in *broad and thematic changes* to overall Agency spending. The FY 2020 President's Budget request represents a reduction of $17.4 million in budget authority compared to the enacted FY 2019 level. At this level, ONC would reduce its baseline contract budget almost entirely. Although the FY 2020 Budget Request for ONC includes funding for new work related to combatting the opioid epidemic, the overall reduction to ONC's baseline contract budget would impact performance in the following areas:

- Support for public and private partnerships focused on providing technical assistance to allow the standards development and adoption needed to achieve interoperability and enable consumers unfettered access to and control of their health care information;
- Outreach and engagement efforts to promote use of ONC policy and technology assistance materials via https://healthIT.gov.

All Purpose Table

(Dollars in Thousands)

Activity	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 President's Budget +/- FY 2019 Enacted
ONC				
TOTAL, ONC Program Level	$60,217	$60,367	$43,000	$(17,367)
TOTAL, ONC Budget Authority	60,217	60,367	43,000	(17,367)
NEF				
ONC IT Infrastructure for 21st Century Cures Activities	-	7,000	-	(7,000)

Budget Exhibits

Appropriations Language

For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, [$60,367,000] *$43,000,000*.

Language Analysis

Language Provision	Explanation
For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, [$60,367,000] *$43,000,000*.	Provides ONC's budget from Budget Authority.

Amounts Available for Obligation

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
General Fund Discretionary Appropriation:			
Appropriation (L/HHS)	$60,367,000	$60,367,000	$43,000,000
Subtotal, Appropriation (L/HHS)	60,367,000	60,367,000	43,000,000
Subtotal, adjusted appropriation	60,367,000	60,367,000	43,000,000
Real transfer to: (ACF)	(150,000)	-	-
Subtotal, adjusted general fund discr. Appropriation	60,217,000	60,367,000	43,000,000
Total, Discretionary Appropriation	60,367,000	60,367,000	43,000,000
Total Obligations	60,217,000	60,367,000	43,000,000

Summary of Changes

(Dollars in Thousands)

2019 Enacted
Total estimated budget authority $60,367

2020 President's Budget
Total estimated budget authority $43,000

Net Change ..... $(17,367)

	FY 2019 Final	FY 2020 PB FTE	FY 2020 PB BA	FY 2020 +/- FY 2019 FTE	FY 2020 +/- FY 2019 BA
Decreases					
A. Program.....	$60,367,000	164	$43,000,000	-	$(17,367,000)
1. Health IT	60,367,000	164	43,000,000	-	(17,367,000)
Subtotal, Program Decreases	60,367,000	164	43,000,000	-	(17,367,000)

Budget Authority by Activity

(Dollars in Thousands)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Health IT			
Annual Budget Authority	$60,217	$60,367	$43,000
Subtotal, Health IT	**60,217**	**60,367**	**43,000**
Total, Budget Authority	**60,217**	**60,367**	**43,000**
FTE	176	164	164

Authorizing Legislation

	FY 2019 Amount Authorized	FY 2019 Amount Appropriated	FY 2020 Amount Authorized	FY 2020 President's Budget
Health IT				
1. Title XXX of PHS Act as added by the HITECH Act (PL 111-5) and amended by the Cures Act (PL 114-255)	Indefinite	$ -	Indefinite	$ -
Budget Authority	Indefinite	$60,367,000	Indefinite	$43,000,000
Total Request Level		**$60,367,000**		**$43,000,000**

Appropriations History

	Budget Estimates to Congress	House Allowance	Senate Allowance	Appropriation
FY 2011				
Annual B.A.	$78,334,000	$69,842,000	$59,323,000	$42,331,000
PHS Evaluation Funds	-	-	$19,011,000	$19,011,000
Rescissions (Secretary's)	-	-	-	($85,000)
Subtotal	$78,334,000	$69,842,000	$78,334,000	$61,257,000
FY 2012				
Annual B.A.	$57,013,000	-	$42,246,000	$16,446,000
PHS Evaluation Funds	$21,400,000	$28,051,000	$19,011,000	$44,811,000
Rescissions (P.L. 112-74)	-	-	-	($31,000)
Subtotal	$78,413,000	$28,051,000	$61,257,000	$61,226,000
FY 2013				
Annual B.A.	$26,246,000	$16,415,000	$16,415,000	$16,415,000
PHS Evaluation Funds	$40,011,000	$44,811,000	$49,842,000	$44,811,000
Rescissions (P.L. 113-6)	-	-	-	($33,000)
Sequestration	-	-	-	($826,000)
Subtotal	$66,257,000	$61,226,000	$66,257,000	$60,367,000
FY 2014				
Annual B.A.	$20,576,000	-	$20,290,000	$15,556,000
PHS Evaluation Funds	$56,307,000	-	$51,307,000	$44,811,000
User Fee	$1,000,000	-	$1,000,000	-
Subtotal	$77,883,000	-	$72,597,000	$60,367,000
FY 2015				
Annual B.A.	-	$61,474,000	$61,474,000	$60,367,000
PHS Evaluation Funds	$74,688,000	-	-	-
Subtotal	$74,688,000	$61,474,000	$61,474,000	$60,367,000
FY 2016				
Annual B.A.	-	$60,367,000	$60,367,000	$60,367,000
PHS Evaluation Funds	$91,800,000	-	-	-
Subtotal	$91,800,000	$60,367,000	$60,367,000	$60,367,000
FY 2017				
Annual B.A.	-	$65,367,000	$60,367,000	$60,227,000
PHS Evaluation Funds	$82,000,000	-	-	-
Transfers (Secretary's)	-	-	-	(140,000)
Subtotal	$82,000,000	$65,367,000	$60,367,000	$60,227,000
FY 2018				
Annual B.A.	$38,381,000	$38,381,000	$60,367,000	$60,367,000
Transfers (Secretary's)	-	-	-	($150,000)
Subtotal	$38,381,000	$38,381,000	$60,367,000	$60,217,000
FY 2019				
Annual B.A.	$38,381,000	$42,705,000	$60,367,000	$60,367,000
Subtotal	$38,381,000	$42,705,000	$60,367,000	$60,367,000
FY 2020				
Annual B.A.	$43,000,000			
Subtotal	$43,000,000			

Narrative by Activity

Health IT

(Dollars in Thousands)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Budget Authority	$60,217,000	$60,367,000	$43,000,000	$(17,367,000)
FTE	176	164	164	-

Enabling Legislation Citation ..... Title XXX of PHS Act as added by the HITECH Act (PL 111-5) and amended by the Cures Act (PL 114-255)
Enabling Legislation Status ..... Permanent
Authorization of Appropriations Citation ..... No Separate Authorization of Appropriations
Allocation Method ..... Direct Federal, Contract, Cooperative Agreement, Grant

Program Description

ONC was established in 2004 through Executive Order 13335 and statutorily authorized in 2009 by the HITECH Act. ONC's role in leading national health IT efforts was bolstered by MACRA in 2015 and again by the 21st Century Cures Act in 2016. The range of authorities and requirements assigned to ONC through its authorizing and enabling legislation establish a framework of actions for the agency related to (1) Policy Development and Coordination and (2) Technology Standards, Certification, and Interoperability, and (3) Agency-Wide Support.

In FY 2020, ONC will implement its authorities and requirements to accelerate progress to an interoperable nationwide health IT infrastructure by pursuing the following objectives:

- Implementing Cures Act requirements that support the access, exchange, and use of electronic health information, including conditions and maintenance of certification requirements for health IT developers under the **ONC Health IT Certification Program**, reasonable and necessary activities that do not constitute information blocking, and the voluntary certification of health IT for use by pediatric health care providers;
- Advancing the availability, accessibility, **interoperability**, and **usability** of electronic health information and EHRs;
- Empowering consumer **choice** in health care through electronic access to health information and health information portability;
- Promoting **innovation** and **competition** in the health IT industry by fostering innovation and development of useful health information standards and establishing expectations for data sharing;
- Supporting open APIs and user-focused technologies to **improve patient and provider experiences** with health IT; and
- Contributing to HHS efforts to **combat the opioid epidemic** through improvements in health IT infrastructure and health information sharing.

Description of Sub-Activities at ONC [7]

ONC's authorities and requirements are implemented through a budget and organizational structure emphasizing the following key components:

Policy: Development and Coordination

Led by the Office of Policy, ONC undertakes a range of policy development and coordination activities addressing: (1) policy and rulemaking activities, including implementation of provisions in the HITECH Act, MACRA, the Cures Act, and Executive Order 13335: Incentives for the Use of Health IT and Establishing the Position of the National Health Information Technology Coordinator; (2) ONC's domestic policy initiatives; (3) coordination with executive branch agencies, federal commissions, advisory committees, and external partners; (4) advanced analysis and evaluation of health IT policies for ONC and HHS, including in the areas of interoperability, information blocking, care transformation, privacy and security, and quality improvement; and (5) operation of the HITAC, established in the Cures Act.

Technology: Standards, Interoperability, and Certification

Led by the Office of Technology, ONC undertakes a range of coordination, technical, and program activities including: (1) executing provisions of law including those in the HITECH Act, MACRA, and the Cures Act; (2) providing technical leadership and coordination within the health IT community to identify, evaluate, and influence the development of standards, implementation guidance, and best practices for standardizing and exchanging electronic health information; (3) coordinating with federal agencies and other public and private partners to implement and advance interoperability nationwide; (4) leading the development of electronic testing tools, resources, and data to achieve interoperability, enhanced usability, and aid in the optimization of health IT; (5) administering the ONC Health IT Certification Program, including the Certified Health IT Product List; and (6) leveraging a team of medical professionals and information scientists that provide leadership to ONC's technical interoperability interests and investments.

Agency-Wide Support

Led by the Immediate Office of the National Coordinator and the Office of the Chief Operating Officer, ONC undertakes a range of agency-wide support activities, including providing overall leadership, executive, strategic, and day-to-day management direction for the ONC organization. Agency-wide support also includes a team of expert clinician advisors who support the National Coordinator and ONC policy and technology leadership; a stakeholder outreach and media relations function, including management of https://healthIT.gov/; and the agency's operations and administration functions.

[7] For a more complete explanation of the alignment of ONC's organizational chart to its responsibilities, see the May 2008 Statement of Organization, Functions, and Delegations of Authority; Office of the National Coordinator for Health Information Technology: https://www.federalregister.gov/documents/2018/05/02/2018-09361/statement-of-organization-functions-and-delegations-of-authority-office-of-the-national-coordinator.

Agency Background

Since its establishment by Executive Order 13335 in **2004**, ONC has been tasked with providing leadership to stakeholders across the Federal Government and the health care, health, and health IT industries in the shared effort to advance nationwide implementation of an interoperable health IT infrastructure.[8] At its inception, ONC's primary efforts focused on strategic planning, establishing the Federal Health Architecture, building the National Health Information Network, and stimulating collaboration among a growing network of federal agencies interested in health IT.

After 5 years of progress implementing its founding mission, Congress statutorily authorized ONC when it enacted the HITECH Act of **2009**. The Act codified the responsibilities outlined in the Executive Order and provided ONC and CMS with an infusion of financial resources to incentivize and guide the development and adoption of a more comprehensive nationwide health IT infrastructure. During the time that CMS and ONC implemented HITECH programs, the availability and use of certified EHR technology significantly increased, and EHR adoption among hospitals and office-based professionals increased to more than three quarters.[9]

Throughout **2014-15**, ONC built upon the Nation's momentum toward widespread health information interoperability and its position of leadership by working closely with stakeholders to develop and publish a *Shared Nationwide Interoperability Roadmap*. The *Roadmap* was developed through extensive coordination across the government and industry, and was supported widely for its more than 150 detailed commitments and calls to action.[10]

While nationwide stakeholders worked to implement commitments in the *Roadmap*,[11] in **2015** Congress took action to accelerate progress to national goals by including in MACRA further emphasis on achieving widespread interoperability through adoption of certified health IT. MACRA sought to continue to utilize the Medicare and Medicaid programs to encourage providers to adopt and use increasingly sophisticated certified EHRs. CMS's implementation of MACRA, and ONC's continued progress to fulfill requirements outlined in HITECH and MACRA, contributed substantially to the progress of nearly all hospitals and three quarters of physicians using certified EHRs.[12]

In **2016**, the Nation's health IT agenda received continued Congressional direction through the landmark 21st Century Cures Act, which addressed numerous barriers to achieving national goals for interoperability. Among the Cures Act requirements, Congress charged ONC with enhancing its Health IT Certification Program, developing a strategy to address administrative burdens in EHRs, taking action to prevent anti-competitive business practices related to health information exchange (e.g., information blocking), and promoting patient access to, and control of, electronic health information.

8 Executive Order 13335: https://www.gpo.gov/fdsys/pkg/WCPD-2004-05-03/pdf/WCPD-2004-05-03-Pg702.pdf.
9 Hospitals: https://dashboard.healthit.gov/evaluations/data-briefs/non-federal-acute-care-hospital-ehr-adoption-2008-2015.php. Physicians: https://dashboard.healthit.gov/quickstats/pages/physician-ehr-adoption-trends.php.
10 https://www.healthit.gov/topic/interoperability/interoperability-road-map-statements-support.
11 https://www.healthit.gov/sites/default/files/12-19-YearInReviewPrezi-508-LowRes.pdf.
12 https://www.healthit.gov/buzz-blog/health-data/numbers-progress-digitizing-health-care/.

FY 2018 Accomplishments

Policy Development and Coordination

- ONC continued to **coordinate federal partners** throughout FY 2018, including working closely with key stakeholders in the HHS Office of the Secretary, Assistant Secretary for Planning and Evaluation (ASPE), Office for Civil Rights (OCR), Centers for Medicare & Medicaid Services (CMS), Health Resources and Services Agency (HRSA), National Institutes for Health (NIH), Centers for Disease Control and Prevention (CDC), and HHS Office of Inspector General (OIG). Throughout FY 2018, ONC responded to numerous Administration requests to provide targeted senior-executive expertise to key stakeholders, including to the CMS Office of the Administrator, the Veterans Health Administration, and the Department of Commerce. ONC has a long history of lending the expertise of its leaders to key stakeholders during times of critical importance.
- ONC worked closely with partners in the HHS OCR to promote patient access to electronic health information through public assistance materials and awareness campaigns related to the Privacy Act and patient rights. Notably, ONC and OCR published the Guide to Getting and Using Your Health Information and promoted the Get IT, Check IT, and Use IT campaign as part of the All of Us Research Program.
- Pursuant to Cures Act section 4001, ONC led a team of policy experts and clinicians within HHS to produce a draft Strategy to Reduce Regulatory and Administrative Burdens affecting health care providers. Throughout FY 2018, ONC communicated extensively with patients, providers, health IT developers, and federal partners to better understand challenges and opportunities. ONC hosted multiple listening sessions to better understand stakeholders' issues. The input ONC garnered from stakeholders informed collaborations between ONC and CMS and contributed to making much needed progress at easing burdens and improving clinician experiences with health IT. The draft strategy was released for public comment in November 2018.
- ONC took action to implement sections 4002, 4003, and 4004 of the Cures Act through **rulemaking**, which includes addressing conditions and maintenance of certification requirements for health IT developers under the ONC Health IT Certification Program, the voluntary certification of health IT for use by pediatric health care providers, developing the Trusted Exchange Framework and Common Agreement, and defining reasonable and necessary activities that do not constitute information blocking.
- ONC continued to plan the implementation of a **EHR Reporting Program** pursuant to Cures Act section 4002 requirements. The EHR Reporting Program is expected to provide publicly available, comparative information about certified health IT products. In 2018, ONC developed a request for information (RFI) and used the resulting information to inform stakeholder meetings and advance planning activities. In response to the RFI, ONC received 77 public comment submissions from health IT developers and provider organizations representing all major segments of the provider community, payers and health plans covering millions of beneficiaries, and consumer and quality improvement organizations representing patients and consumers.

★ - HIGHLIGHT - ★

ONC was tasked by Congress through the 21st Century Cures Act section 4001 to work with health care stakeholders and CMS to reduce clinician burden associated with health IT. CMS and ONC heard from stakeholders – specifically physicians, nurse practitioners, physician assistants, and other clinicians who bill Medicare – that the *evaluation and management documentation requirements* create a large amount of administrative burden and are frequently medically unnecessary.

Through research, stakeholders learned that the "boilerplate" template generated text that the current Evaluation & Management code billing requirements generate makes ambulatory office notes in the United States 4 times as long as those in the rest of the world (4,000 vs. 1,000 characters). Stakeholders agree that the clutter squanders national resources not only in the efforts required to generate the text but in trying to find actual clinical facts when reading the notes.[13]

In response this information, ONC and CMS worked together to address the burdens generated by the underlying 1995 regulation. On November 1, 2018, the 2019 Medicare Physician Fee Schedule Final Rule was published in the Federal Register.[14] The Final Rule adopts a number of documentation, coding, and payment changes to *improve flexibility and reduce documentation requirements* associated with office/outpatient evaluation and management (E/M) visits.

These historic changes will take place from 2019 to 2021 with immediate savings beginning in 2019. These changes may result in significantly less documentation burden for clinicians treating Medicare beneficiaries. This historic shift should lead to more efficient, effective use of EHRs in clinicians' offices by improving the workflows needed to support patient-centered care instead of a focus on documentation for billing requirements.[15]

- To fulfill the Cures Act requirements in section 4003, ONC operated a **Federal Advisory Committee**, the Health IT Advisory Committee (HITAC), which held its inaugural convening in January 2018. The HITAC fulfills a Congressional mandate and priority method for obtaining routine input from a group of 30 members who are experts across a representative spectrum of the health care system. Members are appointed by HHS Secretary, ONC, and GAO, and must have expertise in federal health IT policy, standards, privacy and security, and electronic exchange and use of health information and include patient advocates, consumers, purchasers, health IT developers, and health plan representatives. By the end of FY 2018, the HITAC and its task forces had met 35 times to make recommendations to the National Coordinator to address the priority target areas identified in the Cures Act.
- ONC took steps to implement the Cures Act section 4003 related to support for interoperable network exchange, including extensive outreach and coordination efforts to inform development of ONC policy and programs. ONC convened over 1,200 stakeholders across three events to inform the

[13] Reference: Ann Intern Med. 2018 Jul 3;169(1):50-51. doi: 10.7326/M18-0139. Epub 2018 May 8. Physician Burnout in the Electronic Health Record Era: Are We Ignoring the Real Cause? Downing NL1, Bates DW2, Longhurst CA3.

[14] https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/.

[15] https://www.healthit.gov/buzz-blog/health-it/onc-supports-cms-proposed-cy-2019-physician-fee-schedule/.

development of the draft **Trusted Exchange Framework**, a critical piece of the Cures Act, which was released for public comment in January 2018 and approved by the HITAC through recommendations in March 2018. The Trusted Exchange Framework will establish a set of common principles, terms, and conditions that facilitate trust between health information networks. Specifically, these principles support the ability of stakeholders to access, exchange, and use relevant electronic health information across different networks and sharing arrangements. The Trusted Exchange Framework also outlines a minimum set of required terms and conditions that align with the principles. The terms and conditions focus on the areas of variation among currently existing trust agreements that impede nationwide interoperability.

- ONC took steps to **promote modern technology standards** and address the interoperability goals of the Cures Act by launching the US Core Data for Interoperability (USCDI) in 2018. The USCDI aims to specify a common set of health care record data classes that are required for interoperable exchange. The USCDI has been developed through close coordination with a dedicated HITAC task force that is providing recommendations on approaches to receive stakeholder feedback on data class priorities; proposed categories for which data classes would be promoted and objective characteristics for promotion; and a process and proposed frequency for expanding the USCDI.[16]
- To meet Cures Act section 4005 requirements, ONC collaborated closely with the HHS Agency for Healthcare Research and Quality (AHRQ) and other partners to research best practices and produce a **Report to Congress** on current trends among patient safety organizations to improve the integration of health IT into clinical practice.
- ONC continued to provide health IT and policy expertise and technical assistance by leading the Health IT Resource Center project, which collaborates closely with CMS support to 15 CMS State Innovation Model (SIM)/All-Payer states and Medicaid Innovation Accelerator Program awardees. ONC's policy and technical assistance addressed many topics, including the Cures Act, the Trusted Exchange Framework, substance use disorders and 42 CFR Part 2 considerations,[17] health information exchange, and global budget models.
- In alignment with The President's Commission on Combating Drug Addiction and the Opioid Crisis, ONC led collaborations with CMS, CDC, numerous states, and representatives from **first responder groups** to identify the most critical stakeholder needs for combatting the opioid epidemic through health IT and improved health information interoperability. As part of this work, ONC and CMS collaborated closely, and in June 2018, CMS published **a letter to State Medicaid Directors** that detailed recommendations for integrating Prescription Drug Monitoring Programs (PDMPs) and EHR data; deploying predictive models coupled with targeted case management; leveraging telehealth-enabled medication assisted therapy; and combining emergency medical system data with other data sources for better care coordination.[18] ONC also continued to promote its Health IT Playbook which contains resources giving providers information about connecting to state PDMPs, integrating data, and electronic prescribing of controlled substances.[19]

16 https://www.healthit.gov/hitac/committees/us-core-data-interoperability-task-force.
17 https://www.samhsa.gov/newsroom/press-announcements/201805020200.
18 "Leveraging Medicaid Technology to Address the Opioid Crisis," https://www.medicaid.gov/federal-policy-guidance/downloads/smd18006.pdf.
19 https://www.healthit.gov/playbook/opioid-epidemic-and-health-it/.

- ONC continued to sponsor **pilots** in state and local health information exchange, including one such collaboration with California seeking to successfully pilot and test Patient Unified Lookup System for Emergencies (PULSE), an electronic system that provides first responders with access to patient health records. Additionally, in partnership with the CDC and National Vaccine Program Office, ONC launched two pilots to improve information on implementation of consumer access and cross-jurisdictional exchange of health information in immunization information service (IIS) systems.

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- The Health IT Advisory Committee (HITAC) and its task forces met 35 times by the end of the fiscal year to make recommendations to the National Coordinator, addressing the priority target areas identified in the Cures Act.
- ONC coordinated with CMS on a Data Element Library which assists health IT developers in consistently implementing 1,200 commonly used health care data elements that map to health IT standards.
- ONC's Patient Engagement Playbook and Guide to Getting and Using your Health Records continued to assist patients and providers with using health IT and attracted over 135,000 page views in FY 2018.
- ONC continued to provide technical assistance to CMS State Innovation Model (SIM) participants, including leading 29 in-person state consultations; 5 multi-state meeting events; 63 technical assistance requests; 33 state-to-state learning events; 11 lunch and learn presentations; and content analysis on 96 program-related documents.

Technology: Standards, Interoperability, and Certification

- ONC continued to implement the statutorily required **ONC Health IT Certification Program** during 2018 through technical and policy coordination, regulatory development, and engaging with health care, patient, and technology leaders through the HITAC. With the stakeholder input garnered through these interactions, ONC implemented mandated administrative procedures and regulatory frameworks that translate policy outcomes into health care delivery models and software requirements.

  Pursuant to requirements in the Cures Act (including sections 4001 through 4004), ONC has undertaken rulemaking for the Certification Program to establish functional requirements that developers of certified health IT products must meet to maintain certification. These requirements implement the Cures Act provisions aimed at upgrading the capabilities of health IT and establishing expectations for transparent data sharing, including prohibiting information blocking, publishing open application programming interfaces, and conducting real world testing of certified products.

As of the end of CY 2018, the Certification Program maintains test procedures and certification companion guides for 60 certification criteria,[20] used to standardize information across 21 distinct programs and initiatives taking place at CMS, the Department of Defense (DOD), the Veterans Health Administration (VHA), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA).[21] Additionally, the Health IT Certification Program website, the Certified Health IT Product List (CHPL), grew to include more than 600 health IT developers' products, and was used to register the EHR products of more than 550,000 health care providers and hospitals participating in Medicare and Medicaid programs.[22]

By CY 2018, nearly all hospitals and over half of office-based physicians in the nation had implemented a health IT product certified through the capabilities prioritized by Congress and included in the "2014 edition" certification standards. The most current edition of certified health IT products, dubbed the "2015 Edition," also became increasingly available for upgrade throughout 2018. As of November 2018, there are 405 2015 Edition products from 267 developers on the CHPL, meaning that there is an EHR product with the latest capabilities available for 95 percent of the eligible hospitals and 91 percent of the eligible clinicians in CMS programs. Widespread adoption of 2015 edition EHRs among providers participating in the CMS programs is expected throughout the FY 2018-2020 timeframe.

- In CY 2017, ONC announced "A 5-Year Goal to Transition the ONC Health IT Certification Program's Testing Portfolio" to include as many industry-developed and maintained testing tools as possible. In August 2018, ONC reached an important milestone toward this goal when the National Council for Prescription Drug Programs (NCPDP) formally took over the stewardship of the electronic prescribing testing tool approved for use under the ONC Health IT Certification Program.[23]
- ONC continued efforts to improve the Nation's interoperable health IT infrastructure by promoting the development and use of *common standards and interoperability test tools*. One method ONC used to promote adoption of common interoperability standards, the **Interoperability Standards Advisory (ISA)**, continued expanding in FY 2017 and FY 2018, with the 2018 Reference Edition ISA including recommendations related to 151 interoperability needs, models, and profiles spanning 60 clinical use cases (e.g., allergies, smoking status, family health history).[24] By the end of FY 2018, ONC and stakeholders have continued to endorse new standards, consolidate like standards, and remove old standards, with 14 changes being made. Comparing the Reference Edition ISAs from 2017 and 2018, the additions and changes address important clinical information, such as pregnancy status, care plans, imaging, patient identification, public health reporting, consumer access, and provider-to-provider communication.[25] The ISA tool was accessed by over 100,000 users throughout FY 2018. In July 2018, ONC issued its third annual call for comments to suggest changes and updates to the ISA. A 2019 Reference Edition ISA is forthcoming.

20 https://www.healthit.gov/topic/certification-ehrs/2015-edition-test-method.
21 https://www.healthit.gov/topic/certification-ehrs/programs-referencing-onc-certified-health-it.
22 https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html.
23 https://www.healthit.gov/buzz-blog/health-it/a-new-home-for-the-electronic-prescribing-testing-tool/.
24 https://www.healthit.gov/isa/sites/default/files/2018%20ISA%20Reference%20Edition.pdf.
25 https://www.healthit.gov/isa/recent-isa-updates.

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ONC hosted a second national Interoperability Forum that took place from August 6 – 8, 2018, and brought together more than 1,250 key stakeholders, to identify concrete actions to address current interoperability barriers and share lessons learned from recent efforts to advance interoperability nationwide.

During the 3-day event, stakeholders from across the Federal Government and health care and technology sectors collaborated to identify barriers, showcase demonstrations and innovative health IT solutions, and partake in workgroups focused on various aspects of interoperability, such as the deployment of APIs, improving clinicians' experience with interoperability, patient matching, and health IT security.

Among the accomplished health IT leaders contributing to the forum were the CMS Administrator, leaders from CDC, academia (e.g., Harvard, University of California), EHR and consumer health IT developers (e.g., Apple Inc., Microsoft, Cerner, Medisafe), health information exchange networks (e.g., Commonwell Health Alliance, Sequoia), and interoperability standards development bodies (e.g., Health Level Seven International (HL7)).

As a highly visible example of the potential implicit in modern FHIR standards, Apple Inc. presented a session on *Enabling Individuals' Access, Sharing, and Use of Health Records* that featured the company's latest efforts to bring usable patient health information directly to consumers via an application native to the iPhone. Through the Apple "Health Records" app development process, the company worked with the health care community to take a consumer-friendly approach, creating the app based on HL7 FHIR (Fast Healthcare Interoperability Resources), a standard for transferring electronic medical records that ONC and HL7 have encouraged and promoted since its inception.[26]

- ONC continued to lead segments of the **Precision Medicine Initiative (PMI)**, including the *Sync for Science* and *Sync for Genes* projects. In collaboration with partners at NIH, ONC established pilot sites and improved coordination for the PMI effort. Additional ONC-led activities were targeted to increase health information exchange, develop Implementation Guides for data standards, and finalize a FHIR Release 4 Clinical Genomic Standard. The project team also conducted needs assessments and provided advanced technical guidance to policy leaders to determine gaps that could affect the future of widespread electronic sharing of genomic information for research and health care.

- ONC continued to implement a portfolio of **health IT prize challenges** throughout FY 2018. The projects sought to encourage the development and implementation of new tools and technologies that can improve health IT safety and market transparency. ONC's *Easy EHR Issue Reporting Challenge* was launched in May 2018 to help EHR users identify, document, and report potential health IT safety issues. As part of the challenge, developers are encouraged to create an application that integrates with an EHR's workflow, minimizes the time and effort needed to create an issue report,

[26] https://www.apple.com/newsroom/2018/01/apple-announces-effortless-solution-bringing-health-records-to-iPhone/.

allows users to choose the parties to whom they report issues, and be EHR platform-agnostic.[27] In May 2018, ONC announced the winner of the *Secure API Server Showdown* challenge, which sought to achieve Cures Act goals by demonstrating how developers can use API-access and exchange EHR data without "special effort."[28] Another ONC challenge, the *CHPL Data Challenge,* was launched in July 2018 to encourage software developers to use ONC's administrative data from the ONC Health IT Certification Program to enrich providers' and consumers' understanding of certified health IT.[29]

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To advance the 21st Century Cures Act's requirements that ONC continue working to improve the interoperability of health information, facilitate information exchange, address barriers to interoperability, and reduce clinician burden relative to EHRs, in September 2018, ONC awarded two grants for **Leading Edge Acceleration Projects** (LEAP) grants. This funding opportunity is specifically targeted at creating innovative solutions and advances in the following areas:

Area 1: Expanding the scope, scale, and utility of population-level data-focused APIs.

Area 2: Advancing clinical knowledge at the point of care by transforming isolated risk calculators into open standards-based applications.

Agency-Wide Support

- ONC implemented an agency-wide reorganization in May 2018. The reorganization reduced the number of offices within ONC from 10 to 3, a change that improves ONC's staffing alignment and organizational posture to implement the Administration's priorities and the requirements set out by the Cures Act.[30] Amidst the reorganization, ONC continued to implement workplace improvement initiatives to maintain recent increases in employee engagement. In 2018, ONC exceeded the HHS average for the annual Federal Employee Viewpoint Survey's **Employee Engagement Index**, scoring 73 percent. ONC's commitment to employee engagement is aligned with the goals in the HHS Annual Performance Plan Goal 5, Objective 2 related to managing human capital.
- ONC's websites garnered 1.8 million visitors during FY 2018, an average of over 152,000 sessions per month and 7.2 million page views throughout the year. Almost ninety percent of visitors were from outside the National Capitol area (DC, Maryland, and Virginia). Additionally, ONC's main website, https://healthIT.gov, attracted users referred from 9,155 external websites. In April 2018, ONC launched a redesigned website to improve usability, including embedding methods for obtaining user feedback to set the stage for further user-centered design and communications management improvements.

27 https://www.healthit.gov/buzz-blog/electronic-health-and-medical-records/a-new-challenge-competition-can-you-help-make-ehr-safety-reporting-easy/.
28 https://www.hhs.gov/about/news/2018/05/17/secure-api-server-showdown-winner-announced.html.
29 https://www.healthit.gov/buzz-blog/healthit-certification/certified-health-it-product-list-chpl-data-challenge/.
30 https://www.federalregister.gov/documents/2018/05/02/2018-09361/statement-of-organization-functions-and-delegations-of-authority-office-of-the-national-coordinator.

Five Year Funding History

Fiscal Year	Amount
FY 2016	$60,367,000
FY 2017	60,367,000
FY 2018	60,367,000
FY 2019 Enacted	60,367,000
FY 2020 President's Budget	43,000,000

Budget Request

The ONC President's Budget request for FY 2020 is for $43.0 million, a decrease of $17.4 million (29 percent) from the FY 2019 appropriated level.

The Budget Request outlines activities required by the Cures, MACRA, and HITECH Acts, and continues ONC's longstanding commitment to engage and respond to the needs of patients, providers, public health agencies, and researchers who rely on health IT. The $4.6 million in funding above the FY 2019 budget request level requested supports work related to combatting the opioid epidemic, implementing the Trusted Exchange Framework and Conditions of Certification program requirements contained in the Cures Act, and conducting national surveys to determine the extent of health IT adoption and use, including health information exchange activity, interoperability, and patient access to the electronic health information.

Policy Development and Coordination

The Budget Request reflects ONC's continued commitment to achieving the Nation's goals by effectively implementing available policy and coordination levers mandated and necessary to fulfill requirements outlined in the Cures, MACRA, and HITECH Acts, and to address the national opioid epidemic. ONC's progress in promoting and advancing nationwide interoperability depends on the coordinated action of its stakeholders, and this budget request shows how ONC will work closely with partners to advance toward these goals through health IT policy development and coordination. Priorities within ONC's FY 2020 policy development and coordination portfolio include:

Policy Development and Support

- **Interoperability Policy -** ONC will continue to lead implementation of the Trusted Exchange Framework and the Common Agreement (TEFCA), which seeks to accelerate health information exchange by establishing common principles, terms, and conditions to facilitate trust between health information networks. The FY 2020 President's Budget request level supports ONC's efforts to promote and facilitate adoption of the TEFCA by major delivery networks and health information exchanges.
- **Rulemaking -** ONC will publish and implement rules pertaining to sections 4002, 4003, and 4004 of the Cures Act. The rules implementing these sections include provisions on conditions and maintenance of certification requirements for health IT developers under the ONC Health IT Certification Program, the voluntary certification of health IT for use by pediatric health care

providers, health information network voluntary attestation to the adoption of a trusted exchange framework and common agreement in support of network-to-network exchange, and defining reasonable and necessary activities that do not constitute information blocking. The implementation of these provisions through rulemaking would advance interoperability and support the access, exchange, and use of electronic health information through open APIs and transparent and uninhibited data sharing. ONC continues to hear from many entrepreneurs about the need for information blocking rules to allow third parties to compete in using clinical data.

- **Usability and Burden Reduction -** ONC will seek to advance implementation of recommendations included in the Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs to reduce regulatory and administrative burdens relating to the use of EHRs as required by Section 4001 of the Cures Act. ONC released the Strategy for public comment in December 2018. The final Strategy is planned for final publication in FY 2019.
- **Privacy and Security -** ONC will continue to work closely with OCR to develop and implement responses to the requirement in the Cures Act and to address emerging challenges related to HIPAA and the privacy and security of electronic health information. ONC remains unwavering in its long standing goal to promote and ensure secure patient access to, and exchange of, electronic health information.
- **Opioid Epidemic -** ONC will support continued HHS efforts to combat the opioid epidemic through improvements in health IT infrastructure and health information sharing, including by seeking ways to better connect first responders to opioid prescription data.

Stakeholder Coordination

- **Federal Coordination -** ONC will continue leading and engaging the 35 agencies that contributed to the Federal Health IT Strategic Plan 2015 – 2020[31] and working closely with the 20 agencies that regularly participate in the Federal Health IT Coordinating Council. Within these collaborative forums, ONC will prioritize projects required by the Cures, MACRA, and HITECH Acts, including work with CMS to reform existing programs and fee schedules, and to engage stakeholders to support provider participation; with HHS OCR to ensure and promote secure patient access to electronic health information and the privacy and security of health IT; and with the HHS OIG, Federal Trade Commission (FTC), and Department of Justice (DOJ) to define and enforce standards for data sharing and prohibiting information blocking.
- **Federal Advisory Committee** - ONC will continue to lead and engage the Health IT Advisory Committee (HITAC) to inform the development of federal health IT policies and the implementation of its programs and HHS and administration priorities. At the President's Budget request level, ONC's ability to support workgroups and task forces and to sponsor in-person meetings may be limited.

[31] https://www.healthit.gov/sites/default/files/9-5-federalhealthitstratplanfinal_0.pdf.

Strategic Planning and Reporting

- **Federal Health IT Strategic Planning -** ONC plans to update the Federal Health IT Strategic Plan during FY 2019 – 2020. To create the new plan, ONC will coordinate with the more than 35 agencies that contributed to the current Strategic Plan and seek contributions from key stakeholders group including Congress and the public. Upon publication of the plan, ONC will begin regular collaboration with key stakeholders to plan, monitor, and report progress in support of priority implementation activities.
- **Congressional Reports -** ONC will continue to meet requirements for preparing and submitting annual reports to Congress, including the HITECH Annual Report describing actions taken to address barriers to accomplishing national health IT goals, and to support the HITAC in producing its Annual Report describing progress toward priority target areas identified in the Cures Act related to interoperability, privacy and security, and patient access.
- **Research -** ONC will continue national surveys related to the development, adoption, and use of, health IT capabilities, including aspects of EHR usability, interoperable health information exchange, and patient access to electronic health information.

Technology: Standards, Interoperability, and Certification

The FY 2020 President's Budget request reflects ONC's plans to meet statutory requirements and advance progress toward national goals for widespread interoperability. The request includes funding for coordination and technical activities that implement changes enacted in the Cures Act. Funding above the FY 2019 budget request level supports the Conditions of Certification program requirements contained in section 4002 of the Cures Act.

Standards Development and Technology Coordination

- **Standards Development Coordination -** ONC will continue to play a key role as a leader and convener of the health IT community to identify best practices and common approaches to implementing secure, interoperable health IT systems. As part of this effort, ONC will continue to coordinate with private sector standards development organizations and promote innovative industry-led projects that improve adoption of mature standards, implement APIs, and promote population level access to health data.
- **Demonstrations and Pilots -** As resources permit, ONC will continue to sponsor and encourage demonstration projects and pilots that tackle critical interoperability challenges. ONC will prioritize projects that emphasize clinical uses of health IT related to the identification and harmonization of existing technical specifications.
- **Opioid Epidemic -** ONC will coordinate with other HHS components and stakeholders to promote the establishment of standardized data structures for patient matching that can be used to exchange opioid data between prescription drug monitoring programs and health IT systems.

Health IT Certification, Testing, and Reporting

- **ONC Health IT Certification Program** - ONC will continue to operate the Certification Program according to statutory requirements, including the Conditions of Certification program

requirements from section 4002 of the Cures Act, which necessitates modest updates to the CHPL, overseeing the ONC-Authorized Testing Labs and ONC-Authorized Certification Bodies, and maintaining a library of useful certification companion guides, test procedures, and automated and semi-automated test tools to help developers with creating certified health IT. ONC will also implement actions outlined in the planned Certification and Interoperability Enhancements Rule. ONC will continue to promote testing tools and resources that support health IT development, implementation, and use aligned with the Certification Program.

- **EHR Reporting Program -** ONC will continue necessary activities to develop and implement the EHR Reporting Program. Throughout FY 2019, ONC will build on the request for information published in August 2018 by incorporating feedback from responders to inform stakeholder planning activities. Further implementation of the planned activities to establish the EHR Reporting Program will be dependent on availability of funds. Potential resource constraints at the President's Budget request level could limit ONC's ability to quickly implement the program.

Scientific Innovation

- **Scientific Initiatives -** ONC will continue to provide leadership to partners and foster health care advancement by anticipating, identifying, and participating in innovation projects spanning health IT development and use. ONC will work closely with stakeholders responsible for implementing the Precision Medicine Initiative (PMI), patient-centered outcomes research (PCOR), artificial intelligence, and international projects.
- **Innovation** - The Cures Act identifies ONC as a leading agency for advancing interoperability to reduce barriers to scientific innovation. ONC's Chief Scientist and clinical experts regularly partner with the CMS, NIH, FDA, and others, to implement solutions to public health and scientific innovation through projects of national importance. In FY 2020, ONC will continue to coordinate with stakeholders to develop health IT policy and standards that advance interoperability in biomedical and health services research.

Agency-Wide Support

The FY 2020 President's Budget request reflects the ONC's commitment to continue advancing progress toward national goals for widespread interoperability. The request includes coordination and ONC management activities that implement changes enacted in the Cures Act.

- **Communications and Engagement** - In FY 2020, ONC will continue to maintain its statutorily required website, https://healthIT.gov, as a key method of coordinating and disseminating best practices to common challenges facing health IT policymakers, providers, and consumers. ONC will also continue to maintain a required repository of Federal Advisory Committee meeting documents at https://healthIT.gov/HITAC. Significant resource constraints at the President's Budget FY2020 request level will reduce ONC's ability to update and adapt its website to meet the needs of stakeholders.
- **Management and Governance -** In FY 2020, ONC will continue to implement its existing strategic and operational management processes. ONC's FY 2020 budget request includes resources for the shared services mandated by HHS, including fees for financial and grants

management systems, contract management, and ONC's office space located in HHS's Southwest Complex. ONC will continue to identify opportunities for savings and efficiencies by improving the management of central costs through negotiations with service providers.

Output and Outcomes Table

Measure Group / Measure Text	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2019 Target	FY 2020 Target	FY 2020 Target +/- FY 2019 Target
Policy Development and Coordination				
Number of federal agencies actively participating in ONC-led health IT coordination efforts	FY 2018: 25 Target: Maintain (Target Met)	Maintain	Maintain	--
Standards, Interoperability, and Certification				
Number of interoperable data elements included in certification criteria adopted into the ONC Health IT Certification Program to meet Congressional requirements	FY 2018: 60 criterion in 2015 edition Target: Maintain (Target Met)	Increase related to Cures Act Implementation	Maintain	--
Number of interoperability needs areas supported by standards and implementation specifications included in the annual Interoperability Standards Advisory Reference Edition	FY 2018: 2018 reference edition ISA contained 151 standards and implementation specifications[32] (Baseline)	Maintain	Maintain	--
Agency Wide Support				
Number of visitors to ONC's websites to use health IT policy and technology assistance material	FY 2018: 1.8 million (Baseline)	Maintain	Maintain	--

[32] Includes 6 implementation specifications which are considered "profiles and models" and not traditional standards.

Contextual Measures

Measure: Provider capability in key domains of interoperable health information exchange[33]

	Office- based physicians	Non-federal acute care hospitals
• are electronically sending or receiving patient information with any providers outside their organization	48%	90%
• can electronically find patient health information from sources outside their health system	34%	61%
• can easily integrate (e.g. without manual entry) health information received electronically into their EHR	31%	53%
• had necessary patient information electronically available from providers or sources outside their systems at the point of care	36%	51%

Measure: Citizen's perspective on consumer access

- 52 percent of Americans have been given electronic access to any part of their healthcare record by their healthcare provider or insurer.

[33] These measures were selected to meet MACRA § 106(b) requirements to evaluate progress to widespread interoperability. Physician data are as of 2015; hospital data are as of 2017. 2018 estimates for both measures are expected to become available during calendar year 2019. https://www.healthit.gov/sites/default/files/fulfilling_section_106b1c_of_the_medicare_access_and_chip_reauthorization_act_of_2015_06.30.16.pdf.

Nonrecurring Expenses Fund

(Dollars in Thousands)

	FY 2018 [34]	FY 2019 [35]	FY 2020
Notification	--	$7,000	TBD

Authorization ..... Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method .....Direct Federal, Competitive Contract

Program Description and Accomplishments

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

In FY 2019, NEF resources will support the development of electronic (software-based) testing tools for the Health IT Certification Program ($4 million) and software development associated to build a data-reporting platform ($3 million). These two interdependent IT infrastructure capacity-building activities directly tie to implementing Section 4002 of the 21st Century Cures Act. For each of these activities, ONC will award a single, non-severable contract to a software development firm. The new testing tools and the reporting platform will allow ONC to conduct oversight and continuous monitoring of targeted electronic health record technologies and "real world testing" of certified products, and to build a data-reporting platform to capture and publish new data elements as required by the Act.

[34] There was no Congressional notification for the planned uses of NEF funds in FY 2018.
[35] Notification #6 submitted to the Committees on Appropriations in the House of Representatives and the Senate on December 4, 2018.

Supplementary Tables

Budget Authority by Object Class

(Dollars in Thousands)

Object Class	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Personnel compensation:				
Full-time permanent (11.1)	$18,210	$16,954	$16,954	-
Other than full-time permanent (11.3)	1,796	1,796	1,796	-
Other personnel compensation (11.5)	643	643	643	-
Military personnel (11.7)	242	248	256	8
Special personnel services payments (11.8)	15	15	15	-
Subtotal Personnel Compensation	**20,906**	**19,656**	**19,664**	**8**
Civilian benefits (12.1)	6,260	5,828	5,828	-
Military benefits (12.2)	107	110	113	3
Benefits to former personnel (13.0)	-	-	-	-
Subtotal Pay Costs	**27,273**	**25,594**	**25,605**	**11**
Travel and transportation of persons (21.0)	177	177	177	-
Transportation of things (22.0)	-	-	-	-
Rental payments to GSA (23.1)	1,901	1,901	1,901	-
Rental payments to others (23.2)	170	170	170	-
Communication, utilities, and misc. charges (23.3)	176	176	176	-
Printing and reproduction (24.0)	1	1	1	-
Other Contractual Services:				
Advisory and assistance services (25.1)	47	47	47	-
Other services (25.2)	16,166	17,217	6,769	(10,448)
Purchase of goods and services from government accounts (25.3)	9,596	10,374	7,608	(2,766)
Operation and maintenance of facilities (25.4)	343	343	343	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	-	-	-	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**28,577**	**30,406**	**17,192**	**(13,214)**
Supplies and materials (26.0)	91	91	91	-
Equipment (31.0)	112	112	112	-
Land and Structures (32.0)	-	-	-	-
Investments and Loans (33.0	-	-	-	-
Grants, subsidies, and contributions (41.0)	4,164	4,164	-	(4,164)
Interest and dividends (43.0)	-	-	-	-
Refunds (44.0)	-	-	-	-
Total Non-Pay Costs	**4,367**	**4,367**	**203**	**(4,164)**
Total Direct Obligations	**60,217**	**60,367**	**43,000**	**(17,367)**

Salaries and Expenses

(Dollars in Thousands)

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget	FY 2020 +/- FY 2019
Personnel compensation:				
Full-time permanent (11.1)	18,210	16,954	16,954	-
Other than full-time permanent (11.3)	1,796	1,796	1,796	-
Other personnel compensation (11.5)	643	643	643	-
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Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	-	-	-	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**28,577**	**30,406**	**17,192**	**(13,214)**
Supplies and materials (26.0)	91	91	91	-
Total Non-Pay Costs	**91**	**91**	**91**	**-**
Total Salary and Expenses	**55,941**	**56,091**	**42,888**	**(13,203)**
Direct FTE	**176**	**164**	**164**	**-**

Detail of Full-Time Equivalent Employment (FTE)

	2018 Actual Civilian	2018 Actual Military	2018 Actual Total	2019 Est. Civilian	2019 Est. Military	2019 Est. Total	2020 Est. Civilian	2020 Est. Military	2020 Est. Total
Direct	174	2	176	162	2	164	162	2	164
Reimbursable	-	-	-	-	-	-	-	-	-
Total	174	2	176	162	2	164	162	2	164

Average GS Grade

Fiscal Year	Grade	Step
FY 2016	13	8
FY 2017	13	9
FY 2018	13	8
FY 2019	13	8
FY 2020	13	8

Detail of Positions

	FY 2018 Final	FY 2019 Enacted	FY 2020 President's Budget
Executive Level	-	-	-
Total - Exec. Level Salaries	-	-	-
Senior Executive Service (SES)	7	7	7
Total - SES Salary	$1,385,556	$1,385,556	$1,385,556
GS-15	50	49	49
GS-14	47	47	47
GS-13	44	44	44
GS-12	12	12	12
GS-11	1	1	1
GS-10	-	-	-
GS-9	7	7	7
GS-8	-	-	-
GS-7	1	1	1
GS-6	-	-	-
GS-5	1	1	1
GS-4	-	-	-
GS-3	-	-	-
GS-2	-	-	-
GS-1	-	-	-
Subtotal	163	162	162
Total, GS Salary[36]	18,360,940	18,254,172	18,262,210
Average ES salary	197,937	197,937	197,937
Average GS grade	13-6	13-6	13-6
Average GS salary	112,644	112,680	112,730

[36] FY 2019 estimate includes an assumption of +2.6 percent pay raise for military/Commissioned Corps staff and FY 2020 includes an assumption of +3.1 percent pay raise for military/Commissioned Corps staff.

Physicians' Comparability Allowance Worksheet

	PY 2018 (Actual)	CY 2019 (Estimate)	BY 2020 (Estimate)
Number of Physicians Receiving PCAs	3	3	3
Number of Physicians with One-Year PCA Agreements	0	0	0
Number of Physicians with Multi-Year PCA Agreements	3	3	3
Average Annual PCA Physician Pay (without PCA payment)	$159,028	$159,028	$159,028
Average Annual PCA Payment	$16,000	$16,000	$16,000

Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

ONC needs physicians with a strong medical background to engage clinical stakeholders and to provide an in-depth clinically based perspective on ONC policies and activities such as EHR safety, usability, clinical decision support, and quality measures.

Without the PCA, it is unlikely that ONC could have recruited and maintained its current physicians, nor is it likely that ONC would be able to recruit and maintain physicians without PCAs in future years.

Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

ONC was able to retain physicians with strong medical background so the agency was better able to engage clinical stakeholders and provide a clinically based perspective on ONC policies and activities such as EHR safety, reducing administrative burden on providers, usability, clinical decision support, and quality measures.

Significant Items in Appropriations Committee Reports

Office of the National Coordinator for Health IT (ONC) - *The Secretary shall provide a status report on rulemaking as described in section 239 of division B of H.R. 6157 as passed by the Senate on August 23, 2018. (**Page 56, Joint Explanatory Statement, House Report 115-952)***

Action Take or To Be Taken
ONC continues to make progress implementing rulemaking and administrative requirements pursuant to statutory requirements and provided a status update to Congress on December 11, 2018 when the National Coordinator provided testimony before the House Committee on Energy & Commerce, Subcommittee on Health.[37] ONC continues to work with key stakeholders in government to complete clearance and publication of the proposed rule.

[37] https://energycommerce.house.gov/committee-activity/hearings/hearing-on-implementing-the-21st-century-cures-act-an-update-from-the.

Health Insurance and Implementation Fund

HEALTH INSURANCE REFORM IMPLEMENTATION FUND

Budget Summary

(Dollars in Thousands)

	FY 2018	FY 2019	FY 2020
Obligations*	**$4,532**	**$1,072**	**$58**

* $1,000,000,000 was appropriated in the Health Care and Education Reconciliation Act of 2010

Authorizing Legislation……Health Care and Education Reconciliation Act, Section 1005, FY 2010
FY 2020 Authorization……Indefinite
Allocation Method……Direct Federal, Competitive Contract

Program Description and Accomplishments

Section 1005 of the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152) appropriated $1,000,000,000 to the Health Insurance Implementation Fund within the Department of Health and Human Services (HHS). The Fund was used for Federal administrative expenses necessary to carry out the mandates of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010.

HHS used implementation funds to primarily support salaries, benefits, contracts, and infrastructure for various provisions, including rate review and medical loss ratio. A portion of these funds also supported the establishment of the Exchanges, including the building of IT systems.

The Department of Treasury required funding to implement multiple tax changes, including the Small Business Tax Credit, expanded adoption credit, W-2 changes for loan forgiveness, charitable hospital requirements, and planning for Exchanges. The Department of Labor required funds to conduct compliance assistance; modify or develop IT systems that support data collection, reporting, policy and research; and develop infrastructure for the newly required Multiple Entity Welfare Arrangements reporting and registration within Obamacare.

The Office of Personnel Management (OPM) required funding to plan for implementing and overseeing Multi-State Plan Options for the Exchanges and allowing Tribes and tribal organizations to purchase Federal health and life insurance for their employees. OPM also assisted HHS by implementing an interim Federal external appeals process prior to the establishment of a permanent Federal appeals process.

Budget Request

In FY 2018, $4,580,000 of this funding was spent by the HHS Office of the Chief Technology Officer (CTO), who, in partnership with the Indian Health Service (IHS) and the Office of the National Coordinator for Health IT (ONC), is leading a project to conduct a baseline assessment of IHS and tribal health IT needs and recommend a detailed approach to modernizing the IHS's health IT. CTO is also using this funding to lead an effort to update IHS's quality reports to include new measures and recommend a detailed approach to streamlining and enhancing the quality reporting process. The FY 2018 amount $4,532,000 shown in the obligations table is net of recoveries. Of the $1,130,364 remaining in FY 2019, $1,072,000 will be spent on completing CTO, IHS, and ONC's work begun at the end of FY 2018. It is the Department's current projection that only a very minimal amount of remaining funds from this account will be available for obligation in FY 2020.

Nonrecurring Expenses Fund

Nonrecurring Expenses Fund
Budget Summary
(Dollars in Thousands)

	FY 2018[2]	FY 2019[3,4]	FY 2020[5]
Notification[1]	-$240,000	$600,000	-$400,000

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

Program Description and Accomplishments
The Nonrecurring Expenses Fund (NEF) is a vital resource to enable HHS's multiple programs to carry out their missions as funded by Congress by funding IT and facility infrastructure that could otherwise not be maintained. The NEF permits HHS to transfer unobligated balances of expired discretionary funds into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

Budget Allocation

In FY 2019, HHS notified for $600 million worth of new projects and continues to fund previously notified IT and facilities projects. IT project funding will support the Department's efforts related to the President's Management Agenda, Cybersecurity capabilities, and continue the refresh of the Department's human resources IT system. HHS will also allocate funds to the Centers for Disease Control and Prevention to refresh critical IT infrastructure.

HHS notified for a number of facility infrastructure projects, including modernization of the NIH Clinical Center Complex. In particular, HHS will invest NEF funds in multiple Indian Health Service sites with the greatest need across Indian country, and lab modernizations and repairs at several Food and Drug Administration locations.

In FY 2020 the Budget assumes a cancellation of $400 million.

Major FY 2019 NEF Investments

The projects described below represent a portion of the current list of approved projects for FY 2019, including notable NEF funding for HHS Operating Divisions and projects to be executed within the Office of the Secretary. HHS Operating Divisions have also detailed their respective NEF projects within their respective FY 2020 Congressional Justifiations. Additional projects may be funded from the FY 2019 notification letter upon approval from OMB.

IHS Facilities and Information Technology ($185 million): IHS will use $120 million to address the Health Care Facilities Construction Priority List backlog and support improvement projects to meet accreditation standards and accommodate population growth. IHS will use $65 million to modernize IHS's aging health IT systems and support other IT initiatives including cloud computing. These investments will facilitate improved access to modern facilities and data systems for health care providers and support accurate clinical diagnosis and effective therapeutic procedures to assure the best possible health outcomes

FDA Facilities ($89 million): FDA will advance the ongoing laboratory relocation project at the Southeast Regional Laboratory in Atlanta, GA. Funding will also support construction and facilities needs at the Denver Laboratory, the San Juan Complex, and infrastructure projects at the Pacific Regional Laboratory SW in Irvine, CA. Funds will also be used for upgrades to the Muirkirk Road complex, and the replacement of the Gulf Coast Seafood Laboratory, in Dauphin Island, AL.

CDC Information Technology ($25 million): CDC will invest in IT infrastructure modernization to support program and mission needs. Funds will be used to replace network infrastructure equipment to ensure CDC maintains compliance with Federal standards. CDC will also implement innovative critcal core services and systems such as a physical intrusion detection and assesment system and replacing biometric readers.

FY 2019 NEF Department-wide Investments ($105 million)

Enterprise Human Capital Management System ($31 million): The Office of Human Resources (OHR) and the Office of the Chief Information Officer (OCIO) will enhance and replace outdated systems within the HHS Human Resources enterprise framework to improve delivery of services to HHS staff. These funds will contribute to a project to deliver a fully integrated system that reduces payroll errors, uses data to inform managerial decision-making, and improves overall management.

Better insight from better data ($15 million): The HHS Office of the Chief Technology Officer and Chief Data Officer (CDO) will make strategic investments to enhance the use of data assets for internal decision-making. CDO will develop and implement a secure data sharing solution across HHS to integrate and expand strategic solutions using a governance framework.

Buy Smarter ($7 million): HHS will invest NEF funds in a phased approach to modernize and streamline the entire HHS acquisition system and related processes. Key to this investment is the building Artificial Intelligence Distributed Applications on Blockchain capability to enable the department to work together collectively in cross-department acquisitions. The end product will result in a complete enterprise architecture that can be scalable government-wide.

Grants management ($13 million): HHS will develop an IT platform to transition grants management systems towards technical innovation across the department. The major goals include: developing a streamlined and single access point for users; leveraging cutting edge technology to improve grants administration and reduce grantee burden; and defining a maturity framework tool to be leveraged throughout the Department the area of performance measurement. These enhancements are focused on improving decision-making during the grant lifecycle by making data readily useable in a more standardized and structured basis. The Reimagine efforts will be supplemented by work to upgrade HHS's grants reporting and analysis systems, and improvements in Grants.Gov.

Optimize Coordination across HHS ($5 million): HHS will invest in an infrastructure project to integrate disparate administrative data sets that will efficiently yield data driven decisions that improve accountability, transparency and customer service. This modern information technology tool will empower users to access data from multiple functional databases instantaneously, thus eliminating the low value work of data gathering and synthesis and allowing users to focus on higher value analysis and decision making. The tool will incorporate 21st century technologies such as artificial intelligence and machine learning for predictive analytics as well as existing data visualization and business intelligence tools for reporting and dash boarding purposes. This tool will empower HHS leaders to meet President's Management Agenda (PMA) Cross Agency Priority (CAP) goals by expanding analytic environment allowing employees to generate innovative solutions to long-standing challenges, ultimately empower employees to better serve the Nation.

Electronic Invoicing Implementation ($27 million): As required by OMB, HHS will transition to an OMB-approved, Treasury-operated Invoice Processing Platform (IPP). The IPP will automate numerous manual functions used throughout HHS during invoice processing. The IPP will support the HHS goal to increase transparency and improve financial stewardship by ensuring efficient and effective use of resources.

[1] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

[2] There was no notification covering FY 2018, only a transfer to CDC as required by P.L. 115-141.

[3] Amounts notified are approximations. Amounts displayed here are current best estimates.

[4] Notification #6 was submitted to the Committees on Appropriations in the House of Representatives and the Senate on December 4, 2018.

[5] Amount reflects a proposed $400 million cancellation to the NEF. HHS will review any available balances and infrastructure needs in FY 2020 for a possible notification to Congress.

Service and Supply Fund

Service and Supply Fund Table of Contents

SERVICE AND SUPPLY FUND

SSF *(in millions)*	FY 2018 Actuals	FY 2019	FY 2020	FY 2020 +/- FY 2019
BA	$1,896,554	$ 2,173,354	$2,186,030	+$12,676
FTE	998	998	998	-

Authorizing Legislation: 42 USC §231
2017 Authorization……Indefinite
Allocation Method ……Contract, Other

Statement of the Budget

The overall FY 2020 current request for the Service and Supply Fund (SSF) is $2,186,030, which reflects a net increase of $12,676 above the FY 2019 current request.

Service and Supply Fund Overview and Activity Narratives

This section describes the activities funded through the HHS' Service and Supply Fund (SSF), which is a revolving fund authorized under 42 USC §231. The SSF provides consolidated financing and accounting for business-type operations which involve the provision of common services to customers. The SSF is governed by a Board of Directors, consisting of representatives from each of the Department's ten Operating Divisions (OPDIV), the PSC and the Office of the Secretary. A representative from the Office of Inspector General (OIG) serves as a non-voting member of the SSF Board.

The SSF does not have its own annual appropriation but is funded entirely through charges to its customers (OPDIVs and Staff Divisions (STAFFDIV) in addition to other federal departments and agencies) for their usage of goods and services. The SSF is comprised of two categories of activities: the Program Support Center (PSC) and those activities which are performed by other OS components (Non-PSC). Each activity financed through the SSF is billed to the Fund's customers by either fee-for-service billing, which is based upon actual service usage, or by an allocated methodology. Details of the FY 2019 SSF activities are described below.

Program Support Center

The Program Support Center organizationally resides under the Assistant Secretary for Administration, Office of the Secretary and operates under authorizing legislation 42 USC §231 as amended. The Program Support Center (PSC) is committed to providing the best value in terms of cost and service quality to its customers. In a proactive effort to contain costs, the PSC again deployed its SMART (Save, Manage and Assess our Resources Together) Program for the FY 2018/2019 budget formulation process. This comprehensive, "bottom-up, zero-based budget" review of PSC's operations continues to identify areas for additional cost reductions, efficiencies, and cost avoidance.

PSC tracks performance in terms of its strategic goals. These goals focus primarily on delivering products and services that are recognized both as high quality, and as providing value. The organization strives to achieve three primary outcomes: higher service quality, lower operating costs and reduced rates for customers. By working to reach these outcomes, PSC supports the Department's efforts for responsible stewardship and effective management. Details are outlined in the performance review section.

PSC Financial Management Portfolio (FMP):
The PSC Financial Management and Procurement Portfolio (FMP) serves as a major foundation of the Department's finance, accounting, and procurement operations through: the administration of grant payment management services; accounting and fiscal services; debt management services; rate review/negotiation/approval services; and fully integrated acquisition and strategic support services. FMP provides these services on behalf of the Department and other Federal agencies. Fiscal and technical guidance is offered to assist in implementing new initiatives across HHS and other agencies and to ensure compliance with regulatory requirements. FMP also provides guidance and oversight for

PSC Occupational Health Portfolio (FOH):
The Federal Occupational Health (FOH) provides comprehensive, high-quality, customer-focused occupational health services in strategic partnership with Federal agencies nation-wide to improve the health, safety, and productivity of the Federal workforce. Approximately 93% of FOH's services are provided to Federal agencies outside of HHS. FOH is organized in four Service Areas: Clinical Health Services, Wellness and Promotion Services, Behavioral Health Services, and Environmental Health and Safety Services.

PSC Real Estate, Logistics and Operations Portfolio (RLO):
Real Estate, Logistics and Operations Portfolio (RLO) provides real estate, logistics and a wide range of administrative and technical support services to customers within HHS and other federal agencies; RLO also provides policy guidance to HHS entities. RLO is organized in six Service Areas: Building Operations Services, FedResponse Services, Mail and Publishing Services, Real Property Management Services, Supply Chain Management Services, Transportation Services, and other administrative support**.**

Non-PSC Activities

Non-PSC activities differ from those provided by the PSC in their predominate focus, which is helping HHS components comply with law, regulations, or other federal management guidelines, as well as targeted workforce management. The non-PSC activities support all components of HHS, providing support in areas such as acquisitions management, audit resolution, responding to and processing Federal tort claims, collecting and managing grants data to ensure HHS' ability to respond to regulatory requirements, providing human resources and equal employment opportunity services, and providing IT support and devices.

Agency for Children and Families

The Administration for Children and Families (ACF) promotes the economic and social well-being of children, families, individuals and communities with leadership and resources for compassionate, effective delivery of human services.

GrantSolution Center of Excellence:
GrantSolutions (GS), a Center of Excellence, is a partnership between the Department of Health and Human Services (HHS)and a number of cabinet level and independent agencies. GS is located within the HHS Administration for Children and Families (ACF). The President's budget for FY 2007 codified GrantSolutions as one of three shared service providers for the grants management line of business e-gov initiative. GS is responsible for awarding, monitoring, and financially reporting on grants to states, tribes, territories, and other non-profit organizations. In FY 2016, GS supported 32,432 grants, processed 75,829 award actions (a 10.7% increase over FY 2015), and net obligated a total of $78.41 billion across more than 1,500 programs.

Office of the Assistant Secretary for Administration (ASA)

The Assistant Secretary for Administration provides leadership for HHS departmental administration, including human resource policy, information technology, and departmental operations. The ASA also serves as the operating division head for the HHS Office of the Secretary.

Office of Business Management and Transformation (OBMT)
OBMT supports the HHS mission by identifying, developing, implementing, and evaluating efficient and effective business practices throughout the Department. OBMT acts as an internal consulting group to other parts of HHS, maximizing return on taxpayer dollars by undertaking initiatives to improve services, reduce costs, and streamline bureaucracy. Its projects are often team-based and cross-functional in ways that include staff from supported organizations.

High Performing Organizations, Commercial Services Management Reporting (HPO&CSM):
OBMT High Performing Organizations, Commercial Services Management Reporting & Insourcing supports HHS-wide Commercial Services Management reporting (CSM), the inventory and reporting of the Federal Activities Inventory Reform (FAIR) Act inventory, the active sponsorship of High Performing Organizations (HPO), and insourcing through central service activities. Additionally, this program offers organizational redesign services to the Department to promote mission effectiveness, cost-savings and increase efficiencies.

Office of the Chief Information Officer (OCIO)
OCIO supports the HHS mission by leading the development and implementation of an enterprise information technology (IT) infrastructure across HHS. The OCIO is responsible for providing a reliable, cost effective, scalable, and flexible enterprise computing platform that supports and enhances customer IT needs and capabilities from requirements gathering through design, development, testing, and implementation.

The OCIO is also responsible for the development and implementation of a cybersecurity program which includes the security technologies that provide an enterprise-wide capability to monitor HHS' computers and networks for security incidents and attacks through HHS' secure Internet gateways, intrusion detection systems, network security forensics and analysis, and other enterprise security technologies throughout HHS. In response to the National Security Presidential Directive (NSPD) 54 / Homeland Security Presidential Directive (HSPD) 23, OCIO partners with OP/DIVs at HHS to provide the Trusted Internet Connection (TIC) for all of HHS.

The OCIO provides information technology services for the development, configuration, and integration of multiple systems for HHS and the Office of the Secretary.

Office of the Chief Product Officer (formerly OEAD):
OCPO provides information technology services for the development, configuration, and integration of enterprise services and systems for HHS and the Office of the Secretary. In addition, CPO provides production reporting and business intelligence query/dashboard capabilities for its many customers. The Development capabilities provided by CPO include collaboration and workflow automation technologies that promote the deployment of repeatable business processes in order to achieve customer efficiencies and effectiveness. CPO's Integration services collects and renders data for systems and end user consumption and reporting that help to improve decision making across the department. Its Support functions provide CPO customers with cost effective Operations & Maintenance, systems administration and database support services that ensure applications and platform availability for secure and continuous business operations.

Office of Information Security (OIS):
HHS is the repository for information on bio-defense, development of pharmaceuticals, and medical information for one hundred million Americans, among a great deal of other sensitive information. As a result, HHS information is a target for cyber criminals seeking economic gain, as well as nation states who might seek in general to compromise the security of government information and gain economic, military, or political advantage.

The HHS Office of Information Security (OIS) within the Office of the Chief Information Officer (OCIO), under the Assistant Secretary for Administration (ASA), assures that all automated information systems throughout HHS are designed, operated, and maintained with the appropriate information technology security and privacy data protections.

OIS is tasked with implementing a comprehensive, enterprise-wide cybersecurity program to protect the critical information with which the Department is entrusted. OIS is also tasked with executing the HHS Trusted Internet Connection (TIC.) This program aims to improve the Federal Government's security posture through the consolidation of external telecommunication connections and establishing a set of

baseline security capabilities through enhanced monitoring and situational awareness of all external network connections.

Office of Operations (formerly ITIO):
The mission of the Office of Operations (Ops) is to provide efficient and effective delivery of IT services to its customers by providing customer-driven, business-enabling technologies.

Ops is responsible for providing a reliable, cost effective, scalable and flexible enterprise computing platform that supports and enhances customer IT needs and capabilities from requirements gathering through design, development, testing, and implementation. Ops supports over 22 customer organizations comprised of over 11,000 users, including all HHS Staff Divisions (StaffDivs) and participating Operating Divisions (OpDivs), across 13 Technology and Business Management (TBM) services.

Office of Enterprise Services (formerly OSPG):
The Office of Enterprise Services (OES) is the OCIO's re-imagined Office of IT Strategy, Policy and Governance (OSPG). OES is the Executive Office responsible for ensuring HHS IT investments are smart, customer-centric, and compliant with federal laws and regulations such as FITARA, MEGABYTE, e-Gov and MGT Act, thereby spending according to mission capability, managed risk, and delivered value.

For the purposes of the SSF, OES is transferring approximately $453 in funding affiliated with supporting IT Vendor Management to the Office of the Chief Product Officer. This funding represents costs associated with two fully loaded FTE, contract support and overhead.

EEO Compliance and Operations Division (EEOCO):
EEOCO works to promote a discrimination–free work environment focused on serving DHHS by preventing, resolving, and processing EEO discrimination complaints in a timely and high-quality manner. In compliance with the Civil Rights Act of 1964 as amended, and other federal laws, regulations, directives, and policies prohibiting discrimination and harassment of protected individuals, EEOCO processes EEO complaints for DHHS employees, applicants for employment, and former employees. Complaint processing services include counseling, Alternative Dispute Resolution (ADR), procedural determinations, and investigations. EEOCO also administers the ADR program to manage conflict and prevent and resolve disputes through mediation, conflict coaching, group facilitation, and assessments. Additionally, EEOCO manages the Reasonable Accommodation program for DHHS which is funded through Inter-Agency Agreements.

Office of the Assistant Secretary for Human Resources (OHR)

The Office of Human Resources (OHR) provides leadership for the development, execution, and management of the human resources program to ensure the Department builds and retains a highly skilled and diverse workforce. In coordination with the Operating Divisions (OPDIVs) OHR provides human resource programs and policies developed to support and enhance the HHS mission.

Office of Human Resources (OHR):
OHR provides Department-wide strategic leadership, policy implementation and governance and operational services for a variety of Human Capital Management functions across the Department

including the planning and development of personnel policies and human resource programs supporting the Department's mission. OHR also provides technical assistance to the HHS Operating Divisions (OPDIVs) to effectively and efficiently accomplish the OPDIV's mission through improved planning and recruitment of human resources and serves as the Departmental liaison to central management agencies on related matters.

OHR provides leadership in creating and sustaining a diverse workforce and an environment free of discrimination. OHR works proactively to enhance the employment of women, minorities, veterans, and people with disabilities through efforts that include policy development, program oversight, complaint resolution, diversity outreach, commemorative events, and standardized education and training programs. In addition, OHR works in collaboration with the various HHS Equal Employment Opportunity offices on conducting Department-wide program reviews to determine barriers to diversity and inclusion.

Office of the Assistant Secretary for Financial Resources (ASFR)

The Office of the Assistant Secretary for Financial Resources (ASFR) provides advice and guidance to the Secretary on all aspects of budget, financial management, grants and acquisition management, and provides for the direction and implementation of these activities across the Department.

Office of the Deputy Assistant Secretary of Finance

The Office of Finance provides financial accountability and enhance program integrity through leadership, oversight, collaboration, and innovation.

Office of Program Audit Coordination (OPAC) (formerly Audit Resolution):

The Office of Program Audit Coordination (OPAC), located in the Office of the Secretary/ Assistant Secretary for Financial Resources/Office of Finance, is organized into three Divisions: (1) the Audit Resolution Division (ARD), (2) the Audit Tracking and Analysis Division (ATAD), and (3) the Division of Payment Integrity Improvement (DPII).

OPAC's ARD provides Departmental leadership in the area of Single Audit. This OPAC division is also responsible for reviewing, resolving, and coordinating, where necessary, the Single Audit findings of award recipients that affect the programs of more than one HHS Operating Division/Staff Division (OpDiv/StaffDiv) or other Federal entity. ARD is also tasked with implementing the Department's *Shared Single Audit Resolution Vision* to comply with Office of Management and Budget (OMB)'s Uniform Guidance requirements.

To implement the Shared Vision described above, OPAC's ATAD has begun work to develop an automated, enterprise-wide audit tracking and analysis system to capture, at a minimum, data related to Single Audits, HHS' Office of Inspector General (OIG) audits, and the U.S. General Accountability Office audits. In addition to ensuring HHS' compliance with OMB's Uniform Guidance, this new system will serve as a tool to (a) automate existing standardized processes; (b) streamline audit resolution processes across HHS; (c) enable more efficient and timely assignment of Single Audit findings to OpDivs/StaffDivs for resolution; (d) provide HHS grants and program managers access to Single Audit

data, metrics, and reports that could assist them in their grant-related decisions; and (e) enable the analysis of Single Audit data.

OPAC's DPII coordinates HHS' implementation of the *Improper Payments Information Act of 2002* (IPIA), as amended, and related OMB implementing guidance contained in Appendix C of OMB Circular A-123, "*Management's Responsibility for Enterprise Risk Management and Internal Control*." Specifically, the DPII team works with OpDivs/StaffDivs to complete risk assessments of programs, employee pay, and charge cards to determine susceptibility to significant improper payments, and to assist OpDivs/StaffDivs in complying with the IPIA, as amended, and OMB implementing guidance.

Unified Financial Management Systems (UFMS):

The UFMS environment including the Unified Financial Management Systems, the Consolidated Financial Reporting System (CFRS), the Financial Business Intelligence System (FBIS), and the governance function are under the purview of the DAS OF within the Office of the Assistant Secretary for Financial Resources. The UFMS environment provides the Department a secure, stable platform for effectively processing and tracking its financial and accounting transactions. UFMS is the core accounting system for 10 Operating Divisions and 18 Staff Divisions. UFMS integrates with over 50 program, business, and administrative systems (i.e., mixed systems) to create a secure, reliable, and highly available financial management environment.

Office of the Deputy Assistant Secretary of Grants and Acquisition Policy and Accountability

The Office of Grants and Acquisition Policy and Accountability (OGAPA) provides Department-wide leadership and management in the areas of grants and acquisition management.

Acquisition Integration and Modernization (AIM):

The AIM Program was created to capture knowledge, create standardization and provide one source for the HHS Acquisition Workforce (HHSAW) to access policies, guidance, and other acquisition tools. The program support the acquisition related mission needs of the Department, providing tools to insure that the acquisition lifecycle processes are efficiently executed and complies with statutory requirements. The AIM program is managed by the Office of Acquisition Policy within the Division of Acquisition, under the Office of Grants and Acquisition Policy and Accountability, which is within the office of the Assistant Secretary for Financial Resources.

Category Management (CM):

CM is a purchasing approach in which spending is organized into common categories and managed strategically. Fortune 500 companies and several governments have adopted category management in the last 20-30 years because it's a commercial best practice for buying and selling. In accordance with the Federal Acquisition Regulation (FAR) and further reinforced via the Office of Management and Budget (OMB) Memorandums 17-22 and M-17-26, to the maximum extent practicable, [HHS] shall use existing contract solutions such as: a) Federal Supply Schedules; b) Government-wide acquisition contracts; c) multi-agency contracts; d) and any other procurement instruments intended for use by multiple agencies (e.g. Best-In-Class) for common supplies and services. Leveraging these sources: (a) decreases administrative costs; (b) prevents repetitive/ unnecessary contract actions; (c) permits acquisition staff to focus on high-priority and agency unique procurements/ requirements; and (d) enables agencies to better manage spending through such actions as standardization, participating in volume buying events, and applying best practices.

Departmental Contracts Information System (DCIS):

DCIS provides procurement data collection and reporting capabilities to enable the HHS OPDIVs to comply with requirements under Public Law 93-400 and FAR Subpart 4.6 regarding the reporting of contract actions to the Federal Procurement Data System (FPDS) and DATA Act. DCIS provides a single system capability within HHS that collects, edits, and stores information on the individual procurement and contracting actions executed by Operating Divisions (OPDIVs) and other offices of HHS totaling more than $24 billion and consisting of more than 88,000 individual actions. In addition, the DCIS program oversees the HHS FedDataCheck program. The FedDataCheck service is offered to all OPDIV/STAFFDIV HCAs to monitor and improve FPDS data. Since implementing FedDataCheck, there has been a 10% improvement in HHS FPDS and USAspending data quality.

Grants.gov:

The Grants.gov system (www.grants.gov) is the federal government's single site for the public to find and apply for federal discretionary grants. FY 2015 marked the first year Grants.gov became a part of the Service and Supply Fund (SSF). Prior to FY 2015, it was part of the Government-wide E-Gov Initiatives. The Grants.gov program manages the Grants.gov system including associated operations, maintenance, enhancement, user support, and stakeholder communications.

HHS Consolidated Acquisition Solution (HCAS):

HCAS was launched in 2009 and provides consolidated acquisition functionality, capabilities and critical to the contract execution operations for seven of the Department's ten Contracting Activities. This is a Commercial-Off-The-Shelf software application called "PRISM" which allows end-users to formulate, administer and distribute contractual documents that comply with the Federal Acquisition Regulation. In addition, HCAS supports OGAPA's efforts to standardize acquisition end-to-end business processes through the launch of Health and Human Services Acquisition Lifecycle Framework (HALF) and the HHS Acquisition Lifecycle – Consolidated Acquisition Management System (HALF-CAMS)

Office of Small and Disadvantaged Business Utilization (OSDBU):

OSDBU was established in October 1979 pursuant to Public Law 95-507. OSDBU is the focal point for the Department's policy formulation, implementation, coordination, and management of small business programs. Organizationally, OSDBU is administratively supported by the OGAPA Immediate Office, but reports directly to the Deputy Secretary of HHS. The office ensures that small businesses are given a fair and transparent opportunity to compete for contracts that provide goods and services to HHS; establishes, manages and tracks small business goal achievements; provides technical assistance and small business program training to OPDIV contracting and program officials; and conducts outreach and provides marketing and technical guidance to small businesses on contracting opportunities with HHS.

Tracking Accountability in Government Grants System (TAGGS):

Since 1995, the Department of Health and Human Services (HHS) has tracked and reported grant spending online via TAGGS. This product provides a central repository for all HHS financial assistance information and continues to add needed data sets for additional business needs. TAGGS is overseen by the Office of Grants Systems Management within the Division of Grants, under the office of Grants and Acquisition Policy and Accountability (OGAPA), which is within the office of the Assistant Secretary for Financial Resources.

Office of the Assistant Secretary for Public Affairs (ASPA)

ASPA serves as the Secretary's principal counsel on public affairs. The Office of the Assistant Secretary for Public Affairs conducts national public affairs programs, provides centralized leadership and guidance for public affairs activities within HHS' Staff and Operating Divisions and regional offices, manages the Department's digital communications, and administers the Freedom of Information and Privacy Acts. The Division leads the planning, development, and implementation of emergency incident communications strategies and activities for the Department. The ASPA reports directly to the HHS Secretary.

Digital Communications Division (DCD):
The Digital Communications Division in the Office of the Assistant Secretary for Public Affairs (ASPA), Department of Health and Human Services, leads ASPA's Social Media and Website projects. In FY 2018, ASPA built the foundation for an aggressive engagement strategy in support of the Secretary's four priorities for HHS – combating opioid misuse, lowering drug prices, health insurance reform and value-based care.

In support of these priorities and the HHS strategic plan ASPA Digital manages HHS.gov, the HHS Intranet, and numerous OS websites, as well as multiple topic-oriented websites. All promote Agency and cross-federal agency work. Overall, ASPA Digital manages the tools, content and infrastructure that in 2017 supported 973,588 Twitter followers, 433,706 Facebook followers, 7,706,737 YouTube views, 749,464 email subscribers, 27,874,424 unique website visitors, and 78,527,426 website page views. ASPA Digital also coordinates digital communications leaders and community, and digital communications policy and guidance across the Department.

Freedom of Information Act (FOIA):
The Freedom of Information Act (FOIA) is a federal statute that allows individuals to request access to federal agency records, except to the extent records are claimed as exempt from disclosure under one or more of the nine exemptions of the FOIA. SSF FOIA provides the following a performs initial requests including identification of responsive records, release and denial determinations for the Program Support Center (PSC), Agency for Healthcare Research and Quality (AHRQ), and all components of the Office of the Assistant Secretary for Health (ASH). SSF FOIA also performs administrative appeals of initial FOIA determinations, reviewing the OPDIV's denial action to determine consistency with the FOIA, HHS FOIA regulations, and case law, for the eight (8) Public Health Service (PHS) OPDIVs.

HHS Broadcast Studio:
The HHS Broadcast Studio supports the entire Department with video production and AV Services. The services provided to the Department range from multi-camera studio productions; audio-visual support in the Humphrey Auditorium, Great Hall and Room 800; video streaming via HHS.gov/live and Facebook Live; satellite media tours; motion graphics and video editing, and delivery to multiple social media platforms and channels.

Media Monitoring and Analysis:
Media Monitoring and Analysis provides the Secretary, Department, agency leadership and staff with the latest analysis of what the media is reporting about Department-wide and Agency-specific priorities, initiatives and programs. This Department-wide tool has been effective since 2009. The nature of this service does not dictate the need for day-to-day oversight. The OPDIV-specific requirements and additional levels of effort are provided through a contract vehicle with Bulletin Intelligence.

Office of the Assistant Secretary for Planning and Evaluation

The Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the U.S. Department of Health and Human Services on policy development, and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis.

Strategic Planning System (SPS):

SPS is a web-based, password-protected application that centralizes information about strategic plans that agencies within HHS are implementing. The SPS was built in response to a request from the Deputy Secretary and is supported by a contract managed by ASPE. More than 150 strategic plans are currently included in the SPS.

Office of the General Council (OGC)

The Office of the General Counsel (OGC) is the legal team for the Department, providing quality representation and legal advice on a wide range of highly visible national issues. OGC supports the development and implementation of the Department's programs by providing the highest quality legal services to the Secretary of HHS and the organization's various agencies and divisions.

Departmental Ethics Program;

The Departmental Ethics Program was established in 2004, pursuant to 5 C.F.R. § 2638.202(a) and Executive Order 12731, § 301(e), to ensure that operating and staff divisions' decision-making is untainted by improper bias or the influence of special interests. The Ethics Division provides ethics advice, it administers the financial disclosure program, and it ensures lobbying activities comply with the applicable rules. Its goals include strengthening grant and procurement integrity; ensuring human subject protections; enhancing public confidence in health science research and drug approval and monitoring; and inviting acceptance of healthcare reform because policy determinations–ranging from coverage and financing decisions to health information technology improvements–are made by administrators and regulators free of financial and personal conflicts and affiliations that would otherwise lead reasonable persons to question their impartiality.

Office of the General Council (OGC) Claims:

OGC Claims receives all tort claims filed against the Department. These torts can range from "slips" and "falls" in Departmental facilities, to motor vehicle accidents involving Departmental vehicles, or medical malpractice in health clinics. OGC reviews and processes all of these claims. Two clients typically account for approximately ninety-six percent of the Claims Activity workload: the Health Resources and Services Administration (83%) and the Indian Health Service (13%).

There are approximately 1,200 communities served under the health center program, increasing the number of patients served from 10.3 million in 2001 to more than 24 million in 2015. Currently, 13,209 free clinic health professionals and staff are covered under Federal Tort Claims Act (FTCA), and employed in 221 free clinics. The first FTCA claim under this program was received in FY 2008 and more will follow reflecting significant increases in both free clinic and health center program claims. The most recent data is that approximately 190,000 health community center employees (officers, contractors, and other staff) are covered by the FTCA.

Office of National Security (ONS)

ONS is headed by the Assistant Deputy Secretary for National Security, who reports directly to the Deputy Secretary and also serves as the Secretary's Senior Intelligence Official on intelligence and counterintelligence issues. ONS is comprised of three operating divisions: the Intelligence & Analysis Division (IAD), the Division of Operations Division (DO), and the Personnel Security Division (PSD). These divisions are responsible for integrating intelligence and security information into HHS policy and operational decisions; assessing, anticipating, and warning of potential security threats to the Department and our national security, while providing policy guidance on and managing the Office of the Secretary's implementation of the Department's national security, intelligence (including cyber intelligence), and counterintelligence (including insider threat) programs. ONS' programs include national security adjudication, classified national security information management, secure compartmented information facilities management, communications security, safeguarding and sharing of classified information.

National Security Case Management (NSA):
NSA is responsible for ensuring that HHS meets timeliness goals for the initiation and adjudication phases of the personnel security clearance process as prescribed in the Intelligence Reform and Terrorism Prevention Act of 2004 (IRTPA); and Executive Order 13764, Amending the Civil Service Rules, Executive Order 13488, and Executive Order 13467 to Modernize the Executive Branch-Wide Governance Structure and Processes for Security Clearances, Suitability and Fitness for Employment, and Credentialing, and Related Matters. OSSI also provides tracking and management support of national security clearances and shares the costs across its stakeholders that are billed on a per agreement basis.

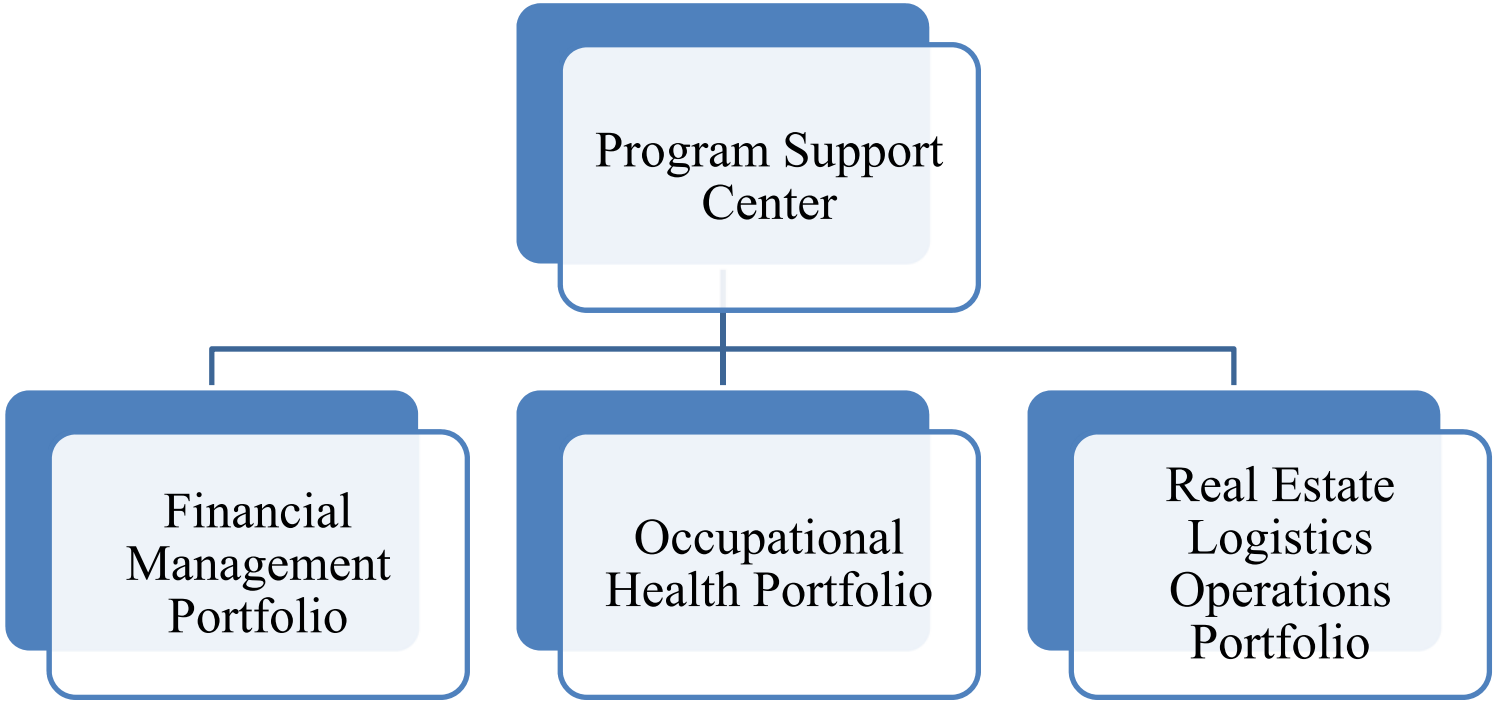
Service and Supply Fund
APT Table
(Dollars in Thousands)

Service and Supply Fund Activities	FY 2018 Actuals	FY 2019 Approved	FY 2020 Approved
PSC			
Financial Management/Procurement Portfolio	957,545	1,107,270	1,107,270
Occupational Health Portfolio	171,048	199,725	202,681
Real Estate, Logistics and Operations Portfolio	264,957	328,614	349,096
Unfilled Customer Orders	46,428	108,763	-
PSC Annual Leave Liability	4,516	4,655	-
PSC Reserves	2,829	900	-
PSC Subtotal	**1,447,323**	**1,641,164**	**1,659,047**
Non-PSC			
AIM	857	1,484	1,484
Category Management	851	959	959
CCFM	25,740	28,599	28,480
DCIS	1,603	1,767	1,767
Departmental Ethics Program	3,356	4,469	4,553
DITM (Includes E-Gov Initiatives)	16,494	18,405	18,204
Digital Communications	26,080	28,933	28,063
EEO Services	4,047	5,071	4,918
Freedom of Information Act	1,124	1,368	1,368
Grants.gov	5,843	6,316	6,316
Grants Solutions Center of Excellence	58,690	58,772	66,014
HCAS	7,306	9,537	8,227
HHS Broadcast Studio	2,023	2,516	2,516
HPO & Commercial Services Mgmt	195	262	271
ITIO	91,448	127,390	137,391
Media Monitoring and Analysis	1,000	1,480	1,281
OEAD	25,281	25,671	26,951
OGC Claims	1,343	1,675	1,709
OHR	53,307	70,426	63,431
OIS	25,763	30,459	38,791
OPAC	2,767	3,515	3,552
National Security Adjudications	1,768	1,866	2,146
Small Business Consolidation	2,941	3,844	3,881
Strategic Planning System	496	525	525
TAGGS	3,390	4,260	4,410
UFMS	55,942	71,418	69,776
Non-PSC Annual Leave Liability	7,463	6,355	-
Non-PSC Reserves	22,113	18,740	-
Non-PSC Subtotal	**449,231**	**502,474**	**526,982**
Total SSF Revenue	**1,896,554**	**2,173,354**	**2,186,030**

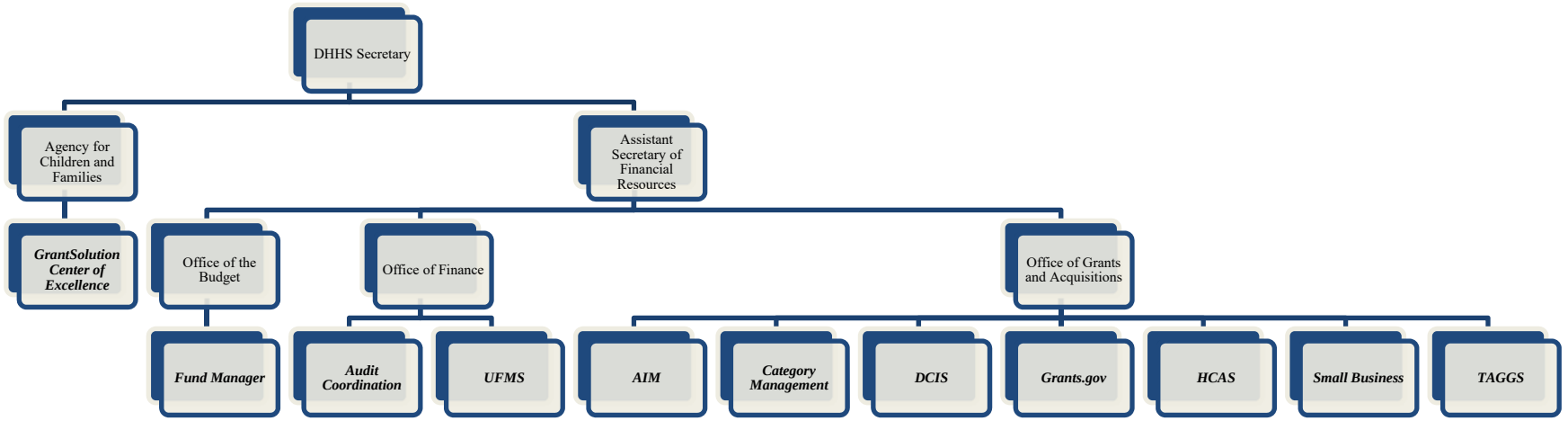
Service and Supply
Object Classification – Reimbursable Obligations
(Dollars in Thousands)

Object Class	FY 2018 Actuals	FY 2019 Approved	FY 2020 Approved
Reimbursable Obligations			
Personnel Compensation:			
Full – Time Permanent (11.1)	99,235	113,640	116,610
Other Than Full – Time Permanent (11.3)	3,146	3,353	3,341
Other Personnel Compensation (11.5)	3,323	3,326	3,372
Military Personnel (11.7)	5,575	7,151	7,618
Special Personnel Services Payments (11.8)	10,345	10,933	10,728
Subtotal, Personnel Compensation	**121,624**	**138,403**	**141,669**
Civilian Personnel Benefits (12.1)	32,376	37,427	38,358
Military Personnel Benefits (12.2)	2,823	2,501	2,655
Benefits to Former Personnel (13.0)	2	141	138
Subtotal, Pay Costs	**156,825**	**178,471**	**182,820**
Travel (21.0)	2,820	2,506	2,527
Transportation of Things (22.0)	1,832	3,158	3,112
Rental Payments to GSA (23.1)	19,145	17,373	17,606
Rental Payments to Others (23.2)	1		
Communications, Utilities and Miscellaneous Charge (23.3)	7,298	8,744	8,758
Printing and Reproduction (24.0)	9,939	6,190	6,077
Other Contractual Services:			
Advisory and Assistance Services (25.1)	143,801	183,226	196,904
Other Services (25.2)	1,351,035	1,551,193	1,593,184
Purchases from Govt. Accounts (25.3)	67,296	69,637	21,359
Operation & Maintenance of Facilities (25.4)	12,368	14,001	13,750
Research & Development Contracts (25.5)			
Medical Services (25.6)	23,294	33,064	32,446
Operation & Maintenance of Equipment (25.7)	56,759	48,596	51,011
Subsistence& Support of Persons (25.8)	753		
Subtotal, Other Contractual Services	1,655,306	1,899,719	1,908,655
Supplies and Materials (26.0)	41,477	50,786	49,889
Equipment (31.0)	1,693	5,412	5,604
Grants (41.0)			
Other (32), (42), (61)	218	993	982
Subtotal, Non – Pay Costs	**1,739,729**	**1,994,882**	**2,003,210**
Total, Reimbursable Obligations	**1,896,554**	**2,173,354**	**2,186,030**

Service and Supply Fund
Program Support Center (PSC)
Organizational Chart



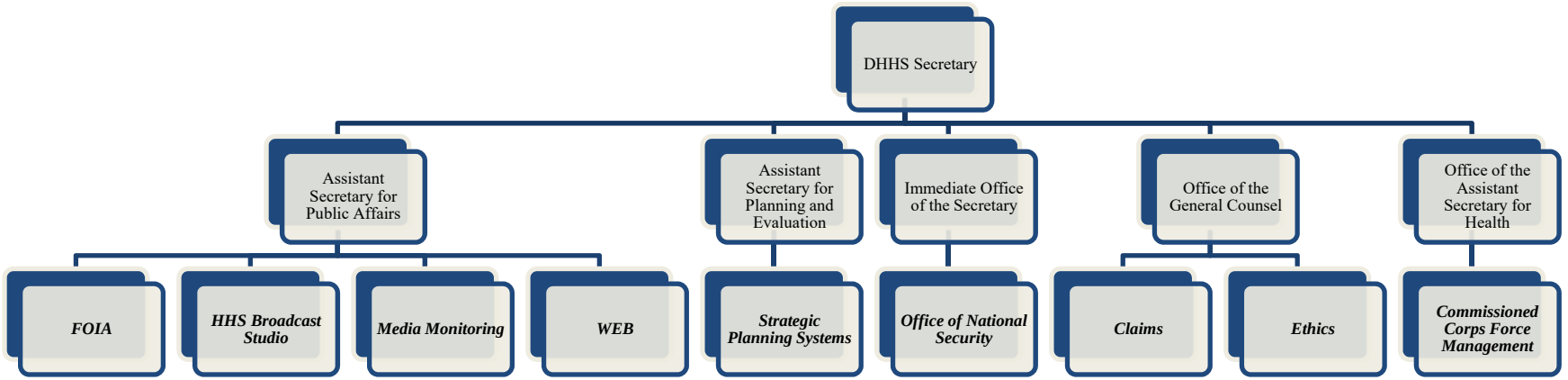
Service and Supply Fund (1 of 3)
Non PSC
Organizational Chart



Acronym Key:
AIM – Acquisition Integration and Modernization
DCIS – Departmental Contracts Information System
HCAS – HHS Consolidated Acquisition Solution
TAGGS – Tracking Accountability in Government Grants System
UFMS – Unified Financial Management System

SSF Activities are italicized

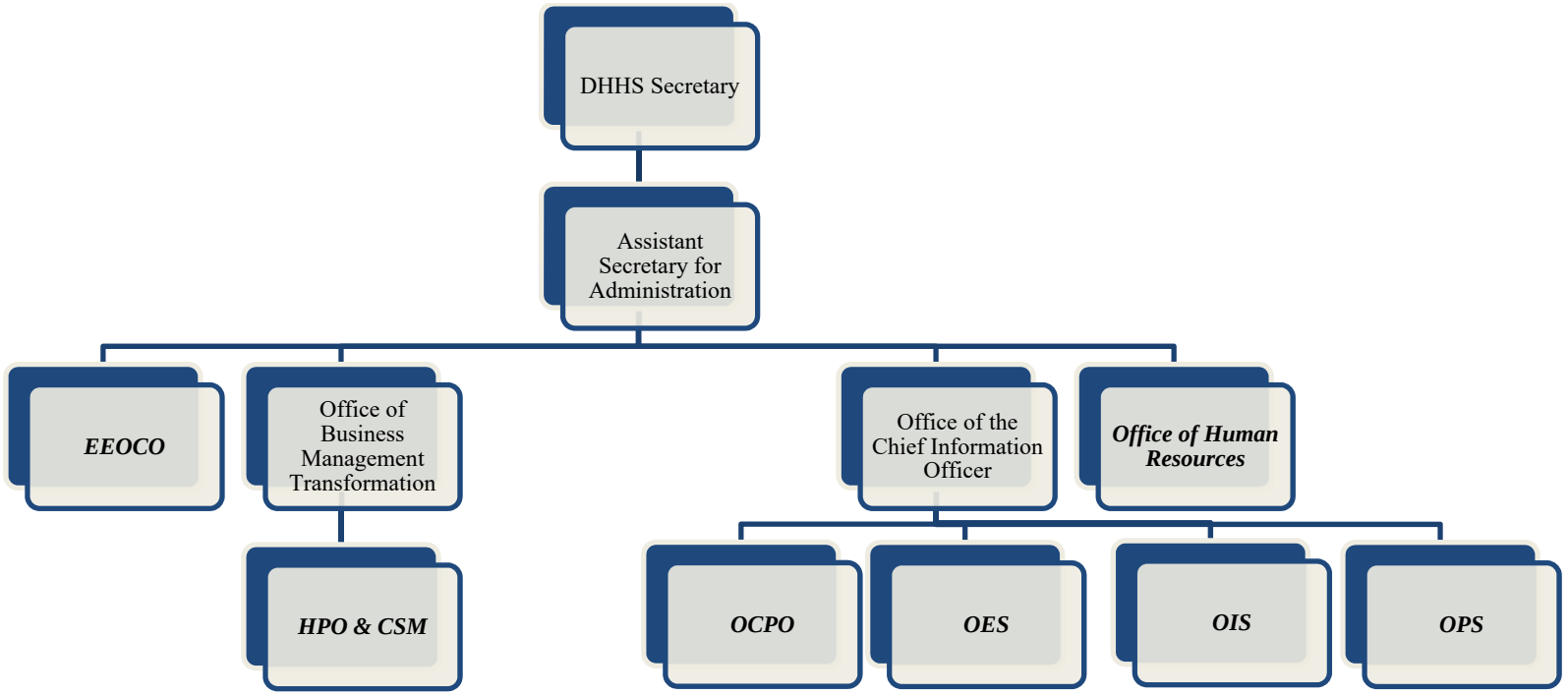
Service and Supply Fund (2 of 3)
Non PSC
Organizational Chart



Acronym Key:
FOIA – Freedom of Information Act

SSF Activities are italicized

Service and Supply Fund (3 of 3)
Non PSC
Organizational Chart



Acronym Key:
EEOCO – Equal Employment Opportunity Compliance and Operations
HPO & CMS – High Performing Organizations and Commercial Services Management
OCPO – Office of Chief Product Officer
OES – Office of Enterprise Services
OIS – Office of Information Security
OPS – Office of Operations

SSF Activities are italicized

Retirement Pay & Medical Benefits for Commissioned Officers

RETIREMENT PAY AND MEDICAL BENEFITS FOR COMMISSIONED OFFICERS

	FY 2018	FY 2019	FY 2020	FY 2020 +/-FY 2019
Retirement Payments	$455,428,781	$475,798,188	$491,089,915	$15,291,726
Survivor's Benefits	$30,752,261	$30,842,384	$31,649,538	$807,153
Medical Care Benefits	$121,043,638	$100,447,730	$100,850,857	$403,127
Sub Total	**$607,224,680**	**$607,088,302**	**$623,590,310**	**$16,502,008**
Accrued Health Care Benefits	$31,965,930	$28,891,602	$29,625,231	$733,629
Total	**$639,190,610**	**$635,979,602**	**$653,215,541**	**$17,235,939**

Authorizing Legislation 42 U.S.C., Chapter 6A; 10 U.S.C., Chapter 73; 10 U.S.C., Chapters 55; and Section 229(b) of the Social Security Act.

FY 2020 Authorization……Indefinite.

Rationale for Budget

This appropriation provides for retirement payments to Public Health Service (PHS) Commissioned Corps officers who are retired for age, disability, or a specific length of service as well as payments to survivors of deceased retired officers who had elected to receive reduced retirement payments.

This appropriation also funds the provision of medical care to active duty and retired members of the Corps under the age of 65, dependents of active duty and retired members, and dependents of deceased members. This account includes payments to the Department of Defense (DoD) Medicare-Eligible Retiree Healthcare Fund for the accrued costs of health care for beneficiaries over the age of 65.

The Accrual Health Care Benefits amount is an estimate of $4,621 per officer, provided by the DoD Office of the Actuary, multiplied by the estimated total number of active duty positions (6,411 in FY 2020), for a baseline contribution of $29,625,231. The FY 2020 estimate is an increase of $733,629 over the FY 2019 level.

The overall request reflects increased costs in medical benefits, an average increase of 3% over the past five years in Retired Pay, and a net increase in the number of retirees and survivors during FY 2019.

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Retirement Payments[1]	$506,873,104	$523,163,550	$539,977,557	$557,331,951	$575,244,100
Survivor's Benefits[1]	$33,477,815	$33,327,768	$34,199,964	$35,094,986	$36,013,432
Medical Care Benefits	$101,255,602	$101,661,972	$102,069,972	$102,479,610	$102,890,892
Sub Total	**$ 640,606,521**	**$ 658,153,290**	**$ 676,247,494**	**$ 694,906,548**	**$ 714,148,423**
Accrued Health Care Benefits	$36,000,000	$35,000,000	$39,000,000	$41,000,000	$41,000,000
Total*	**$ 676,606,521**	**$ 693,153,290**	**$ 715,247,494**	**$ 735,906,548**	**$ 755,148,423**

[1] The Budget includes a mandatory proposal, effective FY 2021, which shifts the Commissioned Corps retirement pay and survivors' benefit costs from the current mandatory indefinite structure to a discretionary structure. Agencies would pay their share of these costs on a prospective basis. With this proposal, the payments for retirement pay and survivors' benefits come from a new account, which affected agencies would contribute to.

HHS General Provisions

Title II General Provisions

GENERAL PROVISIONS

SEC. 201. Funds appropriated in this title shall be available for not to exceed $50,000 for official reception and representation expenses when specifically approved by the Secretary.

SEC. 202. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level **[**II**]** *V, except that this section shall not apply to the Head Start program*.

[SEC. 203. None of the funds appropriated in this Act may be expended pursuant to section 241 of the PHS Act, except for funds specifically provided for in this Act, or for other taps and assessments made by any office located in HHS, prior to the preparation and submission of a report by the Secretary to the Committees on Appropriations of the House of Representatives and the Senate detailing the planned uses of such funds.**]**

SEC. **[**204**]***203*. Notwithstanding section 241(a) of the PHS Act, such portion as the Secretary shall determine, but not more than **[**2.5**]** *2.9* percent, of any amounts appropriated for programs authorized under such Act shall be made available for the evaluation (directly, or by grants or contracts) and the implementation and effectiveness of programs funded in this title.

(TRANSFER OF FUNDS)

SEC. **[**205**]***204*. Not to exceed 1 percent of any discretionary funds (pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985) which are appropriated for the current fiscal year for HHS in this Act may be transferred between appropriations, but no such appropriation shall be increased by more than 3 percent by any such transfer: *Provided*, That the transfer authority granted by this section shall not be used to create any new program or to fund any project or activity for which no funds are provided in this Act: *Provided further*, That the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of any transfer.

SEC. **[**206**]***205*. In lieu of the timeframe specified in section 338E(c)(2) of the PHS Act, terminations described in such section may occur up to 60 days after the **[**execution**]** *effective date* of a contract awarded in fiscal year **[**2019**]** *2020* under section 338B of such Act*, or at any time if the individual who has been awarded such contract has not received funds due under the contract*.

SEC. **[**207**]***206*. None of the funds appropriated in this Act may be made available to any entity under title X of the PHS Act unless the applicant for the award certifies to the Secretary that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

SEC. **[**208**]***207*. Notwithstanding any other provision of law, no provider of services under title X of the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

SEC. **[**209**]***208*. None of the funds appropriated by this Act (including funds appropriated to any trust fund) may be used to carry out the Medicare Advantage program if the Secretary denies participation in

such program to an otherwise eligible entity (including a Provider Sponsored Organization) because the entity informs the Secretary that it will not provide, pay for, provide coverage of, or provide referrals for abortions: *Provided*, That the Secretary shall make appropriate prospective adjustments to the capitation payment to such an entity (based on an actuarially sound estimate of the expected costs of providing the service to such entity's enrollees): *Provided further*, That nothing in this section shall be construed to change the Medicare program's coverage for such services and a Medicare Advantage organization described in this section shall be responsible for informing enrollees where to obtain information about all Medicare covered services.

SEC. **[**210**]***209*. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

[SEC. 211. The Secretary shall make available through assignment not more than 60 employees of the Public Health Service to assist in child survival activities and to work in AIDS programs through and with funds provided by the Agency for International Development, the United Nations International Children's Emergency Fund or the World Health Organization.**]**

SEC. **[**212**]***210*. In order for HHS to carry out international health activities, including HIV/AIDS and other infectious disease, chronic and environmental disease, and other health activities abroad during fiscal year **[**2019**]** *2020*:

(1) The Secretary may exercise authority equivalent to that available to the Secretary of State in section 2(c) of the State Department Basic Authorities Act of 1956. The Secretary shall consult with the Secretary of State and relevant Chief of Mission to ensure that the authority provided in this section is exercised in a manner consistent with section 207 of the Foreign Service Act of 1980 and other applicable statutes administered by the Department of State.

(2) The Secretary is authorized to provide such funds by advance or reimbursement to the Secretary of State as may be necessary to pay the costs of acquisition, lease, alteration, renovation, and management of facilities outside of the United States for the use of HHS. The Department of State shall cooperate fully with the Secretary to ensure that HHS has secure, safe, functional facilities that comply with applicable regulation governing location, setback, and other facilities requirements and serve the purposes established by this Act. The Secretary is authorized, in consultation with the Secretary of State, through grant or cooperative agreement, to make available to public or nonprofit private institutions or agencies in participating foreign countries, funds to acquire, lease, alter, or renovate facilities in those countries as necessary to conduct programs of assistance for international health activities, including activities relating to HIV/AIDS and other infectious diseases, chronic and environmental diseases, and other health activities abroad.

(3) The Secretary is authorized to provide to personnel appointed or assigned by the Secretary to serve abroad, allowances and benefits similar to those provided under chapter 9 of title I of the Foreign Service Act of 1980, and 22 U.S.C. 4081 through 4086 and subject to such regulations prescribed by the Secretary. The Secretary is further authorized to provide locality-based comparability payments (stated as a percentage) up to the amount of the locality-based comparability payment (stated as a percentage) that would be payable to such personnel under section 5304 of title 5, United States Code if such personnel's official duty station were in the District of Columbia. Leaves of absence for personnel under this subsection shall be on the same basis as that provided under subchapter I of chapter 63 of title 5,

United States Code, or section 903 of the Foreign Service Act of 1980, to individuals serving in the Foreign Service.

(TRANSFER OF FUNDS)

SEC. **[**213**]***211*. The Director of the NIH, jointly with the Director of the Office of AIDS Research, may transfer up to 3 percent among institutes and centers from the total amounts identified by these two Directors as funding for research pertaining to the human immunodeficiency virus: *Provided*, That the Committees on Appropriations of the House of Representatives and the Senate are notified at least 15 days in advance of any transfer.

(TRANSFER OF FUNDS)

SEC. **[**214**]***212*. Of the amounts made available in this Act for NIH, the amount for research related to the human immunodeficiency virus, as jointly determined by the Director of NIH and the Director of the Office of AIDS Research, shall be made available to the "Office of AIDS Research" account. The Director of the Office of AIDS Research shall transfer from such account amounts necessary to carry out section 2353(d)(3) of the PHS Act.

SEC. **[**215**]***213*. (a) AUTHORITY.—Notwithstanding any other provision of law, the Director of NIH ("Director") may use funds authorized under section 402(b)(12) of the PHS Act to enter into transactions (other than contracts, cooperative agreements, or grants) to carry out research identified pursuant to or research and activities described in such section 402(b)(12).

(b) PEER REVIEW.—In entering into transactions under subsection (a), the Director may utilize such peer review procedures (including consultation with appropriate scientific experts) as the Director determines to be appropriate to obtain assessments of scientific and technical merit. Such procedures shall apply to such transactions in lieu of the peer review and advisory council review procedures that would otherwise be required under sections 301(a)(3), 405(b)(1)(B), 405(b)(2), 406(a)(3)(A), 492, and 494 of the PHS Act.

SEC. **[**216**]***214*. Not to exceed **[**$45,000,000**]** *$100,000,000* of funds appropriated by this Act to the institutes and centers of the National Institutes of Health may be used for alteration, repair, or improvement of facilities, as necessary for the proper and efficient conduct of the activities authorized herein*: Provided, That funds for projects in excess of $3,500,000 shall not be obligated unless such projects are approved by the Office of Management and Budget* **[**, at not to exceed $3,500,000 per project**]**.

(TRANSFER OF FUNDS)

SEC. **[**217**]***215*. Of the amounts made available for NIH, 1 percent of the amount made available for National Research Service Awards ("NRSA") shall be made available to the Administrator of the Health Resources and Services Administration to make NRSA awards for research in primary medical care to individuals affiliated with entities who have received grants or contracts under sections 736, 739, or 747 of the PHS Act, and 1 percent of the amount made available for NRSA shall be made available to the Director of the **[**Agency for Healthcare**]** *National Institute for* Research *on Safety* and Quality to make NRSA awards for health service research.

SEC. **[**218**]***216*. (a) The Biomedical Advanced Research and Development Authority ("BARDA") may enter into a contract, for more than one but no more than 10 program years, for purchase of research services or of security countermeasures, as that term is defined in section 319F-2(c)(1)(B) of the PHS Act (42 U.S.C.247d–6b(c)(1)(B)), if—

(1) funds are available and obligated—
(A) for the full period of the contract or for the first fiscal year in which the contract is in effect; and
(B) for the estimated costs associated with a necessary termination of the contract; and
(2) the Secretary determines that a multi-year contract will serve the best interests of the Federal Government by encouraging full and open competition or promoting economy in administration, performance, and operation of BARDA's programs.
(b) A contract entered into under this section—
(1) shall include a termination clause as described by subsection (c) of section 3903 of title 41, United States Code; and
(2) shall be subject to the congressional notice requirement stated in subsection (d) of such section.

[SEC. 219. (a) The Secretary shall publish in the fiscal year 2020 budget justification and on Departmental Web sites information concerning the employment of full-time equivalent Federal employees or contractors for the purposes of implementing, administering, enforcing, or otherwise carrying out the provisions of the ACA, and the amendments made by that Act, in the proposed fiscal year and each
fiscal year since the enactment of the ACA.

(b) With respect to employees or contractors supported by all funds appropriated for purposes of carrying out the ACA (and the amendments made by that Act), the Secretary shall include, at a minimum, the following information:
(1) For each such fiscal year, the section of such Act under which such funds were appropriated, a statement indicating the program, project, or activity receiving such funds, the Federal operating division or office that administers such program, and the amount of funding received in discretionary or mandatory appropriations.
(2) For each such fiscal year, the number of full-time equivalent employees or contracted employees assigned to each authorized and funded provision detailed in accordance with paragraph (1).

(c) In carrying out this section, the Secretary may exclude from the report employees or contractors who—
(1) are supported through appropriations enacted in laws other than the ACA and work on programs that existed prior to the passage of the ACA;
(2) spend less than 50 percent of their time on activities funded by or newly authorized in the ACA; or
(3) work on contracts for which FTE reporting is not a requirement of their contract, such as fixed-price contracts.**]**

[SEC. 220. The Secretary shall publish, as part of the fiscal year 2020 budget of the President submitted under section 1105(a) of title 31, United States Code, information that details the uses of all funds used by the Centers for Medicare & Medicaid Services specifically for Health Insurance Exchanges for each fiscal year since the enactment of the ACA and the proposed uses for such funds for fiscal year 2020. Such information shall include, for each such fiscal year, the amount of funds used for each activity specified under the heading "Health Insurance Exchange Transparency" in the joint explanatory statement accompanying this Act.**]**

[SEC. 221. None of the funds made available by this Act from the Federal Hospital Insurance Trust Fund or the Federal Supplemental Medical Insurance Trust Fund, or transferred from other accounts funded by this Act to the "Centers for Medicare & Medicaid Services—Program Management" account, may be used for payments under section 1342(b)(1) of Public Law 111–148 (relating to risk corridors).**]**

(TRANSFER OF FUNDS)

[SEC. 222. (a) Within 45 days of enactment of this Act, the Secretary shall transfer funds appropriated under section 4002 of the ACA to the accounts specified, in the amounts specified, and for the activities specified under the heading "Prevention and Public Health Fund" in the joint explanatory statement accompanying this Act.

(b) Notwithstanding section 4002(c) of the ACA, the Secretary may not further transfer these amounts.

(c) Funds transferred for activities authorized under section 2821 of the PHS Act shall be made available without reference to section 2821(b) of such Act. **]**

SEC. **[**223**]***217*. Effective during the period beginning on November 1, 2015 and ending January 1, 2021, any provision of law that refers (including through crossreference to another provision of law) to the current recommendations of the United States Preventive Services Task Force with respect to breast cancer screening, mammography, and prevention shall be administered by the Secretary involved as if—
(1) such reference to such current recommendations were a reference to the recommendations of such Task Force with respect to breast cancer screening, mammography, and prevention last issued before 2009; and
(2) such recommendations last issued before 2009 applied to any screening mammography modality under section 1861(jj) of the Social Security Act (42 U.S.C. 1395x(jj)).

[SEC. 224. In making Federal financial assistance, the provisions relating to indirect costs in part 75 of title 45, Code of Federal Regulations, including with respect to the approval of deviations from negotiated rates, shall continue to apply to the National Institutes of Health to the same extent and in the same manner as such provisions were applied in the third quarter of fiscal year 2017. None of the funds appropriated in this or prior Acts or otherwise made available to the Department of Health and Human Services or to any department or agency may be used to develop or implement a modified approach to such provisions, or to intentionally or substantially expand the fiscal effect of the approval of such deviations from negotiated rates beyond the proportional effect of such approvals in such quarter.**]**

(TRANSFER OF FUNDS)

SEC. **[**225**]***218*. The NIH Director may transfer **[**funds specifically appropriated**]** *discretionary amounts identified by the Director as funding* for opioid addiction, opioid alternatives, pain management, and addiction treatment **[**to other**]** *among* Institutes and Centers of the NIH to be used for the same purpose 15 days after notifying the Committees on Appropriations: *Provided*, That the transfer authority provided in the previous proviso is in addition to any other transfer authority provided by law.

[SEC. 226. (a) The Secretary shall provide to the Committees on Appropriations of the House of Representatives and the Senate:

(1) Detailed monthly enrollment figures from the Exchanges established under the Patient Protection and Affordable Care Act of 2010 pertaining to enrollments during the open enrollment period; and
(2) Notification of any new or competitive grant awards, including supplements, authorized under section 330 of the Public Health Service Act.

(b) The Committees on Appropriations of the House and Senate must be notified at least 2 business days in advance of any public release of enrollment information or the award of such grants. **]**

[SEC. 227. In addition to the amounts otherwise available for "Centers for Medicare & Medicaid Services, Program Management", the Secretary of Health and Human Services may transfer up to $305,000,000 to such account from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund to support program management activity related to the Medicare Program: *Provided*, That except for the foregoing purpose, such funds may not be used to support any provision of Public Law 111–148 or Public Law 111–152 (or any amendment made by either such Public Law) or to supplant any other amounts within such account.**]**

(CANCELLATION)

SEC. **[**228**]***219*. Of the unobligated balances available in the "Nonrecurring Expenses Fund" established in section 223 of division G of Public Law 110–161, $400,000,000 are hereby **[**rescinded**]** *permanently cancelled*.

[SEC. 229. Not later than the 15th day of each month, the Department of Health and Human Services shall provide the Committees on Appropriations of the House of Representatives and Senate a report on staffing described in the joint explanatory statement accompanying this Act.**]**

SEC. **[**230**]***220*. Funds appropriated in this Act that are available for salaries and expenses of employees of the Department of Health and Human Services shall also be available to pay travel and related expenses of such an employee or of a member of his or her family, when such employee is assigned to duty, in the United States or in a U.S. territory, during a period and in a location that are the subject of a determination of a public health emergency under section 319 of the Public Health Service Act and such travel is necessary to obtain medical care for an illness, injury, or medical condition that cannot be adequately addressed in that location at that time. For purposes of this section, the term "U.S. territory" means Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, American Samoa, or the Trust Territory of the Pacific Islands.

SEC. 221. (*a*) *IN GENERAL.—Under the conditions listed in subsection (b), the Secretary or the head of a major organizational unit within the Department may in this fiscal year enter into a reimbursable agreement with the head of another major organizational unit within the Department or of another agency under which—*
(*1*) *the head of the ordering agency or unit delegates to the head of the servicing agency or unit the authority to issue a grant or cooperative agreement on behalf of the ordering agency or unit;*
(*2*) *the servicing agency or unit will execute or manage a grant or cooperative agreement on behalf of the ordering agency or unit; and*

(*3*) *the ordering agency or unit will reimburse the servicing unit or agency for the amount of the grant or cooperative agreement and for the service of executing or managing the grant or cooperative agreement.*

(*b*) *CONDITIONS.—The conditions for making an agreement described in subsection (a) are that—*
(*1*) *amounts are available;*
(*2*) *the head of the ordering agency or unit decides the agreement is in the best interest of the United States Government; and*
(*3*) *the agency or unit to execute or manage the grant or cooperative agreement is able to provide that service.*

(*c*) *PAYMENT.—Payment shall be made promptly through the Intra-governmental Payment and Collection system at the request of the agency or unit providing the service. Payment may be in advance or on providing all or part of the service, and shall be for any part of the estimated or actual cost as determined by the agency or unit providing the service. A bill submitted or a request for payment is not subject to audit or certification in advance of payment. Proper adjustment of amounts paid in advance shall be made as agreed to by the heads of the agencies or units on the basis of the amount of the grant or cooperative agreement and the actual cost of service provided.*

(*d*) *LIMITATIONS ON FUNDS.—A condition or limitation applicable to amounts for grant or cooperative agreements of the ordering agency or unit applies to an agreement made under this section and to a grant or cooperative agreement made under such agreement.*

(*e*) *OBLIGATION OF APPROPRIATIONS.—An agreement made under this section obligates an appropriation of the ordering agency or unit. The amount obligated is deobligated to the extent that the agency or unit providing the service has not incurred obligations, before the end of the period of availability of the appropriation, in—*
(*1*) *awarding the grant or cooperative agreement; or*
(*2*) *providing the agreed-on services.*

(*f*) *NO EFFECT ON OTHER LAWS—This section does not affect other laws about reimbursable agreements.*

[(INCLUDING TRANSFER OF FUNDS)**]**

[SEC. 231. There is established in the Treasury a reserve fund to be known as the "Infectious Diseases Rapid Response Reserve Fund" (the "Reserve Fund"): *Provided*, That of the funds provided under the heading "CDC-Wide Activities and Program Support", $50,000,000, to remain available until expended, shall be available to the Director of the CDC for deposit in the Reserve Fund: *Provided further*, That amounts in the Reserve Fund shall be for carrying out titles II, III, and XVII of the PHS Act to prevent, prepare for, or respond to an infectious disease emergency, including, in connection with such activities, to purchase or lease and provide for the insurance of passenger motor vehicles for official use in foreign countries: *Provided further*, That amounts in the Reserve Fund may only be provided for an infectious disease emergency if the infectious disease emergency (1) is declared by the Secretary of Health and Human Services under section 319 of the PHS Act to be a public health emergency; or (2) as determined by the Secretary, has significant potential to imminently occur and potential, on occurrence, to affect national security or the health and security of United States citizens, domestically or internationally:

Provided further, That amounts in the Reserve Fund may be transferred by the Director of the CDC to other accounts of the CDC,to accounts of the NIH, or to the Public Health and Social Services Emergency Fund, to be merged with such accounts or Fund for the purposes provided in this section: *Provided further*, That the Committees on Appropriations of the House of Representatives and the Senate shall be notified in advance of any transfer or obligation made under the authority provided in this section, including notification on the anticipated uses of such funds by program, project, or activity: *Provided further*, That not later than 15 days after notification of the planned use of the Reserve Fund, the Director shall provide a detailed spend plan of anticipated uses of funds, including estimated personnel and administrative costs, to the Committees on Appropriations of the House of Representatives and the Senate: *Provided further*, That such plans shall be updated and submitted every 90 days thereafter until funds have been fully expended which should include the unobligated balances in the Reserve Fund and all the actual obligations incurred to date: *Provided further*, That amounts in the Reserve Fund shall be in addition to amounts otherwise available to the Department of Health and Human Services for the purposes provided in this section: *Provided further*, That the transfer authorities in this section are in addition to any transfer authority otherwise available to the Department of Health and Human Services: *Provided further*, That products purchased using amounts in the Reserve Fund may, at the discretion of the Secretary of Health and Human Services, be deposited in the Strategic National Stockpile under section 319F-2 of the PHS Act: *Provided further*, That this section shall be in effect as of the date of the enactment of this Act through each fiscal year hereafter.**]**

SEC. **[**232**]***222*. The Department of Health and Human Services may accept donations from the private sector, nongovernmental organizations, and other groups independent of the Federal Government for the care of unaccompanied alien children (as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))) in the care of the Office of Refugee Resettlement of the Administration for Children and Families, including *monetary donations,* medical goods and services, school supplies, toys, clothing, and any other items *and services* intended to promote the wellbeing of such children.

[SEC. 233. The Secretary shall submit to the Congress by November 15, 2018, a plan to promptly facilitate the reunification of children separated from their parents and placed in the custody of the Office of Refugee Resettlement ("ORR"), including the reunification of children with parents who are no longer in the United States: *Provided*, That such plan shall include possible children of potential class members in the class-action lawsuit *Ms. L v. ICE*, as identified in the Joint Status Report filed on September 6, 2018: *Provided further*, That such plan shall describe the activities the Administration has undertaken to locate parents who are no longer in the United States and to reunify those parents with their children, including (1) the process for tracking children and parents, (2) the process for coordinating interagency responsibilities for communication, location, and reunification of such parents, and (3) the number of parents that the Administration has been unable to contact: *Provided further*, That such plan shall provide detailed information on how many parents have been determined to be ineligible for reunification and the reasons for those determinations: *Provided further*, That such plan shall identify the number of children in ORR custody whose parents were deported that (1) have been reunified with their parents, (2) have been released into the custody of a family member other than a parent, (3) have been released into the custody of a sponsor who is not a family member, and (4) are still in ORR custody: *Provided further*, That such plan shall provide detailed information regarding the procedures the Administration follows when child sexual abuse is alleged at facilities operated by ORR contractors: *Provided further*, That such plan shall include an estimate of expenditures in fiscal year 2018 and an estimate of anticipated expenditures in fiscal year 2019 related to housing children who were separated from their parents at the border as well as activities to reunify such children with their parents: *Provided further*, That if such plan is not submitted by the deadline identified above, the

Department of Health and Human Services may not, until such a plan has been submitted to the Congress, obligate funds from the Fund established by section 223 of title II of division G of Public Law 110–161, except to obligate funds for projects identified in the joint explanatory statement accompanying this Act.**]**

[SEC. 234. None of the funds made available by this Act may be used to prevent a Member of the United States Congress from entering, for the purpose of conducting oversight, any facility in the United States, used for purposes of maintaining custody of or otherwise housing unaccompanied alien children (as defined in section 462(g)(2) of the Homeland Security Act of 2002 (6 U.S.C. 279(g)(2))).**]**

SEC. 223. Funds appropriated in this Act to accounts that received appropriations in title II of division B of Public Law 115–254 for the administrative expenses of programs or activities for which appropriations are not provided in this Act shall be available for necessary expenses to carry out the closure of such programs or activities.

SEC. 224. For fiscal year 2020 and each subsequent fiscal year, the notification requirements described in sections 1804(a) and 1851(d) of the Social Security Act may be fulfilled by the Secretary in a manner similar to that described in paragraphs (1) and (2) of section 1806(c) of such Act.

SEC. 225. Notwithstanding section 1864(e) of the Social Security Act (42 U.S.C. 1395aa(e)), the Secretary of Health and Human Services shall charge health care facilities or entities fees in cases where such facilities or entities have been cited for deficiencies during initial certification, recertification, or substantiated complaint surveys to cover all or a portion of the costs incurred for conducting substantiated complaint surveys and revisit surveys on such health care facilities or entities. Such fees shall be in addition to any other funds available for conducting such surveys and shall be credited to the "Department of Health and Human Services— Centers for Medicare and Medicaid Services—Program Management" account, to remain available until expended, for such purpose. No such fees shall be charged to an Indian Health Program (as that term is defined in section 4 of the Indian Health Care Improvement Act).

SEC. 226. Section 340B of the Public Health Service Act (42 U.S.C. 256b) is amended—
(*a*) *in subsection (a)(5)(C)—*
(*1*) *by striking "A covered entity shall permit" and inserting "(i) DUPLICATE DISCOUNTS AND DRUG RESALE.—A covered entity shall permit" and;*
(*2*) *by inserting at the end the following:*
"(ii) USE OF SAVINGS.—A covered entity shall permit the Secretary to audit, at the Secretary's expense, the records of the entity to determine how net income from purchases under this section are used by the covered entity.
"(iii) RECORDS RETENTION.—Covered entities shall retain such records and provide such records and reports as deemed necessary by the Secretary for carrying out this subparagraph.".

(*b*) *by adding at the end the following new subsection: "(f) REGULATIONS.—The Secretary may promulgate such regulations as the Secretary determines necessary or appropriate to carry out the provisions of this section.".*

SEC. 227. (*a*) *IN GENERAL.—A State or tribal organization which receives grant funds attributable to appropriations under the heading "Department of Health and Human Services—Administration for*

Community Living—Aging and Disability Services Programs" to carry out programs under parts B, C, D, or E of title III (with respect to States) or under title VI (with respect to tribal organizations) of the Older Americans Act of 1965 (OAA) may elect to transfer up to 100 percent of such received funds among such title III or title VI programs (respectively), subject to OAA sections 306(a)(9) and 307(a)(9) but notwithstanding any otherwise-applicable limitations on such transfers under the OAA or such heading.

(*b*) *NOTIFICATION OF PROPOSED TRANSFER; SECRETARIAL APPROVAL.—*
A State or tribal organization which elects to make a transfer under subsection (a) shall notify the Secretary of Health and Human Services of such proposed transfer, including a description of the amount to be transferred, the purposes of the transfer, the need for the transfer, and the impact of the transfer on the provision of services from which the funding would be transferred. The Secretary shall approve any such transfer unless the Secretary determines that such transfer is not consistent with the objectives of the OAA.

(*c*) *RULES OF CONSTRUCTION.—No transfer of grant funds by a State or tribal organization under this section shall be construed—*
(*1*) *as inconsistent with the authorized use of such funds under the OAA, including for purposes of OAA administration and oversight by the Secretary; or*
(*2*) *to relieve the State or tribal organization from applicable reporting requirements under the OAA regarding the use of such funds.*

SEC. 228. Funds made available to the Secretary of Health and Human Services (HHS) in this or any other or prior Acts that are available for acquisition of real property or for construction or improvement of facilities shall also be available to make improvements on non-federally owned property located directly adjacent to property owned by HHS or a component thereof, provided that the primary benefit of such improvements accrues to HHS or the component thereof funding the improvements.

SEC. 229. Funds appropriated in this or any prior Act or the Patient Protection and Affordable Care Act that are available for salaries and expenses of employees of the Department of Health and Human Services shall also be available for the primary and secondary schooling of eligible dependents of HHS personnel stationed in the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, and the possessions of the United States at costs not in excess of those paid for or reimbursed by the Department of Defense.

SEC. 230. Notwithstanding section 12(b) of the Federal Advisory Committee Act, funds made available by this Act for the "NIH—Office of the Director" account shall also be available to establish and operate the Research Policy Board authorized by section 2034(f) of Public Law 114–255.

(INCLUDING TRANSFER OF FUNDS)

SEC. 231. (*a*) *The Secretary may reserve not more than 0.25 percent from each appropriation made available in this Act to the accounts of the Administration of Children and Families identified in subsection (b) in order to carry out evaluations of any of the programs or activities that are funded under such accounts. Any such funds reserved under this section may be transferred to ''Children and Families Services Programs'' for use by the Assistant Secretary for the Administration for Children and Families and shall remain available until expended: Provided, That such funds shall only be available if such Assistant Secretary submits a plan to the Committees on Appropriations of the House of Representatives and the Senate describing the evaluations to be carried out 15 days in advance of any such transfer.*

(*b*) *The accounts referred to in subsection (a) are: ''Low Income Home Energy Assistance'', ''Refugee and Entrant Assistance'', ''Payments to States for the Child Care and Development Block Grant'', and ''Children and Families Services Programs''.*

SEC. 232. REAUTHORIZATION AND MODIFICATION OF CDC LOAN REPAYMENT PROGRAM. Section 317F of the Public Health Service Act (42 U.S.C. 247b–7) is amended—
(*a*) *in subsection (a),—*
(*1*) *in paragraph (1), by striking "$35,000" and inserting "$15,000";*
(*2*) *in paragraph (2), by striking "3 years" and inserting "2 years"; and*
(*3*) *by adding the following new paragraph: "(3) HEALTH PROFESSIONAL.— For purposes of this section, the term 'health professional' includes information technology specialists and data surveillance specialists."; and*
(*b*) *in subsection (c), by striking "1995 through 2002" and inserting "thereafter".*

(INCLUDING TRANSFER OF FUNDS)

SEC. 233. There is hereby established in the Treasury a fund to be known as the "Federal Emergency Response Fund" (the "Fund"). Amounts in the Fund shall be available, in addition to any other amount appropriated for such purposes, to carry out titles II, III, and, XVII of the PHS Act, and domestic preparedness activities and global health; to prevent, prepare for, or respond to a chemical, biological, radiological, or nuclear defense threat; or to prevent, prepare for, or respond to an emerging infectious disease; and may be used to purchase or lease, and provide for the insurance of, passenger motor vehicles for official use in foreign countries. Amounts in the Fund may only be used for such threats or emergencies that the Secretary determines have significant potential to occur and potential, on occurrence, to affect national security or the health and security of United States citizens, domestically or internationally. The Secretary may transfer to the Fund in this fiscal year and hereafter such amounts as are necessary from any discretionary amounts (pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985) appropriated in this and subsequent Acts, provided that no such appropriation is reduced by more than 1 percent. Such transferred amounts shall remain available until expended. When implementing response activities, amounts in the Fund may be transferred to other accounts of the Department of Health and Human Services for the purposes provided in this section. The Committees on Appropriations of the House of Representatives and the Senate shall be notified promptly of the initiation of response activities under this authority, and of any transfer made under the authority provided in this subsection. The Committees on Appropriations of the House of Representatives and the Senate shall receive a report not later than 45 days after the end of each quarter in a fiscal year on the unobligated balances in the Response Fund and all actual obligations incurred for that fiscal year, including obligations by program, project, or activity. The transfer authorities in this section are in addition to any other transfer authority otherwise available to the Department of Health and Human Services. Products purchased using amounts in the Fund may, at the discretion of the Secretary of Health and Human Services, be deposited in the Strategic National Stockpile under section 319F-2 of the PHS Act.

SEC. 234. Funds appropriated in this Act, or any other Act making appropriations for fiscal year 2020, to any component of the Department of Health and Human Services that are available for activities to address opioid use shall also be available to such component to carry out activities authorized under the SUPPORT for Patients and Communities Act or under an amendment made by such Act.

SEC. 235. Any assessment or user fee charged pursuant to section 1311(d)(5)(A) of the Patient Protection and Affordable Care Act shall be available for any other Federal administrative expenses the Secretary incurs for activities related to the Exchange program, in addition to any other purposes authorized by law: Provided, That such collections shall be credited to the "Centers for Medicare and Medicaid Services—Program Management" account and shall remain available until expended for the purposes described in this section.

Title V General Provisions

(TRANSFER OF FUNDS)

SEC. 501. The Secretaries of Labor, Health and Human Services, and Education are authorized to transfer unexpended balances of prior appropriations to accounts corresponding to current appropriations provided in this Act. Such transferred balances shall be used for the same purpose, and for the same periods of time, for which they were originally appropriated.

SEC. 502. No part of any appropriation contained in this Act shall remain available for obligation beyond the current fiscal year unless expressly so provided herein.

SEC. 503. (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative *and State-local* relationships *for presentation to any State or local legislature or legislative body itself,* or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

SEC. 504. The Secretaries of Labor and Education are authorized to make available not to exceed $28,000 and $20,000, respectively, from funds available for salaries and expenses under titles I and III, respectively, for official reception and representation expenses; the Director of the Federal Mediation and Conciliation Service is authorized to make available for official reception and representation

expenses not to exceed $5,000 from the funds available for "Federal Mediation and Conciliation Service, Salaries and Expenses"; and the Chairman of the National Mediation Board is authorized to make available for official reception and representation expenses not to exceed $5,000 from funds available for "National Mediation Board, Salaries and Expenses".

SEC. 505. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state—
(1) the percentage of the total costs of the program or project which will be financed with Federal money;
(2) the dollar amount of Federal funds for the project or program; and
(3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

SEC. 506. (a) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion.

(b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion.

(c) The term "health benefits coverage" means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement.

SEC. 507. (a) The limitations established in the preceding section shall not apply
to an abortion—
(1) if the pregnancy is the result of an act of rape or incest; or
(2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State's or locality's contribution of Medicaid matching funds).

(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State's or locality's contribution of Medicaid matching funds).

(d) (1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions.

(2) In this subsection, the term "health care entity" includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

SEC. 508. (a) None of the funds made available in this Act may be used for—

(1) the creation of a human embryo or embryos for research purposes; or
(2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)).

(b) For purposes of this section, the term "human embryo or embryos" includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.

SEC. 509. (a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications.

(b) The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage.

SEC. 510. None of the funds made available in this Act may be used to promulgate or adopt any final standard under section 1173(b) of the Social Security Act providing for, or providing for the assignment of, a unique health identifier for an individual (except in an individual's capacity as an employer or a health care provider), until legislation is enacted specifically approving the standard.

SEC. 511. None of the funds made available in this Act may be obligated or expended to enter into or renew a contract with an entity if—
(1) such entity is otherwise a contractor with the United States and is subject to the requirement in 38 U.S.C. 4212(d) regarding submission of an annual report to the Secretary of Labor concerning employment of certain veterans; and
(2) such entity has not submitted a report as required by that section for the most recent year for which such requirement was applicable to such entity.

[SEC. 512. None of the funds made available in this Act may be transferred to any department, agency, or instrumentality of the United States Government, except pursuant to a transfer made by, or transfer authority provided in, this Act or any other appropriation Act.**]**

SEC. **[**513**]***512*. None of the funds made available by this Act to carry out the Library Services and Technology Act may be made available to any library covered by paragraph (1) of section 224(f) of such Act, as amended by the Children's Internet Protection Act, unless such library has made the certifications required by paragraph (4) of such section.

[SEC. 514. (a) None of the funds provided under this Act, or provided under previous appropriations Acts to the agencies funded by this Act that remain available for obligation or expenditure in fiscal year 2019, or provided from any accounts in the Treasury of the United States derived by the collection of fees available to the agencies funded by this Act, shall be available for obligation or expenditure through a reprogramming of funds that—

(1) creates new programs;
(2) eliminates a program, project, or activity;
(3) increases funds or personnel by any means for any project or activity for which funds have been denied or restricted;
(4) relocates an office or employees;
(5) reorganizes or renames offices;
(6) reorganizes programs or activities; or
(7) contracts out or privatizes any functions or activities presently performed by Federal employees;

unless the Committees on Appropriations of the House of Representatives and the Senate are consulted 15 days in advance of such reprogramming or of an announcement of intent relating to such reprogramming, whichever occurs earlier, and are notified in writing 10 days in advance of such reprogramming.

(b) None of the funds provided under this Act, or provided under previous appropriations Acts to the agencies funded by this Act that remain available for obligation or expenditure in fiscal year 2019, or provided from any accounts in the Treasury of the United States derived by the collection of fees available to the agencies funded by this Act, shall be available for obligation or expenditure through a reprogramming of funds in excess of $500,000 or 10 percent, whichever is less, that—

(1) augments existing programs, projects (including construction projects), or activities;
(2) reduces by 10 percent funding for any existing program, project, or activity, or numbers of personnel by 10 percent as approved by Congress; or
(3) results from any general savings from a reduction in personnel which would result in a change in existing programs, activities, or projects as approved by Congress; unless the Committees on Appropriations of the House of Representatives and the Senate are consulted 15 days in advance of such reprogramming or of an announcement of intent relating to such reprogramming, whichever occurs earlier, and are notified in writing 10 days in advance of such reprogramming.**]**

SEC. **[**515**]***513*. (a) None of the funds made available in this Act may be used to request that a candidate for appointment to a Federal scientific advisory committee disclose the political affiliation or voting history of the candidate or the position that the candidate holds with respect to political issues not directly related to and necessary for the work of the committee involved.

(b) None of the funds made available in this Act may be used to disseminate information that is deliberately false or misleading.

[SEC. 516. Within 45 days of enactment of this Act, each department and related agency funded through this Act shall submit an operating plan that details at the program, project, and activity level any funding allocations for fiscal year 2019 that are different than those specified in this Act, the accompanying detailed table in the joint explanatory statement accompanying this Act or the fiscal year 2019 budget request.**]**

[SEC. 517. The Secretaries of Labor, Health and Human Services, and Education shall each prepare and submit to the Committees on Appropriations of the House of Representatives and the Senate a report on the number and amount of contracts, grants, and cooperative agreements exceeding $500,000 in value and awarded by the Department on a non-competitive basis during each quarter of fiscal year 2019, but not to include grants awarded on a formula basis or directed by law. Such report shall include the name of the contractor or grantee, the amount of funding, the governmental purpose, including a justification for issuing the award on a non- competitive basis. Such report shall be transmitted to the Committees within 30 days after the end of the quarter for which the report is submitted.**]**

SEC. **[**518**]***514*. None of the funds appropriated in this Act shall be expended or obligated by the Commissioner of Social Security, for purposes of administering Social Security benefit payments under title II of the Social Security Act, to process any claim for credit for a quarter of coverage based on work performed under a social security account number that is not the claimant's number and the performance of such work under such number has formed the basis for a conviction of the claimant of a violation of section 208(a)(6) or (7) of the Social Security Act.

SEC. **[**519**]***515*. None of the funds appropriated by this Act may be used by the Commissioner of Social Security or the Social Security Administration to pay the compensation of employees of the Social Security Administration to administer Social Security benefit payments, under any agreement between the United States and Mexico establishing totalization arrangements between the social security system established by title II of the Social Security Act and the social security system of Mexico, which would not otherwise be payable but for such agreement.

SEC. **[**520**]***516*. (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

(b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

SEC. **[**521**]***517*. None of the funds made available under this or any other Act, or any prior Appropriations Act, may be provided to the Association of Community Organizations for Reform Now (ACORN), or any of its affiliates, subsidiaries, allied organizations, or successors.

[SEC. 522. For purposes of carrying out Executive Order 13589, Office of Management and Budget Memorandum M-12–12 dated May 11, 2012, and requirements contained in the annual appropriations bills relating to conference attendance and expenditures:

(1) the operating divisions of HHS shall be considered independent agencies; and

(2) attendance at and support for scientific conferences shall be tabulated separately from and not included in agency totals.**]**

[SEC. 523. Federal agencies funded under this Act shall clearly state within the text, audio, or video used for advertising or educational purposes, including emails or Internet postings, that the communication is printed, published, or produced and disseminated at U.S. taxpayer expense. The funds used by a Federal

agency to carry out this requirement shall be derived from amounts made available to the agency for advertising or other communications regarding the programs and activities of the agency.**]**

SEC. **[**524**]***518*. (a) Federal agencies may use Federal discretionary funds that are made available in this Act to carry out up to 10 Performance Partnership Pilots. Such Pilots shall be governed by the provisions of section 526 of division H of Public Law 113–76, except that in carrying out such Pilots section 526 shall be applied by substituting **[**"Fiscal Year 2019"**]** *"Fiscal Year 2020"* for "Fiscal Year 2014" in the title of subsection (b) and by substituting **[**"September 30, 2023"**]** *"September 30, 2024"* for "September 30, 2018" each place it appears: *Provided*, That such pilots shall include communities that have experienced civil unrest.

(b) In addition, Federal agencies may use Federal discretionary funds that are made available in this Act to participate in Performance Partnership Pilots that are being carried out pursuant to the authority provided by section 526 of division H of Public Law 113–76, section 524 of division G of Public Law 113–235, section 525 of division H of Public Law 114–113, section 525 of division H of Public Law

115–31, and section 525 of division H of Public Law 115–141.
(c) Pilot sites selected under authorities in this Act and prior appropriations Acts may be granted by relevant agencies up to an additional 5 years to operate under such authorities.

[SEC. 525. Not later than 30 days after the end of each calendar quarter, beginning with the first month of fiscal year 2019, the Departments of Labor, Health and Human Services and Education and the Social Security Administration shall provide the Committees on Appropriations of the House of Representatives and Senate a report on the status of balances of appropriations: *Provided,* That for balances that are unobligated and uncommitted, committed, and obligated but unexpended, the monthly reports shall separately identify the amounts attributable to each source year of appropriation (beginning with fiscal year 2012, or, to the extent feasible, earlier fiscal years) from which balances were derived.**]**

[(RESCISSION)**]**

[SEC. 526. Of the unobligated balances available in the "National Service Trust" established in section 102 of the National and Community Service Trust Act of 1993, $150,000,000 are hereby rescinded.**]**

[(RESCISSION)**]**

[SEC. 527. Of any available amounts appropriated under section 2104(a)(22) of the Social Security Act (42 U.S.C. 1397dd) that are unobligated as of September 25, 2019, $2,061,000,000 are hereby rescinded as of such date.**]**

SEC. **[**528**]***519*. **[**Amounts**]** *Of the amounts* **[**deposited in**]** *appropriated to* the Child Enrollment Contingency Fund **[**prior to the beginning of**]** *for* fiscal year **[**2019**]** *2020* under section 2104(n)(2) of the Social Security Act and the income derived from investment of those funds pursuant to section 2104(n)(2)(C) of that Act, **[**shall not be available for obligation in this fiscal year**]** *$4,396,000,000 are permanently cancelled as of September 30, 2020*.

SEC. 520. Of the unobligated balances made available by section 301(b)(3) of Public Law 114–10, $5,185,187,000 are hereby permanently cancelled.

SEC. 521. Of the unobligated balances made available by section 2104(f) of the Social Security Act that are no longer available for the purposes described in such section, $113,576,000 are hereby permanently cancelled.

SEC. 522. Of the unobligated balances made available for purposes of carrying out section 2105(a)(3) of the Social Security Act, $10,052,881,000 are hereby permanently cancelled.

SEC. **[**529**]***523*. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: *Provided*, That such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.

SEC. 524. EVALUATION FUNDING FLEXIBILITY.
(a) This section applies to:(1) the Office of the Assistant Secretary for Planning and Evaluation within the Office of the Secretary and the Administration for Children and Families in the Department of Health and Human Services; and
(2) the Chief Evaluation Office and the statistical-related cooperative and interagency agreements and contracting activities of the Bureau of Labor Statistics in the Department of Labor.

(b) Amounts made available under this Act which are either appropriated, allocated, advanced on a reimbursable basis, or transferred to the functions and organizations identified in subsection (a) for research, evaluation, or statistical purposes shall be available for obligation through September 30, 2024. When an office referenced in subsection (a) receives research and evaluation funding from multiple appropriations, such offices may use a single Treasury account for such activities, with funding advanced on a reimbursable basis.

(c) Amounts referenced in subsection (b) that are unexpended at the time of completion of a contract, grant, or cooperative agreement may be deobligated and shall immediately become available and may be reobligated in that fiscal year or the subsequent fiscal year for the research, evaluation, or statistical purposes for which the amounts are made available to that account.

SEC. 525.
(a) Notwithstanding any other provision of law, none of the discretionary funds (as defined by section 250(c)(7) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 USC 900(c)(7)) that are made available by this Act may be made available either directly, through a State (including through managed care contracts with a State), or through any other means, to a prohibited entity.

(b) PROHIBITED ENTITY.—The term "prohibited entity" means an entity, including its affiliates, subsidiaries, successors, and clinics—
(1) that, as of the date of enactment of this Act—
(A) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code;

(B) is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations (as in effect on the date of enactment of this Act), that is primarily engaged in family planning services, reproductive health, and related medical care; and
(C) performs, or provides any funds to any other entity that performs, abortions, other than an abortion— (i) if the pregnancy is the result of an act of rape or incest; or (ii) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; and (2) for which the total amount of Federal grants to such entity, including grants to any affiliates, subsidiaries, or clinics, under title X of the Public Health Service Act in fiscal year 2017 exceeded $23,000,000.

(c)
(1) END OF PROHIBITION. —The definition in subsection (b) shall cease to apply to an entity if such entity certifies that it, including its affiliates, subsidiaries, successors, and clinics, will not perform, and will not provide any funds to any other entity that performs, an abortion as defined in subsection (b)(1)(C).
(2) REPAYMENT. —The Secretary of Health and Human Services shall seek repayment of any Federal assistance received by any entity that had made a certification described in paragraph (1) and subsequently violated the terms of such certification.