



Overview of Fiscal Year 2023 President's Budget March 28, 2022

On Monday, March 28, President Biden released his [Fiscal Year 2023 \(FY23\) budget request](#). The budget proposes \$127.3 billion in discretionary and \$1.7 trillion in mandatory budget authority for the Department of Health and Human Services for FY 2023.

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

According to HHS, “this budget demonstrates the Administration's commitment to reinvesting in public health, research, and development to drive growth and shared prosperity for all Americans by making major investments in priority areas, including overdose prevention, mental health, maternal health, cancer, and HIV. It also advances equity through the work of the federal government and helps ensure our programs serve people of color and other marginalized populations with the opportunities promised to all Americans. The mandatory budget proposals in this budget improve care, drive quality, promote the well-being of the whole family, and focus on prevention.”

Below, we summarize the Administration's key health priorities, budget requests, and policy proposals made on social determinants of health, health equity, and maternal health.

[HHS' Overall Priorities in Fiscal Year 2023](#)

- Responding to emergency challenges, including COVID-19 and future pandemics;
- Strengthening behavioral health, including mental health, youth mental health, behavioral health workforce, and substance use;
- Tackling health disparities, including through health centers, maternal health, improving equity in Medicare and Medicaid, and civil rights enforcement and protection from discrimination;
- Advancing research to improve health, including biomedical research and Cancer Moonshot;
- Meeting the health needs of Indian Country;
- Improving the wellbeing of children, families and seniors; and
- Improving Departmental operations.

[SDOH \(CDC, SAMHSA, CMS, ACF, ACL, NIH\)](#)

- **CDC**—
 - o **Child Health & Welfare** - \$15M to CDC to support states in advancing surveillance and research aimed at preventing Adverse Childhood Experiences
 - o **Childhood Lead Poisoning Prevention Program** - \$90M to CDC for the Childhood Lead Poisoning Prevention Program
 - o **Social Determinants of Health** - \$153M for investments in social determinants of health to improve health equity. CDC will continue to expand SDOH efforts by funding another round of accelerator plans to states, tribes, territories, and/or localities to develop or



enhance existing SDOH plans and sustained funding to support SDOH implementation program, evaluation, research, and data collection efforts.

- **SAMHSA –**

- **Homelessness Prevention programs** - \$36 million for the Homelessness Prevention programs.
- **Projects for Assistance in Transition from Homelessness** - \$70M to expand access to treatment and connect homeless individuals experiencing Serious Mental Illness with safe, secure housing.

- **CMS**

○ **Legislative Proposals –**

- **Add Medicare Coverage of Services Furnished by Community Health Workers –** this proposal would provide coverage and reimbursement to community health workers acting within the scope of their license or certification under Medicare’s Physician Fee Schedule for select, evidence-based preventive, chronic, and behavioral care management services, as well as certain social determinants of health evaluation and navigation services, effective CY 2024.
- **Standardize Data Collection to Improve Quality and Promote Equitable Care -** This proposal would add a new category of standardized patient assessment data, “drivers of health”, for post-acute care providers. These data could include transportation, housing, social isolation, and food insecurity. This new data would enable real-time information exchange between the health care system and those resources best equipped to address individual needs—activating government, community agencies, and health care providers to work together to support individuals of underserved populations and be responsive to respond to public health needs.

- **Administration for Children and Families –**

- **Runaway and Homeless Youth program** - \$150M for 688 programs across the country to provide comprehensive services to homeless youth who are at heightened risk for exploitation, victimization, and other long-lasting, negative outcomes. ACF works with homeless, runaway, and street youth to help them find stable housing and services. This budget includes proposals to reauthorize and revise the Runaway and Homeless Youth Act through 2025.
- **Low Income Home Energy Assistance Program (LIHEAP)** - \$4B to expand LIHEAP to advance the goals of both LIHEAP and LIHWAP. Specifically, the budget increases LIHEAP funding and gives states the option to use a portion of their LIHEAP funds to provide water bill assistance to low-income households. The budget additionally increases the federal administrative set-aside in order to strengthen grants management, data collection, program evaluation, information systems, and outreach.
- **Community Services** - \$790 million for the Office of Community Services, including \$754 million for the Community Services Block Grant, \$12 million for the Rural Community Development Program, and \$24 million for Community Economic Development. This block grant supports services for poverty reduction, including services to address employment, education, housing assistance, nutrition, energy, emergency services, health, and substance abuse.
- **Research and Demonstrations** - \$50M to fund new demonstrations of whole-family approaches to service delivery across the lifecycle of families’ interaction with benefits programs. The demonstration projects would center on coordinating and centralizing service access and delivery, with a special focus on projects that aim to reduce the impacts



of and/or smooth the benefits cliffs that working families face as their incomes rise, resulting in the sudden reduction or elimination of financial benefits including Temporary Assistance for Needy Families, childcare subsidies, Supplemental Nutrition Assistance Program, housing, Medicaid, and other services.

- **Administration for Community Living –**
 - **Providing Nutrition Assistance for Older Americans** - \$1.3B for Senior Nutrition programs, an increase of \$306 million above FY 2022 enacted, to sustain support for the increased need for these services. The nutrition programs provide access to healthy meals, promote better health behaviors, delay complications of chronic disease, and slow the decline that often leads to living in nursing homes and other facilities. In addition to daily nutrition, the programs provide a range of services including nutrition screening, assessment, education, and counseling, as well as opportunities for social interaction.
 - **Independent Living programs** - \$160M to support service area operations of 352 Centers for Independent Living and 56 State Councils for Independent Living. Centers for Independent Living provide a comprehensive range of services and supports including securing and sustaining employment, self-advocacy, access to transportation, and personal care assistance.
- **NIH Transforming Nutrition Science** - \$97M to NIH for the Office of Nutrition Research to advance nutrition science to promote health and reduce the burden of diet-related diseases. New projects include the Reducing Nutrition Health Disparities through Food Insecurity and Neighborhood Food Environment Research project.

Health Equity (HRSA, ACF, FDA, NIH, SAMHSA, CMS, OMH, OCR)

- **HRSA –**
 - **HRSA Health Centers** - \$5.7B to HRSA for health centers, including \$3.9B in mandatory resources, including \$85 million to embed early childhood development experts in health centers and \$172 million for the Ending the HIV Epidemic Initiative.
 - **Supporting a Diverse Health Workforce** - \$133M to HRSA, an increase of \$15M above FY2022 enacted, to expand the diversity of the health professions workforce, including Nursing Workforce Diversity, Centers of Excellence, Health Careers Opportunity Program, Faculty Loan Repayment, and Scholarships for Disadvantaged Students
- **Administration for Children and Families –**
 - **Child Welfare Equity Grants** - \$100M competitive grant to advance equity, reduce overrepresentation of children of color, and reorient child welfare systems towards a prevention-first model.
- **FDA –**
 - **Healthy and Safe Food for All** - \$14M to FDA to implement the Healthy and Safe Food for All initiative to improve health equity through nutrition and reduce exposure to harmful chemicals and toxins in food. The additional investments support expanding outreach efforts to other potentially vulnerable populations and producing educational materials that integrate information to help consumers make healthy choices that reduce exposure to toxic elements
- **NIH –**
 - **Health Disparities and Inequities Research** - \$350M increase to NIH to enhance health disparities and inequities research, including \$210M for the National Institute on Minority

Health and Health Disparities. NIH will also support the UNITE Initiative, an NIH-wide effort to end racial inequities across the biomedical research enterprise.

- **Establishing a Center for Sexual Orientation and Gender Identify (SOGI) Research** - \$2M to NIH to establish a center for ongoing SOGI research. The purpose will be to analyze and build upon the consensus study by the National Academies of Sciences, Engineering, and Medicine (NASEM) on Measuring Sex, Gender Identity, and Sexual Orientation, published in March 2022. The goal will be to continue research in SOGI data collection and establish best practices that can be distributed across government agencies.
- **SAMHSA –**
 - **Minority Fellowship Programs** - \$22M for SAMHSA’s Minority Fellowship Programs to expand access to this Fellowship opportunity, which seeks to improve behavioral health care outcomes for racial and ethnic minority populations
- **CMS –**
 - **Legislative & Administrative Proposals**
 - **Increase Social Security Administration Sharing and Collection of Race and Ethnicity Data for Medicare Beneficiaries** - This administrative proposal would have SSA increase sharing of race and ethnicity data with CMS for current and prospective Medicare beneficiaries, and consider expanding collection of detailed data, e.g., at 2011 HHS data standards or newer data standards. CMS will assist by conducting appropriate research and user testing for collection of this data to ensure it is useful for the purposes of tracking disparities in healthcare treatment and outcomes by race and ethnicity. This proposal is budget neutral.
 - **Improving Equity in Medicare & Medicaid** – the budget includes several proposals that will help identify, mitigate, and lessen health disparities:
 - \$35M to CMS for a new initiative to systematically identify and resolve barriers to equity in each CMS program through research, data collection and analysis, stakeholder engagement, building upon rural health equity efforts, and technical assistance.
 - HHS is committed to obtaining more accurate and comprehensive race and ethnicity data on Medicare beneficiaries, and the budget requires reporting on social determinants in post-acute healthcare settings.
 - HHS also proposes to add Medicare coverage for services furnished by community health workers, who often play a key role in addressing public health challenges for underserved communities.
- **Office of Minority Health –**
 - **General** - \$86M to the Office of Minority Health to lead, coordinate, and collaborate on minority health activities, including leadership in coordinating policies, programs, and resources to reduce health care disparities and advance health equity in America. OMH will also increase its focus on areas with high rates of adverse maternal health outcomes or with significant racial or ethnic disparities in maternal health outcomes.
- **Office of Civil Rights –**
 - **General** - \$60M for civil rights enforcement and protection from discrimination.
 - **Advancing Health Equity** - FY 2023 increases will allow OCR to advance the Executive Orders aimed at increasing equity in governmental programs and services by: Adding appropriate subject matter expertise to provide technical assistance review of regulations; Training for grantees; and providing resources to the Department in support of a whole-of-government approach to civil rights compliance which leads to greater protections for all seeking services across the country.

- **White House Initiative on Asian Americans, Native Hawaiians, and Pacific Islanders** - \$2M to support the initiative, housed HHS and charged from Executive Order 14031 to develop, monitor, and coordinate executive branch efforts to advance equity, justice, and opportunity for Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities throughout the federal government.
- **Office of the Secretary** –
 - **Program Integrity Oversight and Other General Departmental Management** - The budget includes \$18 million to allow the Office of the Secretary to ensure implementation of over 30 Executive Orders, including those on Health and Racial Equity.
- **Misc: Ending the HIV Epidemic in the United States** –
 - \$850M in funding across CDC, HRSA, HIS, and NIH for the Ending the HIV Epidemic initiative, \$377M above the FY2022 enacted levels. This funding will expand evidence-informed practices to link, engage, and retain people with HIV in care, and support capacity building, technical assistance, program implementation, and oversight—with a focus on reducing disparities in health outcomes and building the capacity of organizations that reflect the communities they serve.
 - \$58M to OASH for the Minority HIV/AIDS Fund to reduce new HIV infections, improve HIV-related health outcomes, and reduce HIV-related health disparities for racial and ethnic minority communities by supporting innovation, collaboration, and integration of best practices, effective strategies, and promising emerging models.

Maternal Health (HRSA, CDC, AHRQ, NIH, IHS, OWH, FDA)

- **General Overview** – The budget includes \$470M across AHRQ, CDC, HRSA, NIH, and the Indian Health Service to reduce maternal mortality and morbidity. This includes:
 - Increased funding to the CDC’s Maternal Mortality Review Committees and other Safe Motherhood programs.
 - HRSA’s State Maternal Health Innovation Grants program and new Healthy Start program initiatives.
 - Other maternal health programs across HHS.
- **HRSA** - \$276M across HRSA to improve maternal health and reduce maternal mortality and morbidity, \$202M above FY2022 enacted.
 - HRSA will expand current initiatives, including:
 - **State Maternal Health Innovation Grants** - \$55 million to implement state specific innovative action plans to improve access to maternal care services and address workforce needs.
 - **Alliance for Innovation on Maternal Health** - \$15 million to expand the implementation of maternal safety bundles, which are straightforward sets of evidence-based practices shown to improve patient outcomes, in birthing facilities, community-based organizations and outpatient clinical settings.
 - **Rural Maternity and Obstetrics Management Strategies** - \$10 million to expand maternal and obstetrics care in rural communities.
 - **Screening and Treatment for Maternal Depression** - \$10 million to expand health care providers’ capacity to screen, assess, treat, and refer pregnant and postpartum individuals for maternal depression and related behavioral health needs.
 - **Maternal Health Hotline** - \$7 million to expand funding for a vital, easily accessible new maternal mental health resource.



- **Maternity Care Target Areas** - \$5 million to identify geographic areas with maternity care health professional shortages to inform efforts to distribute maternity care health professionals to these areas.
- **Healthy Start program** - \$32 million to 1) support an existing initiative to provide clinical services, such as well-woman care and maternity care services at Healthy Start sites and 2) expand a new Healthy Start model to reduce racial disparities in poor maternal and infant health outcomes. This funding will support new programs in communities with the highest rates of disparities, focusing on addressing the unique structural, environmental, and systemic factors that contribute to disparities in poor outcomes for mothers and their babies.
- HRSA will also launch the following new innovative maternal health programs:
 - **Pregnancy Medical Home Demonstration Project** - \$25 million to support efforts to deliver integrated health care services to pregnant and postpartum individuals and reduce adverse maternal health outcomes and racial disparities in maternal mortality and morbidity.
 - **Implicit Bias Training Grants for Health Care Providers** - \$5 million to reduce and prevent implicit bias, racism, and discrimination in maternity care settings and to advance respectful, culturally congruent, trauma-informed care.
 - **National Academy of Medicine Study** - \$1 million to study and make recommendations for incorporating bias recognition in clinical skills testing for accredited schools of allopathic medicine and accredited schools of osteopathic medicine.
 - **Maternal Health Pilot Programs** (\$110 million):
 - \$55 million for Addressing Emerging Issues and Social Determinants of Maternal Health
 - \$20 million for Growing and Diversifying the Doula Workforce
 - \$25 million for Growing and Diversifying the Nursing Workforce
 - \$10 million to support research and curricula development through Minority-Serving Institutions
- \$1B to HRSA for other maternal and child health programs, including:
 - **Maternal and Child Health Block Grant to States** - \$592 million to expand health care and public health services that currently benefit an estimated 60 million women, infants, and children.
 - **Maternal, Infant, and Early Childhood Home Visiting Programs** - \$467M to HRSA for the Home Visiting program. The budget extends and expands home visiting programs to provide economic assistance, childcare, and health support to up to 165,000 additional families at risk for poor maternal and child health outcomes each year. This funding will help strengthen and expand access to home visiting programs that provide critical services directly to parents and their children in underserved communities.
- **CDC**—
 - \$164M to improve and make robust investments in maternal health, including additional funding for:
 - **Maternal Mortality Review Committees** to promote representative community engagement
 - **Enhancing Reviews and Surveillance to Eliminate Maternal Mortality** to further expanding support for all states and territories and increasing support for Tribes

- Expand **Perinatal Quality Collaboratives** to every state and support community engagement in maternal mortality prevention
 - Support the **Pregnancy Risk Assessment Monitoring Centers for Disease Control and Prevention System** to test and implement alternate approaches to data collection to increase response rates, particularly among underrepresented communities.
 - Expansion of **CDC’s Hear Her campaign** to raise awareness of critical warning signs during and after pregnancy and to improve communication between patients and their health care providers, as well as tools to help states develop coordinated regional systems to help ensure that those at high risk of complications receive care at a birth facility that is best prepared to meet their health needs.
- **Emerging Threats to Mothers and Babies** - \$35M to CDC to expand activities to protect mothers and babies from emerging threats through the Surveillance for Emerging Threats to Mothers and Babies (SET-NET) initiative.
- **NIH –**
 - **IMPROVE Initiative** - \$30M to NIH for the Implementing a Maternal health and Pregnancy Outcomes Vision for Everyone (IMPROVE) Initiative to support research to reduce preventable maternal deaths and improve health for all women before, during, and after delivery. This funding will invest in comprehensive, interdisciplinary research that engages communities with high rates of maternal deaths and complications to address the foremost causes of maternal mortality in the United States.
 - **Eunice Kennedy Shriver National Institute of Child Health and Human Development** - \$3M to support research on mitigating the effects of COVID-19 on pregnant, lactating, and post-partum individuals, with a focus on individuals from racial and ethnic minority groups.
- **AHRQ** - \$7M to fund AHRQ’s contribution to the HHS-wide Improving Maternal Health Initiative. Funding would support the first year of the effort.
- **Indian Health Services (IHS)** – \$10M to improve maternal health in American Indian and Alaska Native communities. Funding supports preventive, perinatal, and postpartum care; addresses the needs of pregnant women with opioid or substance use disorder; and advances the quality of services provided to improve health outcomes and reduce maternal morbidity.
- **Office of Women’s Health** - \$42M for the Office of Women’s Health to fund activities related to disease prevention, health promotion, service delivery, research, and health care professional education, for issues of particular concern to women throughout their lifespan. OWH will increase focus on prevention and treatment of eating disorders, violence, and substance use disorders.
- **FDA Maternal Health Initiatives** - \$20M, an increase of \$7M above FY2022 enacted, on several FDA initiatives to improve maternal and infant health and well-being through nutrition and by reducing exposure to harmful chemicals and toxins in food.

Other Misc. Provisions

- **CMS highlighted four key initiatives for FY 2023, including:**
 - **Health Equity** – Funds will be used to focus on comprehensive stakeholder engagement through national listening sessions and health literacy initiatives to shape policy and programmatic efforts across CMS. These funds will also expand the Coverage to Care Initiative to focus on specific populations and better tailor resources and outreach efforts to focus on identified underserved populations.



- **Improve CMS’s Analytic Capabilities and Data Sharing with Internal and External Stakeholders (to include Health Equity and Behavioral Health)** – This initiative will improve the accessibility, timeliness, and comprehensiveness of CMS data made available to stakeholders and the public.
- **Value-Based Care/CMMI**
 - CMS Innovation Center’s strategy for the future is organized around five objectives: drive accountable care, advance health equity, support innovation, address affordability, and partner to achieve system transformation.
 - For 2022 and beyond, CMMI is looking at efforts to address cross-model issues, including health equity data collection, risk adjustment, technology adoption/interoperability, SDOH screening and referral, Medicaid alignment, and benchmarking.
- **Office of the National Coordinator for Health IT (ONC)**
 - Requests \$103.61M for FY23, a \$40M increase from FY22 enacted levels. HHS notes that these resources will be provided through the Public Health Services Act Evaluation set-aside. This includes:
 - **Standards, Certification, and Interoperability** – \$52M for ONC’s Standards, Certification, and Interoperability work, which will focus on implementing rulemaking and investing in standards updates to increase interoperability and improve equity through health IT activities.
 - **Advancing Standards and Interoperability** - \$20M to continue the agency’s work in implementing strategies to make health information more readily available to patients and to further its equity by design approach.